

Original

16-034

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

AUG 22 2016

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Kidney Care Woodridge</i>
Street Address: <i>7155 Janes Avenue</i>
City and Zip Code: <i>Woodridge 60517</i>
County: <i>DuPage</i> Health Service Area <i>7</i> Health Planning Area:

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Naperbrook, LLC d/b/a Fresenius Kidney Care Woodridge</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- o is a general or limited partner.

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

Co-Applicant Identification

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

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

Type of Ownership of Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

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

Additional Contact

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

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

Post Permit Contact

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

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

Additional Contact

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

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

Site Ownership

Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>7155 Janes B, LLC</i>
Address of Site Owner: <i>24632 Elm Rd, Lake Forest, IL 60045</i>
Street Address or Legal Description of Site: <i>7155 Janes Ave., Woodridge, IL 60517</i>

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

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Naperville, LLC d/b/a Fresenius Kidney Care Woodridge</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
<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	<input type="checkbox"/>
<ul style="list-style-type: none"> 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.

Fresenius Medical Care Naperville, LLC, proposes to establish a 12-station in-center hemodialysis facility, Fresenius Kidney Care Woodridge, located at 7155 Janes Avenue, Woodridge. The facility will be in leased space with the interior to be built out by the applicant.

The site is located in HSA 7 where there is a determined need for an additional 60 stations as of the June 2016 station inventory.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.

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	NON-CLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		1,073,280	302,720	1,376,000
Contingencies		106,080	29,920	136,000
Architectural/Engineering Fees		115,440	32,560	148,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		305,000	70,000	375,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,401,564 213,550	1,306,770	308,344	1,615,114
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		\$2,906,570	\$743,544	\$3,650,114
SOURCE OF FUNDS		CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities		1,599,800	435,200	2,035,000
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		1,306,770	308,344	1,615,114
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
TOTAL SOURCES OF FUNDS		\$2,906,570	\$743,544	\$3,650,114

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>146,458</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2018</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

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

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	\$2,906,570		6,240		6,240		
Total Clinical	\$2,906,570		6,240		6,240		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$743,544		1,760		1,760		
Total Non-clinical	\$743,544		1,760		1,760		
TOTAL	\$3,650,114		8,000		8,000		

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Naperville, LLC *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application 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.

Coleen Muldoon

SIGNATURE

Coleen Muldoon

PRINTED NAME

Regional Vice President

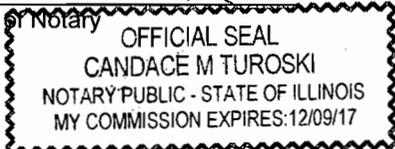
PRINTED TITLE

Notarization:
this 12th day of August 2016

Candace M. Turoski

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Holdings, 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

 PRINTED NAME
 Ryan Mello
 Assistant Treasurer

 PRINTED TITLE



 SIGNATURE
 Maria T. C. Notar
 Assistant Treasurer

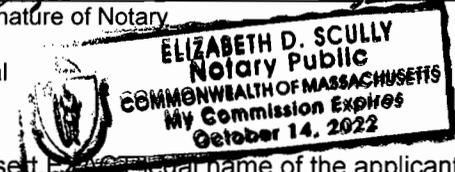
 PRINTED NAME

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of August 2016

Notarization:
Subscribed and sworn to before me
this _____ day of _____ 2016



 Signature of Notary
 Seal 

 Signature of Notary
 Seal _____

*Insert _____ legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

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

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

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

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

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<u>2,035,000</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>N/A</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>1,615,114</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$3,650,114</u>	TOTAL FUNDS AVAILABLE	

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

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility**This section is applicable to all projects subject to Part 1120.****A. Reasonableness of Financing Arrangements**

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
ESRD		172.00			6,240					1,073,280	1,073,280
Contingency		17.00			6,240					106,080	106,080
Total Clinical		\$189.00			6,240					\$1,179,360	\$1,179,360
Non Clinical		172.00			1,760					302,720	302,720
Contingency		17.00			1,760					29,920	29,920
Total Non		\$189.00			1,760					\$332,640	\$332,640
TOTALS		\$189.00			8,000					\$1,512,000	\$1,512,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *(# of self-pay patients)	499	251	195
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

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			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	1-2
2	Site Ownership	3-9
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	10
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	11
5	Flood Plain Requirements	12
6	Historic Preservation Act Requirements	13-14
7	Project and Sources of Funds Itemization	15
8	Obligation Document if required	16
9	Cost Space Requirements	17
10	Discontinuation	
11	Background of the Applicant	18-23
12	Purpose of the Project	24
13	Alternatives to the Project	25-27
14	Size of the Project	28
15	Project Service Utilization	29
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	30-62
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	63-68
37	Financial Waiver	69
38	Financial Viability	
39	Economic Feasibility	70-75
40	Safety Net Impact Statement	76-77
41	Charity Care Information	78-80
	Appendix 1 – MapQuest Travel Times	81-118
	Appendix 2 – Service Demand - Physician Referral Letter	119-126

Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Naperbrook, LLC d/b/a Fresenius Kidney Care Woodridge**

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

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Ron Kuerbitz*

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

Telephone Number: *800-662-1237*

Type of Ownership of Applicant

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

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

***Certificate of Good Standing for Fresenius Medical Care Naperbrook, LLC on following page.**

Co - Applicant Identification

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

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

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

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Ron Kuerbitz*

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

Telephone Number: *781-669-9000*

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

Type of Ownership – Co-Applicant

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

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.



To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE NAPERBROOK, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 25, 2010, 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 15TH day of AUGUST A.D. 2016 .



Authentication #: 1622802402 verifiable until 08/15/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>7155 Janes B, LLC</i>
Address of Site Owner: <i>24632 Elm Rd, Lake Forest, IL 60045</i>
Street Address or Legal Description of Site: <i>7155 Janes Avenue, Woodridge, IL 60517</i>



Cushman & Wakefield of
 Illinois, Inc.
 200 S. Wacker Drive
 Suite 2800
 Chicago, IL 60606
 (312) 470-1800 Tel
 (312) 470-3800 Fax
 www.cushwake.com

August 18, 2016

Mr. Albert M. Lindeman
 Senior Vice President
 SVN Chicago Commercial
 940 W Adams St., Suite 200
 Chicago, IL 60607

RE: 7155 Janes Ave
 Woodridge, IL 60517
 Letter Of Intent

Dear Albert,

Cushman & Wakefield has been exclusively authorized by FRESENIUS KIDNEY CARE, a wholly owned subsidiary of FRESENIUS MEDICAL CARE Holdings, Inc. d/b/a FRESENIUS MEDICAL CARE North America ("FMCNA") to present the following Letter of Intent to lease space from your company.

- LANDLORD:** 7155 Janes B, LLC
24632 Elm Rd, Lake Forest, IL 60045
- TENANT:** Fresenius Medical Care Naperbrook, LLC
- LOCATION:** 7155 Janes Ave, Woodridge, IL 60517.
- INITIAL SPACE REQUIREMENTS:** Approximately 8,000 sq.ft.
- PRIMARY TERM:** An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
- DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.
- OPTIONS TO RENEW:** Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon 90% of market rent. Tenant shall provide six months (6) sixty (60) days' prior written notification of its desire to exercise the option.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

RENTAL RATE: \$16.00 Net.

ESCALATION: 2% per year beginning in the second lease year.

LANDLORD BASE BUILDING WORK: Landlord shall deliver the premises with the following base building items in place.

1. 2 inch water service. Minimum dynamic pressure of 60 psi.
2. 800 amp 3 phase electrical service.
3. 4 inch sewer line out with positive invert.
4. 24 tons of HVAC service with humidity controls.
5. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls.
6. Entire building must sprinklered.
7. Porte Cochere

RENT ABATEMENT: A rent free period of 5 months upon commencement.

USE: FRESENIUS KIDNEY CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS KIDNEY CARE may operate on the Premises, at FRESENIUS KIDNEY CARE's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

CONTRACTOR FOR TENANT IMPROVEMENTS: FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.

DELIVERIES: FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR: FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS: FRESENIUS KIDNEY CARE will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

PARKING: Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense). FMC will need at least 45 parking stalls.

BUILDING CODES: FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

CORPORATE IDENTIFICATION: Tenant shall have signage rights in accordance with local code.

COMMON AREA EXPENSES AND REAL ESTATE TAXES: Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its proportionate share of the leased premises associated with the building.

ASSIGNMENT/ SUBLETTING: FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE: Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire,

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.

ZONING AND

RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

Landlord will provide all environmental soil tests to tenant.

DRAFT LEASE:

FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

LEASE EXECUTION: Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY: Fresenius Medical Holdings Corp shall fully guarantee the lease. Financials will be provided to the Landlord.

