

Original

15-022

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

APR 29 2015

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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

Facility Name: <i>Fresenius Medical Care Blue Island</i>			
Street Address: <i>12200 S. Western Avenue</i>			
City and Zip Code: <i>Blue Island 60406</i>			
County: <i>Cook</i>	Health Service Area: <i>7</i>	Health Planning Area:	

Applicant Identification

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

Exact Legal Name: <i>WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Blue Island</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

Type of Ownership of 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
- o is a general or limited partner.

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

Co-Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of 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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Additional Contact

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

Name: <i>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6706</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

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: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will & Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>cranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Blue Island Retail Venture, LLC</i>
Address of Site Owner: <i>1954 First Street, #166, Highland Park, IL 60035</i>
Street Address or Legal Description of Site: <i>12200 S. Western Avenue, Blue Island, IL 60406</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

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

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <i>WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Blue Island</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>

- | | |
|--|---|
| <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.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

Provide (for each 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 **NOT APPLICABLE – EXPANSION ONLY**

[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 or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #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 **NOT APPLICABLE – EXPANSION ONLY**

[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.

WSKC Dialysis Services, Inc. proposes to expand its Blue Island dialysis center, located at 1220 S. Western by 4 stations. The facility currently has 24 stations and the result will be a 28-station facility at the current site. The facility was operating at 89% as of April 2015.

Fresenius Medical Care Blue Island is in HSA 7. There is a need for 18 ESRD stations in HSA 7.

This project is "substantive" under Planning Board rule 1110.10(c) as it entails the addition of stations totaling more than 10% of the clinic's current station count.

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.

Project Costs and Sources of Funds				
USE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		170,499	N/A	170,499
Contingencies		16,944	N/A	16,944
Architectural/Engineering Fees		18,500	N/A	18,500
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		85,000	N/A	85,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	256,988 53,700	310,688	N/A	310,688
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		\$601,631	\$N/A	\$601,631
SOURCE OF FUNDS		CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities		290,943	N/A	290,943
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		310,688	N/A	310,688
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
TOTAL SOURCES OF FUNDS		\$601,631	N/A	\$601,631
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				

Related Project Costs

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

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

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2016</u>	
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
REVIEWABLE							
In-center Hemodialysis	\$601,631	9,400	10,459		1,059		
Total Clinical	\$601,631	9,400	10,459		1,059		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	\$601,631	9,400	10,459		1,059		

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

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 manger 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 WSKC Dialysis Services, 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

 Mark Fawcett
 Senior Vice President & Treasurer

 PRINTED NAME

 PRINTED TITLE



 SIGNATURE

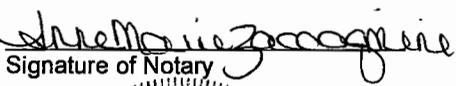
 Bryan Mello
 Assistant Treasurer

 PRINTED NAME

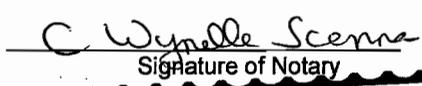
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 3rd day of April 2015

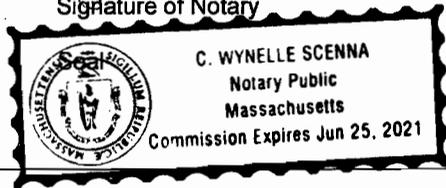
Notarization:
 Subscribed and sworn to before me
 this 2 day of April 2015



 Signature of Notary



 Signature of Notary



*Insert EXACT legal name of the applicant

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: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

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 to 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: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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	24	28

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

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:**

<u>290,943</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	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.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>310,688</u>	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: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	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;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$601,631</u>	TOTAL FUNDS AVAILABLE

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

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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
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)	
ESRD		161.00			1,059			170,499	170,499
Contingency		16.00			1,059			16,944	16,944
TOTALS		177.00			1,059			187,443	187,443
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 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$362,977,407	\$387,393,758	\$398,570,288
	2011	2012	2013
Charity * (# of self-pay patients)	93	203	642
Charity (cost in dollars)	\$642,947	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534
Ratio Medicaid to Net Patient Revenue	12%	12.99%	7.87%

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 41.

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue	\$362,977,407	\$387,393,758	\$398,570,288
Amount of Charity Care (charges)	\$642,947	\$1,566,380	\$5,346,976
Cost of Charity Care	\$642,947	\$1,566,380	\$5,346,976
	0.18%	.40%	1.34%

APPEND DOCUMENTATION AS **ATTACHMENT-41**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	29
8	Obligation Document if required	30
9	Cost Space Requirements	31
10	Discontinuation	
11	Background of the Applicant	32-37
12	Purpose of the Project	38
13	Alternatives to the Project	39-40
14	Size of the Project	41
15	Project Service Utilization	42
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	43-67
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	68-69
37	Financial Waiver	70-71
38	Financial Viability	
39	Economic Feasibility	72-76
40	Safety Net Impact Statement	77-78
41	Charity Care Information	79-81
	Appendix 1 – Physician Referral Letter	82-86

Applicant Identification

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

Exact Legal Name: *WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Blue Island**

Address: *920 Winter Street, Waltham, MA 02451*

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Ron Kuerbitz*

CEO Address: *920 Winter Street, Waltham, MA 02451*

Telephone Number: *800-662-1237*

Type of Ownership of 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.

**Certificate of Good Standing for WSKC Dialysis Services, Inc. on following page.*

Co - Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*

Address: *920 Winter Street, Waltham, MA 02451*

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Ron Kuerbitz*

CEO Address: *920 Winter Street, Waltham, MA 02541*

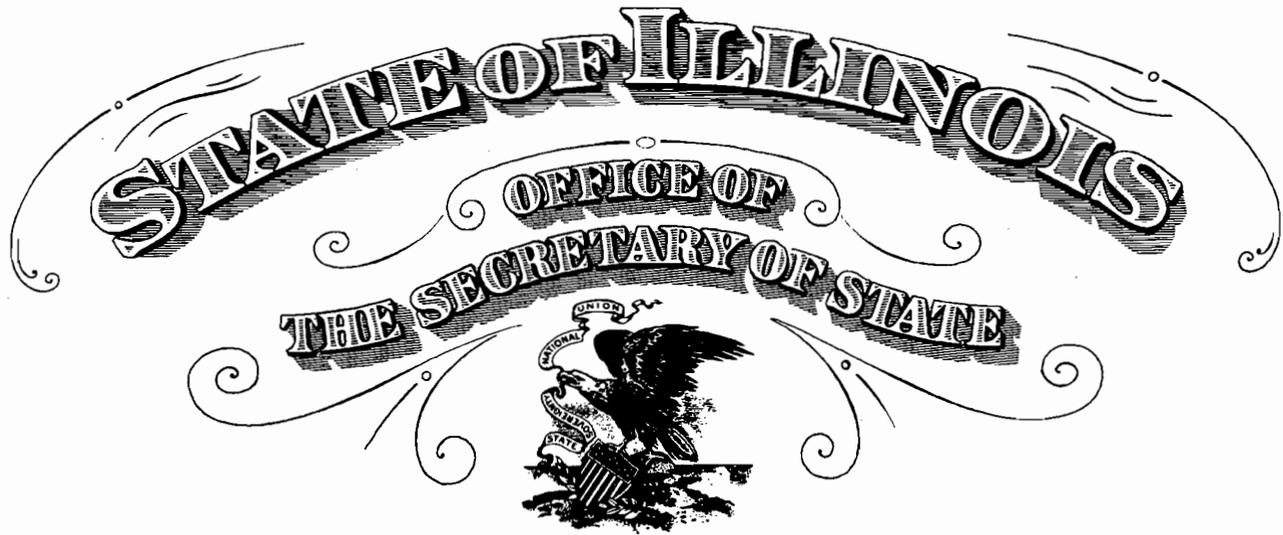
Telephone Number: *781-669-9000*

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

Type of Ownership – 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.



