

15-048

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

OCT 14 2015

Facility/Project Identification

Facility Name: Park Manor Dialysis			HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 95 th Street and Colfax Avenue			
City and Zip Code: Chicago, Illinois 60617			
County: Cook	Health Service Area: 6	Health Planning Area: 6	

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

Name: Ronny Philip
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 13155 South LaGrange Road, Orland Park, Illinois 60462-1162
Telephone Number: 708-923-0928
E-mail Address: ronny.philip@davita.com
Fax Number: 855-871-6348

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Park Manor Dialysis		
Street Address: 95 th Street and Colfax Avenue		
City and Zip Code: Chicago, Illinois 60617		
County: Cook	Health Service Area: 6	Health Planning Area: 6

Applicant /Co-Applicant Identification

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

Exact Legal Name: Pawlier Dialysis, LLC
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

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Telephone Number: 708-923-0928
E-mail Address: ronny.philip@davita.com
Fax Number: 855-871-6348

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Clark Street Development, LLC
Address of Site Owner: 980 North Michigan Avenue, Suite 1280, Chicago, Illinois 60611
Street Address or Legal Description of Site: 95 th Street & Colfax Avenue, Chicago, Illinois 60617

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

Lots 1, 2, 3, 4, 5 and 6 and Lots 12, 13, 14 and 15 in Block 125 in South Chicago Subdivision, made by the Calumet and Chicago Canal and Dock Company of all that part of Section 6, South of Indian Boundary line, Southwest of Pittsburg Fort Wayne and Chicago Railroad, and West of the Calumet River, except land belonging to the Northwestern Fertilizing Company, and also the Northeast Fractional Quarter, and the East two-thirds of the Northwest Quarter Fractional of Fractional Section 7, North of Indian Boundary Line; Township 37 North Range 15, East of the Third Principal Meridian, recorded June 29, 1875 as Document 36673, in Cook County, Illinois.

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: Pawlier Dialysis, LLC
Address: 2000 16 th Street, Denver, CO 80202

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

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Partnerships must provide the name of the state in which 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

[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

[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.

DaVita HealthCare Partners Inc. and Pawlier Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 16-station dialysis facility located at 95th Street and Colfax Avenue, Chicago, Illinois 60617. The proposed dialysis facility will include approximately 7,770 rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,405,263		\$1,405,263
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$107,700		\$107,700
Consulting and Other Fees	\$88,000		\$88,000
Movable or Other Equipment (not in construction contracts)	\$597,077		\$597,077
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,803,194		\$1,803,194
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,111,234		\$4,111,234
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	\$2,308,040		\$2,308,040
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,803,194		\$1,803,194
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,111,234		\$4,111,234
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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>2,128,924.</u></p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): February 28, 2018</p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><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</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
--

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							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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



 SIGNATURE

Arturo Sida

 PRINTED NAME

Assistant Corporate Secretary

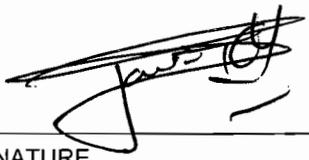
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this _____ day of _____

Signature of Notary

Seal

See Attached



 SIGNATURE

Javier J. Rodriguez

 PRINTED NAME

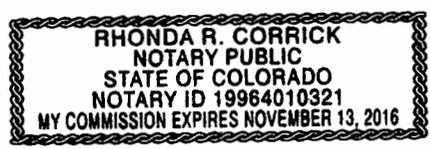
Chief Executive Officer – Kidney Care

 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 1st day of OCTOBER, 2015

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

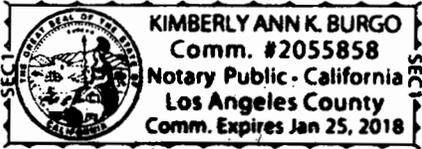
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certificate re CON Application (Pawlier Dialysis LLC)
Document Date: September 29, 2015 Number of Pages: 1 (one)
Signer(s) if Different Than Above: _____
Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator

Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

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Arturo Sida

 PRINTED NAME

Assistant Corporate Secretary

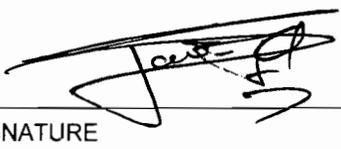
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this _____ day of _____

See Attached

 Signature of Notary

Seal



 SIGNATURE

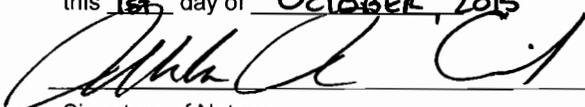
Javier J. Rodriguez

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Chief Executive Officer – Kidney Care

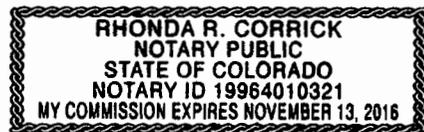
 PRINTED TITLE

STATE OF COLORADO
 COUNTY OF DENVER
 Notarization:
 Subscribed and sworn to before me
 this 1st day of OCTOBER, 2015



 Signature of Notary

Seal



*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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County of Los Angeles

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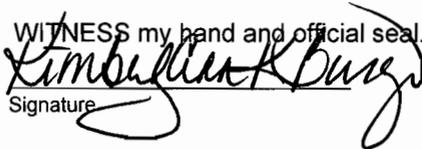
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certificate re CON Application (Pawlier Dialysis LLC)

Document Date: September 29, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
 Corporate Officer

(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity Pawlier Dialysis LLC

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

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

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

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

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	16

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

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

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

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

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				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38. IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
TOTALS											

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

Safety Net Impact Statements shall also include all of the following:

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

A table in the following format must be provided as part of Attachment 43.

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

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 44.

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc. and Pawlier Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Pawlier Dialysis, LLC will be the operator of Park Manor Dialysis. Park Manor Dialysis is a trade name of DaVita HealthCare Partners Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2014.

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

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

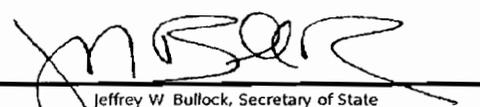
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

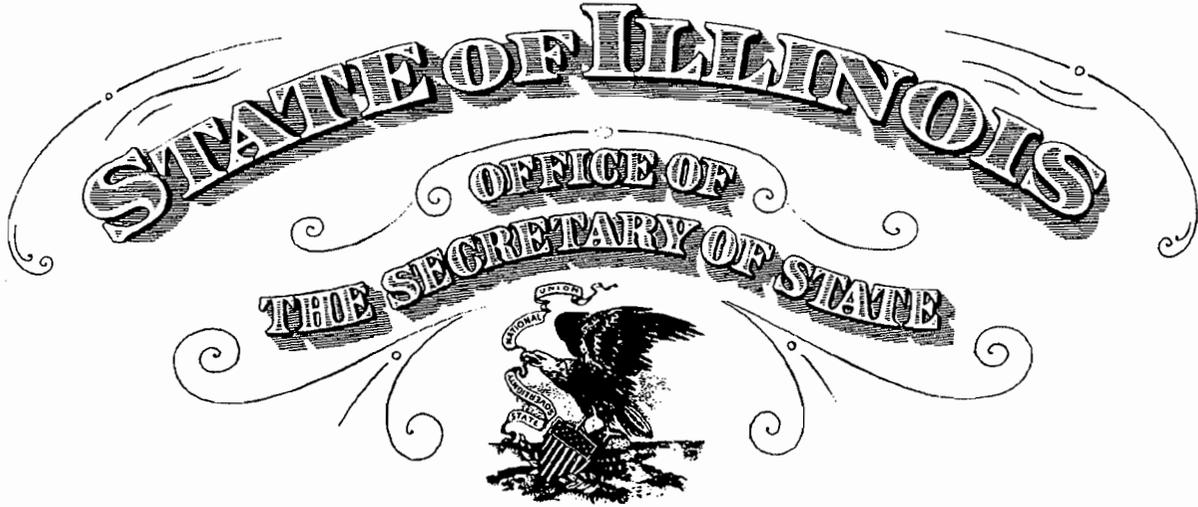
140958293

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PAWLIER DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of OCTOBER A.D. 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1527801526 verifiable until 10/05/2016
Authenticate at: <http://www.cyberdriveillinois.com>

Section I, Identification, General Information, and Certification

Site Ownership

The letter of intent between Clark Street Development LLC and Total Renal Care Inc. to lease the facility located at the Southeast Corner of 95th Street and Colfax Avenue, Chicago, Illinois 60617 is attached at Attachment – 2.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.
A JOHNSON CONTROLS COMPANY

September 30, 2015

Mr. Andrew Stein
 Clark Street Development
 980 North Michigan Avenue
 Suite 1280
 Chicago, IL 60611

Re: LOI
95th Street and Colfax Avenue
Chicago, IL 60617

Dear Andy:

Johnson Controls Real Estate Services, Inc. has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues of approximately \$11.5 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

- PREMISES:** Southeast Corner of 95th Street and Colfax Avenue, Chicago, IL 60617
(legal description to be provided by Landlord)
- TENANT:** “Total Renal Care, Inc. or related entity to be named”, with a Corporate Guaranty from DaVita, Inc.
- LANDLORD:** Clark Street Development, LLC or its assignees or designees
- SPACE REQUIREMENTS:** Requirement is for approximately 7,770 contiguous rentable square feet as indicated in the preliminary floor plan labeled as Exhibit B. Tenant shall have the right to measure space and the final measurement standards will be agreed to by the parties.
- PRIMARY TERM:** 15 years
- BASE RENT:** *Please indicate the lease type. (i.e. FSG, MG, NNN)*
 This will be a NNN Deal.
 Years 1-5: \$25.17 per rsf
 Years 6-10: \$27.69 per rsf
 Years 11-15: \$30.46 per rsf
- ADDITIONAL EXPENSES:** It is the intention of the Landlord that this is an absolute triple net and accordingly Tenant shall be responsible for all charges related to use and operation of Premises during the Term including (without limitation) all utility charges, real estate taxes, and assessments, maintenance charges for Premises and Building liability and property insurance.

Landlord to limit the cumulative operating expense costs to no greater than three percent (3%) increase annually.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural components of Building. See Logan Square Lease.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Possession or until:

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

LEASE FORM:

Tenant's standard lease to incorporate previously negotiated Logan Square Lease.

USE:

The Use is for a Dialysis Clinic, medical offices, distribution of pharmaceuticals to Tenant's patients and other lawfully permitted related uses.

The current Property's zoning is M1-1, which allows for a medical use.

PARKING:

Please see attached site plan

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached Exhibit B.

TENANT IMPROVEMENTS:

No Tenant Allowance.

OPTION TO RENEW:

Renewal terms to follow standard PDP requirements.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

N/A.

FAILURE TO DELIVER PREMISES:

Landlord and Tenant need to discuss delivery date.

HOLDING OVER:

Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and approval of Landlord.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita HealthCare

Partners, Inc. without the consent of the Landlord, or to unrelated entities whose consent with Landlord's reasonable approval.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by a mutually agreed upon contractor so not to damage roof or roof warranty. Tenant shall be responsible for its own permits.

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five (5) mile radius of Premises. Need to discuss carve outs.

HVAC:

See Schedule A, Section 21.

DELIVERIES:

Deliveries to the Premises will be performed thru a 6' service door, location to be mutually agreed to by the parties.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions. Will further discuss in Lease mutual haz mat indemnity and Lessor will be obligated to be code compliant at time of delivery date and completion of LL's work.

CERTIFICATE OF NEED:

Tenant will need to apply for a Certificate of Need ("CON") for the final location. If Tenant does not get the Certificate of Need by February 16, 2016, the Lease will be null and void. . If Tenant does get the Certificate of Need award, then Tenant will go forward with the lease based on satisfying the other contingencies that are in their standard Lease Document.

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to February 16, 2016. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by February 16, 2016, neither party shall have any further

obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to 2% of the net rental value over the first 10 years in accordance with the PDP agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PRELIMINARY PLANS:

See attached Exhibit B and Exhibit C.

It should be understood that this LOI subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized.

Thank you for your time and consideration to partner with DaVita.

Sincerely,



John Steffens

Cc: DaVita Team Genesis Real Estate
DaVita Regional Operational Leadership
Matthew J. Gramlich, Johnson Controls Real Estate Services, Inc.

SIGNATURE PAGE

LETTER OF INTENT:

95TH STREET AND COLFAX AVENUE
CHICAGO, IL 60617

AGREED TO AND ACCEPTED THIS 13TH DAY OF OCTOBER 2015

By: 
Clark Street Development LLC
("Landlord")

AGREED TO AND ACCEPTED THIS 13TH DAY OF OCTOBER 2015

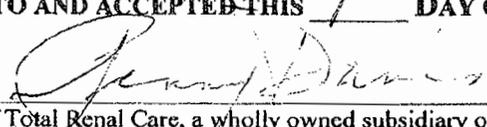
By: 
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita HealthCare Partners, Inc.
("Tenant")

EXHIBIT A

NON-BINDING NOTICE

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



Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

SUBJECT TO MODIFICATION BASED ON INPUT FROM LESSEE'S PROJECT MANAGER

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Lessor shall provide the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications at Lessor's sole cost:

All MBBI work completed by the Lessor will need to be coordinated and approved by the Lessee and their Consultants prior to any work being completed, including shop drawings and submittal reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) and Site Development are to be performed in accordance with all current local, state, and federal building codes including any related amendments, fire and life safety codes, ADA regulations, State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Lessor's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer and must be coordinated with the Lessee Improvement plans and specifications.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

Lessee will have access and use of all common areas i.e. Lobbies Hallways, Corridors, Restrooms, Stairwells, Utility Rooms, Roof Access, Emergency Access Points and Elevators. All common areas must be code and ADA compliant for Life Safety per current federal, state and local code requirements.

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Lessor's engineer to accommodate site-specific Climate and soil conditions and recommendations per Lessor's soil engineering and exploration report (To be reviewed and approved by Lessee's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage, as recommended by geotechnical consultant.

The floor shall be concrete slab on grade and shall be a minimum five-inch (5") thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over

a vapor barrier and granular fill per Lessor's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Lessor. Under slab plumbing shall be installed by Lessee's General Contractor in coordination with Lessor's General Contractor, inspected by municipality and Lessee for approval prior to pouring the building slab. All utility trenches installed by Lessee's general contractor to be backfilled & compacted using approved granular material to the specifications of the Lessor's testing consultant.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height and 15' clearance for a 12'-0" ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by local or State code requirements. If no fire rating is required, walls shall be left as exposed on the interior side of the metal studs or masonry/concrete with exterior insulation as required to meet code requirements and for an energy efficient building shell. Lessee shall be responsible for interior gyp board, taping and finish.

7.0 - Demising walls

N/A..

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Lessor for the duration of the lease. Lessor to provide Lessee copy of material and labor roof warranty for record.

9.0 - Parapet

Lessor to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Lessor to provide specifications for building façade for lessee review and approval. All wall system to be signed off by a Lessor's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

4" Face brick Veneer on 6" 16 or 18ga metal studs , R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8" exterior grade gypsum board or Dens-Glass Sheathing.

Or

2" EIFS on 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on 1/2" cement board or equal.

Or

8" Split faced block with 3-1/2" to 6" 20ga metal stud furring, batt wall insulation to meet energy code and depth of mtl stud used.

11.0 - Canopy

Covered drop off canopy at Lessee's front entry door. Approximate size to be 16' width by 21' length with 10'-9" minimum clearance to structure with full drive thru capacity. Canopy to accommodate patient drop off with a level grade ADA compliant transition to the finish floor elevation. Canopy roof to be an extension of the main building with blending rooflines. Controlled storm water drainage requirements of gutters with downspouts connected to site storm sewer system or properly discharged away from the building, sidewalks, and pavement. Canopy structural system to consist of a reinforced concrete footing, structural columns and beam frame, joists, decking and matching roof covering. Canopy columns clad with EIFS and masonry veneer piers, matching masonry to main building. Steel bollards at column locations. Landlord and Tenant to discuss if canopy is desired and or necessary for project.

12.0 - Waterproofing and Weatherproofing

Lessor shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Lessor shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Lessor shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

13.0 - Windows

Lessor to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Lessee's architectural floor plan and shall be coordinate with Lessor's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R value to be determined by the size of the stud cavity and should extend from finish floor to bottom of floor or ceiling deck. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet American Disability Act (ADA), and State Department of Health requirements. Lessor shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Lessee with three (3) sets of keys. Final location of doors to be determined by Lessee architectural floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and lock mechanism. Door to be prepped to accept power assist opener and push button keypad lock provided by Lessee.

- Service Doors: Provide 72" wide double door (Alternates for approval by Lessee's Project Manager to include: 60" Roll up door, or a 48" wide single door or double door with 36" and 24" doors) with 20 gauge insulated hollow metal (double doors), Flush bolts, T astragal, Heavy Duty Aluminum threshold, continuous hinge each leaf, prepped for panic bar hardware (as required by code) painted with rust inhibiting paint and prepped to receive a push button keypad lock provided by Lessee. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.
- Fire Egress Doors: Provide 36" wide door with 20 gauge insulated hollow metal door or Aluminum frame/glass door with panic bar hardware, lock, hinges, closer and painted with rust inhibiting paint. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.

16.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee. Lessor is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Lessee's Architect. Lessor shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi tenant building.

17.0 – Plumbing

Lessor to provide a segregated/dedicated potable water supply line that will be sized by Lessee's Engineer based on Lessee's water requirements (not tied-in to any other lessee spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventors arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Lessee space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Lessor to provide Lessee with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor shall stub the dedicated water line into the building per location coordinated by Lessee.

Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Lessee.

Building sanitary drain size will be determined by Lessee's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Lessee at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Lessee's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Lessee's sanitary system design per Lessee's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Lessor if required by local municipality.

Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 – Fire Suppression System

Single story stand alone buildings under 10,000 sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA

101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider (most municipalities allow one water tap per building with a domestic/fire split inside the building). Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400 amp to 1,000 amp service) 120/208 volt, 3 phase, 4 wire to a distribution panelboard in the Lessee's utility room (location to be per Code and coordinated with Lessee and their Architect) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Lessor's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panelboard with main and branch circuit breakers, and electrical service and building grounding per NEC. Lessee's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panelboard.

If lease space is in a multi-tenant building then Lessor to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Lessee and distribution panelboard per above.

Lessor will allow Lessee to have installed, at Lessee cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Lessor to provide main Fire Alarm Control panel that serves the Lessee space and will have the capacity to accommodate devices in Lessee space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Lessor to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into lessee space. Lessor's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be stubbed into the building per location coordinated with Lessee and shall be individually metered and sized per demand. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Lessor to be responsible for all costs for the HVAC system based on the below criteria.

Lessee will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Provide 100% enthalpy economizer
- Units to include Power Exhaust

- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section.
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol. Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
- Provide factory installed UV lights.

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5 yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, thermostats start-up and commissioning.. Anticipate minimum up to five (5) through a BACnet compatible controller (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's,. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location, curb sizes (heights) and number of HVAC units based on Lessee's design criteria and local and state codes. RTU's (or AHU's as needed) to be purchased using DaVita national contract pricing/ Furnish By Owner (FBO) program.

Lessor to furnish steel framing members, roof curbs and flashing to support Lessee exhaust fans (minimum of 4) to be located by Lessee's architect.

22.0 - Telephone

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Lessee.

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee. Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate and grant "right of access" with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Lessor shall comply with all ADA regulations affecting the Building and entrance to Lessee space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Lessee's architectural plan in conjunction with Lessor's civil engineering and grading plans. If required, Lessor to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Lessor shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Lessor to provide Lessee with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Lessee Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Lessee signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Lessor so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Lessor to provide a minimum 6" thick reinforced concrete pad approx 100 to 150SF based on Lessee's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

Lessor to allow a generator to be installed onsite if required by code or Lessee chooses to provide one.

29.0 - Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Lessee power panel. Location of pole fixtures per Lessor civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Lessee hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Lessor house panel (if in a Multi tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

Lessor to provide adequate lighting and power per code and to illuminate the building main, exit and service entrance, landings and related sidewalks. Lighting shall be connected to and powered by Lessor house panel and equipped with a code compliant 90 minute battery back up at all access points.

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

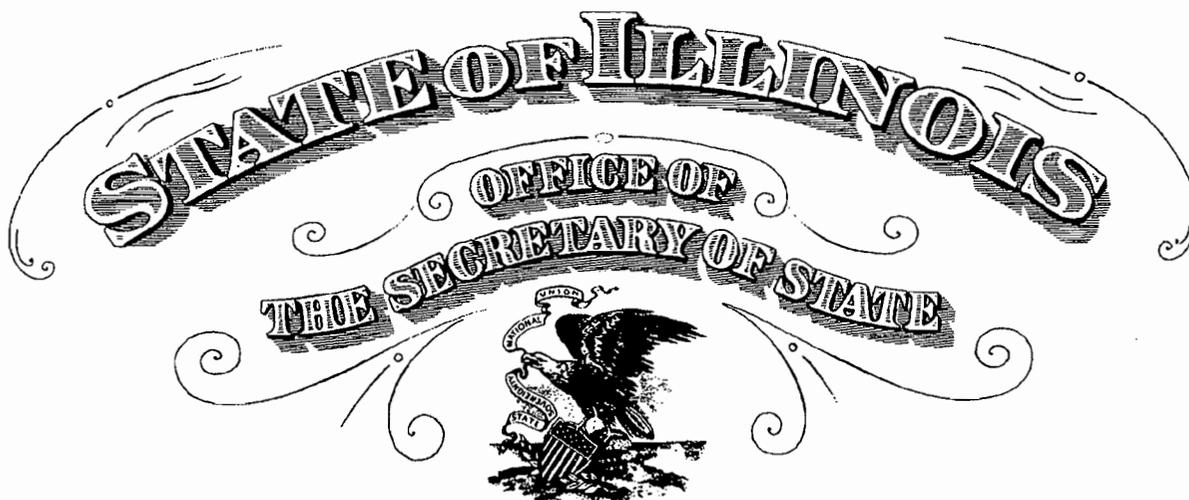
32.0 - Site Signage

Lessor to allow for an illuminated site and/or façade mounted signs. A monument and/or the pylon structure to be provided by Lessor with power and a receptacle. Final sign layout to be approved by Lessee and the City.

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

The Illinois Certificate of Good Standing for Pawlier Dialysis, LLC is attached at Attachment – 3. The names and percentage ownership of all persons with a five percent or greater ownership in Pawlier Dialysis, LLC is listed below.

Name	Address	Ownership Interest
Total Renal Care Inc.	2000 16 th Street Denver, Colorado 80202	75%
The University of Chicago Medical Center	5841 South Maryland Avenue Chicago, Illinois 60637	25%



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PAWLIER DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 01, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1527801526 verifiable until 10/05/2016
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 5TH day of OCTOBER A.D. 2015 .

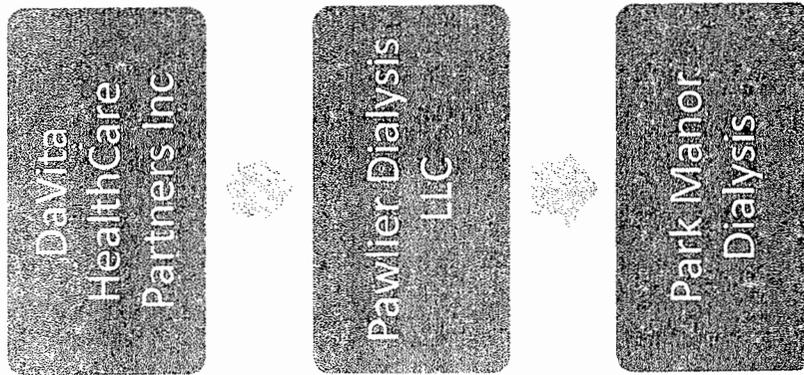
Jesse White

SECRETARY OF STATE

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

The organizational chart for DaVita HealthCare Partners Inc., Pawlier Dialysis, LLC, and Park Manor Dialysis is attached at Attachment – 4.

Park Manor Dialysis Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at the Southeast Corner of 95th Street and Colfax Avenue, Chicago, Illinois 60617. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.

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

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

www.illinoishistory.gov

Cook County
Chicago

CON - Demolition and New Construction of 12-Station Dialysis Facility

SE Corner 95th St. and Colfax Ave., 9510 S. Torrence Ave., 9514-9518 S. Colfax Ave., 9520 S. Colfax Ave.

IHPA Log #017082015

September 2, 2015

Timothy Tincknell
DaVita Healthcare Partners, Inc.
1333 N. Kingsbury St., Suite 305
Chicago, IL 60642

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts	\$1,405,263		\$1,405,263
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$107,700		\$107,700
Consulting and Other Fees	\$88,000		\$88,000
Moveable and Other Equipment			
Communications	\$92,650		\$92,650
Water Treatment	\$141,675		\$141,675
Bio-Medical Equipment	\$10,885		\$10,885
Clinical Equipment	\$247,755		\$247,755
Clinical Furniture/Fixtures	\$22,745		\$22,745
Lounge Furniture/Fixtures	\$3,265		\$3,265
Storage Furniture/Fixtures	\$7,837		\$7,837
Business Office Fixtures	\$29,865		\$29,865
General Furniture/Fixtures	\$30,200		\$30,200
Signage	\$10,200		\$10,200
Total Moveable and Other Equipment	\$597,077		\$597,077
Fair Market Value of Leased Space	\$1,803,194		\$1,803,194
Total Project Costs	\$4,111,234		\$4,111,234

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

The Applicants anticipate project completion within **24** months of project approval.