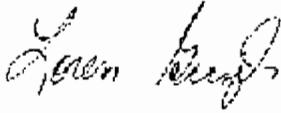
CONFIDENTIAL: The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is January 2017.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

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

Exact Legal Name: *Fresenius Medical Care Naperbrook, LLC d/b/a Fresenius Kidney Care Woodridge**

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

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <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 |

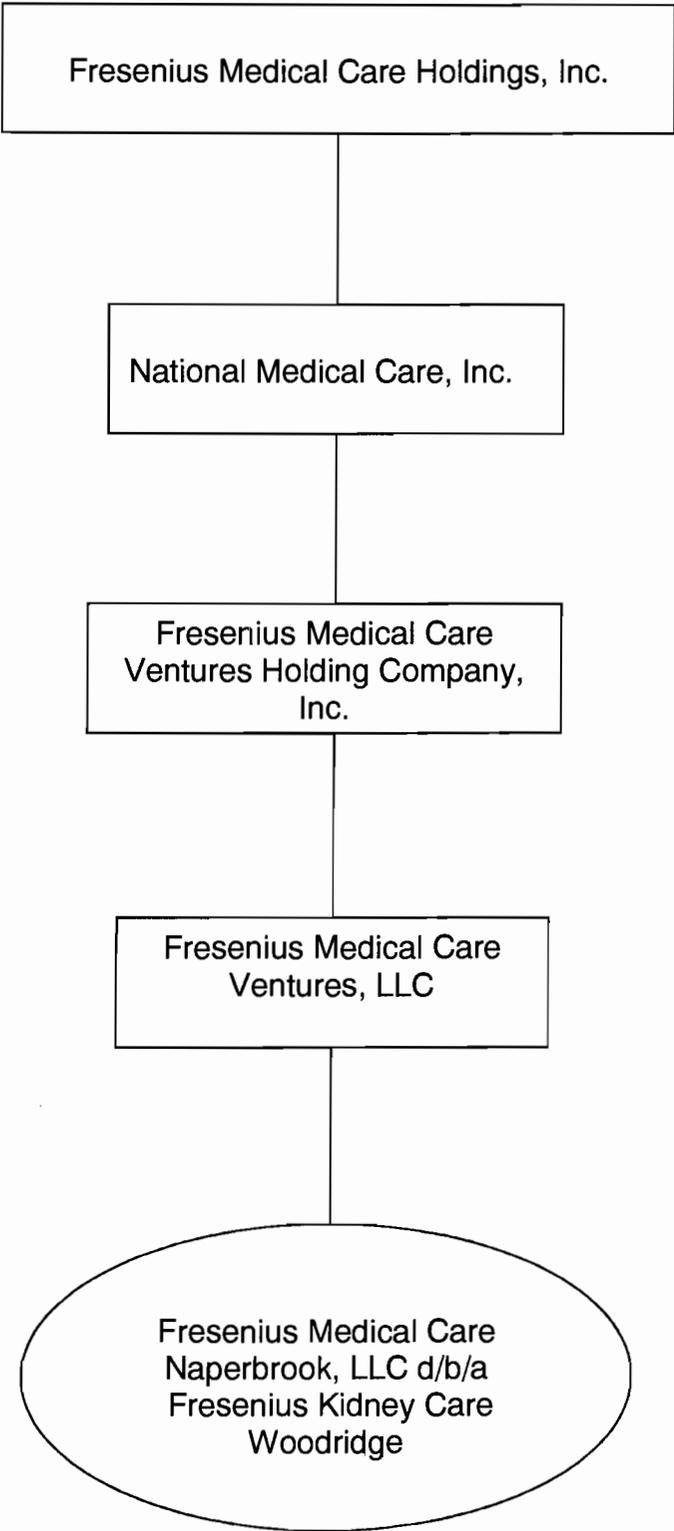
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Ownership

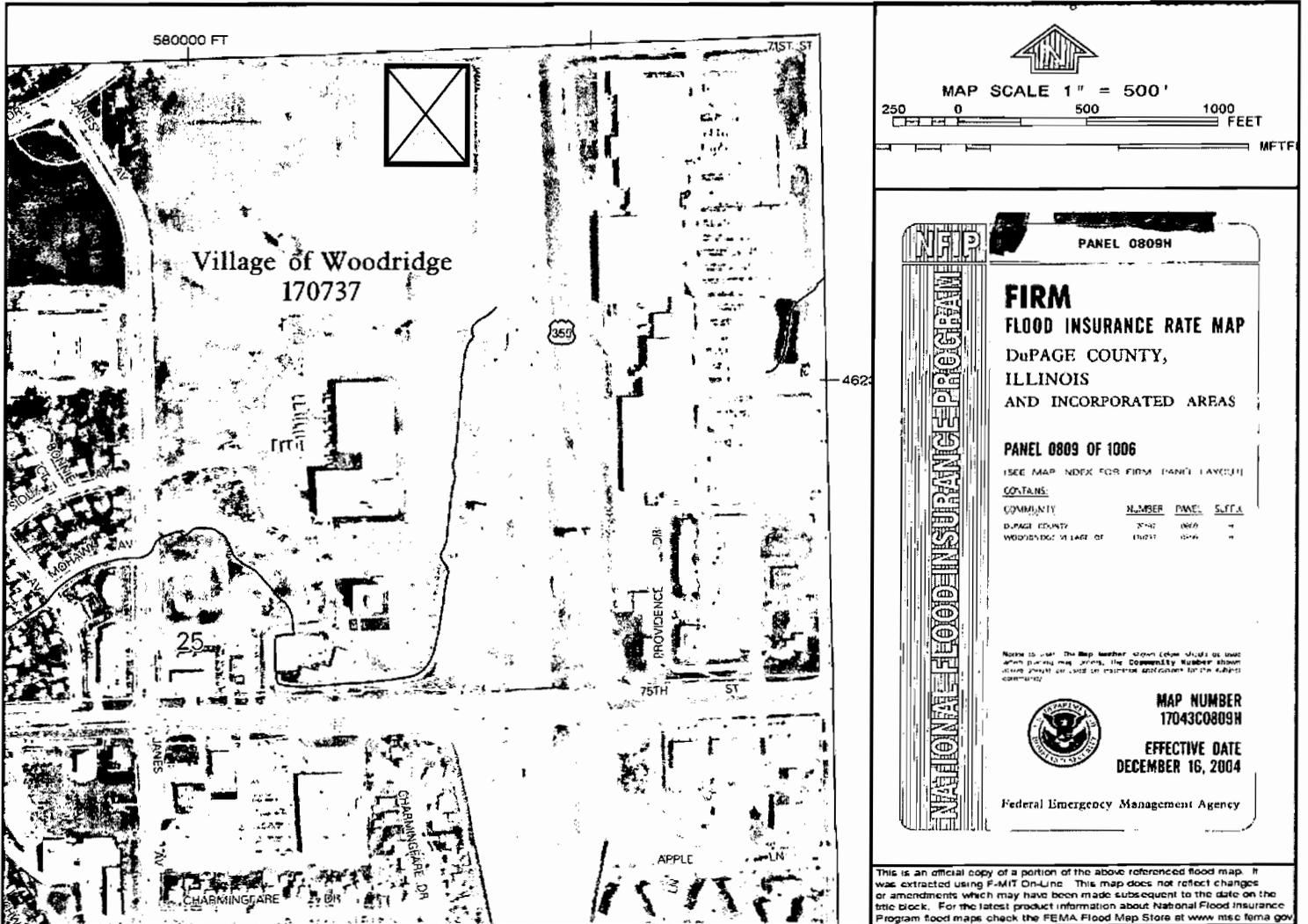
Fresenius Medical Care Ventures, LLC has a 51% membership interest in Fresenius Medical Care Naperbrook, LLC. Its address is 920 Winter Street, Waltham, MA 02451

Cronos Partners, LLC has a 49% membership interest in Fresenius Medical Care Naperbrook, LLC. Its address is 120 22nd Street, Oak Brook, IL 60523.



Flood Plain Requirements

The proposed site for the relocation of Fresenius Medical Care Evergreen Park complies with the requirements of Illinois Executive Order #2005-5. The site, 7155 Janes Avenue, Woodridge, is not located in a flood plain.





copy

August 17, 2016

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division Manager
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Dear Ms. Leibowitz:

I am requesting an expedited review of the below mentioned site for CON submittal. Fresenius Medical Care Naperville, LLC is seeking a Certificate of Need permit to establish a 12-station dialysis facility at 7155 Janes Avenue, Woodridge. Fresenius Kidney Care Woodridge will be in leased space in an existing building and will build out the interior.