To all to whom these Presents Shall Come, Greeting:

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

WSKC DIALYSIS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1969, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1504402452

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 FEBRUARY A.D. 2015 .

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT 1

Site Ownership

Exact Legal Name of Site Owner: <i>Blue Island Retail Venture, LLC</i>
Address of Site Owner: <i>1954 First Street, #166, Highland Park, IL 60035</i>
Street Address or Legal Description of Site: <i>12200 S. Western Avenue, Blue Island, IL 60406</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.



Cresa Boston
 200 State Street, 13th Floor
 Boston, MA 02109
 617.758.6000 tel
 617.742.0643 fax

The Tenant's Advantage
 cresa.com

Via Email

February 18, 2015

Re: Lease Expansion – Letter of Understanding
 Fresenius Medical Care of Blue Island
 12200 S. Western Avenue
 Blue Island, IL

The following summarizes the terms discussed and agreed upon for the expansion of the above referenced lease:

Tenant: Fresenius Medical Care of Blue Island

Expansion: Approximately 1,059 SF, see attached exhibit.

Lease Term: Effective upon a fully executed amendment and Landlord's delivery of the Expansion space "Expansion Space Delivery Date" and continuing through 9/30/2022 (coterminous with the existing lease term). Targeted commencement date 7/1/2015.

Expansion Rent Commencement: Effective 30 days after Landlord's delivery of the Expansion Space "Expansion Space Delivery Date" Tenant shall pay to Landlord monthly Rent for the Expansion Premises as follows: (the "Expansion Rent Commencement Date").

Dates (To/From)	Rent per SF	Monthly Rent	Annual Rent
Upon the Expansion Rent Commencement Date Rent for the Expansion Space shall commence at \$23.14 SF and continue through 9/30/17	\$23.14 SF	\$2,042.11	\$24,505.26
10/1/2017 – 9/30/2022	\$24.75 SF	\$2,184.19	\$26,210.28

Renewal Options: Same as the existing space lease.



Expansion Delivery: Landlord shall deliver to Tenant an additional 1,059 SF (the "Expansion Space") in As Is condition with the existing electrical, lighting, plumbing, HVAC and life safety systems in good condition and repair.

Tenant Guarantor: Same as the existing space lease.

Commission: None

Except as outlined above, all other terms and conditions of the lease shall remain unchanged.

It is expressly understood and agreed by all parties that this letter is summary of certain terms and conditions being discussed between parties hereto with respect to the proposed extension of the lease at the above noted location between Tenant and Landlord. In no event shall this letter be considered binding or enforceable against either party. All terms and conditions proposed herein are subject to Landlord's and Tenant's review and approval and execution of a formal lease amendment agreement. This letter is not a warranty or representation by Landlord or Tenant that acceptance of this proposal will guarantee the execution of a lease agreement of the demised premises.

Thanks

Pat Crow
Principal
Cresa Boston
314 795 2012 (cell)

Landlord Acknowledged and Accepted:

Shops at Blue Island
Landlord
[Signature] MGR./Investor
Name

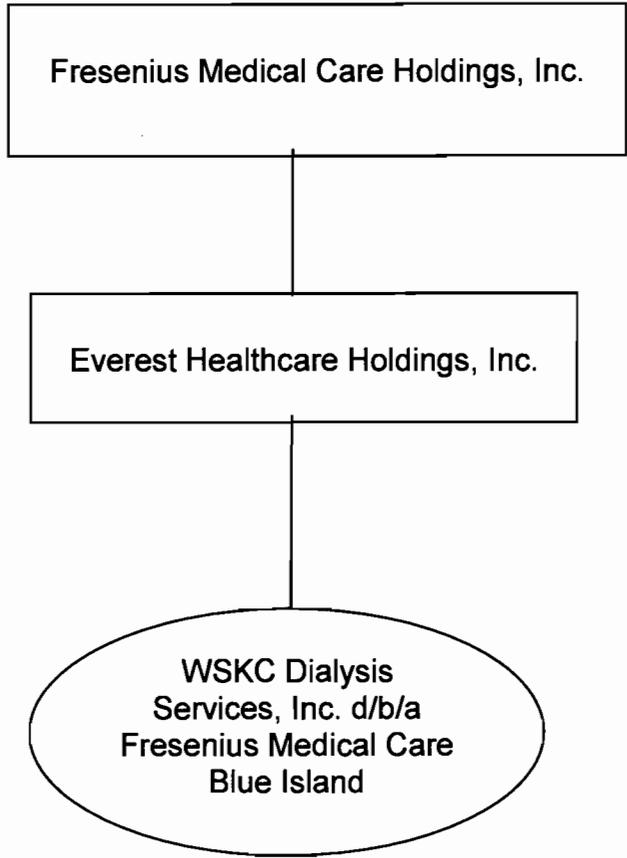
2-19-15
Date

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <i>WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Blue Island*</i>				
Address: <i>920 Winter Street, Waltham, MA 02451</i>				
<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">○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.○ 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.○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.				

***Certificate of Good Standing at Attachment – 1.**



SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	8,500
Temp Facilities, Controls, Cleaning, Waste Management	404
Concrete	2,200
Masonry	2,600
Metal Fabrications	1,300
Carpentry	15,000
Thermal, Moisture & Fire Protection	3,000
Doors, Frames, Hardware, Glass & Glazing	11,700
Walls, Ceilings, Floors, Painting	27,500
Specialities	2,100
Casework, Fl Mats & Window Treatments	1,023
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	54,500
Wiring, Fire Alarm System, Lighting	32,972
Miscellaneous Construction Costs	7,700
Total	170,499
Contingencies	\$16,944
Architecture/Engineering Fees	\$18,500
Moveable or Other Equipment	
Dialysis Chairs	15,000
Clinical Furniture & Equipment	15,000
Office Equipment & Other Furniture	0
Water Treatment	0
TVs & Accessories	50,000
Telephones	0
Generator	0
Facility Automation	0
Other miscellaneous	5,000
Total	\$85,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (1,059 GSF)	256,988
FMV Leased Dialysis Machines	53,700
FMV Leased Office Equipment	0
Total	\$310,688
Grand Total	\$601,631

Itemized Costs
ATTACHMENT - 7

Project Status and Completion Schedules

- Anticipated completion date is December 31, 2016.
- Project obligation will occur after permit issuance.
- **List of Current CON Permits**

Project Number	Name	Project Type	Completion Date
#10-063	Fresenius Lakeview	Expansion	05/31/2015
#12-029	Fresenius SW Illinois	Relocation	05/01/2015
#12-069	Fresenius Pekin	Relocation/Expansion	07/01/2015
#12-095	Fresenius Waterloo	Establishment	02/28/2015
#12-098	Fresenius Monmouth	Establishment	02/28/2015
E-010-13	Fresenius Naperville North	Expansion	04/30/2015
#13-008	Fresenius Chicago Kidney Center	Relocation	12/31/2015
#14-010	Fresenius Highland Park	Establishment	11/30/2015
#14-012	Fresenius Gurnee	Relocation/Expansion	12/31/2015
#14-019	Fresenius Summit	Establishment	12/31/2015
#13-040	Fresenius Lemont	Establishment	09/30/2016
#14-041	Fresenius Elgin	Expansion	06/30/2016
#14-026	Fresenius New City	Establishment	06/30/2016
#14-047	Fresenius Medical Care Humboldt Park	Establishment	12/31/2016
#14-059	Fresenius Medical Care Glendale Heights	Expansion	1/31/2016
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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
REVIEWABLE							
In-Center Hemodialysis	\$601,631	9,400	10,459		1,059		
Total Clinical	\$601,631	9,400	10,459		1,059		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	\$601,631	9,400	10,459		1,059		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Fresenius Medical Care