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

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
12-005	Stony Island Dialysis	Expansion	12/31/2015
13-070	Belvidere Dialysis	Establishment	3/31/2016
14-020	Chicago Ridge Dialysis	Establishment	1/31/2016
14-042	Tinley Park Dialysis	Establishment	10/31/2016
14-058	Alton Dialysis	Relocation	7/31/2016
14-069	Stony Creek Dialysis	Relocation	6/30/2016
15-004	Machesney Park Dialysis	Establishment	4/30/2017
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$4,111,234		7,770	7,770	7,770		
Total Clinical	\$4,111,234		7,770	7,770	7,770		
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	\$4,111,234		7,770	7,770	7,770		

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. The proposed project involves the establishment of a 16-station dialysis facility to be located at the Southeast Corner of 95th Street and Colfax Avenue, Chicago, Illinois 60617.

DaVita HealthCare Partners Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. Five recent press releases: "DaVita HealthCare Partners to Acquire Renal Ventures," "DaVita to Form Kidney Care Specialty Hospital Chain in China," "Bio-specimen Grant Program Launches," and "DaVita Rx Announces Specialty Pharmacy in Arizona" are attached at Attachment – 11A. A copy of DaVita's 2014 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in the application for Proj. No. 15-025.

On October 8, 2015, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the second year in a row, DaVita outperformed its competitors. See Attachment – 11B. Of the 586 dialysis facilities awarded five stars, DaVita owned 202 (or 34 percent). At the other end of the scale, of the 575 facilities awarded one star, only 38 were DaVita facilities.¹

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia.² ESCO's are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCO's encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications. See Attachment – 11C.

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

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.³
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.⁴
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).⁵

¹ Sabriya Rice, *CMS Ratings of Dialysis Providers Show Most Remain Mediocre*, MODERN HEALTHCARE, Oct. 8, 2015 available at http://www.modernhealthcare.com/article/20151008/NEWS/151009934?utm_source=modernhealthcare&utm_medium=email&utm_content=20151008-NEWS-151009934&utm_campaign=hits (last visited Oct. 12, 2015).

² Sabriya Rice, *CMS Announces First Shared-Risk Program for Kidney Care*, MODERN HEALTHCARE, Oct. 8, 2015 available at <http://www.modernhealthcare.com/article/20151008/NEWS/151009921?template=print> (last visited Oct. 12, 2015).

³ US Renal Data System, *USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 15 (2014).

⁴ Id.

- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁶
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁷
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁸
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁹
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-one percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.¹⁰

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.¹¹ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

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

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

⁵ Id. at 79

⁶ Id.

⁷ US Renal Data System, *USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 160 (2013).

⁸ Id.

⁹ Id. at 161.

¹⁰ US Renal Data System, *USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 107 (2014).

¹¹ Id. at 4.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

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

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

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

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by half-day, and reduced acute dialysis treatments per patient by 11%. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the

root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

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

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

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. G.I. Jobs has recognized DaVita as a Military Friendly Employer for six consecutive years. The ranking is based on a survey assessing companies' long-term commitment to hiring those with military service, recruiting and hiring efforts and results, policies for Reserve and National Guard members called to active duty, military spouse programs, and the presence of special military recruitment programs. DaVita was also named as a Civilianjobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2015, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eighth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fourth consecutive year, DaVita was recognized as a Top Workplace by *The Denver Post*. DaVita was named a Silver LearningElite organization for 2014 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. DaVita ranked No. 29 in a record breaking field of more than 200 companies. Finally, DaVita has been recognized as one of *Fortune*® Magazine's Most Admired Companies in 2015 – for the tenth consecutive year.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek* Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease-awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village", assist in these initiatives and have raised approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$1 million coming in 2013 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. DaVita continued its "DaVita Way of Giving" program in 2014 with teammates at clinics across the nation selecting more than 950 nonprofits and community organizations to receive more than \$1.6 million in contributions. Nearly \$4 million has been donated through the DaVita Way of Giving since the program began.

DaVita does not limit its community engagement to the U.S. alone. In 2014, DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world. Through its first primary care medical mission, it provided care and health education to more than 70 kidney donors and individuals. It provided CKD rapid-screenings for over 8,500 people through 38 domestic and two international CKD screening events. 32 screening events are planned for 2015 for people in at-risk and underserved communities in the U.S. and abroad.

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

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

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

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11E.
3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11E.

News Releases

DaVita HealthCare Partners to Acquire Renal Ventures

DENVER, Aug. 24, 2015 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), one of the nation's largest and most innovative health care communities, announced that it has entered into an agreement to acquire Colorado-based Renal Ventures Limited, LLC ('Renal Ventures') – including a 100 percent interest in all dialysis centers owned by Renal Ventures – for \$415 million.

Javier Rodriguez, CEO of DaVita Kidney Care said, "We are excited to work with Renal Ventures' patients, employees and physicians. Our commitment is, and will always be about enhancing the quality of life for our patients. We look forward to serving Renal Ventures' patients with industry-leading outcomes and comprehensive care."

Renal Ventures operates 36 dialysis clinics in six states. Multispecialty Physician Partners and Physician Venture Partners, divisions of Renal Ventures, operate infusion and vascular centers, respectively, in three states.

"Renal Ventures takes great pride in its culture of actively engaging our employees, patients and the communities we serve. The quality of care delivered by our caregivers, along with recognition as 'Best Place to Work,' are a source of pride," said Larry Chatfield, CEO of Renal Ventures. "In today's changing health care environment, combining with DaVita, a patient-centric organization, will benefit all of our stakeholders."

DaVita operates 2,210 clinics in 46 states and is the demonstrated clinical leader according to two recent government reports, the CMS Five-Star Rating System and the CMS Quality Incentive Program.

Credit Suisse acted as financial advisor to DaVita on this transaction. Morrison & Foerster LLP served as lead counsel, and Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C., served as regulatory counsel to DaVita.

For Renal Ventures, Brownstein Hyatt Farber Schreck, LLP served as lead counsel and Raymond James and Associates served as financial advisor.

This release may contain forward-looking statements, within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future, including the prospective performance of or synergies created by the acquired business. Factors which could impact future results include the uncertainties associated with our ability to complete any acquisition, merger or disposition that we might be considering or announce, or integrate and successfully operate any business we may acquire, and the other risk factors set forth in our SEC filings, including our Annual Report on Form 10-K for the year ended December 31, 2014, and subsequent quarterly reports filed on Form 10-Q. Any forward-looking statements should be considered in light of these risks and uncertainties. We base our forward-looking statements on information currently available to us at the time of this release, and we undertake no obligation to update or revise any forward-looking statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

About DaVita HealthCare Partners

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2015, DaVita Kidney Care provided dialysis services to a total of approximately 184,000 patients at 2,306 outpatient dialysis centers, of which 2,210 centers are located in the United States and 96 centers are located in ten countries outside of the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

Investors:

Jim Gustafson
310-536-2585
Jim.gustafson@davita.com

Media:

Skip Thurman
303-876-6610
Skip.Thurman@davita.com



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SOURCE DaVita HealthCare Partners Inc.

News Releases

DaVita to Form Kidney Care Specialty Hospital Chain in China

JINAN, China, Aug. 31, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading global provider of kidney care services, today announced it is forming a joint venture kidney care specialty hospital chain in Shandong province China. The agreement establishes DaVita (Shandong) Kidney Disease Hospital Co., Ltd., a first-of-its-kind renal dialysis joint venture between a multinational health care provider and the private sector in China.

"DaVita has the potential to significantly raise the quality of kidney care services available in this region of China," said Dennis Kogod, CEO of DaVita's international operations. "The new hospital chain we are creating is a major step in that direction."

DaVita's partner in the joint venture is Xiaoyi Zhang, president of Shunjing Renal Hospital, the only private hospital approved for dialysis services in Jinan. Zhang comes to the new organization with more than a decade of experience leading large hospital organizations in Jinan, China.

"We will incorporate DaVita's advanced concepts and technologies in health care management with our experience in operating hospitals in the local market," said Xiaoyi Zhang, who will also become the CEO of DaVita (Shandong) Kidney Disease Hospital. "This is a win-win for end stage renal disease patients as we build a Sino-U.S. joint venture flagship hospital starting in Jinan City and eventually across Shandong province."

Recent studies estimate the number of people living with chronic kidney disease in China could be as many as 120 million. Only 12 percent are aware of their condition.

"Chronic kidney disease is a growing health issue in China," said Atul Mathur, president of DaVita in the Asia-Pacific region. "DaVita (Shandong) Kidney Disease Hospital directly addresses this problem. By expanding services available, we'll be helping many patients to live better quality lives."

About DaVita Kidney Care in China

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a global company that, through its operating divisions, provides a variety of health care services to patient populations in China and throughout Asia, Europe, the Middle East, and Latin America. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,306 outpatient dialysis centers worldwide serving approximately 184,000 patients. In China, DaVita Kidney Care provided administrative services at two outpatient dialysis centers serving approximately 90 patients. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. For more information, please visit DaVita.com/Cn.

Contact Information

Media:

David Tauchen
+1 (303) 876-2802
David.Tauchen@davita.com



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SOURCE DaVita Kidney Care

News Releases

Bio-specimen Grant Program Launches **DaVita Clinical Research Announces Availability of BioReG**

MINNEAPOLIS, Sept. 8, 2015 /PRNewswire-USNewswire/ -- DaVita Clinical Research® (DCR®), a specialty contract research organization with services spanning a broad spectrum of drug and device development, announced today its Biospecimen Research Grant Program (BioReG), a grant program to award clinical-trial-quality biospecimens and annotated de-identified data to academic medical centers involved in kidney research.



Interested institutions can download application materials at <http://www.davitaclinicalresearch.com/bioreg-program>.

The goal of the program is for the selected institutions to use biospecimens and associated de-identified data to research common factors or characteristics that contribute to morbidity and mortality in individuals with chronic kidney disease.

"We recognize the tremendous need to further the evidence-based practice of medicine in chronic kidney disease," said Steven M. Brunelli, M.D., vice president of health outcomes research for DCR. "BioReG provides a critical resource to support those research endeavors and demonstrates our commitment to working with other organizations to advance the collective knowledge of chronic kidney disease."

The biospecimens and data will be awarded to as many as 10 research institutions that score highest on the established criteria:

- Scientific and medical significance
- Investigator qualifications
- Innovation
- Approach and design
- Research environment
- Institutional support.

DCR created the biorepository using an IRB-approved protocol and consent and rigorous clinical trial procedures for the collection and storage of samples. This resulted in whole blood, plasma and serum samples collected longitudinally from more than 4,000 individuals receiving dialysis. These samples are linked with de-identified data sets, including demographics, co-morbidities, hospitalizations, lab values, medication data and cause of death (if available/applicable).

Applications will be accepted until September 30, 2015. Selected academic institutions will be announced at American Society of Nephrology Kidney Week, held November 3-8 in San Diego.

About DaVita Clinical Research (DCR)

DaVita Clinical Research (DCR), a wholly owned subsidiary of DaVita HealthCare Partners, Inc., uses its extensive, applied database and real-world healthcare experience to assist their clients, pharmaceutical and medical device companies, in their design, recruitment and completion of retrospective, prospective pragmatic and clinical trials. DCR's scientific and clinical expertise spans the lifecycle of product development with more than 175 client companies. DCR's Early Clinical Research unit (Phase I-IIa) and Clinical Development (Phase IIb through post-marketing) network of physicians and investigative sites, and Real-World Healthcare Data, Health Economics & Outcomes Research, and Medical Communications groups are focused on providing world-class research in both complex/specialty populations and therapeutic areas, and especially in CKD and ESRD populations. To learn more about DCR, visit www.davitaclinicalresearch.com.

Media Contact:

Bianca Violante

Office: (303) 876-6614

Mobile: (443) 417-6044

Bianca.Violante@DaVita.com

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SOURCE DaVita Clinical Research

News Releases

DaVita Rx Announces Specialty Pharmacy in Arizona Company to open new facility in Chandler by early 2016

CHANDLER, Ariz., Sept. 8, 2015 /PRNewswire-USNewswire/ -- DaVita Rx, a full-service specialty pharmacy for patients with complex conditions, today announced plans to open a new facility in Chandler, Arizona, by early 2016. The new Arizona facility allows DaVita Rx, the nation's largest kidney care pharmacy, to further expand its reach in helping patients across the country gain access to specialty drugs and adhere to therapies.



The new 76,000-square-foot facility – **located at 485 N. Juniper Drive, Chandler, AZ** – includes 10,000 square feet dedicated to specialty medication dispensing. At full capacity, the pharmacy will have approximately 550 new employees in clinical, dispensing, customer service, insurance and specialty operations roles.

With current operations in Florida, California and Texas, DaVita Rx serves more than 135,000 patients nationwide. A study published in the American Journal of Kidney Diseases in 2013 found that dialysis patients who use DaVita Rx spend 14 percent fewer days in the hospital.

DaVita Rx's innovative approach and dedicated support throughout the patient journey includes 24/7 access to pharmacists trained in specific disease states, assistance with navigating complex insurance and financial issues, clinical intervention programs to avoid medication problems and no-cost delivery. These integrated pharmacy solutions give health care providers confidence in prescribing specialty drugs and empowers patients to adhere to therapy, leading to improved clinical outcomes.

"DaVita's selection of Chandler, Arizona to locate their new facility is excellent news and we are thrilled to welcome them to our state," said Arizona Governor Doug Ducey. "DaVita Rx will contribute to the health of the economy by creating a large number of high-wage jobs, and to the health of the community by providing pharmacy-centered care to patients with a variety of complex conditions."

"As health care moves to a more integrated, value-based model, this facility will allow us to support patients who face other complex conditions with the same high touch care that has been successful with kidney care patients," said Javier Rodriguez, CEO of DaVita Kidney Care. "Studies have clearly shown that when dialysis patients enroll in the DaVita Rx program, they witness an improvement in the overall quality of care they receive."

"Arizona is a nationwide leader in the bioscience and health care industry, and DaVita's selection of our state speaks to that strength," said Sandra Watson, President and CEO of the Arizona Commerce Authority. "DaVita Rx is already a leader in providing specialized pharmacy services, and we look forward to supporting the company's continued growth and success."

"DaVita HealthCare Partners Inc. is a leading, national health care company, whose focus on patient care through innovation makes them a natural fit for the growing tech base in the Greater Phoenix region," said Chris Camacho, President and CEO of the Greater Phoenix Economic Council. "The work by Chandler Mayor Jay Tibshraeny and his economic development team aligns with the regional effort to bring these industries to Greater Phoenix, and we are delighted to join them in welcoming DaVita to the market."

"We are proud to welcome DaVita HealthCare Partners to Chandler," said Chandler Mayor Jay Tibshraeny. "This announcement represents an additional Fortune 500 company with operations in our City. We are pleased to see the health care community expand here, as we know that this is a continually emerging industry with quality, sustainable jobs. Additionally, this is a target of our economic development efforts, and we believe this announcement underscores that the City is a good place to do business, with an excellent workforce. We wish DaVita continued success, particularly in this new endeavor in Chandler."

DaVita, DaVita Rx, and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

About DaVita Rx

DaVita Rx is a full-service specialty pharmacy serving patients across the country affected by complex medical conditions. Created in 2005, DaVita Rx is the nation's largest kidney care pharmacy and an emerging provider of specialty drugs for multiple disease states, coordinating with health care providers to improve clinical outcomes. DaVita Rx makes it easier for patients to get their medications and follow their drug regimens through medication access and adherence programs, as well as services like 24-hour access to specially-trained pharmacists, clinical interventions and services that navigate insurance and financial barriers. DaVita Rx is a wholly owned subsidiary of DaVita HealthCare Partners, Inc., with operations in Texas, Florida, California and Arizona.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of June 30, 2015 HealthCare Partners provided integrated care management for approximately 826,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Media Contact:

Cassandra Johnson, Sr. Manager, Communications, DaVita Rx, T: 972.538.5369,
Cassandra.Johnson@davita.com

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SOURCE DaVita HealthCare Partners

News Releases

10th Anniversary of Nephrology Nurses Week Recognized in September DaVita Kidney Care Shows Appreciation for Nephrology Nurses

DENVER, Sept. 14, 2015 /PRNewswire/ -- DaVita Kidney Care (NYSE: DVA), a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, joins the American Nephrology Nurses' Association (ANNA) in celebrating the week of September 13, 2015 as Nephrology Nurses Week.

"At DaVita Kidney Care, our nurses are the cornerstone of our mission to be the provider and employer of choice," Carolyn Kibler, group vice president at DaVita Kidney Care. "The time and contribution that our nurses give to our patients and teammates is invaluable and we are blessed to be able to celebrate their role not just this week, but year-round."

Nephrology Nurses Week was established in 2005 by the ANNA to honor the devotion and commitment that nurses provide for patients with kidney disease. Being involved in caring for kidney patients requires nurses to be highly attentive, driven and skilled.

This year, the theme for the week is "Nephrology Nurses: the heart of renal care." To find out more about Nephrology Nurses Week and learn more about how to celebrate the work that nurses do for patients with kidney disease, visit www.annanurse.org.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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Contact Information

Media:

Justin Forbis

303.876.7496

Justin.Forbis@davita.com

Attachment - 11A

CMS ratings of dialysis providers show most remain mediocre

By Sabriya Rice | October 8, 2015

For the second year in a row, the nation's top two kidney-care providers performed at significantly different levels of quality, according to CMS data released Thursday. DaVita beat out competitor Fresenius in the four- and five-star categories.

The CMS began publicly posting one- to five-star ratings for nearly 6,000 U.S. dialysis facilities in January after a delay as providers including DaVita and Fresenius continue to battle CMS' methodology in achieving the ratings.

The scale is meant to help dialysis patients evaluate quality at treatment centers. But experts say the ratings are difficult to understand and are not consistent with other online public-rating systems.

Patients whose kidneys stop working require dialysis—a process to filter toxins from their body—three times a week for several hours at a time. Studies and ratings such as those released Thursday show that hemodialysis patients in the U.S. continue to receive substandard care despite longstanding best practices.

A total of 5,841 dialysis facilities received a star rating from the CMS, 261 more facilities than the previous report, a Modern Healthcare analysis of the newly released data found. Of the 586 top performers in the five-star category, DaVita owned 202 while Fresenius owned 110. On the low end of the rating scale, Fresenius had 279 facilities of the 575 total in the one-star category, compared with DaVita, which had only 38. The disparity is consistent with previous findings.

A total of 1,169 U.S. facilities fell into the two-star range, 2,339 in the three-star range and 1,172 in the four-star range. This is consistent with the CMS' methodology, which structures the ratings so that only facilities in the top and bottom deciles would receive five stars and one star respectively. Those in the next highest 20% received four stars, the middle 40% got three stars and those in the next 20% were given two stars.

Kidney-care providers continue to challenge this structure, which they say does not offer fair competition. No matter how well facilities do, they argue, the curve will always force facilities into the lower-star categories.

An 18-member panel met this spring to discuss the rating program and make recommendations.

A report released Tuesday summarized their findings. A panel member agreed with statements made by former HHS Secretary Kathleen Sebelius, who said using a bell curve has "inherent flaws," according to the report. "The last thing we want to do is have an arbitrary bell curve just for the sake of having a system."

While not perfect, the federal push to report publicly their performance in some areas and to provide transparency should be encouraging facilities to step up to the plate, advocates have said.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

CMS announces first shared-risk program for kidney care

By Sabriya Rice | October 8, 2015

The CMS announced on Wednesday the first suite of accountable care organization models specifically geared toward treatment of end-stage renal disease (ESRD). More than 600,000 people in the U.S. live with the condition, which requires patients to undergo costly, but life-sustaining dialysis treatments each week that account for nearly 6% of Medicare spending.

The 13 ESRD seamless care organizations, called ESCOs, began to share this month the financial risks for treating Medicare beneficiaries with kidney failure in 11 U.S. states. The models are meant to encourage dialysis providers to “think beyond their traditional roles” and provide patient-centered care, the CMS announcement said.

DaVita and Fresenius, the nation's two largest dialysis providers, both won bids to participate. DaVita HealthCare Partners will have three ESCOs located in Phoenix, Miami and Philadelphia. Fresenius Medical Care will have six, located in San Diego, Chicago, Charlotte, N.C., Philadelphia, Columbia (S.C.) and Dallas. Both providers expressed enthusiasm for participation in the program, and agree it is a step in the right direction. Still, both providers also expressed reservations.

“Deciding whether or not to participate has been a huge challenge,” said Robert Sepucha, senior vice president of corporate affairs for Fresenius. Some of the measurements are not barometers of good quality care specifically for dialysis providers, he said, and the economic incentives “are not perfect.” He added, “There are flaws that could prevent it from becoming the large-scale, new payment system a lot of us have hoped for.”

The CMS began taking applications for the ESCO initiative in April 2014, but the plan drew early criticism. Kidney providers supported the concept, but questioned the application process and the metrics selected. Some thought the models should expand to target patients in earlier stages of the disease to slow its progression and subsequent costs.

“If you're not doing good upstream management of the patient, you're not going to be able to address the health needs and costs that could be avoided,” said Todd Ezrine, general manager for VillageHealth, the DaVita program that will host that organization's ESCO.

He also said DaVita “scoured the country” to find markets where the shared saving program would be successful. CMS' benchmarking standards would be difficult to reach in markets where DaVita already achieves good outcomes, as participants may not understand the level of additional improvement needed to avoid penalties, he said.

Over the past year, the two providers have not necessarily seen eye-to-eye on the kidney care metrics used by federal programs.

For example, for the second time in nearly two years, DaVita beat its competitor on a five-star rating system posted publicly on the Dialysis Facility Compare website. Of 586 top performers in the five-star category, DaVita owned 202 facilities, while Fresenius owned only 110, according to data released Thursday. Alternatively, Fresenius had 279 facilities of the 575 that appeared in the one-star category, compared with DaVita, which had only 38.

Though kidney providers originally seemed united in their skittishness about that program, DaVita made a pivot following the first round of results. Fresenius, on the other hand, continues to express hesitation.

Fresenius made changes to the way data are collected, and to its clinical programs, but that will change nothing because of the forced bell curve the CMS uses on the five-star rating system, Sepucha said. "As one clinic moves up, another clinic has to move down," he said. "You could get rid of all one- and two-star clinics today, and tomorrow there would be a whole new set."

The CMS star ratings are consumer-facing initiatives that focus on quality of care inside medical facilities. The ESCOs are alternative payment models designed to encourage dialysis providers to take responsibility for the quality and cost of care for a population of patients. It includes the patient's total care, like managing other comorbidities and multiple medications, and is not just limited to care inside of dialysis facilities

It remains to be seen if concerns about the metrics specific to dialysis care will create disparities in the ESCO programs as well. The other two organizations participating include Dialysis Clinic, which will have programs in Newark, N.J., Spartanburg, S.C., and Nashville; and the Rogosin Institute, with an ESCO in New York.

In the meantime, health economists say providers can expect more bundling. Programs like ESCO are a reflection of a national focus on encouraging health providers from all specialties to put the patient first.

"Shouldn't the person taking care of a patient already be doing everything they could? Of course," said health economist, Dr. Peter Ubel, of Duke University's Fuqua School of Business. But bundled-payment models with shared financial risks do help reduce the tendency of for-profit industries to pay attention only to those products and services for which they get the biggest payments, he said.

Other payment and delivery experiments the CMS has launched under the Affordable Care Act have yielded mixed results so far. Last January, the first results for Medicare's shared-savings program for ACOs showed uneven progress among hospitals and physicians. The CMS Innovation Center's Pioneer ACO Model, meanwhile, saw nine of

32 Pioneer organizations exit the program after its first year. Several of them switched to the less financially risky shared-savings program.

Sabriya Rice

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DaVita HealthCare Partners Inc. Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711		
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619		
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628		
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736		
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008			
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608		
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638		
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712		
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650		
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409			
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598		
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609		
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635		
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482			
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640		
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715		
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575		
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716		
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599		
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651		
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEDPORT	STEPHENSON	IL	61032-6712	14-2747		
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701		
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580		
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529		
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511		
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728		
Freeport Dialysis	1028 S KUNKLE BLVD		FREEDPORT	STEPHENSON	IL	61032-6914	14-2642		
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777		
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537		
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698		
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622		
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633		
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581		

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636		
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685		
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717		
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552		
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666		
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768		
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582		
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528		
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583		
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668		
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534		
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505		
Machesney Park Dialysis	6950 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115			
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584		
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643		
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570		
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634		
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585		
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527		
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649		
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049			
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541		
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660		
Olnley Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674		
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548		
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732		
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708		
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772		
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714		
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647		

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665		
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620		
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561		
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654		
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753		
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740		
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741		
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742		
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544		
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586		
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590		
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733		
Stoncrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615		
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661		
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718		
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639		
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587		
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEVELL	IL	61554	14-2767		
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763		
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477			
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604		
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693		
Vermillion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834			
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577		
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688		
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719		
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608			
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648		
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310		

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

Dear Chair Olson:

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

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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

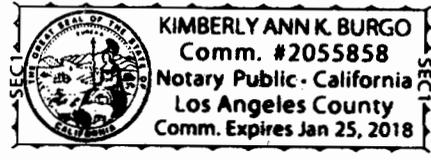
On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.
Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson re Certificate re CON Application (Pawlier Dialysis, LLC)

Document Date: September 29, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer

(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the South side of Chicago. There are 50 dialysis facilities within 30 minutes of the proposed Park Manor Dialysis that both treat the adult population and have been operational for at least 2 years. Collectively, the 50 facilities were operating at 75.4% as of June 30, 2015 and lack sufficient capacity to accommodate all of the projected referrals to the proposed Park Manor Dialysis. Patrick Cunningham will serve as the medical director of the proposed Park Manor Dialysis. His practice, The University of Chicago Section of Nephrology, is currently treating 2,386 Stage 3, 4, and 5 CKD patients. 122 of the Stage 4 and Stage 5 CKD patients reside within approximately 10 minutes of the proposed Park Manor Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cunningham anticipates that at least 79 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion

Based upon data from The Renal Network, there were 5,356 ESRD patients residing within 30 minutes of the proposed Park Manor Dialysis, and that number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals on the South side of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 30 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 30 minutes normal travel time to Wicker Park, Chicago, IL 60642.
 - Northeast approximately 5 minutes normal travel time to Lake Michigan.
 - East approximately 4 minutes normal travel time to the IN state border.
 - Southeast approximately 5 minutes normal travel time to Hammond, IN.
 - South approximately 30 minutes normal travel time to Crete, IL.