In accordance with the Illinois Health Facilities Planning Board requirements for the Certificate of Need, I am requesting a letter of determination concerning the applicability of the Historic Preservation Act to this Project.

Attached you will find the following:

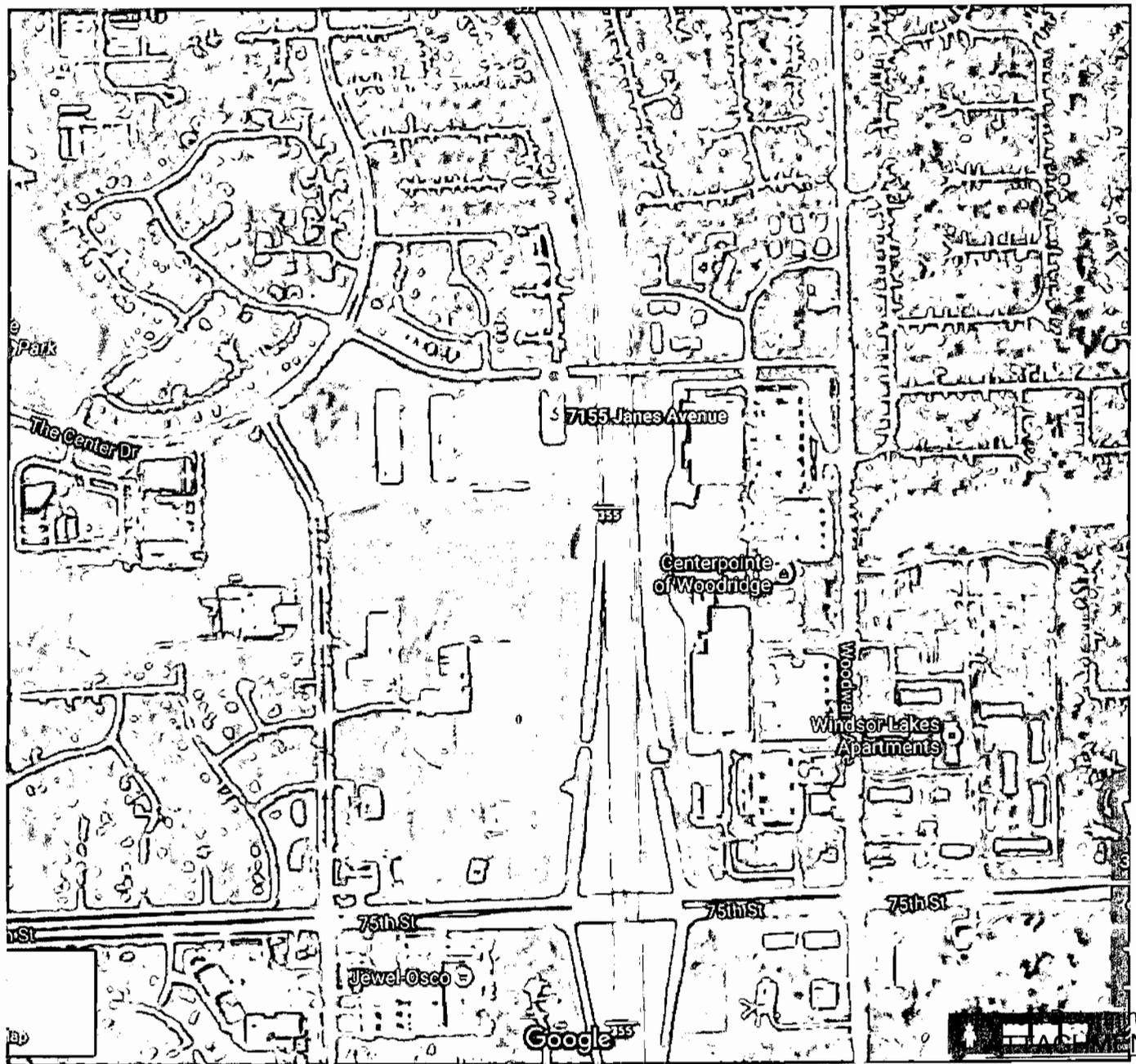
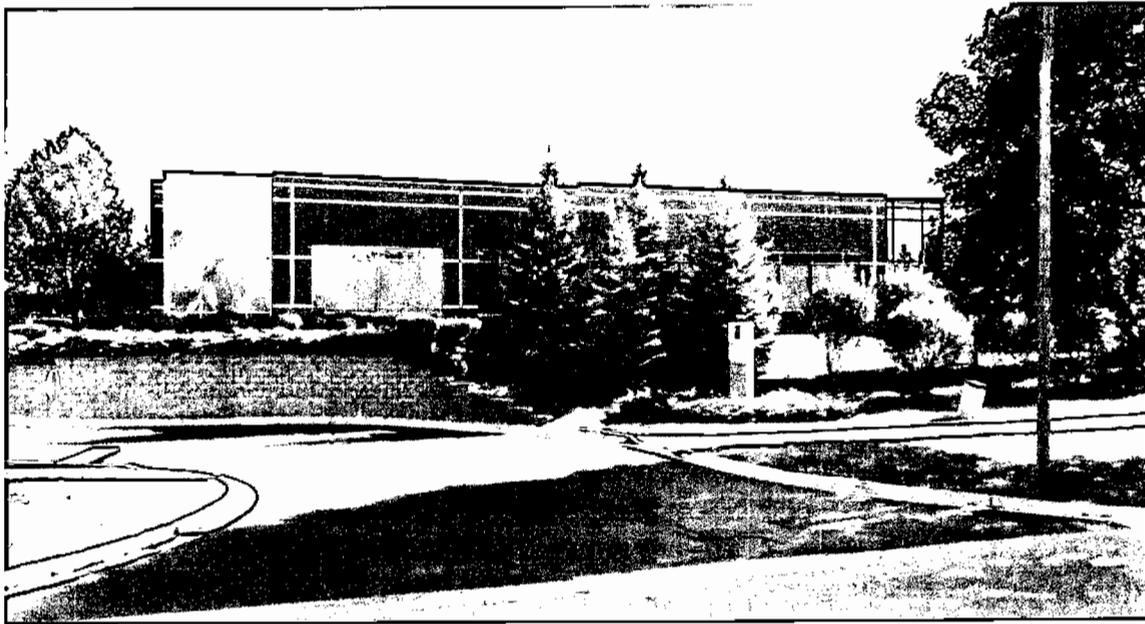
- Aerial Map of site
- Street View

Please let me know as soon as possible if you require any additional information. Thank you for your assistance in this matter.

Sincerely,

Lori Wright
Senior CON Specialist

Phone 630-960-6807
Email lori.wright@fmc-na.com



SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	68,800
Temp Facilities, Controls, Cleaning, Waste Management	3,400
Concrete	17,600
Masonry	21,000
Metal Fabrications	10,300
Carpentry	121,000
Thermal, Moisture & Fire Protection	25,000
Doors, Frames, Hardware, Glass & Glazing	94,200
Walls, Ceilings, Floors, Painting	222,200
Specialities	17,200
Casework, Fl Mats & Window Treatments	8,300
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	440,300
Wiring, Fire Alarm System, Lighting	265,300
Miscellaneous Construction Costs	61,400
Total	1,376,000
Contingencies	
	\$136,000
Architecture/Engineering Fees	
	\$148,000
Moveable or Other Equipment	
Dialysis Chairs	30,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	35,000
Water Treatment	180,000
TVs & Accessories	30,000
Telephones	20,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	15,000
	\$375,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (8,000 GSF)	1,401,564
FMV Leased Dialysis Machines	200,550
FMV Leased Office Equipment	13,000
	\$1,615,114
Grand Total	\$3,650,114

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#14-012	Fresenius Medical Care Gurnee	Relo/Expansion	12/31/2016	Open 3/21/16 awaiting CMS certification
#14-019	Fresenius Medical Care Summit	Establishment	12/31/2016	Open 8/03
#13-040	Fresenius Medical Care Lemont	Establishment	09/30/2016	Open 7/06
#14-026	Fresenius Medical Care New City	Establishment	09/30/2017	Construction Underway – Opening 10/2016
#14-047	Fresenius Medical Care Humboldt Park	Establishment	12/31/2016	Construction Underway – Opening 12/2016
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016	Opening 9/2016
#15-001	Fresenius Medical Care Steger	Expansion	12/31/2016	Done – Waiting for CMS certification
#15-022	Fresenius Medical Care Blue Island	Expansion	12/31/2016	Done – Waiting for CMS certification
#15-024	Fresenius Medical Care Chicago	Change Ownership	12/31/2016	In Negotiations
#15-034	Fresenius Medical Care South Holland	Expansion	12/31/2015	Done – Waiting for CMS certification
#15-028	Fresenius Medical Care Schaumburg	Establishment	02/28/2017	Obligated/Bidding/Permitting Phase
#15-036	Fresenius Medical Care Zion	Establishment	06/30/2017	Obligated/Bidding/Permitting Phase
#15-062	Fresenius Medical Care Belleville	Establishment	12/31/2017	Bidding/Permitting Phase