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

Quality Measures – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

INITIATIVES that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

Diabetes Care Partnership - Fresenius Medical Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Medical Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Medical Care employees in Chicago alone raised almost \$15,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Medical Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	
Aurora	14-2515	455 Mercy Lane	Aurora	60506	
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	17%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	17%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440	
Breese	14-2637	160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	26%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	15%
Carbondale	14-2514	1425 Main Street	Carbondale	62901	
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	333 W. 87th Street	Chicago	60620	
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622	35%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	38%
Cicero	14-2754	3000 S. Cicero	Chicago	60804	28%
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	23%
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015	
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018	
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515	
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185	18%
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	18%
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007	
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	11%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	16%
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139	13%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	19%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	21%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Highland Park	-	1657 Old Skokie Road	Highland Park	60035	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	14%
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651	
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	26%
Joliet	14-2739	721 E. Jackson Street	Joliet	60432	
Kewanee	14-2578	230 W. South Street	Kewanee	61443	
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	11%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	13%
Lemont	-	16177 W. 127th Street	Lemont	60439	
Logan Square	14-2766	2721 N. Spalding	Chicago	60647	
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	14%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	21%
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803	
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960	15%
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	11%
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448	
Monmouth(Maple City)		1225 N. Main Street	Monmouth	61462	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook	14-2765	2451 S Washington	Naperville	60565	
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	

Facility List

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
New City	-	4622 S. Bishop Street	Chicago	60609	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	
Normal	14-2778	1531 E. College Avenue	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	13%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	18%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	27%
Northfield	14-2771	480 Central Avenue	Northfield	60093	11%
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452	
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462	
Oswego	14-2677	1051 Station Drive	Oswego	60543	
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350	
Palatine	14-2723	691 E. Dundee Road	Palatine	60074	
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554	
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605	
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615	
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	12%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	27%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	22%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	15%
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617	
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	10%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	19%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002	
Spoon River	14-2565	340 S. Avenue B	Canton	61520	
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362	
Steger	14-2725	219 E. 34th Street	Steger	60475	
Streator	14-2695	2356 N. Bloomington Street	Streator	61364	
Summit	-	7319-7322 Archer Avenue	Summit	60501	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	24%
Waterloo	-	513-535 Hamacher Street	Waterloo	62298	
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085	
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510	
West Belmont	14-2523	4943 W. Belmont	Chicago	60641	35%
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185	11%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	25%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	13%
West Willow	14-2730	1444 W. Willow	Chicago	60620	
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154	
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959	
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527	

*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Certification & Authorization

WSKC Dialysis Services, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against WSKC Dialysis Services, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Mark Fawcett
Senior Vice President & Treasurer

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

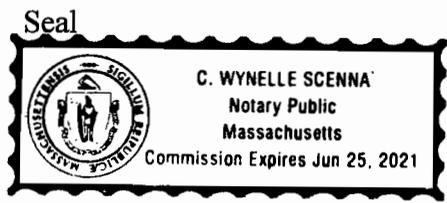
Notarization:
Subscribed and sworn to before me
this 30 day of April, 2015

[Signature]
Signature of Notary



Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015

[Signature]
Signature of Notary



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Mark Fawcett
Senior Vice President & Treasurer

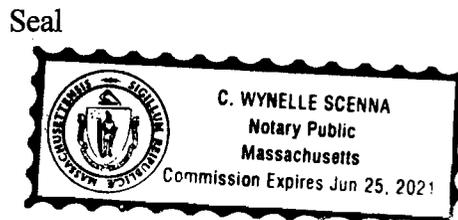
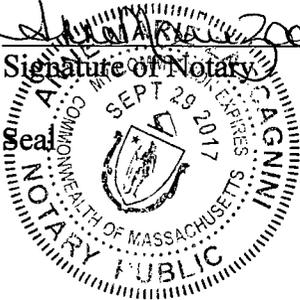
By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 3rd day of April, 2015

Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015

[Signature]
Signature of Notary

[Signature]
Signature of Notary



Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to maintain life-sustaining dialysis services, cost effectively, in the Blue Island area by adding 4 stations in adjacent space to the Fresenius Blue Island 24-station ESRD facility currently operating at 89% utilization. The addition will raise the total station count at the facility to 28.
2. This facility is located in Blue Island in southeast Cook County, which is part of HSA 6. There is a need for 18 additional stations in this HSA.
3. The Blue Island facility has operated above 80% for many years resulting in the addition of stations, most recently in 2009. The facility continues to operate above 80%, currently at 89% utilization with 128 patients.
4. Not Applicable
5. Increasing the station count at the Fresenius Blue Island facility will maintain access to dialysis services in this south suburban Cook County area, which has historically experienced high utilization rates. The additional stations will also provide patients with a choice of treatment shift times that would better coordinate with their home life, employment and transportation options.
6. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would continue to have similar quality outcomes after the relocation. Currently the Blue Island patients have the quality outcomes below:
 - 93% of patients had a URR \geq 65%
 - 95% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

A-C. Several alternatives to this project have already been considered and acted upon. These are listed below.

- The alternative to do nothing will not address patient access issues due to the high utilization currently and historically at the Blue Island facility and therefore was not considered. There is no cost to this alternative.
 - The alternative of adding just three stations per the 2 year/10% rule was at first considered, however this would only reduce the clinic's utilization from 89% to 79%. As well, the cost of installing 3 or 4 stations is practically identical and it would be more cost effective to install them all at one time. The cost of installing only three stations would be approximately \$575,000.
 - Relocating and building a new facility versus expanding the current site is not a cost effective alternative. The facility relocated in 2006 into a space with ample square footage included to allow for future expansion if/when necessary. As mentioned above the facility expanded in 2009 and is now nearing capacity. Additional space can be leased adjacent to the facility. The cost of relocating into a larger space would be approximately \$5,000,000.
 - Physicians already admit to other area facilities so this will not alleviate the high utilization at the Blue Island facility. Area access is limited as the clinics closest to Fresenius Blue Island operating at a combined utilization of 75%.
 - The facility is not currently a joint venture and simply adding stations does not warrant the creation of a joint venture nor would it address the needed access. The physicians do not desire to invest in the facility at this time. The cost of the project, if it were a joint venture, would be the same with the JV partner sharing the cost.
- D. The best alternative for addressing the patient's need for additional access while maintaining cost containment is to add 4 stations at the current site by leasing adjacent space as outlined in this application. The cost of this project is minimal at \$601,631.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	Rejected – won't address patient access issues.			
Project of lesser scope – addition of 3 stations – no CON.	Rejected as insufficient due to current utilization and growth at facility. Cost nearly identical whether adding 3 or 4 stations.			
Relocate and add stations	Not cost effective – recently relocated facility has access to adjacent space for expansion.			
Admit patients to other area facilities.	Physicians already admit to various area facilities. Combined utilization is 82%. No cost.			
Establish a Joint Venture	\$ 601,631	Same as current project.	Same as current project.	Same as current project, however JV Partner would share in costs.
Expand Fresenius Blue Island by 4 stations.	\$601,631	Access to dialysis treatment will be maintained in the Blue Island area. Patients will have treatment shift options with additional stations.	Fresenius Medical Care Blue Island's quality is above standard and it is expected to remain so. With access to treatment patient's transportation problems will decrease and thus missed treatments keeping quality high.	This cost is to Fresenius only. The patients will benefit by having lower transportation costs.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Blue Island has had above standard quality outcomes as demonstrated below.