¹⁰ According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

¹¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

- Southwest approximately 30 minutes normal travel time to Tinley Park, IL.
 - West approximately 30 minutes normal travel time to Oak Lawn, IL.
 - Northwest approximately 30 minutes normal travel time to Summit, IL.
3. The purpose of this project is to improve access to life sustaining dialysis to residents of the South side of Chicago and the immediately surrounding areas. As discussed more fully above, there is insufficient capacity within the GSA to accommodate all of projected referrals.

The minimum size of a GSA is 30 minutes; however, all of the projected patients reside within the immediate vicinity (within 10 minutes) of the proposed facility. The proposed facility is located in Chicago, Illinois. Dr. Cunningham expects at least 79 of the current 122 Stage 4 and 5 CKD patients that reside within approximately 10 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

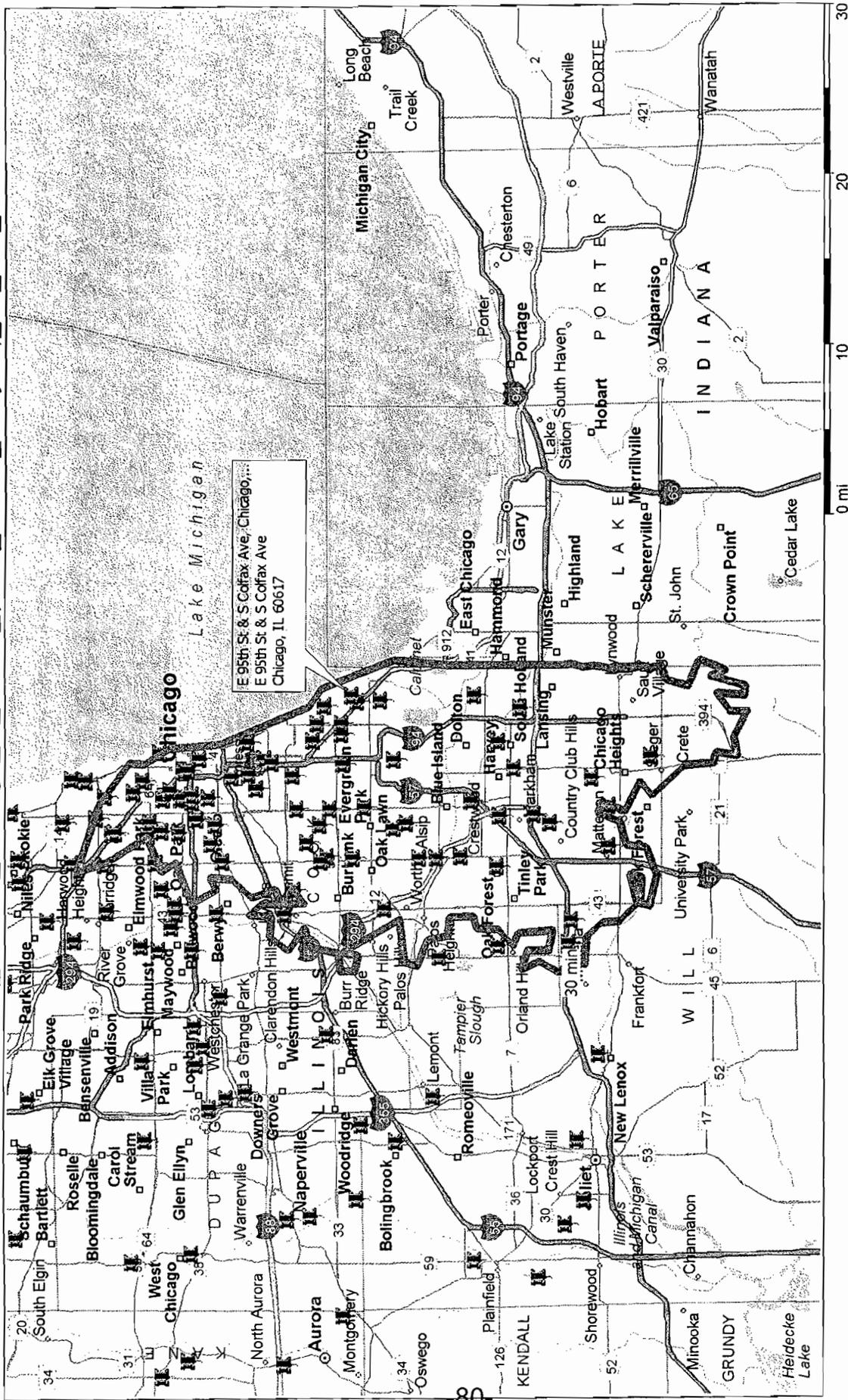
US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (2013).

US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD (2014).

U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) AVAILABLE AT [HTTP://WWW.HHS.GOV/HEALTHCARE/FACTS/BYSTATE/IL.HTML](http://www.hhs.gov/healthcare/facts/bystate/il.html) (LAST VISITED OCT. 8, 2015).

5. The proposed facility will improve access to dialysis services to the residents of the South side of Chicago and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA and the increasing size of Dr. Cunningham's patient-base, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 – 2012.

95th Street & Colfax Avenue Chicago IL 60617 (Park Manor Dialysis) 30_Min_GSA



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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered two options prior to determining to establish a 16-station dialysis facility. The options considered are as follows:

1. Utilize Existing Facilities.
2. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 16-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing Facilities

There are 50 dialysis facilities within 30 minutes of the proposed Park Manor Dialysis that both treat the adult population and have been operational for at least 2 years. Collectively, the 50 facilities were operating at 75.4% as of June 30, 2015 and lack sufficient capacity to accommodate Dr. Cunningham's projected patient referrals. Dr. Cunningham's practice, The University of Chicago Section of Nephrology, is currently treating 2,386 Stage 3, 4, and 5 CKD patients. 122 of the Stage 4 and Stage 5 CKD patients reside within approximately 10 minutes of the proposed Park Manor Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cunningham anticipates that at least 79 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion

Based upon data from The Renal Network, there were 5,356 ESRD patients residing within 30 minutes of the proposed Park Manor Dialysis, and that number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹³ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the GSA will not have sufficient capacity to accommodate all of the projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

¹² According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

¹³ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Establish a New Facility

As noted above, the existing dialysis facilities within the proposed Park Manor Dialysis' GSA were operating at an average utilization of 75.4% as of June 30, 2015 and lack sufficient capacity to accommodate Dr. Cunningham's projected referrals.

The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals on the South side of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **\$4,111,234**.

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

The Applicants propose to establish a 16-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 7,200 – 10,400 gross square feet for 16 dialysis stations. The total gross square footage of the clinical space of the proposed Park Manor Dialysis is 7,770 gross square feet (or 485.63 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	7,770	7,200 – 10,400	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Cunningham is currently treating 122 Stage 4 and Stage 5 CKD patients that reside within approximately 10 minutes of the proposed facility, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 79 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b) Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	12,324	11,980	Yes

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

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

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

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 16-station dialysis facility to be located at the Southeast Corner of 95th Street and Colfax Avenue, Chicago, Illinois 60617. As shown in Attachment – 26A, there are 50 dialysis facilities within 30 minutes of the proposed Park Manor Dialysis that both treat the adult population and have been operational for at least 2 years. Collectively, the 50 facilities were operating at 75.4% as of June 30, 2015 and lack sufficient capacity to accommodate Dr. Cunningham's projected patient referrals. Dr. Cunningham's practice, The University of Chicago Section of Nephrology, is currently treating 2,386 Stage 3, 4, and 5 CKD patients. 122 of the Stage 4 and 5 CKD patients reside within approximately 10 minutes of the proposed Park Manor Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cunningham anticipates that at least 79 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

Based upon data from The Renal Network, there were 5,356 ESRD patients residing within 30 minutes of the proposed Park Manor Dialysis, and that number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁵ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years. The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals on the South side of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of the South side of Chicago. As evidenced in the physician referral letter attached at Appendix - 1, all 122 pre-ESRD patients reside within approximately 10 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Cunningham and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the

¹⁴ According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

¹⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60617	64
60649	58
Total	122

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the South side of Chicago. Currently, there are 50 dialysis facilities that both treat the adult population and have been in operation for at least 2 years, within 30 minutes of the proposed Park Manor Dialysis. The 50 facilities were all operating at an average utilization of 75.4% as of June 30, 2015 and lack sufficient capacity to accommodate Dr. Cunningham's projected patient referrals.

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	06-30-2015 Stations	06-30-2015 Patients	06-30-2015 Utilization
Fresenius Medical Care Oak Forest	5340 West 159th Street	Oak Forest	16.7	21	26.25	12	41	56.94%
Direct Dialysis - Crestwood Care Centre	14255 S. Cicero Ave.	Crestwood	15.39	22	27.5	9	38	70.37%
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	15.55	23	28.75	24	97	67.36%
Fresenius Medical Care Summit*	7319 Archer Avenue	Summit	20.76	24	30	12	0	0.00%
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	12.54	20	25	20	83	69.17%
Stoney Creek Dialysis	9115 S. Cicero	Oak Lawn	11.86	23	28.75	12	68	94.44%
RCG-Scottsdale	4651 W. 79th Street	Chicago	12.17	24	30	36	144	66.67%
Hazel Crest Renal Center	3470 West 183rd Street	Hazel Crest	18.78	23	28.75	19	92	80.70%
Fresenius Medical Care Hazel Crest	17524 Carriageway	Hazel Crest	17.53	23	28.75	16	83	86.46%
Chicago Heights Dialysis	177 West Joe Orr Road	Chicago Heights	19.68	24	30	16	78	81.25%
Markham Renal Center	3053-3055 West 159th Street	Markham	15.21	19	23.75	24	106	73.61%
FMC - Blue Island Dialysis Ctr	12200 South Western Avenue	Blue Island	13.36	17	21.25	28	125	74.40%
Community Dialysis of Harvey	16641 S. Halsted St #1	Harvey	14.22	20	25	18	66	61.11%
South Holland Renal Center	16136 South Park Avenue	South Holland	11.87	15	18.75	20	120	100.00%
Fresenius Medical Care Far-South Holland	17225 South Paxton Avenue	South Holland	14.2	18	22.5	19	98	85.96%
Calumet City Dialysis*	1200 Sibley Boulevard	Calumet City	7.16	13	16.25	16	0	0.00%
FMC - Merrionette Park	11630 S. Kenzie Avenue	Merrionette Park	10.29	15	18.75	24	104	72.22%
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	9.44	16	20	24	99	103.13%
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	7.04	17	21.25	30	166	92.22%
Beverly Dialysis	8111 South Western Avenue	Chicago	9.58	19	23.75	16	91	94.79%
Fresenius Medical Care Chatham	8710 S. Holland Road	Chicago	5.8	9	11.25	16	79	82.29%
FMC - Southside	3134 West 76th Street	Chicago	9.77	24	30	39	208	88.89%
FMC - Neomeditica - Marquette Park	6535 South Western Avenue	Chicago	10.19	19	23.75	16	80	83.33%
FMC - Ross Dialysis - Englewood	6333 South Green Street	Chicago	7.22	12	15	16	84	87.50%
FMC New City*	4622 South Bishop Street	Chicago	9.75	15	18.75	16	0	0.00%
FMC - Garfield	5401 South Wentworth Avenue #18	Chicago	7.45	11	13.75	22	108	81.82%
Emerald Dialysis	710 West 43rd Street	Chicago	9.35	12	15	24	114	79.17%
Fresenius Medical Care Bridgeport	825 West 35th Street	Chicago	10.52	15	18.75	27	142	87.65%
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	5.03	9	11.25	12	71	98.61%
Greenwood Dialysis Center	1111 East 87th Street, Suite 700	Chicago	2.84	7	8.75	28	137	81.55%
Stony Island Dialysis	8721 S. Stony Island Avenue	Chicago	2.35	3	6.25	32	140	72.92%
Fresenius Medical Care South Deering	10559 S. Torrence Avenue	Chicago	1.37	3	3.75	20	45	37.50%
Grand Crossing Dialysis	7319 S. Cottage Grove Ave.	Chicago	4.31	6	7.5	12	64	88.89%
Jackson Park Dialysis	7531 South Stony Island Avenue	Chicago	3.4	8	10	24	104	72.22%
Woodlawn Dialysis	5060 S State Street	Chicago	8.04	12	15	32	126	65.63%
Kenwood Dialysis	4253 S Cottage Grove Avenue	Chicago	8.11	15	18.75	32	129	67.19%
Fresenius Medical Care South Shore	2420 East 79th Street	Chicago	2.4	5	6.25	16	71	73.96%
Fresenius Medical Care Cicero	3000 South Cicero Avenue	Cicero	18.39	23	28.75	16	50	52.08%
DaVita Lawndale Dialysis*	3934 West 24th Street	Chicago	17.56	24	30	16	55	57.29%
SAH Dialysis at 26th Street*	3059 West 26th Street	Chicago	15.95	20	25	25	25	27.78%
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	16.66	20	25	30	98	54.44%
Mt. Sinai Hospital Med Ctr	1500 South California Ave.	Chicago	16.7	21	26.25	16	85	88.54%
Little Village Dialysis	2335 W. Germack Road	Chicago	14.51	19	23.75	16	83	86.46%
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	14.92	20	25	31	90	48.39%
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	14.62	18	22.5	9	32	59.26%
University of Illinois Hospital - Dialysis	1859 W Taylor Street, Room 1003	Chicago	14.23	20	25	26	134	85.90%
Garfield Kidney Center	3250 W. Franklin Blvd.	Chicago	17.88	23	28.75	16	94	97.92%
FMC - West Metro	1044 N Mozart St	Chicago	17.18	24	30	12	183	254.17%
FMC - Chicago Dialysis Center	1806 West Hubbard Street	Chicago	15.51	22	27.5	21	62	49.21%
DaVita West Side Dialysis*	1600 West 13th Street	Chicago	13.86	19	23.75	12	10	13.89%
Rush University - St Luke's Medical Center*	1750 West Harrison Street, Suite 735	Chicago	14.64	18	22.5	5	10	33.33%
Loop Renal Center	1101 S Canal St.	Chicago	13.01	16	20	28	94	55.95%

Fresenius Medical Care - Polk Street	557 West Polk Street	Chicago	13.26	17	21.25	24	67	46.53%
Circle Medical Management	1426 West Washington Blvd.	Chicago	14.67	19	23.75	27	110	67.90%
Fresenius Medical Care West Willow	1444 West Willow	Chicago	16.49	21	26.25	12	38	52.78%
TRC Children's Dialysis*	1333 North Kingsbury Street	Chicago	15.48	20	25	8	18	37.50%
FMC - Prairie	1717 South Wabash Avenue	Chicago	11.93	15	18.75	24	110	76.39%
FMC - Northwestern University	710 Fairbanks Ct. Olson Pavilion	Chicago	15.63	20	25	42	141	55.95%
TOTAL						1177	4990	70.66%
TOTAL excluding Facilities Operational < 2 Yrs* (as well as RUSH's & DaVita's Peds facilities)						1077	4872	75.39%

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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at the Southeast Corner of 95th Street and Colfax Avenue, Chicago, Illinois 60617. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60452	OAK FOREST	27,969
60445	MIDLOTHIAN	26,057
60803	ALSIP	22,285
60456	HOMETOWN	4,349
60430	HOMEWOOD	20,094
60429	HAZEL CREST	15,630
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60426	HARVEY	29,594
60411	CHICAGO HEIGHTS	58,136
60425	GLENWOOD	9,117
60476	THORNTON	2,391
60438	LANSING	28,884
60473	SOUTH HOLLAND	22,439
60419	DOLTON	22,788
60827	RIVERDALE	27,946
60409	CALUMET CITY	37,186
60655	CHICAGO	28,550
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60643	CHICAGO	49,952
60620	CHICAGO	72,216
60629	CHICAGO	113,916
60632	CHICAGO	91,326
60636	CHICAGO	40,916
60621	CHICAGO	35,912
60609	CHICAGO	64,906

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60628	CHICAGO	72,202
60619	CHICAGO	63,825
60633	CHICAGO	12,927
60617	CHICAGO	84,155
60637	CHICAGO	49,503
60653	CHICAGO	29,908
60615	CHICAGO	40,603
60649	CHICAGO	46,650
60623	CHICAGO	92,108
60624	CHICAGO	38,105
60608	CHICAGO	82,739
60612	CHICAGO	33,472
60622	CHICAGO	52,548
60607	CHICAGO	23,897
60616	CHICAGO	48,433
60642	CHICAGO	18,480
60661	CHICAGO	7,792
60654	CHICAGO	14,875
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60610	CHICAGO	37,726
60605	CHICAGO	24,668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11,110
60611	CHICAGO	28,718
Total		1,881,372

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited August 11, 2015).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to

utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of the existing approved adult ICHD facilities that have been operational for at least 2 years is 75.4%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Historic Utilization of Existing Facilities

There are 50 dialysis facilities within 30 minutes of the proposed Park Manor Dialysis that treat the adult population and have been operational for at least 2 years. Their average utilization was 75.4% as of June 30, 2015. There will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

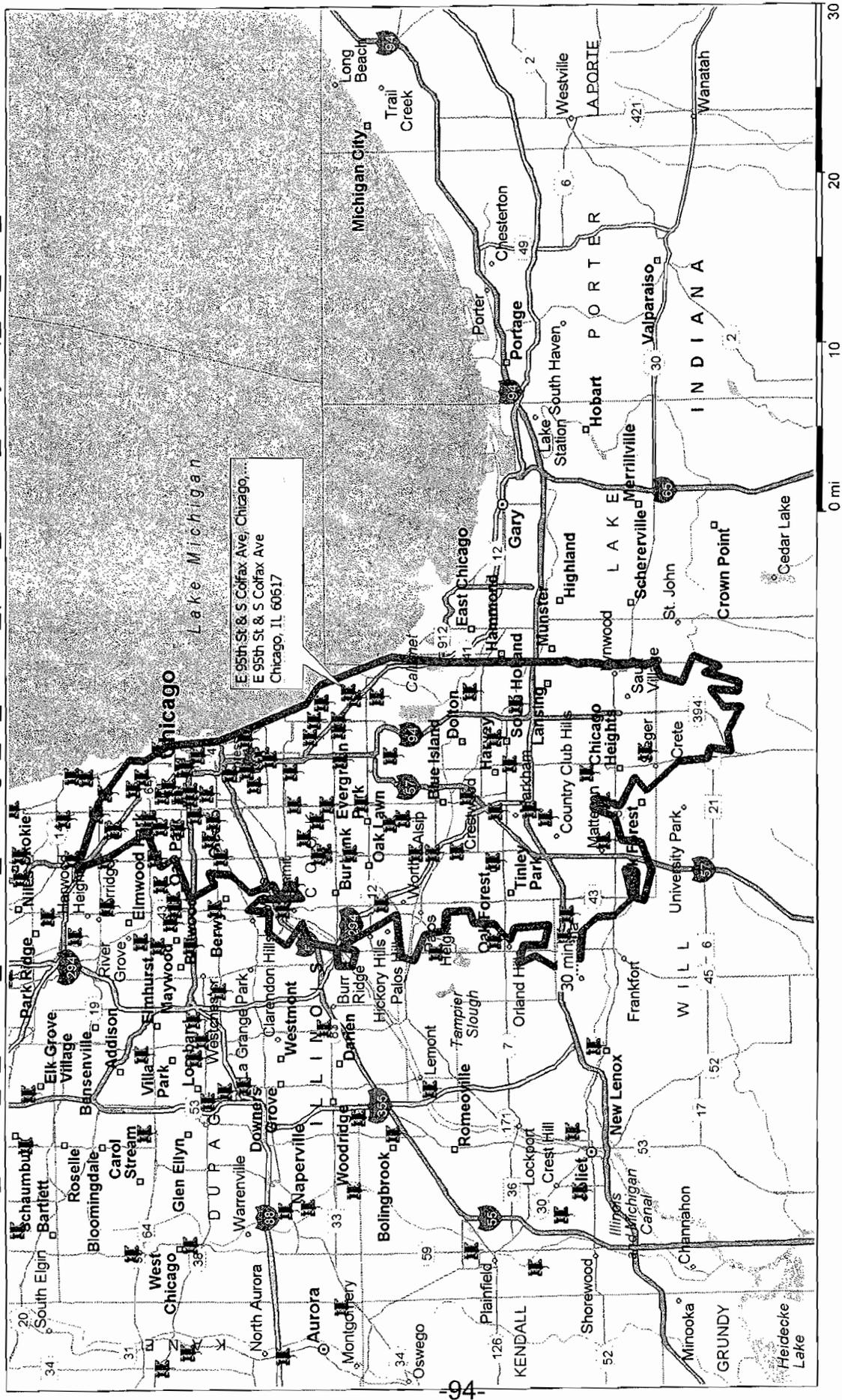
b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 16-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 77 patient referrals. Dr. Cunningham is currently treating 122 patients Stage 4 and Stage 5 CKD that reside within an approximate 10 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Cunningham anticipates that at least 79 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of adult dialysis facilities operating for over 2 years and within 30 minutes of the proposed Park Manor Dialysis is 75.4%. No patients are expected to transfer from the existing dialysis facilities to the proposed Park Manor Dialysis.
- b. There are 50 existing dialysis facilities that have been operating for 2 or more years within the proposed 30 minute GSA for Park Manor Dialysis. As of June 30, 2015, the 50 facilities were operating at an average utilization of 75.4%. Based upon data from The Renal Network, there were 5,356 ESRD patients residing within 30 minutes of the proposed Park Manor Dialysis, and that number is projected to increase.

95th Street & Cofax Avenue Chicago IL 60617 (Park Manor Dialysis) 30_Min_GSA



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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Patrick Cunningham, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Cunningham's curriculum vitae is attached at Attachment – 26C.

- b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator
Registered Nurse (2.97 FTE)
Patient Care Technician (7.19 FTE)
Biomedical Technician (0.24 FTE)
Social Worker (licensed MSW) (0.68 FTE)
Registered Dietitian (0.69 FTE)
Administrative Assistant (1.0 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care Inc., attached at Attachment – 26E, Park Manor Dialysis will maintain an open medical staff.

CURRICULUM VITAE

Updated 6/01/15

Personal Information

Name: Patrick Noel Cunningham, M.D.

Date & Place of Birth: February 24, 1968
Pittsburgh, Pennsylvania

Citizenship: U.S.A.