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	\$4,171,452		5,687		5,687		
Total Clinical	\$4,171,452		5,687		5,687		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,112,431		1,580		1,580		
Total Non-clinical	\$1,112,431		1,580		1,580		
TOTAL	\$5,283,883		8,000		8,000		

Fresenius Kidney Care

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

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

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

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

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

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

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

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

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

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

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

Locally, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised \$22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	-	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care Naperville, LLC

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

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

By: *[Signature]*
ITS: Regional Vice President

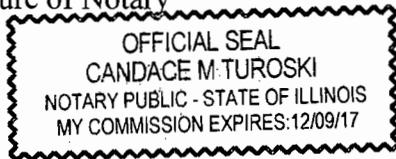
Notarization:

Subscribed and sworn to before me
this 12th day of August, 2016

Candace M. Turoski

Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: *[Signature]*
ITS: **Maria T. C. Notar**
 Assistant Treasurer

By: *[Signature]*
ITS: **Bryan Mello**
 Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 18th day of August, 2016

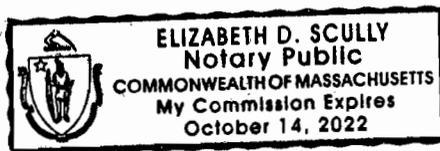
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2016

[Signature]
Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

This project will serve three purposes, the first being reactive by addressing overutilization in the Woodridge/Bolingbrook area and secondly by addressing the need for 60 stations in HSA 7. Lastly it is proactive planning to maintain access to dialysis services for future ESRD patients in an area of historic high utilization. Currently the Fresenius Bolingbrook and Naperbrook facilities, both of which serve the Bolingbrook/Woodridge area, are operating near 90% utilization. The only other clinic that serves this immediate area is US Renal Care Bolingbrook operating at 70%.

Fresenius' Bolingbrook facility has been between 80% - 98% for over ten years despite going from 17 stations to 24 stations during this time. The Fresenius Naperbrook facility (former Naperville facility) has also been operating between 80% - 100% for over ten years despite going from 15 to 18 stations (the last two station additions are awaiting certification but will remain at 80%). During this time, 4 years ago, 13 additional stations became operational at the US Renal Care Bolingbrook facility where the same physician group supporting this project serves as Medical Director. USRC Bolingbrook is operating at 70% utilization, 6 patients away from the 80% State utilization target.

These high utilization rates correspond to a high prevalence of end stage renal disease (ESRD) in the area, specifically in Bolingbrook, where there is a higher rate of ESRD. In Bolingbrook 1 out of 513 residents has ESRD. The State ratio is 1 out of 696 (based on 2014 projected census and 2014 Renal Network Annual Report). Bolingbrook's population is made up of 24% African American residents and 27% Hispanic residents. Both populations are more likely to experience diabetes and hypertension resulting in ESRD. Woodridge is 8% African American and 13% Hispanic. These two adjacent towns have seen a 23% growth of ESRD over the past year and a half going from 115 ESRD patients in 2014 to 141 ESRD patients as of June 2016.

The goal of Fresenius Kidney Care is to keep dialysis services accessible to this growing ESRD population as evidenced by the continued high utilization in the immediate area despite station additions. It is imperative to relieve the Bolingbrook and Naperbrook clinics serving this area while taking a proactive approach to provide for ESRD patients who will begin dialysis 2-3 years from now rather than waiting until there is no access. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Fresenius Naperbrook and Bolingbrook facilities have exceptional quality outcomes and the same is expected of the proposed Woodridge facility as listed below:

- 96% of patients had a URR \geq 65%
- 96% of patients had a Kt/V \geq 1.2

(Demographic data contained in the application was taken from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Clinic utilization from HFSRB and ESRD zip code census was received from The Renal Network.)

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

The alternative of doing nothing was not considered. This alternative would not alleviate high utilization in the Woodridge/Bolingbrook area where the NANI physicians serve.

Stations have already been added to the Fresenius Bolingbrook and Naperbrook facilities. The cost of these additions was under \$100,000.

Fresenius has also added 7 stations at its Naperville North facility which is within 30 minutes travel time, but does not generally serve the residents of Bolingbrook. The cost of this project was just under \$2,000,000. The patients identified for Naperville North live in north Naperville and Warrenville area primarily.

B. Pursuing a joint venture or similar arrangement

This facility will be a joint venture between Fresenius and physicians at Nephrology Associates of Northern Illinois (NANI). As the largest nephrology practice in Illinois, they currently have 85 physicians and 14 PA/NP practicing in northeast Illinois and northwest Indiana. Fresenius and dedicated NANI physicians have partnered on many facilities in the Chicago area to bring exceptional quality and continuity of care to thousands of dialysis patients.

C. Utilizing other health care resources

NANI physicians currently serve as medical directors and also admit patients to the majority of the facilities within 30-minute travel time. While there is some available access in the 30 minute travel zone, the Bolingbrook/Naperbrook facilities remain highly utilized where there is a higher ESRD population here. The combined overall utilization of the two Bolingbrook facilities and the Naperbrook facility is 90% as of June 2016. Additional access is needed to serve these populations so they will not have to travel out of their market for dialysis services. There is no cost for this alternative except to the patients in Bolingbrook/Woodridge who have restricted access due to high utilization and/or increased travel costs to dialyze out of the area.

There is some capacity in area clinics, but as mentioned above not in the immediate Bolingbrook/Woodridge service area. The Fresenius Lemont facility will be certified in the near future, however the application for #13-040 identified patients from a separate practice and area who will bring that facility to 80% in the next two years. Currently there are only handful of patients dialyzing in the Bolingbrook facility who reside in Lemont, however there are 28 in the Bolingbrook facility who live in Woodridge. These patients travel time would be increased if they were to have to travel to Lemont for treatment. It makes more sense to provide services where they reside.

Also, the Naperville North facility has capacity after just recently (February 2016) opening 7 additional stations to relieve historic high utilization there, however this project was also supported by patients from a separate area of North Naperville and Lisle.

Both the Naperville North and Lemont facilities are expected to reach 80% before the Woodridge facility is open approximately two years from now. Without the Woodridge facility, area facilities will be full given the current average utilization of clinics within 30 minutes that have been in operation over two years.

Given that there is minimal capacity at other facilities in DuPage County, it would be possible, but not feasible and definitely not in the patient's best interest from Woodridge/Bolingbrook to scatter them out over the entirety of DuPage County for treatment. Patients would lose continuity of care with the potential of changing nephrologists and also health care systems where they see other physicians. Even if this were possible, patients tend to stay within their community/health care system resulting in over utilization such as at Fresenius Naperbrook and Bolingbrook.

- Over the past several years Fresenius has considered proposing a third dialysis clinic in Bolingbrook to alleviate high utilization. It was decided to establish the Naperbrook facility to serve residents of Bolingbrook and of Naperville who live in Will County. This facility remains highly utilized despite the addition of stations.
- A third north-side Bolingbrook facility again was considered along with Woodridge, but rejected due to acceptable site limitations and also the desire to provide access in a new area to provide for the Woodridge patients that often end up at the Bolingbrook facilities, limiting access for patients who reside in Bolingbrook.
- An ideal site was found at 7155 Janes Avenue in Woodridge. As discussed further in this application the intent of this project is to alleviate high utilization at the Bolingbrook facilities and the Naperbrook facility by establishing the Woodridge facility which will provide access for residents of northern Bolingbrook, Woodridge and southeast Naperville who now travel to the Bolingbrook facilities. The cost of this project is \$3,650,114.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	\$0	This alternative would provide continued access	The only area the facility could potentially expand would create a treatment floor where all patients are not readily visible to staff which would put the patient's safety at risk.	Cost would be to Fresenius Kidney Care only, however would not create a desired outcome of access and patient safety.
Joint Venture	\$3,650,114	This facility will be a joint venture with the NANI physicians. Fresenius maintains majority ownership and control of its joint ventures. The total project costs would be shared between Fresenius Kidney Care and the physicians.		
Utilize Area Providers	\$0	NANI physicians currently are medical directors and admit to the Fresenius Bolingbrook and Naperbrook facilities and to the USR Bolingbrook facility all of which are operating at high utilization levels	Quality at the Fresenius clinics would remain the same, however patient's quality of life may decrease if forced to travel out of the area for treatment.	No financial cost to Fresenius Kidney Care Health care costs increase as patient's quality declines. Cost of patient's transportation would increase.
Establish Fresenius Kidney Care Woodridge	\$3,650,114	Access to dialysis services will be maintained for years to come in an area exhibiting high rates of ESRD. Current high utilization will be reduced. Additional schedule times will become available to accommodate individual patient's needs.	Patient clinic quality would remain above standards. Patient satisfaction and quality of life would improve with additional access to preferred treatment schedule times.	The cost is to Fresenius Kidney Care and the NANI physicians who are treating these patients and desire to invest in this market.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Patients at Fresenius Naperbrook and Bolingbrook have achieved average adequacy outcomes of:

- 96% of patients had a URR \geq 65%
- 96% of patients had a Kt/V \geq 1.2

and the same is expected for Fresenius Kidney Care Woodridge.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	6,240 (12 Stations)	5,400 – 7,800 BGSF	None	Yes
Non-clinical	1,760	N/A	N/A	N/A

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 6,240 BGSF for the in-center hemodialysis space falls within this range therefore meeting the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	IN-CENTER HEMODIALYSIS	Not Applicable New Facility	42%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		108%	80%	Yes

NANI has identified a total of 481 pre-ESRD patients in stages 3 & 4 of ESRD who reside in the vicinity of Woodridge, specifically Woodridge, Bolingbrook, and South Naperville. Of these they realistically expect that 138 would begin dialysis in the first two years after the opening of the Woodridge facility.

NANI identified a total of over 900 pre-ESRD patients living in the surrounding zip codes of Woodridge, however only those closest are represented in this application since the desire of Fresenius and the NANI physicians is to open up access where it is most needed, in Bolingbrook where the majority of area pre-ESRD patients reside, by creating additional access minutes away Woodridge. This will allow additional options for Woodridge, south Naperville and north Bolingbrook patients rather than continuing to refer patients to the Bolingbrook facilities or the Naperbrook facility.

The above calculation includes the potential referral of 47 identified pre-ESRD to Naperbrook, and the two Bolingbrook facilities that would bring those facilities to capacity.

In addition to the identified pre-ESRD patients, it is likely that there will be some patients who live in Woodridge who will transfer here from the Bolingbrook/Naperbrook facilities (there are currently 28 patients dialyzing at Fresenius Bolingbrook who reside in Woodridge). There will likely be a swapping of patients between facilities as patients may choose to move to a facility closer to home or to a facility that can provide a more accommodating treatment shift choice.

These referral rates are consistent with NANI's historic referrals for these zip codes. NANI referred 70 new ESRD patients for dialysis services from the three area zip codes in the last twelve month period.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Kidney Care Woodridge dialysis facility is located in DuPage County in HSA 7. HSA 7 is comprised of Suburban Cook, and DuPage Counties. According to the June 2016 inventory there is a need for 60 stations in this HSA.

The facility is near the border of Will County (HSA 9) and will serve the residents of Bolingbrook and south Naperville in that HSA. As of the June 2016 inventory there is a need for 19 additional ESRD stations here.

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

- A. The primary purpose of this project is to provide in-center hemodialysis services to the Bolingbrook/Woodridge area. Woodridge is in HSA 7 (DuPage County) and Bolingbrook is in HSA 9 (Will County). 56% of the patients identified for the Woodridge facility reside in HSA 9 and 44% reside in HSA 7.

Because the facility borders the two counties in different HSAs it is expected to equally serve both HSAs. As well, many of the 269* patients who reside in Bolingbrook in HSA 9 will likely remain in Bolingbrook as new treatment schedule times open up there due to the lowering of the utilization by the opening of the Woodridge facility. NANI also identified (not included in this application) 422 additional pre-ESRD who live in HSA 7's surrounding zip codes who could potentially be referred to the Woodridge facility or other are facilities in DuPage County.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Kidney Care Woodridge	
DuPage	7	212 Pts.	44%
Will	9	269 Pts.	56%

While there are slightly more patients identified from Will County, HSA 9, to be referred to the Woodridge facility, there are currently 28 Woodridge residents dialyzing at the Bolingbrook facility. It is expected that a portion could potentially transfer to the Woodridge facility upon opening.

*Of the total 481 patients identified it is expected that 138 would actually begin dialysis during the first two years of operation of the Woodridge facility.



Nephrology Associates

Enayat Osanloo, M.D.
Hsien-Ta Fang, M.D.
David J. Schlieben, M.D.
Board Certified in Nephrology

August 15, 2016

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

Dear Ms. Avery:

I am a nephrologist practicing in DuPage and Will Counties with Nephrology Associates of Northern Illinois (NANI). I am the Medical Director of the Fresenius Naperbrook dialysis center. I am writing to convey my strong support for the proposed Fresenius Kidney Care Woodridge dialysis facility. Over the past 12-plus years that I have been practicing here (formerly as medical director of the Bolingbrook facility), I have seen significant and continual growth of the ESRD population. The Fresenius Naperbrook and Bolingbrook dialysis facilities are consistently operating at high utilization rates making it sometimes difficult to place my patients on a shift to accommodate their needs. The US Renal Care Bolingbrook facility is also nearing the State Board 80% target utilization. Additional stations are needed to provide continuous access to the Woodridge/South Naperville/Bolingbrook area.

NANI nephrologists in this region were treating 371 in-center hemodialysis patients at the end of 2013, 374 patients at the end of 2014, 412 patients at the end of 2015, and 532 patients at the end of June 2016 as reported to The Renal Network. In the most recent 12-month period we referred 236 new ESRD patients for dialysis services to Fresenius Bolingbrook, Naperbrook, Naperville North, Downers Grove, Lombard, Plainfield, Willowbrook and US Renal Care Bolingbrook and Oak Brook. We currently are seeing over 900 pre-ESRD patients that reside in the zip codes surrounding the proposed Woodridge facility. Of these I expect approximately 138 could be referred to the new facility.

I therefore urge the Board to approve the 12-station Fresenius Kidney Care Woodridge facility to alleviate high utilization in the Woodridge/South Naperville/Bolingbrook area and to allow for continued foreseen growth of the ESRD population here. Thank you for your consideration.



Nephrology Associates

Enayat Osanloo, M.D.
Hsien-Ta Fang, M.D.
David J. Schlieben, M.D.
Board Certified in Nephrology

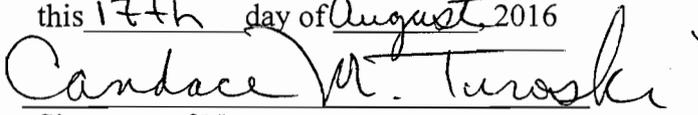
I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other pending or approved CON application.

Sincerely,


_____, M.D.
David Schlieben, M.D.

Notarization:

Subscribed and sworn to before me
this 17th day of August, 2016



Signature of Notary

Seal



**Pre-ESRD PATIENTS OF NANI THAT WILL LIKELY BE REFERRED TO THE
WOODRIDGE FACILITY**

City	Zip Code	Stage 3	Stage 4	Total
Bolingbrook	60440	204	65	269
Woodridge	60517	83	25	108
Naperville	60565	80	24	104
	Total	367	114	481

**NEW ESRD REFERRALS OF NANI IN THE WOODDRIDGE AREA
FOR 8/2015 – 7/2016**

Zip Code	Fresenius Kidney Care							US Renal Care		Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Naperville North	Plainfield	Willowbrook	Bolingbrook	Oak Brook	
60076								1		1
60101									2	2
60104									2	2
60106									1	1
60108									1	1
60126		1	1							2
60137			3		1				2	6
60139									2	2
60148		4	6						6	16
60153									1	1
60162									1	1
60163									1	1
60181			2						1	3
60187			1						1	2
60189			1	1	1					3
60302									1	1
60402									1	1
60403	1			1				1		3
60416			1							1
60430									1	1
60431	1			1						2
60433								2		2
60439								1		1
60440	9			1	1			21		32
60441								1		1
60446	8				1			4		13
60448				1						1
60455									1	1
60458								1	2	3
60465							1			1
60490	3			4				1		8
60491	1									1
60502					1					1
60504				1	1					2
60505				1						1
60513									1	1
60514								1		1
60515		2							3	5
60516	1	3	1						4	9
60517	3	1	2	1				2		9
60521									2	2
60523		1								1
60525							2		3	5
60527		1						1		2
60532	1	1	2	1	2			1		8
60536						1				1
60540			1	3	3					7
60544	1			1		4		2		8
60545						1				1
60552				1						1
60559		3						3	1	7
60561							2	2	1	5
60563					8					8
60564	1			5	2	1		1		10
60565				5	1					6
60585						1		1		2
60586						3		1		4
60603		1								1
60616		2								2
60617	1									1
60630									1	1
60638									2	2
60639	1									1
60644									1	1
60651									1	1
60707		1								1
60804						1				1
Total	32	21	21	28	22	12	5	48	47	236

IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2013

Zip Code	FRESENIUS KIDNEY CARE						US	Total
	Bolingbrook	Downers Grove	Lombard	Plainfield	Naperville (Naperville)	Naperville North	Willowbrook	
60026					1			1
60073						1		1
60074					1			1
60101		1	4					5
60107			1					1
60108						1		1
60126						1		1
60137		5	2			1		8
60139					1			1
60148		5	14			1		20
60153	1							1
60181		3	1					4
60187						1		1
60189		1				3		4
60302					1			1
60402	1							1
60403				1				1
60404				2				2
60410				1				1
60432	1							1
60435		1						1
60439	7							7
60440	53	1			5	3	1	64
60441	1							1
60446	16			2	1			19
60447				1				1
60465							1	1
60490	8					2		10
60502						1		1
60503					1	1		2
60504					10	6		16
60505					2	1		3
60506						1		1
60513	1					1		2
60514		1					1	2
60515		12	1		1		1	15
60516	1	8	2					11
60517	5	3			8	3	1	20
60523	1	3						4
60525							3	3
60527		1					2	3
60532		5	1		6	7		19
60540					5	10		15
60544	6			3	2			11
60555					1	1		2
60559		8	2		1		1	12
60561		5					1	6
60563					2	16		18
60564				2	6	2		10
60565	2				11	7		20
60585	1			3	1			5
60586				4	1	1		6
60636					1			1
60651			1					1
60804				1				1
Total	105	63	29	20	69	72	12	371

**IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2014**

Zip Code	Fresenius Kidney Care							US	Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook	RENAL CARE Oak Brook	
60074				1					1
60101		1	4						5
60107			1						1
60108			2						2
60126						1			1
60137		5	7						12
60148		4	11		1	1			17
60153	1		1						2
60181	1	3	2						6
60189		1				2			3
60195			1						1
60403					1				1
60404				1	1				2
60431					1				1
60432	1								1
60435		1			2				3
60436				1					1
60439	7								7
60440	44	1		11		3		1	60
60441	1								1
60443		1							1
60446	18		1	1	1				21
60447					1	1			2
60465	1								1
60490	7			1		2			10
60503				2		2			4
60504				8		7			15
60505				1		1			2
60506						1			1
60513						1			1
60514	1	1							2
60515		15		1					16
60516	1	8							9
60517	10	4		5		2	1		22
60521	1	1							2
60523	1	1	1						3
60527		2							2
60532		6		6		8			20
60540	1			2		17			20
60544	6			2	3				11
60545				1					1
60546		1							1
60555				1		1			2
60559		7	1	1					9
60561		5							5
60563				2		12			14
60564				8	2	2			12
60565	1			16		6			23
60585	1				1				2
60586					6				6
60608						1			1
60629	1								1
60632		1							1
60636				1					1
60644				1					1
60804					1				1
Total	105	69	32	74	21	71	1	1	374

**IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2015**

Zip Code	FRESENIUS KIDNEY CARE							US RENAL CARE	Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook	Bolingbrook	
60074				1					1
60101		1	3						4
60107	1		1						2
60108			2						2
60126		1							1
60137		4	7			1			12
60148		3	19			1			23
60153	1		1						2
60154			1						1
60162			1						1
60181		2	3						5
60189						3			3
60402	1								1
60403	1				1				2
60404					1				1
60435		1			1				2
60436					1				1
60439	6								6
60440	54	1		9		4	1	2	71
60441	1								1
60446	18				1			1	20
60447					1				1
60490	9			3		2			14
60503				3		2			5
60504				7	1	6			14
60505				3		1			4
60506						1			1
60513						1			1
60514	1								1
60515		14	1	1					16
60516	2	8	2						12
60517	11	3	1	6		1			22
60521	1						1		2
60523	1	2	1						4
60527		2					1		3
60532		6	2	4		6			18
60538						1			1
60540	1			3		18			22
60544	8			2	4				14
60546		1							1
60555				1		1			2
60559	1	5	1	1			1		9
60561	1	4					2		7
60563						17			17
60564	2			13	1	3			19
60565	2			16		4			22
60585					3				3
60586					8				8
60608						1			1
60623							1		1
60629	1								1
60632		1							1
60636				1					1
60639	1								1
60644				1					1
Total	125	59	46	75	23	74	7	3	412

IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA

JULY 2016

Zip Code	FRESENIUS KIDNEY CARE							US RENAL CARE		Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook	Bolingbrook	Oak Brook	
60074				1						1
60076								1		1
60101	1		1					1	2	5
60104									2	2
60106									1	1
60108			2			1			1	4
60126		1	1							2
60137		4	8			1			2	15
60139									2	2
60148		3	20			1			6	30
60153	1		1						1	3
60154			1							1
60162									1	1
60163									1	1
60181		3	3						1	7
60187			1						1	2
60188										0
60189			1			4				5
60302									2	2
60402	1		1						1	3
60403	1				1					2
60404					1					1
60429										0
60430									1	1
60433								2		2
60435		1			1					2
60436					1					1
60439	5	1						1	1	8
60440	54	1		10		4		22		91
60441	1							1		2
60446	22				1			6		29
60449										0
60453										0
60455									1	1
60458								1	3	4
60465							1			1
60490	9			4		2		1		16
60491	1									1
60502						1				1
60503				2		2				4
60504				6	1	5				12
60505				3		1				4
60506						1				1
60513						1			1	2
60514	1							1		2
60515		13	1	1					3	18
60516	2	8	2						4	16
60517	9	4	2	7		2		3		27
60521	1						1		1	3
60523	1	1	1							3
60525									3	3
60527		2					1	1		4
60532	1	7	5	3		5		1		22
60536					1					1
60540	1			4		14				19
60544	5			3	8			2		18
60545					1					1
60546		1								1
60552				1						1
60555				1		1				2
60558										0
60559		7		1			1	3	1	13
60561	*	4					3	3	1	11
60563				1		17				18
60564	1			19		2		1		23
60565	2			17		6				25
60585				1	2			1		4
60586					10			1		11
60603		1								1
60608						1				1
60623							1			1
60624										0
60629	1									1
60630									1	1
60632		1								1
60636				1						1
60638									2	2
60639	1									1
60644									1	1
60651									1	1
Total	122	63	51	86	28	72	8	53	49	532

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Service Accessibility – Service Restrictions

The proposed Fresenius Kidney Care Woodridge dialysis facility will be located in HSA 7 where there is a need for 60 ESRD stations according to the June 2016 inventory. This HSA is comprised of Suburban Cook and DuPage Counties. The facility is on the south end of DuPage County and will also serve north Will County (HSA 9), specifically Bolingbrook. There is a need for 19 additional stations in HSA 9. The facility is situated to relieve high utilization at the Fresenius Naperbrook and Bolingbrook facilities.

Access restrictions exist due to the high average utilization of facilities in far north Will County, specifically the Naperbrook and Bolingbrook facilities. These facilities are both operating at 90% utilization despite station additions. The high utilization rate in an area with high prevalence of ESRD has created a lack of access and availability of favored treatment schedule times. As mentioned previously, in Bolingbrook 1 out of 513 residents has ESRD. The State ratio is 1 out of 696 (based on 2014 projected census and 2014 Renal Network Annual Report). Bolingbrook's population is made up of 24% African American residents and 27% Hispanic residents. Both populations are more likely to experience diabetes and hypertension resulting in ESRD. Woodridge is 8% African American and 13% Hispanic. These two adjacent towns have seen a 23% growth of ESRD over the past year and a half going from 115 in 2014 to 141 ESRD patients as of June 2016

It is important to note that 84% of the travel times on the following page, as calculated per Board rules, include the patients travelling to dialysis treatment via Chicago area highways/tollways. Not only is this not the majority of patient's choice route of travel, it creates higher transportation costs with tolls and puts patient's safety at risk since they are most often elderly and ill. This will also send them outside of their healthcare market. They lose continuity of care with having to change nephrologists and in an emergency would be sent to the closest area hospital where their primary care and other specialist may not practice.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS WOODRIDGE

(Calculated with MapQuest Classic shortest travel time and adjusted per Board rules)