- 93% of patients had a URR \geq 65%
- 95% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS ADDITIONAL SPACE	1,059 (4 Stations)	1,800 – 2,200 BGSF	Under	Yes
ESRD IN-CENTER TOTAL LEASED SPACE	10,459 (28 Stations)	12,600 – 18,200 BGSF	Under	Yes

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station. The proposed additional leased space of 1,059 BGSF does not exceed the State Standard and neither does the new total BGSF of 10,459 thereby meeting the criteria.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	89% April 2015		80%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS		86%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS		96%	80%	Yes

As seen in the chart above, the facility has already met the State standard utilization target of 80%. There are currently (as of December 2014) 133 in-center hemodialysis patients receiving treatment at the Blue Island facility. With the additional 4 stations, the facility will fall just below the State target at 79%. Given historic admissions the facility will be far above 80% in the first year after the stations become operational. Dr. Ventura has identified 121 pre-ESRD patients from the Blue Island area but estimated, in keeping with historic admissions, that approximately 75 would be expected to require dialysis services the first two years the additional stations are operating. It cannot be estimated at this time how many of these patients will choose home dialysis services. Taking this into account and patient attrition, the facility will maintain utilization rate above the State target.

Planning Area Need – Formula Need Calculation:

Fresenius Medical Care Blue Island is located in south suburban Cook County in HSA 7. HSA 7 is comprised of suburban Cook County and DuPage County. According to the April 2015 Inventory there is a need for an additional 18 stations in this HSA.

2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of the Blue Island area in HSA 7. 65% of the pre-ESRD patients reside in HSA 7 and 62% of the current Blue Island clinic patients also reside in HSA 7.

Current Blue Island Patients

Zip Code	Patients	60472	4
60406	30	60477	1
60408	1	60617	1
60409	4	60619	1
60419	2	60620	2
60426	6	60628	29
60445	1	60643	15
60452	2	60655	1
60453	1	60803	2
60469	1	60827	23
60471	1	Total	128

HSA	Current Fresenius Blue Island Patients
6	49 – 38%
7	79 – 62%

Pre-ESRD

Zip Code	Stage	Stage	Total
	4 CKD	3 CKD	
60406	9	16	25
60426	2	4	6
60428		2	2
60445	3	8	11
60453		1	1
60469	1	3	4
60472		5	5
60628	5	12	17
60643	2	18	20
60655	1	4	5
60803	1	8	9
60827	2	14	16
Total	26	95	121

HSA	# Pre-ESRD Patients Identified to be referred to Fresenius Medical Care Blue Island
6	42 – 35%
7	79 – 65%

Service Demand – Expansion of In-center Hemodialysis Service

A. Historical Service Demand

- i) The Blue Island 24-station dialysis facility has been operating at an average utilization rate of 91% for the past 12 months. The clinic is currently at 92.36% utilization with 24-stations and 133 patients.

See attached physician support/referral letter on following page.



April 22, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

My name is Salvatore Ventura, M.D. and I am the Medical Director of the Fresenius Medical Care Blue Island dialysis facility and am in practice with Nephrology Associates of Northern Illinois (NANI) in south Chicago-land area. The Blue Island facility has been operating above 80% utilization for many years and is currently near capacity. In order to provide continued access to dialysis services for my patients in the Blue Island area additional stations are needed for this facility. I am writing to express my support for the Fresenius proposal to expand the facility by 4 more stations to open up additional treatment times for current dialysis patients and to accommodate our practice's patients who will be requiring dialysis treatment in the near future.

Our staff physicians referred 35 new patients for hemodialysis services over the past twelve months. We were treating 153 hemodialysis patients at the end of 2012, 142 at the end of 2013, 135 at the end of 2014 and as of March 31, 2015 we were treating 126 hemodialysis patients and also have another 10 home dialysis patients. According to the NANI corporate office billing records, we have 121 Pre-ESRD patients in stage 3 and 4 living in the Blue Island area that I expect may begin dialysis in the next few years. However, because of the natural attrition of patients I anticipate that approximately 75 of these patients will begin dialysis in the first two years after the additional four stations are operable. This is consistent with our past twelve month's new referrals.

To keep dialysis access available in Blue Island, I ask the Board to please vote in favor of the Fresenius Medical Care Blue Island 4-station expansion.

Thank you for your consideration.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,



Salvatore Ventura, M.D.
Medical Director, FMC Blue Island

Notarization:

Subscribed and sworn to before me
this 22nd day of April, 2015



Signature of Notary
(Seal)



**PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE
BLUE ISLAND FACILITY IN THE 1ST 2 YEARS
AFTER PROJECT COMPLETION**

Zip Code	Stage	Stage	Total
	4 CKD	3 CKD	
60406	9	16	25
60426	2	4	6
60428		2	2
60445	3	8	11
60453		1	1
60469	1	3	4
60472		5	5
60628	5	12	17
60643	2	18	20
60655	1	4	5
60803	1	8	9
60827	2	14	16
Total	26	95	121

There are 121 patients identified by the NANI corporate office billing records who live in the Blue Island area that could be expected to begin dialysis at the Blue Island facility within two years of the addition of the 4 stations. Due to patient attrition, I anticipate approximately 75 new patients to begin dialysis during that time.

CURRENT FRESenius BLUE ISLAND PATIENTS

Zip Code	Patients
60406	30
60408	1
60409	4
60419	2
60426	6
60445	1
60452	2
60453	1
60469	1
60471	1
60472	4
60477	1
60617	1
60619	1
60620	2
60628	29
60643	15
60655	1
60803	2
60827	23
Total	128

NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS
04/01/2014 THROUGH 03/31/2015

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	1	5	6
60426	1	2	3
60445	1		1
60452		1	1
60471		1	1
60472		1	1
60473		1	1
60477		1	1
60628	2	4	6
60629	1		1
60643	2	1	3
60803	3		3
60827	2	4	6
61821	1		1
Total	14	21	35

PATIENTS OF NANI AS
OF DECEMBER 31, 2012

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	13	17
60409		4	4
60419		2	2
60423	1		1
60426	4	9	13
60428	1		1
60429	1		1
60445	2	3	5
60452		2	2
60453	3		3
60457		1	1
60458	1		1
60462	1		1
60463	2		2
60465	1		1
60466	1		1
60471	1	1	2
60472	4	2	6
60513	1		1
60617		2	2
60619	1		1
60620	1	3	4
60623	1		1
60626	1		1
60628	1	21	22
60633		1	1
60636		1	1
60643	5	14	19
60655	1	1	2
60661		1	1
60803	7	1	8
60805	1		1
60827	6	18	24
Total	53	100	153

PATIENTS OF NANI AS
OF DECEMBER 31, 2013

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	18	22
60409		3	3
60419		1	1
60426	3	9	12
60428	1		1
60429	2		2
60435	1		1
60445	3	1	4
60452		2	2
60453	2		2
60458	1		1
60462	1		1
60463	2		2
60465	1		1
60466	1		1
60471	1	1	2
60472	3	2	5
60477		1	1
60617		2	2
60619	1		1
60620	1	4	5
60623	1		1
60628	1	22	23
60643	4	14	18
60655	1	1	2
60803	5	2	7
60805	1		1
60827	7	11	18
Total	48	94	142