Family: Spouse: Jennifer Meisenzahl Cunningham, M.D.
Children: Gavin Noel (born 12/21/00)
Tierney Elizabeth (5/07/03)

Home Address: 5115 Fair Elms Avenue
Western Springs, IL 60558
Phone: (708)784-1404

Office address: The University of Chicago
5841 South Maryland Avenue, MC5100
Chicago, Illinois 60637-1463
Phone: (773)702-9908
FAX: (773)702-5818
E-mail: pcunning@medicine.bsd.uchicago.edu

Education

B.S., University of Notre Dame, Chemistry, magna cum laude 1986-1990
M.D., Tufts University School of Medicine 1990-1994

Postdoctoral Training

Resident in Internal Medicine, University of Chicago Hospitals 1994-1997
Clinical Fellow in Nephrology, University of Chicago Hospitals 1997-1998
Research Fellow in Nephrology, University of Chicago Hospitals 1998-2001

Appointments

Instructor of Medicine, University of Chicago 2001-2003
Assistant Professor 2003 - present

Honors and Awards

National Science Foundation Summer Research Fellowship for Undergraduates 1989
Outstanding Senior Chemist - given to top chemistry major in graduating class 1990
Fellow, American Society of Nephrology 2005
American Society of Nephrology Carl W. Gottschalk Research Scholar Award 2006

Medical Licensure

State of Illinois 1994

Certification

Diplomate, American Board of Internal Medicine 1997
Diplomate, American Board of Internal Medicine, subspecialty in Nephrology 2000

Membership in Professional Societies

Member, American College of Physicians 1995
Member, American Society of Nephrology 1998
Member, National Kidney Foundation 1998
Member, American Heart Association, Kidney Council 2001
American Society of Transplantation 2010

Teaching Experience

College tutor, Freshman Chemistry 1987-1989
Preceptor, Clinical Medicine and Physical Diagnosis 1994-1997
Workshop instructor, Renal Physiology 1998-2001
Physical Diagnosis course, Pritzker School of Medicine, University of Chicago 2001-2002
Morning Report, University of Chicago Internal Medicine Program 2001-present
Lecturer, Renal Fellows' Lecture Series 2002-present
Lecturer, Topics in Internal Medicine, Internal Medicine Program 2002-present
Lecturer, "Defense Mechanisms", PATH 308 2003
Lecturer, Clinical Pathophysiology course, University of Chicago 2003-present
Coordinator, Section of Nephrology Journal Club 2004-2010

Research Support

National Institutes of Health, 1 K08 DK61375-01, "Pathophysiology of Endotoxin-Induced Acute Renal Failure" 2002-2007
National Kidney Foundation of Illinois, Young Investigator Grant, "Oxidant Injury in LPS-Induced Acute Renal Failure" 2002-2003
American Society of Nephrology, Carl W. Gottschalk Research Scholar Award "Mechanisms of Injury in Endotoxin-induced Acute Renal Failure" 2006-2008
National Institutes of Health, 1 R01 DK080863-01, "Endothelial Injury in Endotoxin-Induced Acute Renal Failure" 2010-2015

National Peer Review

NIH Cardiovascular and Renal (CVB) study section 2002
NIH Clinical Cardiovascular Sciences (CCVS) study section 2003
National Kidney Foundation, Illinois Chapter 2003

NIH Physiology and Pathobiology of the Organ Systems study section	2005
NIH NIDDK P01 Special Emphasis Panel, Acute Kidney Injury	2006
NIH NIDDK R01 Special Emphasis Panel, Acute Kidney Injury	2009-2010
NIH NIDDK R21 Clinical Pilot and Feasibility Special Emphasis Panel	2012
NIH ZRG1 Special Emphasis Panel, AIDS related research	2014

Peer Review (journals)

American Journal of Kidney Disease
 American Journal of Pathology
 Clinical Science
 Kidney International
 Pediatric Nephrology
 Intensive Care Medicine
 Journal of the American Society of Nephrology
 Journal of Clinical Investigation
 Nephrology, Dialysis, and Transplantation
 Nature, Clinical Practice Nephrology
 Microvascular Research
 Clinical Transplantation
 PLOS One

Leadership and Committee Positions

Chairman and Moderator, ASN Abstract Review subcommittee, “Basic/Experimental Inflammation”	2004
Moderator, ASN National Meeting, “Innate Immunity” session	2005
ASN Abstract Review subcommittee, “Acute Renal Failure: Basic”	2006
Director, Erythropoietin program, Nephrology clinic	2009-2011
Moderator, ASN National Meeting, “Fluid Administration and Fluid Overload in Acute Kidney Injury” session	2010
Abstract Review subcommittee, University of Chicago Huggins Research Symposium	2011
Moderator, ASN National Meeting, “Transplant: epidemiology and Outcomes”	2011
NKF of Illinois Research Review committee	2011
Editorial Board, American Journal of Physiology – Renal Physiology	2013-present
Moderator, ASN National Meeting, “Kidney Inflammation in AKI”	2014
ASN Abstract Review subcommittee, “Acute Renal Failure: Basic”	2014
ASN Abstract Review subcommittee, “Acute Renal Failure: Basic”	2015

Trainees

Barbara Litzinger Undergraduate, University of Chicago; awarded Howard Hughes Summer Research for Undergraduates. Currently a specialist in internal medicine.	2005-2006
Quan Wang, M.D. Nephrology Fellow. Currently in Private practice.	2007-2009
Michael Eadon, M.D. Nephrology Fellow. Currently Assistant Research Professor,	2010-2013

Chang Xu, M.D., Ph.D.
Nephrology Fellow

2011-present

Original Peer-reviewed Articles

1. Chetcuti MJ, **Cunningham PN**, Gordon JC, Grant BE, and Klaiss J. Synthesis of mixed metal clusters using nickel-molybdenum and nickel-tungsten complexes as cluster building blocks. *J. Organomet. Chem.* 394:765-772, 1990.
2. **Cunningham PN**, Holers VM, Alexander JJ, Guthridge JM, Carroll MC, Quigg RJ. Complement is activated in kidney by endotoxin but does not cause the ensuing acute renal failure. *Kidney Int.* 58:1580-1587, 2000.
3. Schiller B, **Cunningham PN**, Alexander JJ, Bao L, Holers VM, Quigg RJ. Expression of a soluble complement inhibitor protects transgenic mice from antibody-induced acute renal failure. *J. Am. Soc. Nephrol.* 12:71-79, 2001.
4. Park P, Haas M, **Cunningham PN**, Alexander JJ, Guthridge JM, Kraus DM, Holers VM and Quigg RJ. Inhibiting the complement system does not reduce injury in renal ischemia-reperfusion. *J. Am. Soc. Nephrol.* 12:1383-1390, 2001.
5. **Cunningham PN**, Hack BK, Ren G, Minto AW, Morgan BP, Quigg RJ. Glomerular complement regulation is overwhelmed in passive Heymann nephritis. *Kidney Int.* 60:900-909, 2001.
6. Alexander JJ, Hack BK, **Cunningham PN**, Quigg RJ. A protein with the characteristics of factor H is present on rodent platelets and functions as the immune adherence receptor. *J. Biol. Chem.* 276:32129-32135, 2001.
7. Park P, Haas M, **Cunningham PN**, Bao L, Alexander JJ, and Quigg RJ. Injury in ischemia reperfusion is independent of immunoglobulins and T lymphocytes. *Am. J. Physiol.* 282:F352-F357, 2002.
8. Ren G, Hack BK, Minto AW, **Cunningham PN**, Haas M, Quigg RJ. A complement-dependent model of thrombotic thrombocytopenic purpura induced by antibodies reactive with endothelial cells. *Clin. Immunol.* 103:43-53, 2002.
9. Bao L, Haas M, Boackle SA, **Cunningham PN**, Park P, Alexander JJ, Anderson RK, Culhane K, Holers VM, and Quigg RJ. Transgenic expression of a soluble complement inhibitor protects against renal disease and promotes survival in MRL/lpr mice. *J. Immunol.* 168:3601-3607, 2002.
10. **Cunningham PN**, Dyanov HM, Park P, Wang J, Newell KA, Quigg RJ. Acute renal failure in endotoxemia is caused by TNF acting on its receptor in kidney. *J. Immunol.* 168:5817-5823, 2002.
11. Bao L, Spiller OB, St. John PL, Haas M, Hack BK, Ren G, **Cunningham PN**, Doshi M, Abrahamson DR, Morgan BP, and Quigg RJ. Decay-accelerating factor expression in the rat kidney is restricted to the apical surface of podocytes. *Kidney Int.* 62:2010-2021, 2002.

12. **Cunningham PN**, Wang Y, Guo R, He G, and Quigg RJ. Role of Toll-like receptor 4 in endotoxin-induced acute renal failure. *J. Immunol.* 172:2629-2635, 2004.
13. Guo R, Wang Y, Minto AW, Quigg RJ, and **Cunningham PN**. Acute renal failure in endotoxemia is dependent upon caspase activation. *J. Am. Soc. Nephrol.*, 15:3093-3102, 2004.
14. Alexander JJ, Jacob A, **Cunningham PN**, Hensley L, and Quigg RJ. TNF is a key mediator of septic encephalopathy acting through its receptor, TNF Receptor-1. *Neurochem. Int.*, 52:447-456, 2007.
15. Takase O, **Cunningham PN**, Jacob A, Hayashi M, and Quigg RJ. Apoptosis induced in proximal tubular cells by albumin is due to clusterin preventing NF- κ B-dependent Bcl-xl production. *Kidney. Int.*, 73:567-577, 2007.
16. Wu X, Guo R, Wang Y, and **Cunningham PN**. Role of ICAM-1 in endotoxin-induced acute renal failure. *Am. J. Physiol. Renal Physiol.*, 293:F1262-F1271, 2007.
17. Wu X, Guo R, Chen P, Wang Q, and **Cunningham PN**. TNF induces caspase-dependent inflammation in renal endothelial cells through a Rho and myosin light chain kinase dependent mechanism. *Am. J. Physiol. Renal Physiol.*, 297: F316-F326, 2009.
18. Ko B, Mistry AC, Hanson LN, Mallick R, Cooke LL, Hack BK, **Cunningham P**, and Hoover RS. A new model of the distal convoluted tubule. *Am. J. Physiol. Renal Physiol.*, 303:F700-10, 2012.
19. Eadon MT, Hack BK, Xu C, Ko B, Toback FG, and **Cunningham PN**. Endotoxemia alters tight junction gene and protein expression in kidney. *Am. J. Physiol. Renal Physiol.*, 303:F821-30, 2012.
20. Eadon MT, Wheeler HE, Stark AL, Zhang Z, Moen EL, Delaney SM, Im HK, **Cunningham PN**, Zhang W, and Dolan ME. Genetic and epigenetic variants contributing to clofarabine cytotoxicity. *Hum. Mol. Genet.*, 22:4007-20, 2013.
21. Eadon MT, Hack B, Alexander JJ, Xu C, Dolan ME, and **Cunningham PN**. Cell cycle arrest in a model of colistin nephrotoxicity. *Physiol. Genomics*, 45:877-88, 2013.
22. Xu C, Chang A, Hack BK, Eadon MT, Alper SL, and **Cunningham PN**. TNF-mediated damage to the glomerular endothelium is an important determinant of acute kidney injury in sepsis. *Kidney Int.*, 85:72-81, 2014.
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24. Mahajan S, Parikh N, Woodruff T, Jarvis JN, Lopez M, **Cunningham PN**, Quigg RJ, Schwartz S, and Alexander JJ. In lupus setting, C5a alters blood brain barrier in a human in vitro model of lupus. In press, *Immunology*.
25. Xu C, Bao L, Hack BK, Eadon MT, and **Cunningham PN**. TNF-induced barrier disruption in glomerular endothelial cells is mediated by a Rho and myosin light chain kinase dependent mechanism. Under review, *AJP - Renal*.

Book Chapters and Invited Reviews

1. **Cunningham PN**. Acute Renal Failure. In, **Principles of Critical Care, Companion Handbook, 2nd ed.** edited by Hall JB, Schmidt GA, Wood LD. McGraw-Hill, New York, N.Y., pp. 675-682, 1999.
2. **Cunningham PN**. Dialysis in the Intensive Care Unit. In, **Principles of Critical Care, Companion Handbook, 2nd ed.** edited by Hall JB, Schmidt GA, Wood LD. McGraw-Hill, New York, N.Y., pp. 683-689, 1999.
3. **Cunningham PN**. Severe Electrolyte Disturbances. In, **Principles of Critical Care, Companion Handbook, 2nd ed.** edited by Hall JB, Schmidt GA, Wood LD. McGraw-Hill, New York, N.Y., pp. 690-695, 1999.
4. **Cunningham PN** and Quigg RJ. Contrasting Roles of Complement Activation and its Regulation in Membranous Nephropathy. *J. Am. Soc. Nephrol.*, 16:1214-1222, 2005.
5. Bao L, **Cunningham PN**, and Quigg RJ. Complement in Lupus Nephritis: New Perspectives. *Kidney Diseases*. In press, 2015

Abstracts

1. **Cunningham P**, Xu J, Holers V, Carroll M, and Quigg R. Renal complement activation occurs with endotoxin administration, but is not responsible for the resultant acute renal failure. *J. Am. Soc. Nephrol.*, 10:526A, 1999 (poster presentation).
2. **Cunningham PN**, Quigg RJ. Normal complement regulation prevents anti-megalin antibodies from inducing proteinuria. *J. Am. Soc. Nephrol.*, 11:487A, 2000 (poster presentation).
3. **Cunningham, PN**, Quigg RJ. Mice deficient in p55 are resistant to endotoxin-induced acute renal failure. *J. Am. Soc. Nephrol.*, 11:588A, 2000 (oral presentation).
4. **Cunningham PN**, Quigg RJ. Mice deficient in intercellular adhesion molecule-1 (ICAM-1) are resistant to endotoxin-induced acute renal failure. *J. Am. Soc. Nephrol.*, 12:777A, 2001 (oral presentation).
6. **Cunningham PN**, He G, Guo R, Quigg RJ. Extrarenal action of Toll-like receptor-4 is required for endotoxin-induced acute renal failure. *J. Am. Soc. Nephrol.*, 13:324A 2002 (poster presentation).
7. **Cunningham PN**, Wang Y, Guo R, Quigg RJ. Overexpression of complement inhibitor Crry prolongs renal allograft survival. *J. Am. Soc. Nephrol.*, 14:276A, 2003 (oral presentation).
8. **Cunningham PN**, Guo R, Wang Y, Quigg RJ. Caspase inhibition prevents endotoxin-induced acute renal failure. *J. Am. Soc. Nephrol.*, 14:642A, 2003 (oral presentation).
9. Wang Y, Guo R, Quigg RJ, **Cunningham PN**. Neutrophils are not required for LPS-induced ARF. *J. Am. Soc. Nephrol.*, 15:2004 (poster presentation).

10. Guo R, Wang Y, Quigg RJ, **Cunningham PN**. Role of mitochondrial superoxide dismutase in LPS-induced acute renal failure. *J. Am. Soc. Nephrol.*, 15:2004 (poster presentation).
11. Guo R, Wang Y, **Cunningham PN**. TNF induces apoptosis of cultured mouse proximal tubular cells, yet protects against their ischemic injury. *J. Am. Soc. Nephrol.*, 16:190A, 2005 (poster presentation).
12. Wu X, Guo R, and **Cunningham PN**. Decreased susceptibility to LPS-induced acute renal failure in Bak-deficient mice. *J. Am. Soc. Nephrol.*, 2006 (poster presentation).
13. Litzinger BF, Guo R, and **Cunningham PN**. Superoxide dismutase 1 protects against Endotoxin-induced acute renal failure. *J. Am. Soc. Nephrol.*, 2006 (poster presentation).
14. Wu X, Hack B, Guo R, Wang Y, and **Cunningham PN**. A novel method for the separation and primary culture of glomerular and nonglomerular renal endothelial cells. *J. Am. Soc. Nephrol.*, 2007 (poster presentation).
15. Wu X, Guo R, and **Cunningham PN**. TNF induces caspase-dependent inflammation in renal endothelial cells. *J. Am. Soc. Nephrol.*, 19:635A, 2008 (poster presentation).
16. Wang Q, Wu X, Guo R, and **Cunningham PN**. Sepsis actively modulates renal expression of the Tie2-Angiopoietin system during acute kidney injury. *J. Am. Soc. Nephrol.*, 19:171A, 2008 (poster presentation).
17. Wang Q, Wu X, Guo R, and **Cunningham PN**. Inhibition of Tie2 dephosphorylation protects against sepsis-induced acute kidney injury. *J. Am Soc. Nephrol*, 2010 (poster presentation).
18. Eadon MT, Xu C, Hack B, Toback FG, and **Cunningham PN**. Lipopolysaccharide causes marked changes in tubular zonula occludens-1. *J. Am Soc. Nephrol*, 2011 (poster presentation).
19. Eadon MT, Wheeler HE, Hack BK, Stark AL, Wen Y, **Cunningham PN**, and Dolan ME. Genetic variants important in susceptibility to clofarabine cytotoxicity: implications for application to renal cell death. *J. Am Soc. Nephrol*, 2011 (oral presentation).
20. Xu C, Hack BK, and **Cunningham PN**. TNF increases kidney glomerular endothelial permeability via modification of glomerular endothelial glycocalyx. *J. Am Soc. Nephrol*, 2011 (poster presentation).
21. Eadon MT, Xu C, Hack BK, Dolan ME, and **Cunningham PN**. Colistin nephrotoxicity: A murine model revealing an altered gene signature days prior to kidney injury. *Am. Soc. Clin. Pharm. Ther.*, 2012 (poster presentation).
22. Xu C, Chang A, Hack BK, Eadon MT, Alper SL, and **Cunningham PN**. Injury to the glomerular filtration barrier in sepsis is mediated through tumor necrosis receptor-1. *J. Am Soc. Nephrol*, 2012 (poster presentation).
23. Eadon MT, Wheeler HE, Stark AL, Wen Y, and **Cunningham, PN**, and Dolan ME. Genetic variants important in susceptibility to clofarabine cytotoxicity: implications for application to renal cell death. *J. Am Soc. Nephrol*, 2011 (oral presentation).

24. Xu C, Hack BK, and *Cunningham PN*. Tumor necrosis factor disrupts endothelial surface glycocalyx imaged by High-Pressure Freezing, Freeze Substitution TEM. *Circulation*, 2015 (poster presentation).

Invited Presentations

1. Medical Grand Rounds, University of Chicago Hospitals, "Miliary Tuberculosis", March 12, 1997.
2. Chicago Nephrology Day, University of Illinois at Chicago, "Using genetic knock-out mice as tools to dissect endotoxin-induced acute renal failure", June 1, 2000.
3. American Society of Nephrology Annual Meeting, "Mice deficient in p55 are resistant to endotoxin-induced acute renal failure", October 14, 2000.
4. American Society of Nephrology Annual Meeting, "Mice deficient in intercellular adhesion molecule-1 (ICAM-1) are resistant to endotoxin-induced acute renal failure", October 16, 2001.
5. American Society of Nephrology Annual Meeting, "Overexpression of complement inhibitor Crry prolongs renal allograft survival", November 14, 2003.
6. American Society of Nephrology Annual Meeting, "Caspase inhibition prevents endotoxin-induced acute renal failure", November 16, 2003.
7. "Management of Diabetic Nephropathy", Oak Park Hospital, June 7, 2005.
8. University of Chicago Howard Hughes Research Program for Undergraduates, "Pathophysiology of sepsis-induced acute renal failure", July 14, 2005.
9. Board Review course, "Nephrology for Family Practice," July 12, 2007
10. Board Review course, "Nephrology for Family Practice," June 23, 2008
11. Board Review course, "Nephrology for Family Practice," May 26, 2009
12. Medical Grand Rounds, University of Chicago Hospitals, "An Interesting Case of Acute Renal Failure", September 22, 2009.
12. Medical Grand Rounds, Illinois Masonic Hospital, "Update on Acute Kidney Injury", March 17, 2010.
13. Medical Grand Rounds, St. Joseph's Hospital, "Acute Kidney Injury: Clinical update", June 16, 2010.
14. Special Seminar, Pfizer Inc. Cambridge, MA, "Innate Immunity and Inflammation in Acute Kidney Injury", October 5, 2011

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

DaVita's Basic Training Program for Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content

Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
 - Basic Training Class Outline (TR1-01-02A)
 - Basic Charge Nurse Training Class Outline (TR1-01-02B)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
 - New teammate without prior experience (TR1-01-05)
 - New teammate with prior experience (TR1-01-06)
 - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
 - Program Evaluation
 - Basic Training Classroom Evaluation (TR1-01-08A)
 - Basic Charge Nurse Training Classroom Evaluation (TR1-01-08B)
 - Curriculum Evaluation
- VII. Additional Educational Forms
 - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
 - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
 - Training hours tracking form (TR1-01-11)
- VIII. State-specific information/forms (as applicable)

**TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM
DESCRIPTION**

Introduction to Program

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

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

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

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

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An **experienced teammate** is defined as:

- A newly hired or rehired teammate who can show proof of completing a dialysis training program and has provided at least 3 months of hands on dialysis care to patients within the past 12 months.

The curriculum of the Basic Training Program for Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

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“Day in the Life” is DaVita’s learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the “Basic Training Workbook.”

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Manifestations of Chronic Renal Failure
- Normal Kidney Function vs. Hemodialysis
- Documentation & Flow Sheet Review

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- Patient Self-management
- Motivational Interviewing
- Infection Control
- Data Collection and Assessment
- Water Treatment and Dialyzer Reprocessing
- Fluid Management
- Pharmacology
- Vascular Access
- Renal Nutrition
- Laboratory
- The Hemodialysis Delivery System
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Importance of P&P
- Role of the Renal Social Worker
- Conflict Resolution
- The DaVita Quality Index

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

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

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

The **didactic phase** for nurses includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse

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- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training workbook for Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

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

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

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

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Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *Initial Competency Exam* with a score of 80% or higher. The CSS or RN Trainer responsible for teaching Basic Training Class will enroll the new teammate with experience in the Initial Competency Exam on the LMS. The new teammate's preceptor will proctor the exam. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *Initial Competency Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom or the *Initial Competency Exam*. If the new teammate receives a score of less than 80% on the *Initial Competency Exam*, this teammate will be required to attend Basic Training Class. If the new teammate receives a score of less than 80% on the final comprehensive classroom exam, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

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

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

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

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

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

Re: Certification of Support Services

Dear Chair Olson:

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

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

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

Sincerely,



Print Name: Arturo Sida
Title: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

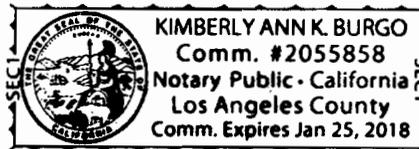
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson re Certification of Support Services (Pawlier Dialysis, LLC)

Document Date: September 29, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: _____

Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 16-station dialysis facility. Accordingly, this criterion is met.

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

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

FOR COMPANY USE ONLY:
Clinic #: 5578, 5579, 5580

EXECUTION VERSION

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 1st day of August, 2010 (the "Effective Date"), by and between **University of Chicago Medical Center** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinics owned and operated by Company:

Lake Park Dialysis #5578
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039

Stony Island Dialysis # 5579
8725 S. Stony Island
Chicago, Illinois 60617-2709

Woodlawn Dialysis #5580
1164 E. 55th Street
Chicago, Illinois 60615

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. JOINT RESPONSIBILITIES. In accordance with Company's policies and procedures and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, a patient of Company may be transferred to Hospital as long as Hospital has bed availability, staff availability, is able to provide the services requested by Company, including on-call specialty physician availability, and the transfer is consistent with current patient transfer laws. In such cases, Hospital and Company agree to exercise their best efforts to provide for prompt admission of the patient. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, including but not limited to, the

Emergency Medical Treatment and Active Labor Act, the standards of the Joint Commission and any other applicable accrediting bodies, and policies and procedures of the facilities. Hospital and Company further acknowledge and agree that neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

2. HOSPITAL OBLIGATIONS. In accordance with the policies and procedures as hereinafter provided and the criteria set forth in Section 1, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to ensure the prompt admission of patients as necessary, provided that Hospital has the capacity to treat the patient and all usual conditions of admission are met. In doing so, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital.

(b) Hospital shall designate an individual to coordinate with Company in order to establish acceptable and efficient transfer guidelines.

3. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital pursuant to the criteria set forth in Section 1, Company agrees:

- i. That it shall transfer patients to Hospital for medical treatment only where such transfer has been determined to be medically appropriate;
- ii. That transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution;
- iii. That it shall obtain the informed consent for the transfer to Hospital from the patient, if medically possible, or from the legal guardian, legal representative or other surrogate decision maker of a patient who is determined to be unable to give informed consent to transfer;
- iv. To notify Hospital as far in advance as possible of the impending transfer;
- v. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- vi. That it shall, to the extent possible, stabilize patients prior to transfer and initiate treatment to insure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. The parties recognize that the responsibility to arrange for transfer to Hospital rests with Company in emergency situation. Should a patient require transfer to Hospital

upon request of patient's attending physician in a non-emergency situation, the patient, or the patient through a relative or guardian, shall be responsible for transportation. Hospital's responsibility for the patient's care shall begin when the patient is admitted to Hospital;

vii. Original medical records kept by each of the parties shall remain the property of that institution; and

viii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. contact information for the referring physician;
- ii. name of physician(s) at Hospital contacted with regard to the patient (and to whom the patient is to be transferred);
- iii. medical, nursing and other care plans;
- iv. current medical and lab findings;
- v. diagnosis;
- vi. rehabilitation potential;
- vii. discharge summary;
- viii. a brief summary of the course of treatment followed at Company;
- ix. medications administered;
- x. known allergies;
- xi. nursing and dietary information;
- xii. ambulating status;
- xiii. advanced medical directives; and
- xiv. pertinent administrative, third party billing and social information.

(c) Company agrees to readmit to its facilities patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital agrees to keep the administrator or designee of Company advised of the condition of the patients that will affect the anticipated date of transfer back to Company and to provide as much notice of the transfer date as possible. Company shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Company.

4. **NON-DISCRIMINATION.** The parties hereby acknowledge that nothing in this Agreement shall be construed to permit discrimination by either party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act require that no otherwise qualified individual with a handicap shall, solely by reason of the handicap be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.

5. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital. Hospital and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. Hospital and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

6. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the United States Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations (collectively, "HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

7. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

8. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, comprehensive general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

9. INDEMNIFICATION.

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

10. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form

prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

11. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

12. AMENDMENT. This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

13. ENFORCEABILITY/SEVERABILITY. The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

14. EXCLUDED PROVIDER. Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

15. NOTICES. All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: The University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, Illinois 60637-1670
Attention: Executive Administrator, Department of Medicine

With a copy to: The University of Chicago Medical Center
5841 S. Maryland Avenue, Room O130
Chicago, Illinois 60637-1670
Attention: General Counsel

If to Company: Lake Park Dialysis
DaVita Inc.
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039
Attention: Facility Administrator

Stony Island Dialysis
DaVita Inc.
8725 S. Stony Island
Chicago, Illinois 60617-2709
Attention: Facility Administrator

Woodlawn Dialysis
DaVita Inc.
1164 E. 55th Street
Chicago, Illinois 60615
Attention: Facility Administrator

With copies to: Total Renal Care, Inc.
DaVita Inc.
c/o TRC Children's Dialysis
2611 N. Halsted Street
Chicago, Illinois 60614
Attention: Group General Counsel

DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

14. ASSIGNMENT. This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that either party may assign this Agreement to one of its affiliates or subsidiaries without the consent of the other party.

15. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

16. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

17. **GOVERNING LAW.** The laws of the state of Illinois shall govern this Agreement.

18. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

19. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

20. **APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

4978245v.3

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:

UNIVERSITY OF CHICAGO
MEDICAL CENTER

By: Carolyn S. Wilson

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: Kelly B. Ladd

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

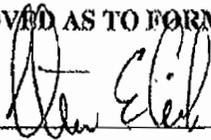
TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By:  _____

Name: Steven E. Lieb

Its: Group General Counsel

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

The Applicants propose the establishment of a 16-station dialysis facility. Thus, this criterion is not applicable.