Facility	Address	City	ZIP Code	MapQuest		Time Adjusted x1.15	Includes HWY Travel?	June 2016		
				Miles	Time			Stations	Patients	Utl
Fresenius Lemont¹	16177 W 127th Street	Lemont	60439	7.91	10	12	Y	12	0	0%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	7.15	11	13	Y	24	129	89.58%
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	7.46	12	14	Y	24	129	89.58%
USRC Oak Brook	1201 Butterfield Road	Downers Grove	60515	8.87	12	14	Y	13	54	69.23%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	9.46	12	14	Y	16	67	69.79%
Fresenius Willowbrook	6300 S Kingery Hwy	Willowbrook	60527	5.98	13	15	N	20	79	65.83%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	9.55	13	15	Y	12	55	76.39%
Fresenius Naperville	2451 S. Washington	Naperville	60565	7.22	14	16	N	16	86	89.58%
Nocturnal Dialysis Spa²	1634 S. Ardmore	Villa Park	60181	12.48	17	20	Y	12	1	1%
Fresenius Naperville No ³	516 W 5th Ave	Naperville	60563	8.41	18	21	N	21	73	57.94%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.71	18	21	Y	28	121	72.02%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	15.45	19	22	Y	22	92	69.70%
DaVita New Lenox	1890 Silver Cross Blvd.	New Lenox	60432	16.29	19	22	Y	19	91	79.82%
Fresenius Plainfield No Morris relo⁴	24024 Riverwalk Court	Plainfield	60544	15.4	20	23	Y	10	14	23.00%
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	16.58	22	25	y	16	70	72.92%
Fresenius Glendale Heights	130 E Army Trail Road	Glendale Heights	60139	18.08	22	25	Y	29	123	70.69%
Fresenius Summit⁵	7319 Archer Avenue	Summit	60501	18.23	22	25	Y	12	0	0%
Loyola Dialysis*	1201 W Roosevelt Rd	Maywood	60153	18.61	22	25	Y	30	-	-
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	20.89	23	26	Y	28	141	83.93%
Fox Valley	1300 Waterford Dr	Aurora	60504	12.78	25	29	N	29	127	72.99%
USRC Villa Park	200 E North Avenue	Villa Park	60181	17.29	25	29	Y	13	72	92.31%
DaVita Stoney Creek	6246 W 95TH St	Oak Lawn	60453	20.01	25	29	Y	12	70	97.22%
DaVita Chicago Ridge⁶	10511 S Harlem	Worth	60482	20.28	25	29	Y	16	14	14.58%
Fresenius Joliet	721 E. Jackson Street	Joliet	60432	20.09	26	30	Y	16	79	82.29%
Maple Ave Kidney Cntr	610 S Maple Ave	Oak Park	60304	20.58	26	30	Y	18	71	65.74%
Utilization of all clinics in operation over 2 years within 30 minutes										75%

1. Fresenius Lemont open awaiting certification - at beginning of 2-year ramp up period.
2. Nocturnal Dialysis Spa open awaiting certification - at beginning of 2-year ramp up period.
3. Fresenius Naperville No - 7 new stations certified February 2016 and are in 2-year ramp up period.
4. Fresenius Plainfield No (Morris) relo to open fall 2016 and will begin 2-year ramp up period.
5. Fresenius Summit open awaiting certification - will begin 2-year ramp up period.
6. DaVita Chicago Ridge certified March 2016 and is at beginning of 2-year ramp up period.

* Loyola Dialysis did not report June 2016 Utilization

Facilities below were found to be over 30 minutes travel time.						
Fresenius River Forest	103 Forest Avenue	River Forest	60305	20.59	26	29.9
DaVita West Joliet	1051 Essington Road	Joliet	60435	19.7	27	31.05
Fresenius Plainfield	2320 Michas Drive	Plainfield	60586	20	27	31.05
Fresenius Oak Park	733 Madison St	Oak Park	60302	21.59	27	31.05
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	20	28	32
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	21.98	28	32.2
Fresenius North Ave	911 W North Avenue	Melrose Park	60160	20.96	31	35.65
Fresenius Midway	6201 W 63rd St	Chicago	60638	21.73	30	34.5
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	23.2	30	34.5
Sun Health Dialysis	2121 W Oneida St	Joliet	60435	27.01	30	34.5

Clinic below omitted due to only providing respite care and not regular in-center dialysis						
NxStage	1600 W. 16th Street	Oak Brook	60521	11.84	17	20

While the applicant understands and respects travel time calculations per the Board rules, we also ask the Board consider that most patients would not choose to travel the congested Chicago area highways/tollways and would choose to travel main area roads. Following is a list of clinics within 30 minutes calculated via MapQuest Classic avoiding highways/tollways and adjusted x1.15 per Board rules for traffic congestion. There is a vast difference between the clinics considered within 30 minutes via highway vs. main local roads.

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Facilities Within 30-Minutes Travel Time Avoiding Highway/Tollway Travel

Facility	Address	City	Zip Code	MapQuest		Time Adj x1.15	Time W/O HWY Adjusted x1.15	June 2016		
				Miles	Time			Stations	Patients	Utl
Fresenius Willowbrook	6300 S Kingery Hwy	Willowbrook	60527	5.98	13	15	15	20	79	65.83%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	7.15	11	13	15	24	129	89.58%
Fresenius Naperville	2451 S. Washington	Naperville	60565	7.22	14	16	16	16	86	89.58%
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	7.46	12	14	16	24	129	89.58%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	9.46	12	14	16	16	67	69.79%
USRC Oak Brook	1201 Butterfield Road	Downers Grove	60515	8.87	12	14	17	13	54	69.23%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	9.55	13	15	17	12	55	76.39%
Fresenius Lemont ¹	16177 W 127th Street	Lemont	60439	7.91	10	12	20	12	0	0.00%
Fresenius Naperville No ²	516 W 5th Ave	Naperville	60563	8.41	18	21	21	21	73	57.94%
Nocturnal Dialysis Spa ³	1634 S. Ardmore	Villa Park	60181	12.48	17	20	23	12	1	1.00%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.71	18	21	26	28	121	72.02%
Fox Valley	1300 Waterford Dr	Aurora	60504	12.78	25	29	29	29	127	72.99%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	15.45	19	22	30	22	92	69.70%
Avg Utilization of facilities within 30 minutes travel time utilizing non-highway travel										76.00%

1. Fresenius Lemont open awaiting certification - will begin 2-year ramp up period.
2. Fresenius Naperville No - 7 new stations certified February 2016 and are in 2-year ramp up period.
3. Nocturnal Dialysis Spa open awaiting certification - will begin 2-year ramp up period.