49

**PATIENTS OF NANI AS
OF DECEMBER 31, 2014**

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	18	22
60409		3	3
60419		1	1
60426	4	6	10
60428	1		1
60429	1		1
60445	3	1	4
60452		2	2
60453	1		1
60458	1		1
60462	1		1
60465	1		1
60471	1	1	2
60472	3	3	6
60477		1	1
60617		2	2
60619	1		1
60620	1	3	4
60628	3	21	24
60629	1		1
60643	4	12	16
60655	1	1	2
60803	7	1	8
60827	8	12	20
Total	47	88	135

**PATIENTS OF NANI AS
OF MARCH 31, 2015**

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	3	16	19
60409		2	2
60419		1	1
60426	4	5	9
60428	1		1
60429	1		1
60445	3	1	4
60452		2	2
60453	1	1	2
60458	1		1
60462	1		1
60471	1	1	2
60472	3	3	6
60473			0
60617		2	2
60619	1		1
60620		2	2
60628	3	20	23
60643	4	12	16
60655	1	1	2
60803	7	1	8
60827	9	12	21
Total	44	82	126

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Salvatore Ventura, M.D. is currently the Medical Director for Fresenius Medical Care Blue Island. Attached is his curriculum vitae.

B. All Other Personnel

The Blue Island facility currently employs the following staff:

- Clinic Manager who is a Registered Nurse
- 5 Registered Nurses
- 12 Patient Care Technicians
- 1 Registered Dietitian
- 1 Licensed Master level Social Worker
- 1 Equipment Technician
- 1 Secretary

After the expansion the facility will hire an additional Registered Nurse and 2 Patient Care Technicians.

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

NAME: Salvatore Carlo Ventura

HOME:

PRIMARY OFFICE: 2310 York Street
Suite 3B
Blue Island, IL 60406
708-388-0499

SECONDARY OFFICE: Nephrology Associates of Northern Illinois
855 West Madison Street
Oak Park, IL 60302
708-386-1000

BIRTH DATE:

PLACE OF BIRTH: Montreal, Quebec, Canada

SPOUSE:

CHILDREN:

NATIONALITY: Canadian (U.S. Permanent Resident)

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

EDUCATION:

1973 to 1975

Collegial Diploma in Pure and Applied Science, 5/3/75
Marianopolis College, 3880 Cote Des Neiges
Montreal, Quebec, Canada, H3H-IW1

Awards:

Marianopolis Scholarship, 1973
Catherine of Palma Scholarship, 1974
Dean's List, 1974 and 1975

1975 to 1978

Bachelor of Science, First Class Honors in Physiology, 6/9/78
McGill University, Faculty of Science, P.O. Box 6070, Station A
Montreal, Quebec, Canada, H3C-3G1

Awards:

Steinberg's Corporation Scholarship, 1975, 1976 and 1977
J.W. McConnell Scholarship, McGill University, 1975 and 1976
Emily Ross Crawford Scholarship, McGill University, 1976
Jane Redpath Exhibition, McGill University, 1976

1978 to 1982

Doctor of Medicine, Master of Surgery, 6/3/82
McGill University, Faculty of Medicine, 3655 Drummond Street
Montreal, Quebec, Canada, H3G-1Y6

Awards:

Steinberg's Corporation Scholarship, 1978
University Scholar, 1978
Summer Research Bursary, McGill University, 1979
Summer Student Fellowship Award, Kidney Foundation of Canada, 1980

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

POSTDOCTORAL TRAINING:

06/26/1982 to 06/30/1983
Internship in Internal Medicine
Northwestern University, Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois, 60201

07/01/1983 to 06/30/1985
Residency in Internal Medicine
Northwestern University, Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois, 60201

07/01/1985 to 06/30/1987
Nephrology Fellowship
University of Chicago Hospitals, Renal Section Box 28
5841 South Maryland
Chicago, Illinois, 60637

CERTIFICATIONS:

July, 1983
Medical Council of Canada

July, 1983
National Board of Medical Examiners

September, 1986
American Board of Internal Medicine

November, 1988
Nephrology, American Board of Internal Medicine

III

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

MEDICAL LICENSES:

Illinois
036-068579
4/25/84 to Present

Indiana
01038408A
5/31/90 to Present

New Jersey
MA-52783
2/24/89 to 6/30/91

Pennsylvania
MD-043291-E
1/18/89 to 12/31/90

DEA REGISTRATION:

AV2916154

MEDICAL SOCIETY MEMBERSHIPS:

American Society of Nephrology
Chicago Medical Society
Illinois State Medical Society
International Society of Nephrology
National Kidney Foundation
Renal Physicians Association

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

EMPLOYMENT HISTORY:

July, 1987 to June, 1989
Lecturer, Faculty of Medicine, University of Toronto
Nephrologist, Toronto General Hospital, Nephrology Section
200 Elizabeth Street
Toronto, Ontario, M5G-2C4
Canada
Telephone # 416-340-4064
Fax # 416-340-4951

July, 1989 to June, 1990
Private Practice
Nephrology Hypertension Associates of LeHigh Valley
50 South 18th Street
Easton, PA 18042
Telephone # 610-258-3608
Fax # 610-258-3608

July, 1990 to April, 1993
Private Practice
Nephrology, Inc.
710 Park Place
Mishawaka, IN 46545
Telephone # 574-273-6787
Fax # 574-273-6757

May, 1993 to Present
Private Practice
Nephrology Associates of Northern Illinois
855 West Madison Street
Oak Park, IL 60302
Telephone # 708-386-1000
Fax # 708-386-2878

v

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

CONTINUING MEDICAL EDUCATION:

- American Society of Nephrology, 12/86.
- Renal Biopsies in Medical Diseases of the Kidney, Columbia University, 10/88.
- American Society of Nephrology, 12/89.
- American Society of Nephrology, 12/90.
- American Medical Association, Physician's Recognition Award, 1/91 to 1/94.
- 11th Annual Conference on Peritoneal Dialysis, University of Missouri-Columbia, 2/91.
- Hyper alimentation: A Practical Approach, Harvard Medical School, 9/91.
- Advanced Nephrology, University of California, 1/93.
- Consultative Nephrology, National Kidney Foundation, 4/7/94 to 4/10/94.
- American Medical Association, Physician's Recognition Award, 5/94 to 6/97.
- Nephrology 1997, Harvard Medical School, 5/97.
- UpToDate in Nephrology and Hypertension, American Medical Association, 7/1/97 to 12/31/97.
- Continuous Renal Replacement Therapies, University Of California, 3/5/98 to 3/7/98.
- Contemporary Issues in Nephrology, Harvard Medical School, 9/14/98 to 9/18/98.
- Hemodialysis Graft Declotting, Albert Einstein College Of Medicine, 12/16/1998.
- Nephrology 1999, Harvard Medical School, 6/99.
- Nephrology 2000, Harvard Medical School, 5/00: **42 CME Credits.**
- Quality Improvement Workshop, The Renal Network, 11/14/00: **5 CME Credits.**
- Nephrology 2001, Harvard Medical School, 5/01: **41 CME Credits.**
- American Medical Association, 2002: **24 CME Credits.**
- Midwest Physician's Alliance, Inc. 5/01/02: **1 CME Credits.**
- Nephrology 2003, Harvard Medical School, 4/27/03 - 5/2/03: **42 CME Credits.**

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

CONTINUING MEDICAL EDUCATION:

- Nephrology 2004, Harvard Medical School, 4/25/04 – 4/30/04: **42 CME Credits.**
- Illinois State Medical Society, 9/27/04, “Loss Prevention Strategies for Physicians”: **3 CME Credits.**
- American Medical Association, 12/26/04: **13.5 CME Credits.**
- Heart Care Education Foundation, 1/14/05, St. Francis Hospital Medical Grand Rounds: **8 CME Credits.**
- Up To Date, 10/6/05: **2.25 CME Credits.**
- Up To Date, 10/13/05: **9 CME Credits.**
- Nephrology 2006, Harvard Medical School, 4/23/06 – 4/28/06: **47 CME Credits.**
- Up To Date, 12/12/06: **11.25 CME Credits.**
- Up To Date, 12/8/07: **31 CME Credits.**
- Nephrology 2008, Harvard Medical School, 3/30/08 – 4/4/08: **49 CME Credits.**
- Up To Date, 12/11/08: **43.5 CME Credits.**
- Up To Date, 12/10/09: **36 CME Credits.**

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Active Staff Privileges, Division of Nephrology, 7/1/87 to 6/30/89

The Toronto Hospital (Toronto General Division)

200 Elizabeth Street

Toronto, Ontario, Canada

M5G 2C4

Department Telephone # 416-340-4669

Medical Staff Fax # 416-340-5244

Active Staff Privileges, Division of Nephrology, 7/1/88 to 6/30/89

Mount Sinai Hospital

600 University Street

Toronto, Ontario, Canada

M5G 2C4

Department Telephone # 416-586-4800 ext 8389

Medical Staff Fax # 416-619-5540

Active Staff Privileges, Division of Nephrology, 7/1/88 to 6/30/89

Women's College Hospital

76 Grenville Street

Toronto, Ontario, Canada

M5G 2C4

Department Telephone # 416-323-6400

Medical Staff Fax # 416-323-7705

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Provisional Active Staff Privileges, Medicine/Nephrology, 7/27/89 to 6/2/90

The Allentown Hospital-Lehigh Valley Hospital Center
P.O. Box 689
1200 S. Cedar Crest Blvd.
Allentown, PA 18105
Department Telephone # 610-402-8900
Medical Staff Fax # 610-402-1675

Courtesy/Consulting Privileges, Medicine/Nephrology, 6/20/89 to 6/2/90

Allentown Osteopathic Medical Center
c/o St. Luke's Hospital
1736 Hamilton Street
Allentown, PA 18104
Department Telephone # 610-954-4660
Medical Staff Fax # 610-954-4979

Courtesy Privileges, Medicine/Nephrology, 7/3/89 to 6/2/90

Sacred Heart Hospital
421 Chew Street
Allentown, PA 18102
Department Telephone # 610-776-4830
Medical Staff Fax # 610-606-4405

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Active Staff Privileges, Medicine/Nephrology, 2/8/90 to 6/2/90

Muhlenberg Hospital Center
c/o The Allentown Hospital-Lehigh Valley Hospital Center
Schoenersville Road
Bethlehem, PA 18017
Department Telephone # 610-402-8900
Medical Staff Fax # 610-402-1675

Active Staff Privileges, Medicine/Nephrology, 1/2/90 to 6/2/90

St. Luke's Hospital
801 Ostrom Street
Bethlehem, PA 18015
Department Telephone # 610-954-4660
Medical Staff Fax # 610-954-4979

Active Staff Privileges, Medicine/Nephrology, 9/19/89 to 6/2/90

Easton Hospital
21st and Lehigh Streets
Easton, PA 18042
Department Telephone # 610-250-4676
Medical Staff Fax # 610-250-4832

Active Staff Privileges, Medicine/Nephrology, 10/9/89 to 6/2/90

Warren Hospital
185 Roseberry Street
Phillipsburg, NJ 08865
Department Telephone # 908-859-6775
Medical Staff Fax # 908-213-6650

x

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Consulting Privileges, Medicine/Nephrology, 9/21/89 to 6/2/90
The Palmerton Hospital
135 Lafayette Avenue
Palmerton, PA 18071
Department Telephone # 610-826-1367
Medical Staff Fax # 610-826-6082

Consulting Privileges, Medicine/Nephrology, 9/18/89 to 6/2/90
Gnaden Huetten Memorial Hospital
11th and Hamilton Streets
Lehighton, PA 18235
Department Telephone # 610-377-7150
Medical Staff Fax # 610-377-7214

Consulting Privileges, Medicine/Nephrology, 5/10/89 to 6/2/90
Coaldale State General Hospital
Coaldale, PA 18218-1199
Department Telephone # 570-645-8121
Medical Staff Fax # 570-645-8321

Provisional Staff Privileges, Medicine/Nephrology, 7/3/90 to 4/5/93
Saint Joseph's Medical Center
801 East LaSalle
P.O. Box 1935
South Bend, IN 46634-1935
Department Telephone # 574-335-1050
Medical Staff Fax # 574-335-1053

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Privileges, Medicine/Nephrology, 8/23/90 to 3/25/93

Memorial Hospital of South Bend
615 North Michigan
South Bend, IN 46601-9986
Department Telephone # 574-647-7920
Medical Staff Fax # 574-647-6691

Visiting Staff Privileges. Medicine/Nephrology, 9/19/90 to 3/25/93

Saint Joseph Hospital of Mishawaka
215 West Fourth Street
Mishawaka, IN 46544
Department Telephone # 574-335-1050
Medical Staff Fax # 574-335-1053

Visiting/Courtesy Staff Privileges, Medicine/Nephrology, 7/17/90 to 3/25/93

Elkhart General Hospital
P.O. Box 1329
Elkhart, IN 46515
Department Telephone # 574-523-3205
Medical Staff Fax # 574-524-7473

Consulting Staff Privileges, Medicine/Nephrology, 3/7/91 to 3/25/93

LaPorte Hospital
P.O. Box 250
LaPorte, IN 46350-0250
Department Telephone # 219-326-2403
Medical Staff Fax # 219-325-5456

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

HOSPITAL APPOINTMENTS:

Courtesy Staff, Medicine/Nephrology, 9/2/97 to 5/1/07

Provisional Courtesy Staff, Medicine/Nephrology, 9/2/08 to Present

Little Company of Mary Hospital and Health Care Centers

2800 West 95th Street

Evergreen Park, IL 60805

Department Telephone # 708-229-5687

Medical Staff Fax # 708-422-2042

Active Staff, Medicine/Nephrology, 6/1/93 to Present

MetroSouth Medical Center (formerly St. Francis Hospital and Health Center)

12935 South Gregory Street

Blue Island, IL 60406

Department Telephone # 708-597-2000 ext 5251

Medical Staff Fax # 708-824-4494

CURRICULUM VITAE
Salvatore C. Ventura, M.D.

ACADEMIC APPOINTMENTS:

Lecturer, 1987 to 1989
Faculty of Medicine
University of Toronto
Toronto, Canada

PUBLICATIONS:

Cole, C.H. and Ventura, S.C. Effect of Chronic Hemodialysis on the RBC Transport Abnormality of Uremia; *Kidney International*, Vol. 13, 439, 1978. Presented at the Canadian Society of Nephrology Meetings in January 1978.

Ventura, S.C. and Fong, J. S.C. Roles of the Coagulation and Vasomotor Systems in the Pathogenesis of Glycerol Induced Acute Renal Failure in Rats; *Federation Proceedings*, Vol. 39, No. 3, Part 1, 419, 1980. Presented at the FASEB meetings in March 1980.

Ventura, S.C, Northrup, T.F, Schneider, G, Cohen, J.J. and Garella, S. Transport and Histochemical Studies of Bicarbonate Handling by the Alligator Kidney; *American Journal of Physiology*, Vol. 256 (Renal, Fluid and Electrolyte Physiology 25), F239 to F245, 1989.