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

Attached at Attachment – 26G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita HealthCare Partners Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

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

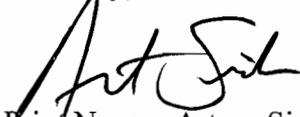
Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of See Attached, 2015

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

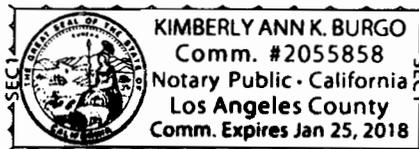
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson re In-Center Hemodialysis Assurances (Pawlier Dialysis, LLC)

Document Date: September 29, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer

(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Clark Street Development LLC. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 15-020. A letter of intent to lease the facility is attached at Attachment – 36.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.
A JOHNSON CONTROLS COMPANY

September 30, 2015

Mr. Andrew Stein
Clark Street Development
980 North Michigan Avenue
Suite 1280
Chicago, IL 60611

Re: LOI
95th Street and Colfax Avenue
Chicago, IL 60617

Dear Andy:

Johnson Controls Real Estate Services, Inc. has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues of approximately \$11.5 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES: Southeast Corner of 95th Street and Colfax Avenue, Chicago, IL 60617
(legal description to be provided by Landlord)

TENANT: “Total Renal Care, Inc. or related entity to be named”, with a Corporate Guaranty from DaVita, Inc.

LANDLORD: Clark Street Development, LLC or its assignees or designees

SPACE REQUIREMENTS: Requirement is for approximately 7,770 contiguous rentable square feet as indicated in the preliminary floor plan labeled as Exhibit B. Tenant shall have the right to measure space and the final measurement standards will be agreed to by the parties.

PRIMARY TERM: 15 years

BASE RENT: *Please indicate the lease type. (i.e. FSG, MG, NNN)*
This will be a NNN Deal.

Years 1-5:	\$25.17 per rsf
Years 6-10:	\$27.69 per rsf
Years 11-15:	\$30.46 per rsf

ADDITIONAL EXPENSES: It is the intention of the Landlord that this is an absolute triple net and accordingly Tenant shall be responsible for all charges related to use and operation of Premises during the Term including (without limitation) all utility charges, real estate taxes, and assessments, maintenance charges for Premises and Building liability and property insurance.

Landlord to limit the cumulative operating expense costs to no greater than three percent (3%) increase annually.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural components of Building. See Logan Square Lease.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Possession or until:

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

LEASE FORM:

Tenant's standard lease to incorporate previously negotiated Logan Square Lease.

USE:

The Use is for a Dialysis Clinic, medical offices, distribution of pharmaceuticals to Tenant's patients and other lawfully permitted related uses.

The current Property's zoning is M1-1, which allows for a medical use.

PARKING:

Please see attached site plan

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached Exhibit B.

TENANT IMPROVEMENTS:

No Tenant Allowance.

OPTION TO RENEW:

Renewal terms to follow standard PDP requirements.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

N/A.

FAILURE TO DELIVER PREMISES:

Landlord and Tenant need to discuss delivery date.

HOLDING OVER:

Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and approval of Landlord.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita HealthCare

Partners, Inc. without the consent of the Landlord, or to unrelated entities whose consent with Landlord's reasonable approval.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by a mutually agreed upon contractor so not to damage roof or roof warranty. Tenant shall be responsible for its own permits.

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five (5) mile radius of Premises. Need to discuss carve outs.

HVAC:

See Schedule A, Section 21.

DELIVERIES:

Deliveries to the Premises will be performed thru a 6' service door, location to be mutually agreed to by the parties.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions. Will further discuss in Lease mutual haz mat indemnity and Lessor will be obligated to be code compliant at time of delivery date and completion of LL's work.

CERTIFICATE OF NEED:

Tenant will need to apply for a Certificate of Need ("CON") for the final location. If Tenant does not get the Certificate of Need by February 16, 2016, the Lease will be null and void. . If Tenant does get the Certificate of Need award, then Tenant will go forward with the lease based on satisfying the other contingencies that are in their standard Lease Document.

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to February 16, 2016. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by February 16, 2016, neither party shall have any further

obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to 2% of the net rental value over the first 10 years in accordance with the PDP agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PRELIMINARY PLANS:

See attached Exhibit B and Exhibit C.

It should be understood that this LOI subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized.

Thank you for your time and consideration to partner with DaVita.

Sincerely,



John Steffens

Cc: DaVita Team Genesis Real Estate
DaVita Regional Operational Leadership
Matthew J. Gramlich, Johnson Controls Real Estate Services, Inc.

SIGNATURE PAGE

LETTER OF INTENT:

**95TH STREET AND COLFAX AVENUE
CHICAGO, IL 60617**

AGREED TO AND ACCEPTED THIS 1ST DAY OF OCTOBER 2015

By: _____

Clark Street Development LLC
("Landlord")

AGREED TO AND ACCEPTED THIS 1ST DAY OF OCTOBER 2015

By: _____

On behalf of Total Renal Care, a wholly owned subsidiary of DaVita HealthCare Partners, Inc.
("Tenant")

EXHIBIT A

NON-BINDING NOTICE

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



Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

SUBJECT TO MODIFICATION BASED ON INPUT FROM LESSEE'S PROJECT MANAGER

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Lessor shall provide the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications at Lessor's sole cost:

All MBBI work completed by the Lessor will need to be coordinated and approved by the Lessee and their Consultants prior to any work being completed, including shop drawings and submittal reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) and Site Development are to be performed in accordance with all current local, state, and federal building codes including any related amendments, fire and life safety codes, ADA regulations, State Department of Public Health, and other applicable codes as it pertains to Dialysis. All Lessor's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer and must be coordinated with the Lessee Improvement plans and specifications.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

Lessee will have access and use of all common areas i.e. Lobbies Hallways, Corridors, Restrooms, Stairwells, Utility Rooms, Roof Access, Emergency Access Points and Elevators. All common areas must be code and ADA compliant for Life Safety per current federal, state and local code requirements.

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Lessor's engineer to accommodate site-specific Climate and soil conditions and recommendations per Lessor's soil engineering and exploration report (To be reviewed and approved by Lessee's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage, as recommended by geotechnical consultant.

The floor shall be concrete slab on grade and shall be a minimum five-inch (5") thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over

a vapor barrier and granular fill per Lessor's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Lessor. Under slab plumbing shall be installed by Lessee's General Contractor in coordination with Lessor's General Contractor, inspected by municipality and Lessee for approval prior to pouring the building slab. All utility trenches installed by Lessee's general contractor to be backfilled & compacted using approved granular material to the specifications of the Lessor's testing consultant.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height and 15' clearance for a 12'-0" ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by local or State code requirements. If no fire rating is required, walls shall be left as exposed on the interior side of the metal studs or masonry/concrete with exterior insulation as required to meet code requirements and for an energy efficient building shell. Lessee shall be responsible for interior gyp board, taping and finish.

7.0 - Demising walls

N/A..

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warranty against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Lessor for the duration of the lease. Lessor to provide Lessee copy of material and labor roof warranty for record.

9.0 - Parapet

Lessor to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Lessor to provide specifications for building façade for lessee review and approval. All wall system to be signed off by a Lessor's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

4" Face brick Veneer on 6" 16 or 18ga metal studs , R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8" exterior grade gypsum board or Dens-Glass Sheathing.

Or

2" EIFS on 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on ½" cement board or equal.

Or

8" Split faced block with 3-1/2" to 6" 20ga metal stud furring, batt wall insulation to meet energy code and depth of mtl stud used.

11.0 - Canopy

Covered drop off canopy at Lessee's front entry door. Approximate size to be 16' width by 21' length with 10'-9" minimum clearance to structure with full drive thru capacity. Canopy to accommodate patient drop off with a level grade ADA compliant transition to the finish floor elevation. Canopy roof to be an extension of the main building with blending rooflines. Controlled storm water drainage requirements of gutters with downspouts connected to site storm sewer system or properly discharged away from the building, sidewalks, and pavement. Canopy structural system to consist of a reinforced concrete footing, structural columns and beam frame, joists, decking and matching roof covering. Canopy columns clad with EIFS and masonry veneer piers, matching masonry to main building. Steel bollards at column locations. Landlord and Tenant to discuss if canopy is desired and or necessary for project.

12.0 - Waterproofing and Weatherproofing

Lessor shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Lessor shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Lessor shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

13.0 - Windows

Lessor to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Lessee's architectural floor plan and shall be coordinate with Lessor's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R value to be determined by the size of the stud cavity and should extend from finish floor to bottom of floor or ceiling deck. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet American Disability Act (ADA), and State Department of Health requirements. Lessor shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Lessee with three (3) sets of keys. Final location of doors to be determined by Lessee architectural floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and lock mechanism. Door to be prepped to accept power assist opener and push button keypad lock provided by Lessee.

- Service Doors: Provide 72" wide double door (Alternates for approval by Lessee's Project Manager to include: 60" Roll up door, or a 48" wide single door or double door with 36" and 24" doors) with 20 gauge insulated hollow metal (double doors), Flush bolts, T astragal, Heavy Duty Aluminum threshold, continuous hinge each leaf, prepped for panic bar hardware (as required by code) painted with rust inhibiting paint and prepped to receive a push button keypad lock provided by Lessee. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.
- Fire Egress Doors: Provide 36" wide door with 20 gauge insulated hollow metal door or Aluminum frame/glass door with panic bar hardware, lock, hinges, closer and painted with rust inhibiting paint. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.

16.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee. Lessor is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Lessee's Architect. Lessor shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi tenant building.

17.0 – Plumbing

Lessor to provide a segregated/dedicated potable water supply line that will be sized by Lessee's Engineer based on Lessee's water requirements (not tied-in to any other lessee spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventors arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Lessee space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Lessor to provide Lessee with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor shall stub the dedicated water line into the building per location coordinated by Lessee.

Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Lessee.

Building sanitary drain size will be determined by Lessee's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Lessee at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Lessee's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Lessee's sanitary system design per Lessee's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Lessor if required by local municipality.

Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 – Fire Suppression System

Single story stand alone buildings under 10,000 sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA

101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider (most municipalities allow one water tap per building with a domestic/fire split inside the building). Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400 amp to 1,000 amp service) 120/208 volt, 3 phase, 4 wire to a distribution panelboard in the Lessee's utility room (location to be per Code and coordinated with Lessee and their Architect) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Lessor's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panelboard with main and branch circuit breakers, and electrical service and building grounding per NEC. Lessee's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panelboard.

If lease space is in a multi-tenant building then Lessor to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Lessee and distribution panelboard per above.

Lessor will allow Lessee to have installed, at Lessee cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Lessor to provide main Fire Alarm Control panel that serves the Lessee space and will have the capacity to accommodate devices in Lessee space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Lessor to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into lessee space. Lessor's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be stubbed into the building per location coordinated with Lessee and shall be individually metered and sized per demand. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Lessor to be responsible for all costs for the HVAC system based on the below criteria.

Lessee will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Provide 100% enthalpy economizer
- Units to include Power Exhaust

- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section.
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol. Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
- Provide factory installed UV lights.

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5 yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, thermostats start-up and commissioning.. Anticipate minimum up to five (5) through a BACnet compatible controller (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's,. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location, curb sizes (heights) and number of HVAC units based on Lessee's design criteria and local and state codes. RTU's (or AHU's as needed) to be purchased using DaVita national contract pricing/ Furnish By Owner (FBO) program.

Lessor to furnish steel framing members, roof curbs and flashing to support Lessee exhaust fans (minimum of 4) to be located by Lessee's architect.

22.0 - Telephone

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Lessee.

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee. Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate and grant "right of access" with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Lessor shall comply with all ADA regulations affecting the Building and entrance to Lessee space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Lessee's architectural plan in conjunction with Lessor's civil engineering and grading plans. If required, Lessor to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Lessor shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Lessor to provide Lessee with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Lessee Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Lessee signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Lessor so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Lessor to provide a minimum 6" thick reinforced concrete pad approx 100 to 150SF based on Lessee's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

Lessor to allow a generator to be installed onsite if required by code or Lessee chooses to provide one.

29.0 - Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Lessee power panel. Location of pole fixtures per Lessor civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Lessee hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Lessor house panel (if in a Multi tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

Lessor to provide adequate lighting and power per code and to illuminate the building main, exit and service entrance, landings and related sidewalks. Lighting shall be connected to and powered by Lessor house panel and equipped with a code compliant 90 minute battery back up at all access points.

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

32.0 - Site Signage

Lessor to allow for an illuminated site and/or façade mounted signs. A monument and/or the pylon structure to be provided by Lessor with power and a receptacle. Final sign layout to be approved by Lessee and the City.

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 15-020.

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

Attached at Attachment – 39A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners, Inc. attesting that the total estimated project costs will be funded entirely with cash.

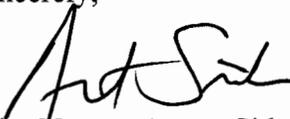
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

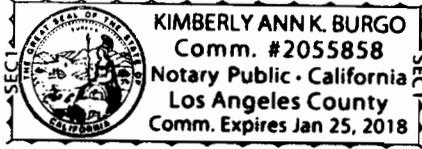
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson re Reasonableness of Financing Arrangements (Pawlier Dialysis, LLC)

Document Date: September 29, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

- Individual
- Corporate Officer

(Title(s)) _____

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator

Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

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

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	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	\$180.86		7,770				\$1,405,263		\$1,405,263
Contingency	\$14.16		7,770				\$110,000		\$110,000
TOTAL	\$195.02		7,770				\$1,515,263		\$1,515,263

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$1,515,263	\$270.09 x 7,770 GSF =\$2,098,599	Below State Standard
Contingencies	\$110,000	10% of New Construction Contracts 10% x \$1,405,263 = \$140,526	Below State Standard
Architectural/Engineering Fees	\$107,700	6.53% - 9.81% of New Construction Contracts + Contingencies) = 6.53% - 9.81% x (\$1,405,263 + \$110,000) = 6.53% - 9.81% x \$1,515,263 = \$98,946 - \$148,647	Meets State Standard
Consulting and Other Fees	\$88,000	No State Standard	No State Standard
Moveable Equipment	\$597,077	\$52,119.16 per station x 16 stations \$52,119.16 x 16 = \$833,906	Below State Standard
Fair Market Value of Leased Space or Equipment	\$1,803,194	No State Standard	No State Standard

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

Operating Expenses: \$3,179,986

Treatments: 12,324

Operating Expense per Treatment: \$258.03

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

Capital Costs:

Depreciation:	\$215,214
Amortization:	\$ 9,226
Total Capital Costs:	\$224,440

Treatments: 12,324

Capital Costs per Treatment: \$18.21

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2014 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously included as part of Applicants' application for Proj. No. 15-025. As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), the utilization of adult dialysis facilities operating for over 2 years and within 30 minutes of the proposed Park Manor Dialysis is 75.4%. There are 2,386 patients from Dr. Cunningham's practice suffering from Stage 3, 4, or 5 CKD. 122 of the Stage 4 and Stage 5 patients reside within an approximate 10 minute commute of the proposed facility. At least 79 of these patients will be referred to the proposed Park Manor Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow existing facilities to operate at optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Park Manor Dialysis. As such, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2012	2013	2014
Charity (# of patients)	152	187	146
Charity (cost in dollars)	1,199,657	\$2,175,940	\$2,477,363
MEDICAID			
	2012	2013	2014
Medicaid (# of patients)	651	679	708
Medicaid (revenue)	\$11,387,229	\$10,371,416	\$8,603,971

Section XII, Charity Care Information

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

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$228,403,979	\$244,115,132	\$266,319,949
Amount of Charity Care (charges)	\$1,199,657	\$2,175,940	\$2,477,363
Cost of Charity Care	\$1,199,657	\$2,175,940	\$2,477,363

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Cunningham projecting 79 pre-ESRD patients will be referred to Park Manor Dialysis within 12 to 24 months of project completion.

Patrick N. Cunningham, M.D.
Section of Nephrology
Department of Medicine
The University of Chicago
5841 South Maryland Avenue, MC5100
Chicago, Illinois 60637-1463

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Park Manor Dialysis. The proposed 16-station chronic renal dialysis facility, to be located at 95th Street & Colfax Avenue, Chicago, Illinois 60617 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the South Chicago community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 57, 94, and 90 (I-57, I-94, and I-90) and will provide better access to patients residing on Chicago's south side. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 75.4%, according to June 30, 2015 reported census data.

I have identified 2,386 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. 122 Stage 4 and 5 patients reside under 4 miles or within an approximate 11 minute commute of the proposed facility. Conservatively, I predict at least 79 of these patients will progress to dialysis within 12 to 24 months of completion of Park Manor Dialysis. My large patient base, the significant utilization at nearby facilities, and the present 122-station need identified in Health Service Area 6 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, at the end of the year for the most recent 3 years and at the end of the most recent quarter, is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 1/2 years is provided at Attachment – 2. The list of zip codes for the 122 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Park Manor Dialysis.

Sincerely,



Patrick N. Cunningham, M.D.
Nephrologist
Section of Nephrology
Department of Medicine
The University of Chicago
5841 South Maryland Avenue, MC5100
Chicago, Illinois 60637-1463

Subscribed and sworn to me
This 2 day of OCT, 2015

Notary Public: 



Attachment 1
Historical Patient Utilization

Woodlawn Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60411	1	60403	1	60406	1	60409	1
60473	1	60608	1	60409	1	60419	1
60608	1	60609	2	60608	1	60608	1
60609	4	60615	20	60609	4	60609	4
60612	1	60616	2	60615	19	60615	21
60614	1	60617	9	60616	2	60616	2
60615	32	60619	14	60617	10	60617	10
60616	4	60620	13	60619	10	60619	9
60617	10	60621	6	60620	13	60620	11
60619	18	60628	6	60621	9	60621	11
60620	24	60629	3	60628	5	60628	5
60621	10	60636	6	60629	4	60629	3
60623	1	60637	12	60636	7	60636	5
60628	11	60639	1	60637	24	60637	22
60629	3	60647	1	60639	1	60643	1
60636	8	60649	8	60643	1	60647	1
60637	28	60653	9	60647	1	60649	8
60640	1	60803	1	60649	7	60651	1
60643	1			60653	11	60653	12
60647	1			60803	1	60803	1
60649	11						
60653	17						
60659	1						
60803	1						
60805	1						

Historical Patient Utilization

Kenwood Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60411	1	60411	1	60411	1
Data is	with	60473	1	60473	1	60473	1
Woodlawn	Dialysis	60609	6	60609	5	60609	6
		60610	1	60610	1	60610	1
		60614	1	60614	1	60614	1
		60615	13	60615	18	60615	18
		60616	5	60616	7	60616	7
		60617	2	60617	2	60617	2
		60619	6	60619	6	60619	6
		60620	12	60620	12	60620	13
		60621	8	60621	7	60621	7
		60623	1	60628	7	60628	7
		60628	4	60629	1	60629	1
		60629	1	60633	1	60633	1
		60633	1	60636	3	60636	2
		60636	5	60637	13	60637	13
		60637	11	60640	1	60640	1
		60640	1	60641	1	60641	1
		60641	1	60643	1	60643	1
		60643	3	60649	6	60649	6
		60649	4	60653	23	60653	27
		60653	23	60659	1	60659	1
		60659	1				
		60805	1				

Historical Patient Utilization

Stony Island Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60406	1	60406	1	60406	1	60406	1
60428	1	60426	1	60419	1	60409	1
60430	1	60428	1	60425	1	60419	1
60445	1	60430	1	60426	1	60425	1
60452	1	60445	1	60430	1	60426	1
60473	1	60452	1	60445	1	60430	1
60609	3	60471	1	60471	1	60471	1
60614	1	60473	1	60473	1	60473	1
60615	2	60609	3	60609	3	60609	2
60616	3	60614	1	60615	1	60615	1
60617	22	60615	1	60616	1	60616	1
60619	35	60616	1	60617	27	60617	26
60620	8	60617	25	60619	32	60619	31
60621	4	60619	37	60620	10	60620	10
60628	14	60620	10	60621	5	60621	4
60629	2	60621	5	60624	1	60628	15
60636	2	60628	8	60628	12	60629	1
60637	9	60629	2	60629	2	60636	1
60643	6	60636	1	60636	1	60637	6
60649	15	60637	8	60637	8	60643	6
60652	1	60643	7	60643	6	60649	20
60653	2	60649	21	60649	18	60652	2
60808	1	60652	1	60652	1	60653	1
60827	2	60653	2	60653	2	60808	1
		60808	1	60808	1		
		60827	1	60827	1		
				62703	1		

Attachment 2
New Patients

Woodlawn Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60409	1	60409	1
60609	2	60615	5
60615	6	60617	3
60617	5	60619	1
60619	4	60621	4
60620	2	60636	1
60621	3	60637	1
60628	1	60643	1
60629	3	60649	2
60636	2	60651	1
60637	9	60653	2
60639	1		
60643	1		
60649	4		
60653	7		

New Patients

Kenwood Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60609	2	60473	1
60615	8	60615	7
60616	4	60617	1
60617	1	60619	1
60619	2	60620	2
60621	2	60621	3
60628	3	60637	4
60629	1	60652	1
60637	3	60653	4
60653	10		

New Patients

Stony Island Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60617	7	60409	1
60619	5	60419	1
60620	2	60617	3
60628	5	60619	3
60637	2	60621	1
60643	1	60628	3
60649	2	60637	4
60652	1	60643	1
62703	1	60649	3
		60652	1

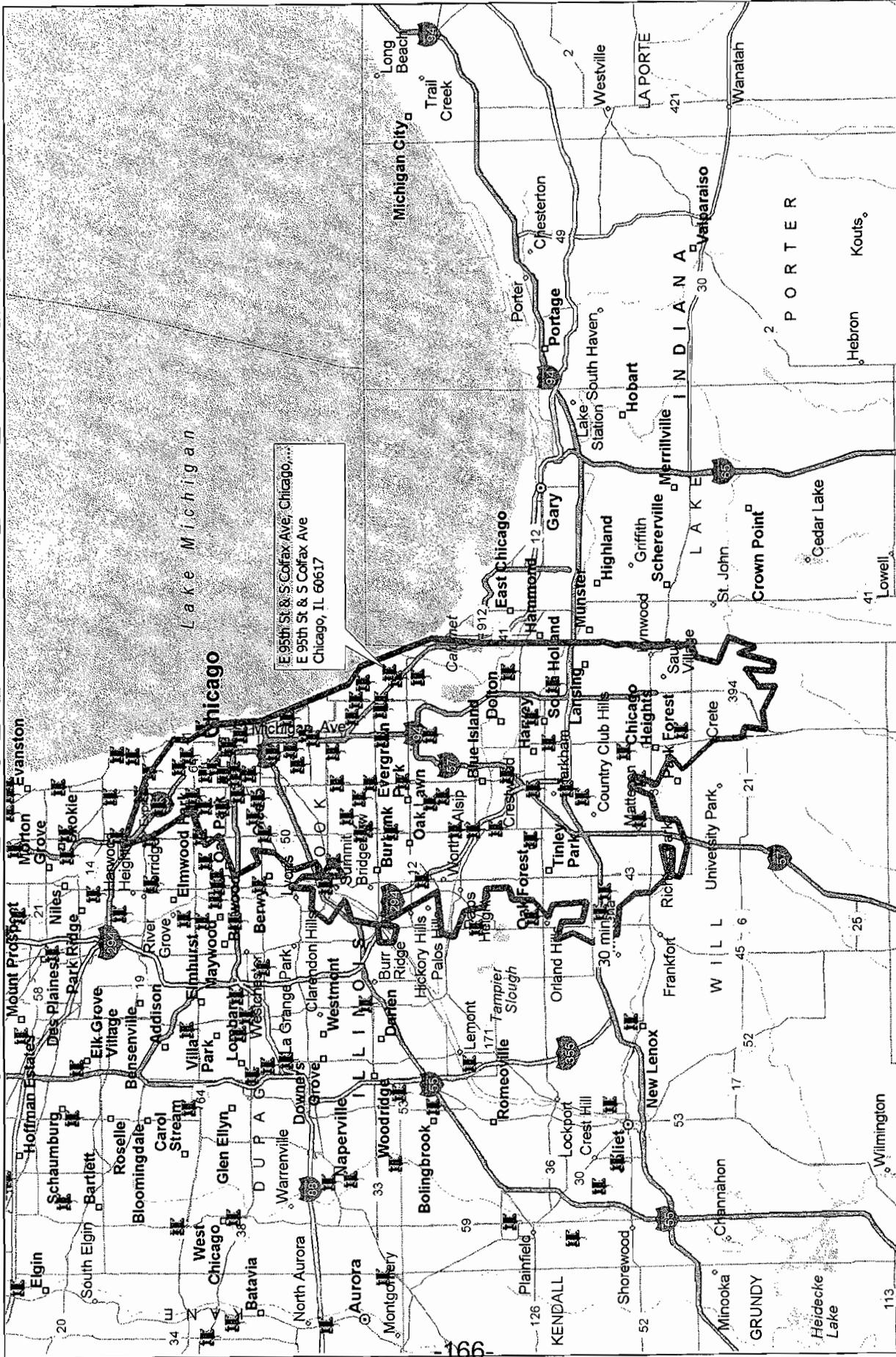
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60617	64
60649	58
Total	122

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and travel times from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.

95th Street & Cofax Avenue Chicago IL 60617 (Park Manor Dialysis) 30_Min_GSA



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Notes

FMC Oak Forest to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

16.70 miles / 21 minutes

Download
Free App



5340 159th St, Oak Forest, IL 60452-4702



1. Start out going west on 159th St / US-6 W toward Lorel Ave. [Map](#)

0.01 Mi

0.01 Mi Total



2. Make a U-turn at Lorel Ave onto 159th St / US-6 E. [Map](#)

If you reach Long Ave you've gone a little too far

2.2 Mi

2.2 Mi Total



3. Merge onto I-57 N. [Map](#)

10.1 Mi

12.3 Mi Total



4. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana. [Map](#)

1.5 Mi

13.8 Mi Total



5. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. [Map](#)

1.5 Mi

15.3 Mi Total



6. Merge onto S Stony Island Ave. [Map](#)

0.2 Mi

15.4 Mi Total



7. Take the 1st right onto E 95th St / US-20 E / US-12 E. [Map](#)

If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi

16.7 Mi Total



8. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **16.70 miles - about 21 minutes**

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Notes

Direct Dialysis - Crestwood Care Centre to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.39 miles / 22 minutes

- | | | |
|--|---|---------------------------------------|
| | [14500 - 14520] S Cicero Ave, Crestwood, IL 60445-2538 | Download
Free App |
| | 1. Start out going south on Cicero Ave / IL-50 / IL-83 toward 147th St . Map | 0.2 Mi
<i>0.2 Mi Total</i> |
| | 2. Take the 1st left onto 147th St / IL-83 . Map
<i>Subway is on the corner</i>
<i>If you reach 148th St you've gone about 0.1 miles too far</i> | 3.1 Mi
<i>3.3 Mi Total</i> |
| | 3. Merge onto I-57 N via the ramp on the left . Map
<i>If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far</i> | 7.7 Mi
<i>11.0 Mi Total</i> |
| | 4. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana . Map | 1.5 Mi
<i>12.5 Mi Total</i> |
| | 5. Take the Stony Island Ave N exit, EXIT 65 , toward 95th St . Map | 1.5 Mi
<i>13.9 Mi Total</i> |
| | 6. Merge onto S Stony Island Ave . Map | 0.2 Mi
<i>14.1 Mi Total</i> |
| | 7. Take the 1st right onto E 95th St / US-20 E / US-12 E . Map
<i>If you reach E 94th St you've gone about 0.1 miles too far</i> | 1.3 Mi
<i>15.4 Mi Total</i> |
| | 8. E 95TH ST & S COLFAX AVE . Map
<i>Your destination is 0.2 miles past S Yates Blvd</i>
<i>If you reach S Marquette Ave you've gone about 0.1 miles too far</i> | |
| | E 95th St & S Colfax Ave, Chicago, IL 60617-4913 | |

Total Travel Estimate: **15.39 miles - about 22 minutes**

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Notes

Dialysis Center of America - Crestwood to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.55 miles / 23 minutes

Download Free App

- 
Midlothian, IL 60445

- 

1. Start out going **south** on **Kenton Ave** toward **143rd St**. [Map](#) **0.6 Mi**
0.6 Mi Total

- 


2. Take the **3rd left** onto **147th St / IL-83**. [Map](#) **2.8 Mi**
3.5 Mi Total
*147th St is 0.1 miles past 146th St
 Midlothian Public Library is on the corner
 If you reach 149th St you've gone about 0.2 miles too far*

- 


3. Merge onto **I-57 N** via the ramp on the **left**. [Map](#) **7.7 Mi**
11.2 Mi Total
If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far

- 


4. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#) **1.5 Mi**
12.6 Mi Total

- 

5. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St**. [Map](#) **1.5 Mi**
14.1 Mi Total

- 

6. Merge onto **S Stony Island Ave**. [Map](#) **0.2 Mi**
14.3 Mi Total

- 


7. Take the **1st right** onto **E 95th St / US-20 E / US-12 E**. [Map](#) **1.3 Mi**
15.5 Mi Total
If you reach E 94th St you've gone about 0.1 miles too far

- 

E 95th St & S Colfax Ave, Chicago, IL 60617-4913
*Your destination is 0.2 miles past S Yates Blvd
 If you reach S Marquette Ave you've gone about 0.1 miles too far*

Total Travel Estimate: **15.55 miles - about 23 minutes**

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Notes

FMC Summit to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

20.76 miles / 24 minutes

Download
Free App



7319 Archer Ave, Summit, IL 60501



1. Start out going east on Archer Ave toward S 73rd Ave. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn left onto S Harlem Ave / IL-43. [Map](#)

0.5 Mi

Burger King is on the corner

0.6 Mi Total

If you are on W Archer Ave and reach S Neva Ave you've gone a little too far



3. Merge onto I-55 N / Adlai E Stevenson Expy N. [Map](#)

8.6 Mi

If you are on Harlem Ave and reach Harlem Dr you've gone about 0.1 miles too far

9.2 Mi Total



4. Merge onto I-90 E / I-94 E / Dan Ryan Expy S via EXIT 292B toward Indiana. [Map](#)

0.7 Mi

9.9 Mi Total



5. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#)

3.9 Mi

13.9 Mi Total



6. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#)

0.3 Mi

14.1 Mi Total



7. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#)

0.6 Mi

14.8 Mi Total



8. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#)

4.9 Mi

19.7 Mi Total



9. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi

19.9 Mi Total



10. Merge onto S Anthony Ave. [Map](#)

0.2 Mi

20.1 Mi Total



11. Turn sharp right onto E 93rd St. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

20.5 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



12. Turn left onto S Colfax Ave. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

20.8 Mi Total

If you reach S Kingston Ave you've gone a little too far



13. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 20.76 miles - about 24 minutes -170-

Appendix - 2

Notes

FMC Alsip to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

12.54 miles / 20 minutes



12250 S Cicero Ave, STE 105, Alsip, IL 60803-2907

Download
Free App



1. Start out going south on S Cicero Ave / IL-50 toward W 123rd St. [Map](#)

0.03 Mi

0.03 Mi Total



2. Take the 1st left onto W 123rd St. [Map](#)

2.0 Mi

Wright's Furniture Warehouse is on the corner
If you reach W 123rd Pl you've gone a little too far

2.0 Mi Total



3. Turn left onto S Kedzie Ave. [Map](#)

0.5 Mi

S Kedzie Ave is 0.2 miles past S Homan Ave
If you are on 123rd St and reach Meadow Ln you've gone about 0.4 miles too far

2.5 Mi Total



4. Turn right onto W 119th St. [Map](#)

2.0 Mi

Oak Hill Cemetery is on the left
If you reach W 118th St you've gone a little too far

4.6 Mi Total



5. Turn left onto S Ashland Ave. [Map](#)

0.03 MI

S Ashland Ave is just past S Marshfield Ave
If you reach S Justine St you've gone a little too far

4.6 Mi Total



6. Merge onto I-57 N via the ramp on the left. [Map](#)

3.6 Mi

8.2 Mi Total



7. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana. [Map](#)

1.5 Mi

9.6 Mi Total



8. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. [Map](#)

1.5 Mi

11.1 Mi Total



9. Merge onto S Stony Island Ave. [Map](#)

0.2 Mi

11.3 Mi Total



10. Take the 1st right onto E 95th St / US-20 E / US-12 E. [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

12.5 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **12.54 miles - about 20 minutes**

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Notes

Stony Creek Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

11.86 miles / 23 minutes

Download Free App



9115 S Cicero Ave, Oak Lawn, IL 60453-1804



1. Start out going north on S Cicero Ave / IL-50 toward W 91st St. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn right onto W 87th St. [Map](#)
W 87th St is 0.1 miles past W 88th St
Chase ATM is on the right

6.0 Mi

6.5 Mi Total



3. Turn right onto S Lafayette Ave. [Map](#)
S Lafayette Ave is 0.3 miles past S Holland Rd
If you reach S State St you've gone a little too far

0.04 Mi

6.6 Mi Total



4. Merge onto I-94 E / Dan Ryan Expy S via the ramp on the left. [Map](#)

1.1 Mi

7.6 Mi Total



5. Keep left to take I-94 E / Bishop Ford Fwy S toward Indiana. [Map](#)

1.3 Mi

9.0 Mi Total



6. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. [Map](#)

1.5 Mi

10.4 Mi Total



7. Merge onto S Stony Island Ave. [Map](#)

0.2 Mi

10.6 Mi Total



8. Take the 1st right onto E 95th St / US-20 E / US-12 E. [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi

11.9 Mi Total



9. E 95TH ST & S COLFAX AVE. [Map](#)
Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 11.86 miles - about 23 minutes

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Notes

RCG - DSI - Scottsdale to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

12.17 miles / 24 minutes



4651 W 79th St, Chicago, IL 60652-1125

Download
Free App



1. Start out going **east** on **W 79th St** toward **S Knox Ave.** [Map](#)

0.8 Mi
0.8 Mi Total



2. Turn **right** onto **S Pulaski Rd.** [Map](#)
*S Pulaski Rd is just past S Komensky Ave
White Castle is on the right
If you reach S Springfield Ave you've gone about 0.1 miles too far*

1.0 Mi
1.8 Mi Total



3. Turn **left** onto **W 87th St.** [Map](#)
*W 87th St is just past W Columbus Ave
American Family Insurance is on the corner
If you reach S Main St you've gone about 0.1 miles too far*

5.0 Mi
6.8 Mi Total



4. Turn **right** onto **S Lafayette Ave.** [Map](#)
*S Lafayette Ave is 0.3 miles past S Holland Rd
If you reach S State St you've gone a little too far*

0.04 Mi
6.9 Mi Total



5. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left.** [Map](#)

1.1 Mi
7.9 Mi Total



6. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

1.3 Mi
9.3 Mi Total



7. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St.** [Map](#)

1.5 Mi
10.7 Mi Total



8. Merge onto **S Stony Island Ave.** [Map](#)

0.2 Mi
10.9 Mi Total



9. Take the 1st **right** onto **E 95th St / US-20 E / US-12 E.** [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi
12.2 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **12.17 miles - about 24 minutes**

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Notes

Hazel Crest Renal Center to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

18.78 miles / 23 minutes

Download Free App



3470 W 183rd St, Hazel Crest, IL 60429-2428



1. Start out going west on 183rd St toward Village West Dr. [Map](#)

0.6 Mi

0.6 Mi Total



2. Turn right onto Crawford Ave. [Map](#)

2.0 Mi

2.6 Mi Total

*Crawford Ave is 0.1 miles past Springfield Ave
CITGO Country Club is on the right
If you are on 183rd St and reach Soleri Dr you've gone about 0.2 miles too far*



3. Turn left onto 167th St. [Map](#)

0.5 Mi

3.1 Mi Total

*167th St is just past W 167th St
Chase Bank is on the corner
If you reach W 166th Pl you've gone about 0.1 miles too far*



4. Merge onto I-57 N. [Map](#)

11.3 MI

14.4 Mi Total



5. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana. [Map](#)

1.5 Mi

15.9 Mi Total



6. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. [Map](#)

1.5 Mi

17.3 Mi Total



7. Merge onto S Stony Island Ave. [Map](#)

0.2 Mi

17.5 Mi Total



8. Take the 1st right onto E 95th St / US-20 E / US-12 E. [Map](#)

1.3 Mi

18.8 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 18.78 miles - about 23 minutes

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Notes

FMC Hazel Crest to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

17.53 miles / 23 minutes



Hazel Crest, IL 60429

Download Free App



1. Start out going south on Mahoney Pkwy toward 174th St. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 3rd right onto 175th St. [Map](#)
175th St is just past Lexington Dr

0.6 Mi

0.7 Mi Total



3. Turn right onto Kedzie Ave. [Map](#)
Kedzie Ave is 0.1 miles past Longfellow Ave
HAZEL CREST CITGO is on the corner

2.0 Mi

2.7 Mi Total



4. Turn left onto W 159th St / US-6 W. [Map](#)
W 159th St is 0.1 miles past W 160th St
Harold's Chicken Shack is on the corner
If you reach W 158th St you've gone about 0.1 miles too far

0.5 Mi

3.3 Mi Total



5. Merge onto I-57 N. [Map](#)

9.9 Mi

13.2 Mi Total



6. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana. [Map](#)

1.5 Mi

14.6 Mi Total



7. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. [Map](#)

1.5 Mi

16.1 Mi Total



8. Merge onto S Stony Island Ave. [Map](#)

0.2 Mi

16.3 Mi Total



9. Take the 1st right onto E 95th St / US-20 E / US-12 E. [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi

17.5 Mi Total



10. E 95TH ST & S COLFAX AVE. [Map](#)
Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 17.53 miles - about 23 minutes

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Notes

Chicago Heights Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

19.68 miles / 24 minutes

Download
Free App



177 W Joe Orr Rd, Chicago Heights, IL 60411-1733



1. Start out going **west** on **W Joe Orr Rd** toward **Dixie Hwy**. [Map](#)

0.03 Mi

0.03 Mi Total



2. Make a **U-turn** at **Dixie Hwy** onto **W Joe Orr Rd**. [Map](#)

3.8 Mi

3.8 Mi Total



3. Turn **left** onto **Stoney Island Ave**. [Map](#)

0.7 Mi

Stoney Island Ave is 0.2 miles past Frontage Rd

4.5 Mi Total



4. Take the **2nd left** onto **Glenwood Dyer Rd**. [Map](#)

0.1 Mi

Glenwood Dyer Rd is 0.2 miles past Vollmer Rd

If you reach Arena Dr you've gone about 0.1 miles too far

4.7 Mi Total



5. Merge onto **IL-394 N / Bishop Ford Fwy N**. [Map](#)

4.0 Mi

8.7 Mi Total



6. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

8.0 Mi

16.6 Mi Total



7. Take the **Stony Island Ave** exit, **EXIT 65**, toward **103rd St**. [Map](#)

0.5 Mi

17.1 Mi Total



8. Merge onto **S Stony Island Ave**. [Map](#)

1.3 Mi

18.4 Mi Total



9. Turn **right** onto **E 95th St / US-20 E / US-12 E**. [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

19.7 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **19.68 miles - about 24 minutes**

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Notes

Markham Renal Center to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.21 miles / 19 minutes



Markham, IL 60428

Download Free App



1. Start out going **west** on **Sherwood Ave** toward **Kedzie Pkwy**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the **1st right** onto **Kedzie Ave**. [Map](#)

0.2 Mi

Kedzie Ave is just past Kedzie Pkwy

0.4 Mi Total



3. Turn **left** onto **W 159th St / US-6 W**. [Map](#)

0.5 Mi

W 159th St is 0.1 miles past W 160th St

Harold's Chicken Shack is on the corner

If you reach W 158th St you've gone about 0.1 miles too far

1.0 Mi Total



4. Merge onto **I-57 N**. [Map](#)

9.9 Mi

10.8 Mi Total



5. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

1.5 Mi

12.3 Mi Total



6. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St**. [Map](#)

1.5 Mi

13.8 Mi Total



7. Merge onto **S Stony Island Ave**. [Map](#)

0.2 Mi

14.0 Mi Total



8. Take the **1st right** onto **E 95th St / US-20 E / US-12 E**. [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

15.2 Mi Total



9. **E 95TH ST & S COLFAX AVE**. [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **15.21 miles - about 19 minutes**

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Notes

FMC Blue Island to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

13.36 miles / 17 minutes

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Free App

- | | | |
|---|--|--|
|  | <p>[14001 - 14019] S Western Ave, Blue Island, IL 60406</p> | <p>1.1 Mi</p> <p><i>1.1 Mi Total</i></p> |
|  | <p>1. Start out going south on Western Ave toward W 140th Pl. Map</p> | |
|  | <p> 2. Turn right onto W 147th St / IL-83. Map
<i>W 147th St is just past Joliet St</i>
<i>If you are on Dixie Hwy and reach W 148th St you've gone about 0.1 miles too far</i></p> | <p>0.1 Mi</p> <p><i>1.2 Mi Total</i></p> |
|  | <p> 3. Merge onto I-57 N. Map</p> | <p>7.7 Mi</p> <p><i>9.0 Mi Total</i></p> |
|  | <p> 4. Merge onto I-94 E / Bishop Ford Fwy S toward Indiana. Map</p> | <p>1.5 Mi</p> <p><i>10.5 Mi Total</i></p> |
|  | <p>5. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. Map</p> | <p>1.5 Mi</p> <p><i>11.9 Mi Total</i></p> |
|  | <p>6. Merge onto S Stony Island Ave. Map</p> | <p>0.2 Mi</p> <p><i>12.1 Mi Total</i></p> |
|  | <p> 7. Take the 1st right onto E 95th St / US-20 E / US-12 E. Map
<i>If you reach E 94th St you've gone about 0.1 miles too far</i></p> | <p>1.3 Mi</p> <p><i>13.4 Mi Total</i></p> |
|  | <p>8. E 95TH ST & S COLFAX AVE. Map
<i>Your destination is 0.2 miles past S Yates Blvd</i>
<i>If you reach S Marquette Ave you've gone about 0.1 miles too far</i></p> | |
|  | <p>E 95th St & S Colfax Ave, Chicago, IL 60617-4913</p> | |

Total Travel Estimate: **13.36 miles - about 17 minutes**

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Notes

Community Dialysis of Harvey to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.22 miles / 20 minutes

Download Free App



16641 Halsted St, #1, Harvey, IL 60426-6112



1. Start out going north on Halsted St / IL-1 toward E 166th St. [Map](#)

0.9 Mi

0.9 Mi Total



2. Turn right onto E 159th St / US-6 E. Continue to follow US-6 E. [Map](#)

2.8 Mi

US-6 E is 0.1 miles past E 160th St

Happy's Pizza is on the corner

If you reach E 158th St you've gone about 0.1 miles too far

3.7 Mi Total



3. Merge onto I-94 W / Bishop Ford Fwy N. [Map](#)

7.5 Mi

11.2 Mi Total



4. Take the Stony Island Ave exit, EXIT 65, toward 103rd St. [Map](#)

0.5 Mi

11.7 Mi Total



5. Merge onto S Stony Island Ave. [Map](#)

1.3 Mi

13.0 Mi Total



6. Turn right onto E 95th St / US-20 E / US-12 E. [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

14.2 Mi Total



7. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 14.22 miles - about 20 minutes

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Notes

South Holland Renal Center to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

11.87 miles / 15 minutes

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16136 S Park Ave, South Holland, IL 60473-1511



1. Start out going south on **S Park Ave** toward **E 161st Pl**. [Map](#)

0.08 Mi
0.08 Mi Total



2. Turn left onto **E 162nd St / US-6 E**. [Map](#)

*E 162nd St is just past E 161st Pl
Chase ATM is on the corner
If you reach E 163rd St you've gone about 0.1 miles too far*

1.3 Mi
1.4 Mi Total



3. Merge onto **I-94 W / Bishop Ford Fwy N**. [Map](#)

7.5 Mi
8.8 Mi Total



4. Take the **Stony Island Ave** exit, **EXIT 65**, toward **103rd St**. [Map](#)

0.5 Mi
9.3 Mi Total



5. Merge onto **S Stony Island Ave**. [Map](#)

1.3 Mi
10.6 Mi Total



6. Turn right onto **E 95th St / US-20 E / US-12 E**. [Map](#)

If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi
11.9 Mi Total



7. **E 95TH ST & S COLFAX AVE**. [Map](#)

*Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **11.87 miles - about 15 minutes**

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Notes

FMC Far South Holland to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.20 miles / 18 minutes

Download
Free App



17225 Paxton Ave, South Holland, IL 60473-3757



1. Start out going north on Paxton Ave toward E 172nd St. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto E 170th St. [Map](#)

0.5 Mi

E 170th St is just past E 170th Pl

0.8 Mi Total

If you reach E 169th Pl you've gone a little too far



3. Take the 3rd right onto Torrence Ave / US-6 E / IL-83. [Map](#)

0.5 Mi

Torrence Ave is 0.1 miles past River Pl

1.3 Mi Total

LANSING BP is on the right

If you reach Oak Ave you've gone about 0.1 miles too far



4. Merge onto I-94 W. [Map](#)

9.8 Mi

11.2 Mi Total



5. Take the Stony Island Ave exit, EXIT 65, toward 103rd St. [Map](#)

0.5 Mi

11.6 Mi Total



6. Merge onto S Stony Island Ave. [Map](#)

1.3 Mi

12.9 Mi Total



7. Turn right onto E 95th St / US-20 E / US-12 E. [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

14.2 Mi Total



8. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 14.20 miles - about 18 minutes

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Notes

Calumet City Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

7.16 miles / 13 minutes

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Free App



1200 Sibley Blvd, Calumet City, IL 60409-2327



1. Start out going **west** on **Sibley Blvd** toward **Manistee Ave.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **right** onto **Torrence Ave.** [Map](#)

6.7 Mi

Torrence Ave is just past Saginaw Ave

6.9 Mi Total

If you are on E Sibley Blvd and reach Hoxie Ave you've gone a little too far



3. **Torrence Ave** becomes **S Colfax Ave.** [Map](#)

0.2 Mi

7.2 Mi Total



4. **E 95TH ST & S COLFAX AVE.** [Map](#)

Your destination is just past E 95th Pl

If you reach E 94th St you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 7.16 miles - about 13 minutes

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Notes

FMC Merrionette Park to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

10.29 miles / 15 minutes

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Free App



11630 S Kedzie Ave, Merrionette Park, IL 60803-4516



1. Start out going **south** on **S Kedzie Ave** toward **W Park Lane Dr.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Take the 3rd **left** onto **W 119th St.** [Map](#)

2.0 Mi

W 119th St is just past W 118th St

Oak Hill Cemetery is on the corner

If you reach W 123rd St you've gone about 0.5 miles too far

2.3 Mi Total



3. Turn **left** onto **S Ashland Ave.** [Map](#)

0.03 Mi

S Ashland Ave is just past S Marshfield Ave

If you reach S Justine St you've gone a little too far

2.3 Mi Total



4. Merge onto **I-57 N** via the ramp on the **left.** [Map](#)

3.6 Mi

5.9 Mi Total



5. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

1.5 Mi

7.4 Mi Total



6. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St.** [Map](#)

1.5 Mi

8.8 Mi Total



7. Merge onto **S Stony Island Ave.** [Map](#)

0.2 Mi

9.0 Mi Total



8. Take the 1st **right** onto **E 95th St / US-20 E / US-12 E.** [Map](#)

1.3 Mi

If you reach E 94th St you've gone about 0.1 miles too far

10.3 Mi Total



9. **E 95TH ST & S COLFAX AVE.** [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **10.29 miles - about 15 minutes**

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Notes

Mt Greenwood Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

9.44 miles / 16 minutes

Download Free App



3401 W 111th St, Chicago, IL 60655-3329



1. Start out going east on **W 111th St** toward **S Homan Ave.** [Map](#)

1.8 Mi
1.8 Mi Total



2. **W 111th St** becomes **W Monterey Ave.** [Map](#)

0.3 Mi
2.2 Mi Total



3. Turn left onto **S Vincennes Ave.** [Map](#)
If you reach S Ashland Ave you've gone a little too far

0.2 Mi
2.3 Mi Total



4. Take the 2nd right onto **W 111th St.** [Map](#)
*W 111th St is just past W Pryor Ave
Church Of Jesus Christ Of LDS is on the corner
If you reach W Chelsea Pl you've gone a little too far*

0.2 Mi
2.5 Mi Total



5. Merge onto **I-57 N** via the ramp on the left toward **Chicago Loop.** [Map](#)
If you reach S Bishop St you've gone a little too far

2.6 Mi
5.1 Mi Total



6. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

1.5 Mi
6.5 Mi Total



7. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St.** [Map](#)

1.5 Mi
8.0 Mi Total



8. Merge onto **S Stony Island Ave.** [Map](#)

0.2 Mi
8.2 Mi Total



9. Take the 1st right onto **E 95th St / US-20 E / US-12 E.** [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi
9.4 Mi Total



10. **E 95TH ST & S COLFAX AVE.** [Map](#)
*Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **9.44 miles - about 16 minutes**

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Notes

FMC Evergreen Park to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

7.04 miles / 17 minutes



9730 S Western Ave, Evergreen Park, IL 60805-2813

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1. Start out going south on **S Western Ave** toward **W 97th St**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto **W 99th St**. [Map](#)

0.8 Mi

W 99th St is 0.1 miles past W 98th St

1.0 Mi Total

Pizza Hut is on the right

If you reach W 100th St you've gone about 0.1 miles too far



3. Turn left onto **S Wood St**. [Map](#)

0.5 Mi

S Wood St is just past S Walden Pkwy

1.5 Mi Total

Allstate Insurance: Jonathan Meeks is on the corner

If you reach S Vanderpoel Ave you've gone a little too far



4. Turn right onto **W 95th St / US-20 E / US-12 E**. [Map](#)

5.5 Mi

W 95th St is just past W 95th Pl

7.0 Mi Total

Iona's Beverly Hills Cafe is on the corner

If you are on W 95th St and reach S Longwood Dr you've gone a little too far



5. **E 95TH ST & S COLFAX AVE**. [Map](#)

Your destination is 0.2 miles past S Yates Blvd

If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **7.04 miles - about 17 minutes**

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Notes

Beverly Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

9.58 miles / 19 minutes

- | | | |
|--|---|--|
| | <p>8111 S Western Ave, Chicago, IL 60620-5939</p> | <p>Download Free App</p> |
| | <p>1. Start out going north on S Western Ave toward W 81st St. Map</p> | <p>0.3 Mi
0.3 Mi Total</p> |
| | <p>2. Turn right onto W 79th St. Map
W 79th St is just past W 79th Pl
Chase ATM is on the right
If you reach W 78th St you've gone about 0.1 miles too far</p> | <p>2.9 Mi
3.2 Mi Total</p> |
| | <p>3. Turn right onto S Lafayette Ave. Map
S Lafayette Ave is just past S Perry Ave
MARA FOOD STORE is on the right
If you are on 79th St and reach S State St you've gone a little too far</p> | <p>0.01 Mi
3.2 Mi Total</p> |
| | <p>4. Merge onto I-94 E / Dan Ryan Expy S via the ramp on the left. Map</p> | <p>2.1 Mi
5.3 Mi Total</p> |
| | <p>5. Keep left to take I-94 E / Bishop Ford Fwy S toward Indiana. Map</p> | <p>1.3 Mi
6.7 Mi Total</p> |
| | <p>6. Take the Stony Island Ave N exit, EXIT 65, toward 95th St. Map</p> | <p>1.5 Mi
8.1 Mi Total</p> |
| | <p>7. Merge onto S Stony Island Ave. Map</p> | <p>0.2 Mi
8.3 Mi Total</p> |
| | <p>8. Take the 1st right onto E 95th St / US-20 E / US-12 E. Map
If you reach E 94th St you've gone about 0.1 miles too far</p> | <p>1.3 Mi
9.6 Mi Total</p> |
| | <p>9. E 95TH ST & S COLFAX AVE. Map
Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far</p> | |
| | <p>E 95th St & S Colfax Ave, Chicago, IL 60617-4913</p> | |