Ventura, S.C. and Garella, S. The Management of Pericardial Disease in Renal Failure; *Seminars in Dialysis*, Vol. 3, No. 1 (January to March), 21 to 26, 1990.

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the West Chicago Region of Fresenius Medical Care, which includes the Fresenius Medical Care Blue Island facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are available at Fresenius Medical Care Blue Island during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services are provided via referral to Metro South Medical Center in Blue Island:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services

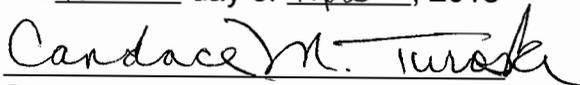


Signature – Coleen Muldoon

Regional Vice President/Manager

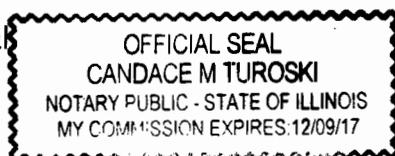
Title

Subscribed and sworn to before me
this 10th day of April, 2015



Signature of Notary

Seal



Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the West Chicago Region of Fresenius Medical Care. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Blue Island, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Blue Island in the first two years after the addition of the new stations, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients at Fresenius Medical Care Blue Island have achieved adequacy outcomes of:
 - o 93% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

These are expected to remain the similar.


Signature – Coleen Muldoon

Regional Vice President/Manager
Title

Subscribed and sworn to before me
this 10th day of April, 2015


Signature of Notary

Seal





Cresa Boston
 200 State Street, 13th Floor
 Boston, MA 02109
 617.758.6000 tel
 617.742.0643 fax

The Tenant's Advantage
 cresa.com

Via Email

February 18, 2015

Re: Lease Expansion – Letter of Understanding
 Fresenius Medical Care of Blue Island
 12200 S. Western Avenue
 Blue Island, IL

The following summarizes the terms discussed and agreed upon for the expansion of the above referenced lease:

Tenant: Fresenius Medical Care of Blue Island

Expansion: Approximately 1,059 SF, see attached exhibit.

Lease Term: Effective upon a fully executed amendment and Landlord's delivery of the Expansion space "Expansion Space Delivery Date" and continuing through 9/30/2022 (coterminous with the existing lease term). Targeted commencement date 7/1/2015.

Expansion Rent Commencement: Effective 30 days after Landlord's delivery of the Expansion Space "Expansion Space Delivery Date" Tenant shall pay to Landlord monthly Rent for the Expansion Premises as follows: (the "Expansion Rent Commencement Date").

Dates (To/From)	Rent per SF	Monthly Rent	Annual Rent
Upon the Expansion Rent Commencement Date Rent for the Expansion Space shall commence at \$23.14 SF and continue through 9/30/17	\$23.14 SF	\$2,042.11	\$24,505.26
10/1/2017 – 9/30/2022	\$24.75 SF	\$2,184.19	\$26,210.28

Renewal Options: Same as the existing space lease.



Expansion Delivery: Landlord shall deliver to Tenant an additional 1,059 SF (the "Expansion Space") in As Is condition with the existing electrical, lighting, plumbing, HVAC and life safety systems in good condition and repair.

Tenant Guarantor: Same as the existing space lease.

Commission: None

Except as outlined above, all other terms and conditions of the lease shall remain unchanged.

It is expressly understood and agreed by all parties that this letter is summary of certain terms and conditions being discussed between parties hereto with respect to the proposed extension of the lease at the above noted location between Tenant and Landlord. In no event shall this letter be considered binding or enforceable against either party. All terms and conditions proposed herein are subject to Landlord's and Tenant's review and approval and execution of a formal lease amendment agreement. This letter is not a warranty or representation by Landlord or Tenant that acceptance of this proposal will guarantee the execution of a lease agreement of the demised premises.

Thanks

Pat Crow
Principal
Cresa Boston
314 795 2012 (cell)

Landlord Acknowledged and Accepted:

Shops at Blue Island
Landlord

[Signature] MGR. / Investor
Name

2-19-15
Date

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2012 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #13-040, Fresenius Medical Care Lemont.

2013 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #14-029, Fresenius Medical Care Grayslake and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (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)	
ESRD		161.00			1,059			170,499	170,499
Contingency		16.00			1,059			16,944	16,944
TOTALS		177.00			1,059			187,443	187,443
Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2016

Salaries	\$1,339,956
Benefits	200,993
Supplies	<u>325,799</u>
Total	\$1,866,748

Annual Treatments 20,966

Cost Per Treatment \$89.07

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2016

Depreciation/Amortization	\$204,907
Interest	<u>0</u>
CAPITAL COSTS	\$204,907

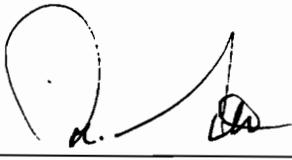
Treatments: 20,966

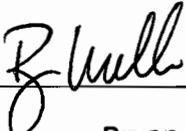
Capital Cost per treatment \$9.77

Criterion 1120.310(a) Reasonableness of Financing Arrangements

WSKC Dialysis Services, Inc.

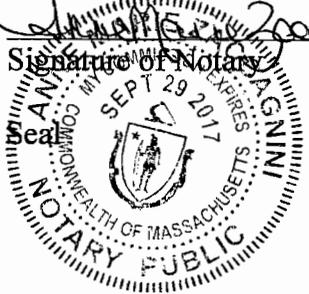
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

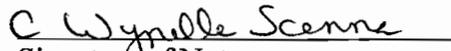
By: 
Title: Mark Fawcett
Senior Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

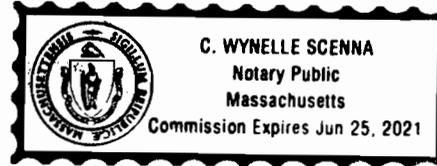
Notarization:
Subscribed and sworn to before me
this 3rd day of April, 2015

Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015


Signature of Notary



Signature of Notary

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

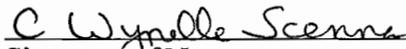
By: 
Title: Mark Fawcett
Senior Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

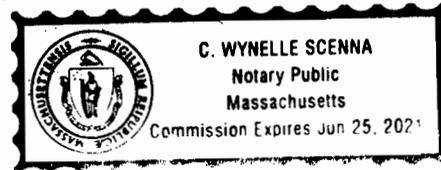
Notarization:
Subscribed and sworn to before me
this 3rd day of April, 2015

Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015


Signature of Notary



Signature of Notary

Seal



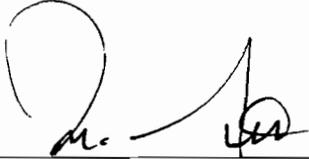
Criterion 1120.310(b) Conditions of Debt Financing

WSKC Dialysis Services, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

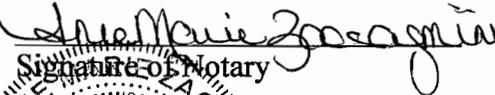
There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Mark Fawcett
Senior Vice President & Treasurer

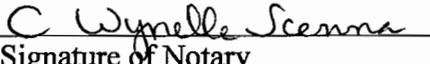
By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 30 day of April, 2015

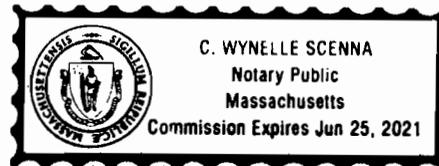

Signature of Notary



Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015


Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

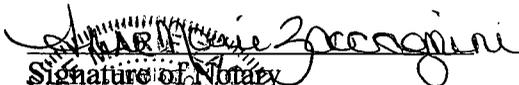
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