Total Travel Estimate: 9.58 miles - about 19 minutes

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Notes

FMC Chatham to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

5.80 miles / 9 minutes

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Free App



8710 S Holland Rd, Chicago, IL 60620-1332



1. Start out going northwest on **S Holland Rd** toward **S Princeton Ave.** [Map](#)

0.08 Mi

0.08 Mi Total



2. Take the 1st right onto **W 87th St.** [Map](#)
W 87th St is just past S Princeton Ave

0.4 Mi

0.5 Mi Total



3. Turn right onto **S Lafayette Ave.** [Map](#)
If you reach S State St you've gone a little too far

0.04 Mi

0.5 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the left. [Map](#)

1.1 Mi

1.6 Mi Total



5. Keep left to take **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

1.3 Mi

2.9 Mi Total



6. Take the **Stony Island Ave N** exit, **EXIT 65**, toward **95th St.** [Map](#)

1.5 Mi

4.4 Mi Total



7. Merge onto **S Stony Island Ave.** [Map](#)

0.2 Mi

4.5 Mi Total



8. Take the 1st right onto **E 95th St / US-20 E / US-12 E.** [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi

5.8 Mi Total



9. **E 95TH ST & S COLFAX AVE.** [Map](#)

*Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far*

E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **5.80 miles - about 9 minutes**

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Notes

FMC Southside to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

9.77 miles / 24 minutes

There is a timed restriction on your route



3134 W 76th St, Chicago, IL 60652-1968

Download
Free App



1. Start out going west on **W 76th St** toward **S Troy St**. [Map](#)

0.08 Mi
0.08 Mi Total



2. Turn left onto **S Kedzie Ave**. [Map](#)

0.4 Mi
0.5 Mi Total



3. Take the 3rd left onto **W 79th St**. [Map](#)
W 79th St is just past W Columbus Ave
Timed turn restriction: Mon-Fri 7:00 AM to 9:00 AM
Timed turn restriction: Mon-Fri 4:00 PM to 6:00 PM
If you reach W 80th St you've gone about 0.1 miles too far

1.0 Mi
1.5 Mi Total



4. Turn right onto **S Western Ave**. [Map](#)
S Western Ave is just past S Artesian Ave
Chase ATM is on the corner
If you reach S Claremont Ave you've gone a little too far

2.0 Mi
3.5 Mi Total



5. Turn left onto **W 95th St / US-20 E / US-12 E**. [Map](#)
Sbarro is on the corner
If you reach S Evergreen Park Plz you've gone about 0.1 miles too far

6.3 Mi
9.8 Mi Total



6. **E 95TH ST & S COLFAX AVE**. [Map](#)
Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **9.77 miles - about 24 minutes**

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Notes

FMC - Neomedica - Marquette Park to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

10.19 miles / 19 minutes

Download Free App



6535 S Western Ave, Chicago, IL 60636-2410



1. Start out going north on **S Western Ave** toward **W 65th St**. [Map](#)

0.8 Mi
0.8 Mi Total



2. Turn **right** onto **W 59th St**. [Map](#)
W 59th St is 0.1 miles past W 60th St
KFC - Kentucky Fried Chicken is on the corner
If you reach W 58th St you've gone about 0.1 miles too far

2.7 Mi
3.5 Mi Total



3. Turn **right** onto **S Wells St**. [Map](#)
S Wells St is just past S Princeton Ave
If you reach S Wentworth Ave you've gone a little too far

0.05 Mi
3.6 Mi Total



4. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S** via the ramp on the left. [Map](#)

0.6 Mi
4.2 Mi Total



5. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi
9.1 Mi Total



6. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
9.3 Mi Total



7. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
9.6 Mi Total



8. Turn **sharp right** onto **E 93rd St**. [Map](#)
E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far

0.4 Mi
9.9 Mi Total



9. Turn **left** onto **S Colfax Ave**. [Map](#)
S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far

0.3 Mi
10.2 Mi Total



10. **E 95TH ST & S COLFAX AVE**. [Map](#)
Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **10.19 miles - about 19 minutes**

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Notes

FMC - Ross Dialysis - Englewood to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

7.22 miles / 12 minutes



6333 S Green St, Chicago, IL 60621-1921

Download Free App



1. Start out going **south** on **S Green St** toward **W 65th St**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Take the 1st **left** onto **W 65th St**. [Map](#)

0.06 Mi

0.2 Mi Total



3. Take the 1st **right** onto **S Halsted St**. [Map](#)

0.3 Mi

If you reach S Union Ave you've gone about 0.1 miles too far

0.4 Mi Total



4. Turn **left** onto **W Marquette Rd**. [Map](#)

1.0 Mi

W Marquette Rd is just past W 66th Pl

Easy Go Mobil is on the corner

If you reach W 68th St you've gone about 0.1 miles too far

1.4 Mi Total



5. Turn **left** onto **S State St**. [Map](#)

0.1 Mi

AMIR CITGO is on the corner

If you reach S Wabash Ave you've gone a little too far

1.6 Mi Total



6. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** toward **TOLL BRIDGE / 106 TH ST** (Portions toll). [Map](#)

4.5 Mi

If you reach W 65th St you've gone about 0.1 miles too far

6.1 Mi Total



7. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

6.4 Mi Total



8. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

6.6 Mi Total



9. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

If you reach E 94th St you've gone about 0.1 miles too far

7.0 Mi Total



10. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

If you reach S Kingston Ave you've gone a little too far

7.2 Mi Total



11. **E 95TH ST & S COLFAX AVE**. [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **7.22 miles - about 12 minutes**

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Notes

FMC New City to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

9.75 miles / 15 minutes

Download
Free App



4622 S Bishop St, Chicago, IL 60609-3240



1. Start out going south on **S Bishop St** toward **W 47th St**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Turn **left** onto **W 47th St**. [Map](#)

1.5 Mi

Walmart Neighborhood Market is on the left

1.6 Mi Total

If you reach W 48th St you've gone about 0.1 miles too far



3. Turn **right** onto **S Wells St**. [Map](#)

0.04 Mi

S Wells St is just past S Princeton Ave

Petey's Restaurant is on the corner

If you reach S Wentworth Ave you've gone a little too far

1.6 Mi Total



4. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S** via the ramp on the left. [Map](#)

2.1 Mi

3.7 Mi Total



5. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

8.6 Mi Total



6. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

8.9 Mi Total



7. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

9.1 Mi Total



8. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

If you reach E 94th St you've gone about 0.1 miles too far

9.5 Mi Total



9. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

If you reach S Kingston Ave you've gone a little too far

9.8 Mi Total



10. **E 95TH ST & S COLFAX AVE**. [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **9.75 miles - about 15 minutes**

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Notes

FMC Garfield to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

7.45 miles / 11 minutes



5401 S Wentworth Ave, #18, Chicago, IL 60609-6300

Download
Free App



1. Start out going north on **S Wentworth Ave** toward **W 54th St**. [Map](#)

0.01 Mi

0.01 Mi Total



2. Take the 1st right onto **W 54th St**. [Map](#)

0.02 Mi

0.02 Mi Total

*Baskin-Robbins is on the right
If you reach W 53rd St you've gone about 0.1 miles too far*



3. Turn **right**. [Map](#)

0.1 Mi

0.1 Mi Total

*Plano Child Development Ctr is on the corner
If you reach S La Salle St you've gone a little too far*



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

0.04 Mi

0.2 Mi Total

*Walgreens is on the corner
If you reach S La Salle St you've gone a little too far*



5. Turn **right** onto **W Garfield Blvd**. [Map](#)

0.1 Mi

0.3 Mi Total



6. Turn **left** onto **S Wells St**. [Map](#)

0.06 Mi

0.3 Mi Total

*S Wells St is just past S Wentworth Ave
Wendy's is on the corner
If you reach S Princeton Ave you've gone a little too far*



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S** via the ramp on the left. [Map](#)

1.1 Mi

1.5 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

6.3 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

6.6 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

6.8 Mi Total



11. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

7.2 Mi Total

*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*



12. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

7.5 Mi Total

*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*



13. **E 95TH ST & S COLFAX AVE**. [Map](#)

*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **7.45 miles - about 11 minutes**

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Notes

Emerald Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

9.35 miles / 12 minutes



710 W 43rd St, Chicago, IL 60609-3435

Download Free App



1. Start out going **east** on **W 43rd St** toward **S Union Ave.** [Map](#)

0.6 Mi

0.6 Mi Total



2. Turn **right** onto **S Wentworth Ave.** [Map](#)

0.03 Mi

S Wentworth Ave is just past S Wells St

0.7 Mi Total

DAN RYAN CITGO is on the right

If you reach S La Salle St you've gone a little too far



3. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S** via the ramp on the **left.** [Map](#)

2.7 Mi

3.4 Mi Total



4. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi

8.2 Mi Total



5. Take the **Anthony Avenue** exit toward **92nd Street.** [Map](#)

0.3 Mi

8.5 Mi Total



6. Merge onto **S Anthony Ave.** [Map](#)

0.2 Mi

8.7 Mi Total



7. Turn **sharp right** onto **E 93rd St.** [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

9.1 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



8. Turn **left** onto **S Colfax Ave.** [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

9.4 Mi Total

If you reach S Kingston Ave you've gone a little too far



9. **E 95TH ST & S COLFAX AVE.** [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 9.35 miles - about 12 minutes

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Notes

FMC Bridgeport to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

10.52 miles / 15 minutes



825 W 35th St, Chicago, IL 60609-1511

Download
Free App



1. Start out going **east** on **W 35th St** toward **S Halsted St**. [Map](#)

0.8 Mi
0.8 Mi Total



2. Turn **right** onto **S Wentworth Ave**. [Map](#)
*S Wentworth Ave is just past W 35th St
Miller Light Bullpen Sports Bar is on the right
If you reach S La Salle St you've gone a little too far*

0.3 Mi
1.1 Mi Total



3. Turn **slight left** to take the **I-90 W / I-94 W** ramp. [Map](#)

0.2 Mi
1.2 Mi Total



4. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.3 Mi
4.5 Mi Total



5. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi
9.4 Mi Total



6. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
9.7 Mi Total



7. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
9.9 Mi Total



8. Turn **sharp right** onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
10.3 Mi Total



9. Turn **left** onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
10.5 Mi Total



10. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **10.52 miles - about 15 minutes**

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Notes

FMC Roseland to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

5.03 miles / 9 minutes



132 W 111th St, Chicago, IL 60628-4215

Download Free App



1. Start out going east on W 111th St toward S Perry Ave. [Map](#)

1.5 Mi
1.5 Mi Total



2. Merge onto I-94 W / Bishop Ford Fwy N via the ramp on the left. [Map](#)

0.5 Mi
2.0 Mi Total



3. Take the Stony Island Ave exit, EXIT 65, toward 103rd St. [Map](#)

0.5 Mi
2.5 Mi Total



4. Merge onto S Stony Island Ave. [Map](#)

1.3 Mi
3.8 Mi Total



5. Turn right onto E 95th St / US-20 E / US-12 E. [Map](#)
If you reach E 94th St you've gone about 0.1 miles too far

1.3 Mi
5.0 Mi Total



6. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **5.03 miles - about 9 minutes**

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Notes

FMC Greenwood to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

2.84 miles / 7 minutes



1111 E 87th St, STE 700, Chicago, IL 60619-7011

Download
Free App



1. Start out going **east** on **E 87th St** toward **S Avalon Ave**. [Map](#)

0.6 Mi
0.6 Mi Total



2. Turn **right** onto **S Stony Island Ave**. [Map](#)
*S Stony Island Ave is just past S Harper Ave
Checkers is on the corner
If you reach S East End Ave you've gone about 0.1 miles too far*

1.0 Mi
1.6 Mi Total



3. Turn **left** onto **E 95th St / US-20 E / US-12 E**. [Map](#)
E 95th St is 0.1 miles past E 94th St

1.3 Mi
2.8 Mi Total



4. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **2.84 miles - about 7 minutes**

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Notes

Stony Island Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

2.35 miles / 5 minutes



8721 S Stony Island Ave, Chicago, IL 60617-2709

Download
Free App



1. Start out going north on S Stony Island Ave toward E 87th St. [Map](#)

0.05 Mi
0.05 Mi Total



2. Make a U-turn at E 87th St onto S Stony Island Ave. [Map](#)
If you reach E 86th Pl you've gone a little too far

1.0 Mi
1.1 Mi Total



3. Turn left onto E 95th St / US-20 E / US-12 E. [Map](#)
E 95th St is 0.1 miles past E 94th St

1.3 Mi
2.3 Mi Total



4. **E 95TH ST & S COLFAX AVE.** [Map](#)
*Your destination is 0.2 miles past S Yates Blvd
If you reach S Marquette Ave you've gone about 0.1 miles too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **2.35 miles - about 5 minutes**

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Notes

FMC South Deering to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

1.37 miles / 3 minutes



10559 S Torrence Ave, Chicago, IL 60617-6154

Download Free App



1. Start out going north on S Torrence Ave toward E 105th St. [Map](#)

1.1 Mi

1.1 Mi Total



2. S Torrence Ave becomes S Colfax Ave. [Map](#)

0.2 Mi

1.4 Mi Total



3. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is just past E 95th Pl

If you reach E 94th St you've gone about 0.1 miles too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **1.37 miles - about 3 minutes**

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Notes

Grand Crossing Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

4.31 miles / 6 minutes

Download Free App



7319 S Cottage Grove Ave, Chicago, IL 60619-1909



1. Start out going north on **S Cottage Grove Ave** toward **E 73rd St**. [Map](#)

0.02 Mi
0.02 Mi Total



2. Take the **1st right** onto **E 73rd St**. [Map](#)
Victory Through Holiness is on the right
If you reach E 72nd St you've gone a little too far

0.10 Mi
0.1 Mi Total



3. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** toward **TOLL BRIDGE** (Portions toll). [Map](#)
If you reach S South Chicago Ave you've gone about 0.1 miles too far

3.1 Mi
3.2 Mi Total



4. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
3.5 Mi Total



5. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
3.7 Mi Total



6. Turn **sharp right** onto **E 93rd St**. [Map](#)
E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far

0.4 Mi
4.1 Mi Total



7. Turn **left** onto **S Colfax Ave**. [Map](#)
S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far

0.3 Mi
4.3 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **4.31 miles - about 6 minutes**

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Notes

FMC Jackson Park Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

3.40 miles / 8 minutes



7531 S Stony Island Ave, Chicago, IL 60649-3954

Download Free App



1. Start out going north on **S Stony Island Ave** toward **E 75th Pl**. [Map](#)

0.07 Mi
0.07 Mi Total



2. Turn **right** onto **E 75th St**. [Map](#)
E 75th St is just past E 75th Pl
If you reach E 74th Pl you've gone a little too far

0.5 Mi
0.6 Mi Total



3. Turn **right** onto **S Jeffery Blvd**. [Map](#)
S Jeffery Blvd is just past S Euclid Ave
Allstate is on the corner
If you reach S Chappel Ave you've gone a little too far

1.1 Mi
1.7 Mi Total



4. Turn **slight left** onto **S Anthony Ave**. [Map](#)
S Anthony Ave is 0.1 miles past E 83rd St
If you are on S Jeffery Blvd and reach E 85th St you've gone about 0.1 miles too far

1.1 Mi
2.8 Mi Total



5. Turn **right** onto **S Colfax Ave**. [Map](#)
S Colfax Ave is just past E 90th St
If you are on S Anthony Ave and reach E 91st St you've gone about 0.1 miles too far

0.6 Mi
3.4 Mi Total



6. **E 95TH ST & S COLFAX AVE**. [Map](#)
Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **3.40 miles - about 8 minutes**

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Notes

Woodlawn Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

8.04 miles / 12 minutes

Download
Free App



5060 S State St, Chicago, IL 60609-5328



1. Start out going **south** on **S State St** toward **W 51st St**. [Map](#)

0.5 Mi
0.5 Mi Total



2. Turn **right** onto **W Garfield Blvd**. [Map](#)
*W Garfield Blvd is 0.1 miles past E 54th St
B & B Pizza King is on the right
If you reach E 56th St you've gone about 0.1 miles too far*

0.3 Mi
0.9 Mi Total



3. Turn **left** onto **S Wells St**. [Map](#)
*S Wells St is just past S Wentworth Ave
Wendy's is on the corner
If you reach S Princeton Ave you've gone a little too far*

0.06 Mi
0.9 Mi Total



4. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S** via the ramp on the left. [Map](#)

1.1 Mi
2.0 Mi Total



5. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi
6.9 Mi Total



6. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
7.2 Mi Total



7. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
7.4 Mi Total



8. Turn **sharp right** onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
7.8 Mi Total



9. Turn **left** onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
8.0 Mi Total



10. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **8.04 miles - about 12 minutes**

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Notes

Kenwood Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

8.11 miles / 15 minutes



4253 S Cottage Grove Ave, Chicago, IL 60653-2929

Download Free App



1. Start out going south on S Cottage Grove Ave toward E 43rd St. [Map](#)

3.8 Mi

3.8 Mi Total



2. Turn left onto E 73rd St. [Map](#)

0.10 Mi

E 73rd St is just past E 72nd St

Victory Through Holiness is on the corner

If you reach E 74th St you've gone about 0.1 miles too far

3.9 Mi Total



3. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S toward TOLL BRIDGE (Portions toll). [Map](#)

3.1 Mi

If you reach S South Chicago Ave you've gone about 0.1 miles too far

7.0 Mi Total



4. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi

7.3 Mi Total



5. Merge onto S Anthony Ave. [Map](#)

0.2 Mi

7.5 Mi Total



6. Turn sharp right onto E 93rd St. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

If you reach E 94th St you've gone about 0.1 miles too far

7.9 Mi Total



7. Turn left onto S Colfax Ave. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

If you reach S Kingston Ave you've gone a little too far

8.1 Mi Total



8. E 95TH ST & S COLFAX AVE. [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 8.11 miles - about 15 minutes

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Notes

FMC South Shore to proposed site for Park Manor
Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

2.40 miles / 5 minutes



2420 E 79th St, Chicago, IL 60649-5112

Download
Free App



1. Start out going **west** on **E 79th St** toward **S Yates Blvd**. [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the **1st left** onto **S Yates Blvd**. [Map](#)
SUBWAY is on the left
If you reach S Oglesby Ave you've gone a little too far

1.0 Mi

1.0 Mi Total



3. Turn **slight left** onto **S South Chicago Ave**. [Map](#)
S South Chicago Ave is 0.1 miles past E 86th St

0.02 Mi

1.1 Mi Total



4. Turn **sharp right** onto **E 87th St**. [Map](#)
If you reach S Essex Ave you've gone about 0.1 miles too far

0.2 Mi

1.2 Mi Total



5. Turn **left** onto **S Anthony Ave**. [Map](#)
S Anthony Ave is 0.1 miles past S Yates Blvd
If you reach S Luella Ave you've gone a little too far

0.6 Mi

1.8 Mi Total



6. Turn **right** onto **S Colfax Ave**. [Map](#)
S Colfax Ave is just past E 90th St
If you are on S Anthony Ave and reach E 91st St you've gone about 0.1 miles too far

0.6 Mi

2.4 Mi Total



7. **E 95TH ST & S COLFAX AVE**. [Map](#)
Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **2.40 miles - about 5 minutes**

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Notes

FMC Cicero to proposed site for Park Manor Dialysis



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

18.39 miles / 23 minutes

Download
Free App



3000 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. [Map](#)

1.5 Mi

1.5 Mi Total



2. Merge onto I-55 N / Adlai E Stevenson Expy N via the ramp on the left. [Map](#)

5.3 Mi

If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far

6.8 Mi Total



3. Merge onto I-90 E / I-94 E / Dan Ryan Expy S via EXIT 292B toward Indiana. [Map](#)

0.7 Mi

7.6 Mi Total



4. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#)

3.9 Mi

11.5 Mi Total



5. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#)

0.3 Mi

11.8 Mi Total



6. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#)

0.6 Mi

12.4 Mi Total



7. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#)

4.9 Mi

17.3 Mi Total



8. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi

17.5 Mi Total



9. Merge onto S Anthony Ave. [Map](#)

0.2 Mi

17.8 Mi Total



10. Turn sharp right onto E 93rd St. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

If you reach E 94th St you've gone about 0.1 miles too far

18.1 Mi Total



11. Turn left onto S Colfax Ave. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

If you reach S Kingston Ave you've gone a little too far

18.4 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 18.39 miles - about 23 minutes

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Notes

Lawndale Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

17.56 miles / 24 minutes

Download Free App



3934 W 24th St, Chicago, IL 60623-3073



1. Start out going **west** on **W 24th St** toward **S Pulaski Rd**. [Map](#)

0.06 Mi

0.06 Mi Total



2. Take the 1st **left** onto **S Pulaski Rd**. [Map](#)

1.7 Mi

El Coloneal is on the corner

1.8 Mi Total

If you reach S Karlov Ave you've gone a little too far



3. Merge onto **I-55 N / Adlai E Stevenson Expy N** via the ramp on the **left**. [Map](#)

4.2 Mi

6.0 Mi Total



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** via **EXIT 292B** toward **Indiana**. [Map](#)

0.7 Mi

6.7 Mi Total



5. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

10.7 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

10.9 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

11.6 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

16.5 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

16.7 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

16.9 Mi Total



11. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

17.3 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



12. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

17.6 Mi Total

If you reach S Kingston Ave you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **17.56 miles - about 24 minutes** -206-



Notes

SAH Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.95 miles / 20 minutes

Download
Free App



3059 W 26th St, Chicago, IL 60623-4131



1. Start out going west on **W 26th St** toward **S Albany Ave.** [Map](#)

0.2 Mi
0.2 Mi Total



2. Turn left onto **S Kedzie Ave.** [Map](#)

*S Kedzie Ave is just past S Troy St
SHELL is on the corner
If you reach S Sawyer Ave you've gone a little too far*

1.1 Mi
1.2 Mi Total



3. Merge onto **I-55 N / Adlai E Stevenson Expy N** via the ramp on the left. [Map](#)

3.2 Mi
4.4 Mi Total



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** via **EXIT 292B** toward **Indiana.** [Map](#)

0.7 Mi
5.1 Mi Total



5. Keep left to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S.** [Map](#)

3.9 Mi
9.1 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd.** [Map](#)

0.3 Mi
9.3 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S.** [Map](#)

0.6 Mi
10.0 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll).** [Map](#)

4.9 Mi
14.8 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street.** [Map](#)

0.3 Mi
15.1 Mi Total



10. Merge onto **S Anthony Ave.** [Map](#)

0.2 Mi
15.3 Mi Total



11. Turn sharp right onto **E 93rd St.** [Map](#)

*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
15.7 Mi Total



12. Turn left onto **S Colfax Ave.** [Map](#)

*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
16.0 Mi Total



13. **E 95TH ST & S COLFAX AVE.** [Map](#)

*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913



Notes

FMC Congress Parkway to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

16.66 miles / 20 minutes

Download Free App



3410 W Van Buren St, Chicago, IL 60624-3358



1. Start out going east on **W Van Buren St** toward **S Homan Ave**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st right onto **S Homan Ave**. [Map](#)
If you reach S Christiana Ave you've gone a little too far

0.1 Mi

0.1 Mi Total



3. Turn left onto **W Harrison St**. [Map](#)
*W Harrison St is just past W Congress Pkwy
Uncle Eddie's is on the corner
If you reach W Flounoy St you've gone a little too far*

0.06 Mi

0.2 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the left. [Map](#)

3.1 Mi

3.3 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

2.5 Mi

5.8 Mi Total



6. Keep left to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

9.8 Mi Total



7. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

10.0 Mi Total



8. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

10.7 Mi Total



9. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

15.6 Mi Total



10. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

15.8 Mi Total



11. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

16.0 Mi Total



12. Turn sharp right onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi

16.4 Mi Total



13. Turn left onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi

16.7 Mi Total



14. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



Notes

Mt Sinai Hospital Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

16.70 miles / 21 minutes

Download Free App



1500 S California Ave, Chicago, IL 60608



1. Start out going north on S California Ave toward W Ogden Ave. [Map](#)

1.0 Mi
1.0 Mi Total



2. Turn right onto W Congress Pkwy. [Map](#)
W Congress Pkwy is just past W Harrison St
If you reach W Van Buren St you've gone a little too far

0.04 Mi
1.0 Mi Total



3. Merge onto I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E via the ramp on the left. [Map](#)

2.4 Mi
3.4 Mi Total



4. Merge onto I-90 E / I-94 E / Dan Ryan Expy S toward Indiana. [Map](#)

2.5 Mi
5.9 Mi Total



5. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#)

3.9 Mi
9.8 Mi Total



6. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#)

0.3 Mi
10.1 Mi Total



7. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#)

0.6 Mi
10.7 Mi Total



8. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#)

4.9 Mi
15.6 Mi Total



9. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi
15.8 Mi Total



10. Merge onto S Anthony Ave. [Map](#)

0.2 Mi
16.1 Mi Total



11. Turn sharp right onto E 93rd St. [Map](#)
E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far

0.4 Mi
16.4 Mi Total



12. Turn left onto S Colfax Ave. [Map](#)
S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far

0.3 Mi
16.7 Mi Total



13. E 95TH ST & S COLFAX AVE. [Map](#)
Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 16.70 miles - about 21 minutes -209-

Appendix - 2



Notes

Little Village Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.51 miles / 19 minutes

Download
Free App



2335 W Cermak Rd, Chicago, IL 60608-3811



1. Start out going east on **W Cermak Rd** toward **S Bell Ave**. [Map](#)

0.4 Mi
0.4 Mi Total



2. Turn right onto **S Damen Ave**. [Map](#)
*S Damen Ave is 0.1 miles past S Hoyne Ave
Taqueria Los Alamos is on the corner
If you reach S Wolcott Ave you've gone about 0.1 miles too far*

1.0 Mi
1.4 Mi Total



3. Merge onto **I-55 N / Adlai E Stevenson Expy N** via the ramp on the left. [Map](#)

1.6 Mi
3.0 Mi Total



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** via **EXIT 292B** toward **Indiana**. [Map](#)

0.7 Mi
3.7 Mi Total



5. Keep left to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi
7.6 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi
7.9 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi
8.5 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi
13.4 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
13.7 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
13.9 Mi Total



11. Turn sharp right onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
14.3 Mi Total



12. Turn left onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
14.5 Mi Total



13. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913



Notes

FMC Chicago - West to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.92 miles / 20 minutes



1340 S Damen Ave, Chicago, IL 60608-1156

Download Free App



1. Start out going south on S Damen Ave toward W 17th St. [Map](#)

1.8 Mi

1.8 Mi Total



2. Merge onto I-55 N / Adlai E Stevenson Expy N via the ramp on the left. [Map](#)

1.6 Mi

3.4 Mi Total



3. Merge onto I-90 E / I-94 E / Dan Ryan Expy S via EXIT 292B toward Indiana. [Map](#)

0.7 Mi

4.1 Mi Total



4. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#)

3.9 Mi

8.0 Mi Total



5. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#)

0.3 Mi

8.3 Mi Total



6. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#)

0.6 Mi

8.9 Mi Total



7. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#)

4.9 Mi

13.8 Mi Total



8. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi

14.1 Mi Total



9. Merge onto S Anthony Ave. [Map](#)

0.2 Mi

14.3 Mi Total



10. Turn sharp right onto E 93rd St. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

14.7 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



11. Turn left onto S Colfax Ave. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

14.9 Mi Total

If you reach S Kingston Ave you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913



Notes

Stroger Hospital Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.62 miles / 18 minutes



1835 W Harrison St, Chicago, IL 60612-3701

Download
Free App

- | | | |
|--|--|--------------------------------|
| | 1. Start out going east on W Harrison St toward S Wood St . Map | 0.3 Mi
0.3 Mi Total |
| | 2. Turn left onto S Ashland Ave . Map
<i>S Ashland Ave is 0.1 miles past S Paulina St
Rooks Comer UIC is on the corner</i> | 0.07 Mi
0.4 Mi Total |
| | 3. Turn right onto W Congress Pkwy . Map
<i>If you reach W Van Buren St you've gone a little too far</i> | 0.01 Mi
0.4 Mi Total |
| | 4. Merge onto I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E via the ramp on the left . Map | 0.9 Mi
1.3 Mi Total |
| | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy S toward Indiana . Map | 2.5 Mi
3.8 Mi Total |
| | 6. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S . Map | 3.9 Mi
7.7 Mi Total |
| | 7. Take the I-90 E exit, EXIT 59A , toward Skyway / Indiana Toll Rd . Map | 0.3 Mi
8.0 Mi Total |
| | 8. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S . Map | 0.6 Mi
8.6 Mi Total |
| | 9. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). Map | 4.9 Mi
13.5 Mi Total |
| | 10. Take the Anthony Avenue exit toward 92nd Street . Map | 0.3 Mi
13.8 Mi Total |
| | 11. Merge onto S Anthony Ave . Map | 0.2 Mi
14.0 Mi Total |
| | 12. Turn sharp right onto E 93rd St . Map
<i>E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far</i> | 0.4 Mi
14.4 Mi Total |
| | 13. Turn left onto S Colfax Ave . Map
<i>S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far</i> | 0.3 Mi
14.6 Mi Total |
| | 14. E 95TH ST & S COLFAX AVE . Map
<i>Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far</i> | |



Notes

University of Illinois Hospital Dialysis to proposed site for Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.23 miles / 20 minutes

Download Free App



1859 W Taylor St, RM 1003, Chicago, IL 60612-4319

- 1. Start out going **east** on **W Taylor St** toward **S Wood St**. [Map](#)

0.07 Mi
0.07 Mi Total
- 2. Take the 1st **right** onto **S Wood St**. [Map](#)
If you reach S Hermitage Ave you've gone a little too far

0.2 Mi
0.2 Mi Total
- 3. Take the 1st **left** onto **W Roosevelt Rd**. [Map](#)
*W Roosevelt Rd is just past W Grenshaw St
If you reach W Washburne Ave you've gone a little too far*

1.4 Mi
1.6 Mi Total
- 4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S**. [Map](#)
If you reach S Ruble St you've gone a little too far

1.8 Mi
3.4 Mi Total
- 5. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi
7.3 Mi Total
- 6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi
7.6 Mi Total
- 7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi
8.2 Mi Total
- 8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi
13.1 Mi Total
- 9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
13.4 Mi Total
- 10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
13.6 Mi Total
- 11. Turn **sharp right** onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
14.0 Mi Total
- 12. Turn **left** onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
14.2 Mi Total
- 13. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 14.23 miles - about 20 minutes



Notes

Garfield Kidney Center to proposed Park Manor
Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

17.88 miles / 23 minutes



3250 W Franklin Blvd, Chicago, IL 60624-1509

Download
Free App



1. Start out going west on **W Franklin Blvd** toward **N Sawyer Ave.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **N Homan Ave.** [Map](#)

1.1 Mi

*N Homan Ave is 0.1 miles past N Spaulding Ave
If you reach N Trumbull Ave you've gone a little too far*

1.4 Mi Total



3. Turn **left** onto **W Harrison St.** [Map](#)

0.06 Mi

*W Harrison St is just past W Congress Pkwy
Uncle Eddie's is on the corner
If you reach W Floumoy St you've gone a little too far*

1.4 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the left. [Map](#)

3.1 Mi

4.5 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana.** [Map](#)

2.5 Mi

7.1 Mi Total



6. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S.** [Map](#)

3.9 Mi

11.0 Mi Total



7. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd.** [Map](#)

0.3 Mi

11.3 Mi Total



8. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S.** [Map](#)

0.6 Mi

11.9 Mi Total



9. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll).** [Map](#)

4.9 Mi

16.8 Mi Total



10. Take the **Anthony Avenue** exit toward **92nd Street.** [Map](#)

0.3 Mi

17.0 Mi Total



11. Merge onto **S Anthony Ave.** [Map](#)

0.2 Mi

17.3 Mi Total



12. Turn **sharp right** onto **E 93rd St.** [Map](#)

0.4 Mi

*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

17.6 Mi Total



13. Turn **left** onto **S Colfax Ave.** [Map](#)

0.3 Mi

*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

17.9 Mi Total



14. **E 95TH ST & S COLFAX AVE.** [Map](#)

*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 17.88 miles - about 23 minutes

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Notes

FMC West Metro to proposed Park Manor Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

17.18 miles / 24 minutes

Download
Free App

A 1044 N Mozart St, Chicago, IL 60622-2759

- 

1. Start out going south on N Mozart St toward W Cortez St. [Map](#) 0.09 Mi
0.09 Mi Total
- 

2. Turn left onto W Augusta Blvd. [Map](#) 1.9 Mi
2.0 Mi Total
W Augusta Blvd is just past W Cortez St
- 

3. Turn slight right onto N Milwaukee Ave. [Map](#) 0.01 Mi
2.0 Mi Total
*N Milwaukee Ave is just past N Noble St
Caterpillar Care is on the corner*
- 


4. Merge onto I-90 E / I-94 E. [Map](#) 4.4 Mi
6.4 Mi Total
- 


5. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#) 3.9 Mi
10.3 Mi Total
- 

6. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#) 0.3 Mi
10.6 Mi Total
- 


7. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#) 0.6 Mi
11.2 Mi Total
- 


8. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#) 4.9 Mi
16.1 Mi Total
- 

9. Take the Anthony Avenue exit toward 92nd Street. [Map](#) 0.3 Mi
16.3 Mi Total
- 

10. Merge onto S Anthony Ave. [Map](#) 0.2 Mi
16.6 Mi Total
- 

11. Turn sharp right onto E 93rd St. [Map](#) 0.4 Mi
16.9 Mi Total
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*
- 

12. Turn left onto S Colfax Ave. [Map](#) 0.3 Mi
17.2 Mi Total
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*
- 

13. E 95TH ST & S COLFAX AVE. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*

B E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 17.18 miles - about 24 minutes

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Appendix - 2

Notes

FMC Chicago to proposed Park Manor Dialysis site



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.51 miles / 22 minutes

Download
Free App



1806 W Hubbard St, Chicago, IL 60622-6235



1. Start out going **east** on **W Hubbard St** toward **N Wood St**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **N Ashland Ave**. [Map](#)
*N Ashland Ave is just past N Marshfield Ave
If you reach N Armour St you've gone a little too far*

1.0 Mi

1.3 Mi Total



3. Turn **left** onto **W Congress Pkwy**. [Map](#)
*W Congress Pkwy is just past W Van Buren St
If you reach W Harrison St you've gone a little too far*

0.02 Mi

1.3 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**. [Map](#)

0.9 Mi

2.2 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

2.5 Mi

4.7 Mi Total



6. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

8.6 Mi Total



7. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

8.9 Mi Total



8. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

9.5 Mi Total



9. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi

14.4 Mi Total



10. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

14.7 Mi Total



11. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

14.9 Mi Total



12. Turn **sharp right** onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi

15.3 Mi Total



13. Turn **left** onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi

15.5 Mi Total



14. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **15.51 miles - about 22 minutes**

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Notes

West Side Dialysis to proposed Park Manor Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

13.86 miles / 19 minutes



1600 W 13th St, Chicago, IL 60608-1304

Download Free App



1. Start out going east on **W 13th St** toward **S Ashland Ave**. [Map](#)

0.01 Mi

0.01 Mi Total



2. Take the 1st left onto **S Ashland Ave**. [Map](#)

0.1 Mi

*Captain Hook's Fish & Chicken is on the left
If you reach W Washburne Ave you've gone a little too far*

0.1 Mi Total



3. Turn right onto **W Roosevelt Rd**. [Map](#)

1.1 Mi

*W Roosevelt Rd is just past W Washburne Ave
Bank of America is on the corner
If you reach W Taylor St you've gone about 0.1 miles too far*

1.2 Mi Total



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S**. [Map](#)

1.8 Mi

If you reach S Ruble St you've gone a little too far

3.0 Mi Total



5. Keep left to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

7.0 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

7.2 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

7.9 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi

12.8 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

13.0 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

13.2 Mi Total



11. Turn sharp right onto **E 93rd St**. [Map](#)

0.4 Mi

*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

13.6 Mi Total



12. Turn left onto **S Colfax Ave**. [Map](#)

0.3 Mi

*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

13.9 Mi Total



13. **E 95TH ST & S COLFAX AVE**. [Map](#)

*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Appendix - 2

Total Travel Estimate: **13.86 miles - about 19 minutes**

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Notes

Rush U St Luke's Med Ctr Dialysis to proposed Park Manor Dialysis

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.64 miles / 18 minutes



1750 W Harrison St, STE 735, Chicago, IL 60612-3825

Download Free App



1. Start out going west on **W Harrison St** toward **S Hermitage Ave**. [Map](#)

0.10 Mi
0.10 Mi Total



2. Take the 1st right onto **S Wood St**. [Map](#)
*S Wood St is just past S Hermitage Ave
If you reach S Wolcott Ave you've gone about 0.1 miles too far*

0.07 Mi
0.2 Mi Total



3. Turn right onto **W Congress Pkwy**. [Map](#)

0.3 Mi
0.4 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the left. [Map](#)

0.9 Mi
1.3 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

2.5 Mi
3.8 Mi Total



6. Keep left to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi
7.7 Mi Total



7. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi
8.0 Mi Total



8. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi
8.6 Mi Total



9. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the left toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi
13.5 Mi Total



10. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi
13.8 Mi Total



11. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi
14.0 Mi Total



12. Turn sharp right onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi
14.4 Mi Total



13. Turn left onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi
14.6 Mi Total



14. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **14.64 miles - about 18 minutes**

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Notes

Loop Renal Center to proposed Park Manor Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

13.01 miles / 16 minutes

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1101 S Canal St, Chicago, IL 60607-4901



1. Start out going north on S Canal St. [Map](#)

0.01 Mi

0.01 Mi Total



2. Take the 1st left. [Map](#)
World Market is on the corner
If you reach W Taylor St you've gone about 0.1 miles too far

0.01 Mi

0.01 Mi Total



3. Turn left onto S Canal St. [Map](#)
Dunkin Donuts is on the corner

0.05 Mi

0.05 Mi Total



4. Take the 1st right onto W Roosevelt Rd. [Map](#)
Chase ATM is on the corner
If you reach W 14th St you've gone about 0.2 miles too far

0.3 Mi

0.4 Mi Total



5. Merge onto I-90 E / I-94 E / Dan Ryan Expy S via the ramp on the left. [Map](#)
If you reach S Halsted St you've gone a little too far

1.8 Mi

2.2 Mi Total



6. Keep left to take I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S. [Map](#)

3.9 Mi

6.1 Mi Total



7. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. [Map](#)

0.3 Mi

6.4 Mi Total



8. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. [Map](#)

0.6 Mi

7.0 Mi Total



9. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). [Map](#)

4.9 Mi

11.9 Mi Total



10. Take the Anthony Avenue exit toward 92nd Street. [Map](#)

0.3 Mi

12.2 Mi Total



11. Merge onto S Anthony Ave. [Map](#)

0.2 Mi

12.4 Mi Total



12. Turn sharp right onto E 93rd St. [Map](#)
E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far

0.4 Mi

12.8 Mi Total



13. Turn left onto S Colfax Ave. [Map](#)
S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far

0.3 Mi

13.0 Mi Total



14. E 95TH ST & S COLFAX AVE. [Map](#)
Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: 13.01 miles - about 16 minutes

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Notes

FMC Polk Street to proposed Park Manor Dialysis site. ↗

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

13.26 miles / 17 minutes

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Free App



557 W Polk St, Chicago, IL 60607-4314



1. Start out going **east** on **W Polk St** toward **S Clinton St**. [Map](#)

0.05 Mi

0.05 Mi Total



2. Take the 1st **right** onto **S Clinton St**. [Map](#)

0.3 Mi

Polk Street Pub is on the left

0.4 Mi Total

If you reach S Canal St you've gone a little too far



3. Turn **right** onto **W Roosevelt Rd**. [Map](#)

0.2 Mi

W Roosevelt Rd is just past W Greshaw St

0.6 Mi Total

Chipotle is on the right

If you reach W Maxwell St you've gone about 0.1 miles too far



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)

1.8 Mi

If you reach S Halsted St you've gone a little too far

2.4 Mi Total



5. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

6.4 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

6.6 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

7.3 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

12.2 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

12.4 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

12.6 Mi Total



11. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

13.0 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



12. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

13.3 Mi Total

If you reach S Kingston Ave you've gone a little too far



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Appendix - 2

Total Travel Estimate: 13.26 miles - about 17 minutes

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Notes

Circle Medical Management to proposed Park Manor
Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

14.67 miles / 19 minutes

Download
Free App



1426 W Washington Blvd, Chicago, IL 60607-1821



1. Start out going east on **W Washington Blvd** toward **N Loomis St**. [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn **right** onto **N Halsted St**. [Map](#)
*N Halsted St is just past N Academy Pl
Bar Mas Chicago LLC is on the corner*

0.10 Mi

0.9 Mi Total



3. Take the 1st **left** onto **W Madison St**. [Map](#)
*Crowne Plaza CHICAGO METRO DOWNTOWN is on the corner
If you are on S Halsted St and reach W Monroe St you've gone a little too far*

0.08 Mi

1.0 Mi Total



4. Merge onto **I-90 E / I-94 E**. [Map](#)
If you reach N Desplaines St you've gone a little too far

2.8 Mi

3.8 Mi Total



5. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

7.8 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

8.1 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

8.7 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi

13.6 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

13.8 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

14.1 Mi Total



11. Turn **sharp right** onto **E 93rd St**. [Map](#)
*E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far*

0.4 Mi

14.4 Mi Total



12. Turn **left** onto **S Colfax Ave**. [Map](#)
*S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far*

0.3 Mi

14.7 Mi Total



13. **E 95TH ST & S COLFAX AVE**. [Map](#)
*Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far*



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **14.67 miles - about 19 minutes**

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Notes

FMC West Willow to proposed Park Manor Dialysis site -



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

16.49 miles / 21 minutes

Download
Free App



1444 W Willow St, Chicago, IL 60642-1524



1. Start out going **southwest** on **W Willow St** toward **N Elston Ave**. [Map](#)

0.06 Mi

0.06 Mi Total



2. Turn **left** onto **N Elston Ave**. [Map](#)

0.2 Mi

0.3 Mi Total



3. Take the **2nd right** onto **W North Ave / IL-64**. [Map](#)

0.2 Mi

*W North Ave is just past W Concord Pl
BP is on the right*

0.5 Mi Total

If you reach W Le Moyne St you've gone about 0.1 miles too far



4. Turn **left** to take the **I-90 E / I-94 E ramp**. [Map](#)

0.04 Mi

0.1 miles past N Besly Ct

0.5 Mi Total

If you are on W North Ave and reach N Bosworth Ave you've gone a little too far



5. Merge onto **I-90 E / I-94 E**. [Map](#)

5.1 Mi

5.7 Mi Total



6. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

9.6 Mi Total



7. Take the **I-90 E exit, EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

9.9 Mi Total



8. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

10.5 Mi Total



9. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd (Portions toll)**. [Map](#)

4.9 Mi

15.4 Mi Total



10. Take the **Anthony Avenue exit** toward **92nd Street**. [Map](#)

0.3 Mi

15.6 Mi Total



11. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

15.9 Mi Total



12. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

16.2 Mi Total

If you reach E 94th St you've gone about 0.1 miles too far



13. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

16.5 Mi Total

If you reach S Kingston Ave you've gone a little too far



14. **E 95TH ST & S COLFAX AVE**. [Map](#)

Your destination is 0.1 miles past S Colfax Ave

If you reach E 95th Pl you've gone a little too far

Appendix - 2



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **16.49 miles - about 21 minutes**

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Notes

TRC Children's Dialysis to proposed Park Manor
Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.48 miles / 20 minutes



1333 N Kingsbury St, Chicago, IL 60642-2623

Download
Free App



1. Start out going **southeast** on **N Kingsbury St** toward **N Halsted St**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Turn **right** onto **N Halsted St**. [Map](#)

1.3 Mi

1.5 Mi Total



3. Turn **left** onto **W Lake St**. [Map](#)

0.08 Mi

W Lake St is just past W Fulton St

Paddy OFegan's is on the right

If you reach W Randolph St you've gone a little too far

1.5 Mi Total



4. Merge onto **I-90 E / I-94 E**. [Map](#)

3.1 Mi

If you reach N Union Ave you've gone a little too far

4.6 Mi Total



5. Keep **left** to take **I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S**. [Map](#)

3.9 Mi

8.6 Mi Total



6. Take the **I-90 E** exit, **EXIT 59A**, toward **Skyway / Indiana Toll Rd**. [Map](#)

0.3 Mi

8.9 Mi Total



7. Merge onto **I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S**. [Map](#)

0.6 Mi

9.5 Mi Total



8. Merge onto **I-90 E / Chicago Skwy E / Chicago Skwy S** via **EXIT 59A** on the **left** toward **Indiana Toll Rd** (Portions toll). [Map](#)

4.9 Mi

14.4 Mi Total



9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#)

0.3 Mi

14.6 Mi Total



10. Merge onto **S Anthony Ave**. [Map](#)

0.2 Mi

14.9 Mi Total



11. Turn **sharp right** onto **E 93rd St**. [Map](#)

0.4 Mi

E 93rd St is 0.1 miles past E 92nd St

If you reach E 94th St you've gone about 0.1 miles too far

15.2 Mi Total



12. Turn **left** onto **S Colfax Ave**. [Map](#)

0.3 Mi

S Colfax Ave is just past S Saginaw Ave

If you reach S Kingston Ave you've gone a little too far

15.5 Mi Total



E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **15.48 miles - about 20 minutes** -231-

Appendix - 2

<http://www.mapquest.com/print?a=app.core.cb17175b47ebe2a640d8a648>

8/6/2015

Notes

FMC Prairie to proposed Park Manor Dialysis site



Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

11.93 miles / 15 minutes

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- | | | |
|--|--|--------------------------------|
| | 1717 S Wabash Ave, Chicago, IL 60616-1219 | |
| | 1. Start out going south on S Wabash Ave toward E 18th St . Map | 0.4 Mi
0.4 Mi Total |
| | 2. Turn right onto E Cermak Rd . Map
<i>E Cermak Rd is just past E 21st St
White Castle is on the corner
If you reach E 23rd St you've gone about 0.1 miles too far</i> | 0.3 Mi
0.7 Mi Total |
| | 3. Merge onto I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S via the ramp on the left toward 55th St . Map
<i>If you reach S Wentworth Ave you've gone a little too far</i> | 4.3 Mi
5.0 Mi Total |
| | 4. Take the I-90 E exit, EXIT 59A , toward Skyway / Indiana Toll Rd . Map | 0.3 Mi
5.3 Mi Total |
| | 5. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S . Map | 0.6 Mi
5.9 Mi Total |
| | 6. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). Map | 4.9 Mi
10.8 Mi Total |
| | 7. Take the Anthony Avenue exit toward 92nd Street . Map | 0.3 Mi
11.1 Mi Total |
| | 8. Merge onto S Anthony Ave . Map | 0.2 Mi
11.3 Mi Total |
| | 9. Turn sharp right onto E 93rd St . Map
<i>E 93rd St is 0.1 miles past E 92nd St
If you reach E 94th St you've gone about 0.1 miles too far</i> | 0.4 Mi
11.7 Mi Total |
| | 10. Turn left onto S Colfax Ave . Map
<i>S Colfax Ave is just past S Saginaw Ave
If you reach S Kingston Ave you've gone a little too far</i> | 0.3 Mi
11.9 Mi Total |
| | 11. E 95TH ST & S COLFAX AVE . Map
<i>Your destination is 0.1 miles past S Colfax Ave
If you reach E 95th Pl you've gone a little too far</i> | |

B E 95th St & S Colfax Ave, Chicago, IL 60617-4913

Total Travel Estimate: **11.93 miles - about 15 minutes**

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Notes

FMC Northwestern University to proposed Park Manor
Dialysis site

Trip to:

E 95th St & S Colfax Ave

Chicago, IL 60617-4913

15.63 miles / 20 minutes

- | | | |
|------|--|------------------------------|
| | 710 N Fairbanks Ct, Chicago, IL 60611-3013 | Download
Free App |
| | 1. Start out going north on N Fairbanks Ct toward E Superior St. Map | 0.1 Mi
0.1 Mi Total |
| | 2. Take the 2nd right onto E Chicago Ave. Map
<i>E Chicago Ave is just past E Superior St</i> | 0.2 Mi
0.3 Mi Total |
|
 | 3. Turn right onto US-41 S / N Lake Shore Dr S. Map
<i>US-41 S is just past N Lake Shore Dr</i> | 3.2 Mi
3.4 Mi Total |
|
 | 4. Merge onto I-55 S / Adlai E Stevenson Expy S toward St Louis. Map | 1.0 Mi
4.5 Mi Total |
| | 5. Take the I-90 / I-94 E exit, EXIT 293B, toward Indiana. Map | 0.6 Mi
5.1 Mi Total |
|
 | 6. Merge onto I-90 (EXPRESS) E / I-94 E / Dan Ryan Expy S via the ramp on the left toward 55th St. Map | 3.7 Mi
8.7 Mi Total |
| | 7. Take the I-90 E exit, EXIT 59A, toward Skyway / Indiana Toll Rd. Map | 0.3 Mi
9.0 Mi Total |
|
 | 8. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. Map | 0.6 Mi
9.6 Mi Total |
|
 | 9. Merge onto I-90 E / Chicago Skwy E / Chicago Skwy S via EXIT 59A on the left toward Indiana Toll Rd (Portions toll). Map | 4.9 Mi
14.5 Mi Total |
| | 10. Take the Anthony Avenue exit toward 92nd Street. Map | 0.3 Mi
14.8 Mi Total |
| | 11. Merge onto S Anthony Ave. Map | 0.2 Mi
15.0 Mi Total |
| | 12. Turn sharp right onto E 93rd St. Map
<i>E 93rd St is 0.1 miles past E 92nd St</i>
<i>If you reach E 94th St you've gone about 0.1 miles too far</i> | 0.4 Mi
15.4 Mi Total |
| | 13. Turn left onto S Colfax Ave. Map
<i>S Colfax Ave is just past S Saginaw Ave</i>
<i>If you reach S Kingston Ave you've gone a little too far</i> | 0.3 Mi
15.6 Mi Total |
| | 14. E 95TH ST & S COLFAX AVE. Map
<i>Your destination is 0.1 miles past S Colfax Ave</i>
<i>If you reach E 95th Pl you've gone a little too far</i> | |

B **E 95th St & S Colfax Ave, Chicago, IL 60617-4913**

Total Travel Estimate: **15.63 miles - about 20 minutes**

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