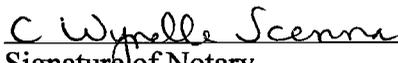
By: 
ITS: Mark Fawcett
Senior Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

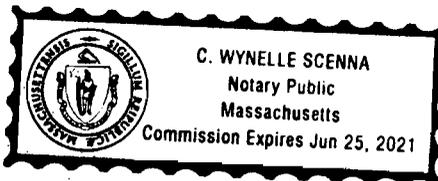
Notarization:
Subscribed and sworn to before me
this 30th day of April, 2015

Notarization:
Subscribed and sworn to before me
this 2 day of April, 2015


Signature of Notary



Signature of Notary

Seal



Safety Net Impact Statement

The expansion of the Fresenius Medical Care Blue Island dialysis facility will not have any impact on safety net services in the Blue Island area of Cook County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$362,977,407	\$387,393,758	\$398,570,288
	2011	2012	2013
Charity * (# of self-pay patients)	93	203	642
Charity (cost in dollars)	\$642,947	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534
Ratio Medicaid to Net Patient Revenue	12%	9.36%	7.87%

Note:

A new billing procedure was put into place in late 2012 to reduce the amount of voids and rebilling. Previously patients with Medicaid pending were considered only under Medicaid and after the procedure change, Medicaid pending patients are considered under self-pay. This has resulted in the increase in "charity" (self-pay) patients and costs.

Medicaid number of patients appears to be going down, however this is due to the reassignment of the "charity" (self-pay) patients associated with the billing change.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue	\$362,977,407	\$387,393,758	\$398,570,288
Amount of Charity Care (charges)	\$642,947	\$1,566,380	\$5,346,976
Cost of Charity Care	\$642,947	\$1,566,380	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical

emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.



April 22, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

My name is Salvatore Ventura, M.D. and I am the Medical Director of the Fresenius Medical Care Blue Island dialysis facility and am in practice with Nephrology Associates of Northern Illinois (NANI) in south Chicago-land area. The Blue Island facility has been operating above 80% utilization for many years and is currently near capacity. In order to provide continued access to dialysis services for my patients in the Blue Island area additional stations are needed for this facility. I am writing to express my support for the Fresenius proposal to expand the facility by 4 more stations to open up additional treatment times for current dialysis patients and to accommodate our practice's patients who will be requiring dialysis treatment in the near future.

Our staff physicians referred 35 new patients for hemodialysis services over the past twelve months. We were treating 153 hemodialysis patients at the end of 2012, 142 at the end of 2013, 135 at the end of 2014 and as of March 31, 2015 we were treating 126 hemodialysis patients and also have another 10 home dialysis patients. According to the NANI corporate office billing records, we have 121 Pre-ESRD patients in stage 3 and 4 living in the Blue Island area that I expect may begin dialysis in the next few years. However, because of the natural attrition of patients I anticipate that approximately 75 of these patients will begin dialysis in the first two years after the additional four stations are operable. This is consistent with our past twelve month's new referrals.

To keep dialysis access available in Blue Island, I ask the Board to please vote in favor of the Fresenius Medical Care Blue Island 4-station expansion.

Thank you for your consideration.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

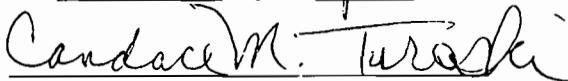
Sincerely,



Salvatore Ventura, M.D.
Medical Director, FMC Blue Island

Notarization:

Subscribed and sworn to before me
this 22nd day of April, 2015



Signature of Notary
(Seal)



**PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE
BLUE ISLAND FACILITY IN THE 1ST 2 YEARS
AFTER PROJECT COMPLETION**

Zip Code	Stage	Stage	Total
	4 CKD	3 CKD	
60406	9	16	25
60426	2	4	6
60428		2	2
60445	3	8	11
60453		1	1
60469	1	3	4
60472		5	5
60628	5	12	17
60643	2	18	20
60655	1	4	5
60803	1	8	9
60827	2	14	16
Total	26	95	121

There are 121 patients identified by the NANI corporate office billing records who live in the Blue Island area that could be expected to begin dialysis at the Blue Island facility within two years of the addition of the 4 stations. Due to patient attrition, I anticipate approximately 75 new patients to begin dialysis during that time.

CURRENT FRESenius BLUE ISLAND PATIENTS

Zip Code	Patients
60406	30
60408	1
60409	4
60419	2
60426	6
60445	1
60452	2
60453	1
60469	1
60471	1
60472	4
60477	1
60617	1
60619	1
60620	2
60628	29
60643	15
60655	1
60803	2
60827	23
Total	128

NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS
04/01/2014 THROUGH 03/31/2015

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	1	5	6
60426	1	2	3
60445	1		1
60452		1	1
60471		1	1
60472		1	1
60473		1	1
60477		1	1
60628	2	4	6
60629	1		1
60643	2	1	3
60803	3		3
60827	2	4	6
61821	1		1
Total	14	21	35

PATIENTS OF NANI AS
OF DECEMBER 31, 2012

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	13	17
60409		4	4
60419		2	2
60423	1		1
60426	4	9	13
60428	1		1
60429	1		1
60445	2	3	5
60452		2	2
60453	3		3
60457		1	1
60458	1		1
60462	1		1
60463	2		2
60465	1		1
60466	1		1
60471	1	1	2
60472	4	2	6
60513	1		1
60617		2	2
60619	1		1
60620	1	3	4
60623	1		1
60626	1		1
60628	1	21	22
60633		1	1
60636		1	1
60643	5	14	19
60655	1	1	2
60661		1	1
60803	7	1	8
60805	1		1
60827	6	18	24
Total	53	100	153

PATIENTS OF NANI AS
OF DECEMBER 31, 2013

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	18	22
60409		3	3
60419		1	1
60426	3	9	12
60428	1		1
60429	2		2
60435	1		1
60445	3	1	4
60452		2	2
60453	2		2
60458	1		1
60462	1		1
60463	2		2
60465	1		1
60466	1		1
60471	1	1	2
60472	3	2	5
60477		1	1
60617		2	2
60619	1		1
60620	1	4	5
60623	1		1
60628	1	22	23
60643	4	14	18
60655	1	1	2
60803	5	2	7
60805	1		1
60827	7	11	18
Total	48	94	142

85

**PATIENTS OF NANI AS
OF DECEMBER 31, 2014**

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	4	18	22
60409		3	3
60419		1	1
60426	4	6	10
60428	1		1
60429	1		1
60445	3	1	4
60452		2	2
60453	1		1
60458	1		1
60462	1		1
60465	1		1
60471	1	1	2
60472	3	3	6
60477		1	1
60617		2	2
60619	1		1
60620	1	3	4
60628	3	21	24
60629	1		1
60643	4	12	16
60655	1	1	2
60803	7	1	8
60827	8	12	20
Total	47	88	135

**PATIENTS OF NANI AS
OF MARCH 31, 2015**

Zip Code	Fresenius Medical Care		Total
	Alsip	Blue Island	
60406	3	16	19
60409		2	2
60419		1	1
60426	4	5	9
60428	1		1
60429	1		1
60445	3	1	4
60452		2	2
60453	1	1	2
60458	1		1
60462	1		1
60471	1	1	2
60472	3	3	6
60473			0
60617		2	2
60619	1		1
60620		2	2
60628	3	20	23
60643	4	12	16
60655	1	1	2
60803	7	1	8
60827	9	12	21
Total	44	82	126