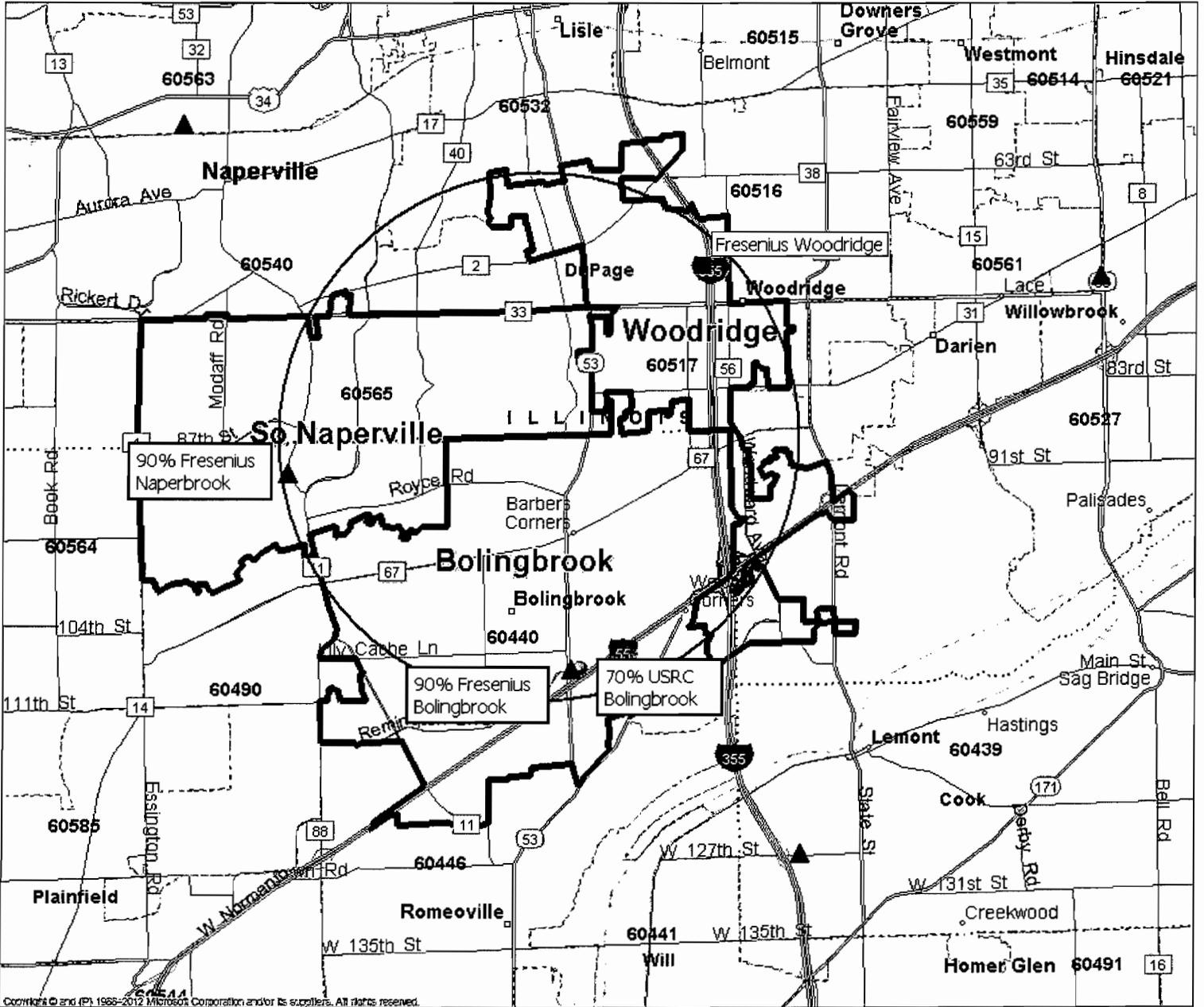
Facilities below are all over 30 minutes travel via non-highway travel										
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	16.58	22	25	31			
USRC Villa Park	200 E North Avenue	Villa Park	60181	17.29	25	29	32			
Fresenius Plainfield No	24024 Riverwalk Court	Plainfield	60544	15.4	20	23	33			
Fresenius Summit	7319 Archer Avenue	Summit	60501	18.23	22	25	35			
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	60153	18.61	22	25	37			
Fresenius Glendale Heights	130 E Army Trail Road	Glendale Heights	60139	18.08	22	25	38			
DaVita Chicago Ridge	10511 S Harlem	Worth	60482	20.28	25	29	38			
Fresenius Joliet	721 E. Jackson Street	Joliet	60432	20.09	26	30	39			
DaVita Stoney Creek	6246 W 95TH St	Oak Lawn	60453	20.01	25	29	40			
DaVita New Lenox	1890 Silver Cross Blvd.	New Lenox	60432	16.29	19	22	41			
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	20	28	32	43			
Maple Ave Kidney Cntr	6105 Maple Ave	Oak Park	60304	20.58	26	30	46			
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	20.89	23	26	47			

Within 30 minutes travel time, by either highway or main roads, the overall average utilization of clinics in operation over two years is 75%-76%. The clinic's utilization within 20 minutes is 76% and 79%. This combined with the high utilization of 90% at both Fresenius Bolingbrook and Naperville, HSA station need of 60 stations and a station to population ratio that demonstrates need support the establishment of Fresenius Woodridge.

Area Population Demographics

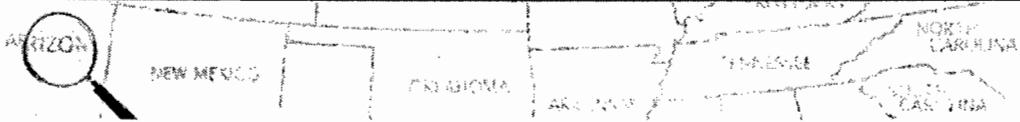
The high average utilization rates of clinics operating less than 2 years within 20 and 30 minutes travel time correspond to a high prevalence of end stage renal disease (ESRD) in the area, specifically in Bolingbrook, where there is a higher rate of ESRD. In Bolingbrook 1 out of 513 residents has ESRD. The State ratio is 1 out of 696 (based on 2014 projected census and 2014 Renal Network Annual Report). Bolingbrook's population is made up of 24% African American residents and 27% Hispanic residents. Both populations are more likely to experience diabetes and hypertension resulting in ESRD. Woodridge is 8% African American and 13% Hispanic. These two adjacent towns have seen a 23% growth of ESRD over the past year and a half going from 115 ESRD patients in 2014 to 141 ESRD patients as of June 2016.

**Map of Historically Highly Utilized Bolingbrook/Woodridge/So Naperville Area
That the Woodridge Facility Will Serve**



Patients Identified for Fresenius Medical Care Woodridge

City	Zip Code	Stage 3	Stage 4	Total
Bolingbrook	60440	204	65	269
Woodridge	60517	83	25	108
Naperville	60565	80	24	104
	Total	367	114	481



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Bolingbrook

Subject	ZCTA5 60440			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	53,762	+/-853	53,762	(X)
Male	26,262	+/-808	48.8%	+/-1.3
Female	27,500	+/-835	51.2%	+/-1.3
Under 5 years	4,069	+/-400	7.6%	+/-0.7
5 to 9 years	4,735	+/-389	8.8%	+/-0.7
10 to 14 years	3,727	+/-458	6.9%	+/-0.8
15 to 19 years	4,116	+/-436	7.7%	+/-0.8
20 to 24 years	3,612	+/-430	6.7%	+/-0.8
25 to 34 years	7,780	+/-602	14.5%	+/-1.1
35 to 44 years	8,339	+/-568	15.5%	+/-1.0
45 to 54 years	6,648	+/-472	12.4%	+/-0.9
55 to 59 years	3,401	+/-406	6.3%	+/-0.7
60 to 64 years	3,150	+/-423	5.9%	+/-0.8
65 to 74 years	2,729	+/-266	5.1%	+/-0.5
75 to 84 years	957	+/-193	1.8%	+/-0.4
85 years and over	499	+/-158	0.9%	+/-0.3
Median age (years)	33.3	+/-0.8	(X)	(X)
18 years and over	38,481	+/-832	71.6%	+/-1.1
21 years and over	36,370	+/-776	67.7%	+/-1.1
62 years and over	6,107	+/-434	11.4%	+/-0.8
65 years and over	4,185	+/-304	7.8%	+/-0.5
18 years and over	38,481	+/-832	38,481	(X)
Male	18,789	+/-646	48.8%	+/-1.1
Female	19,692	+/-565	51.2%	+/-1.1
65 years and over	4,185	+/-304	4,185	(X)
Male	1,997	+/-186	47.7%	+/-3.4
Female	2,188	+/-226	52.3%	+/-3.4
RACE				
Total population	53,762	+/-853	53,762	(X)

Subject	ZCTA5 60440			
	Estimate	Margin of Error	Percent	Percent Margin of Error
One race	52,137	+/-946	97.0%	+/-0.8
Two or more races	1,625	+/-432	3.0%	+/-0.8
One race	52,137	+/-946	97.0%	+/-0.8
White	28,468	+/-1,653	53.0%	+/-2.9
Black or African American	12,821	+/-1,170	23.8%	+/-2.2
American Indian and Alaska Native	187	+/-199	0.3%	+/-0.4
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	4,024	+/-682	7.5%	+/-1.2
Asian Indian	1,052	+/-419	2.0%	+/-0.8
Chinese	315	+/-203	0.6%	+/-0.4
Filipino	1,679	+/-546	3.1%	+/-1.0
Japanese	88	+/-60	0.2%	+/-0.1
Korean	130	+/-142	0.2%	+/-0.3
Vietnamese	117	+/-114	0.2%	+/-0.2
Other Asian	643	+/-253	1.2%	+/-0.5
Native Hawaiian and Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	6,637	+/-1,220	12.3%	+/-2.3
Two or more races	1,625	+/-432	3.0%	+/-0.8
White and Black or African American	794	+/-327	1.5%	+/-0.6
White and American Indian and Alaska Native	70	+/-69	0.1%	+/-0.1
White and Asian	281	+/-135	0.5%	+/-0.2
Black or African American and American Indian and Alaska Native	23	+/-39	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	53,762	+/-853	53,762	(X)
White	29,749	+/-1,718	55.3%	+/-3.0
Black or African American	13,909	+/-1,196	25.9%	+/-2.2
American Indian and Alaska Native	334	+/-232	0.6%	+/-0.4
Asian	4,570	+/-698	8.5%	+/-1.3
Native Hawaiian and Other Pacific Islander	7	+/-17	0.0%	+/-0.1
Some other race	6,849	+/-1,204	12.7%	+/-2.2
HISPANIC OR LATINO AND RACE				
Total population	53,762	+/-853	53,762	(X)
Hispanic or Latino (of any race)	14,418	+/-1,087	26.8%	+/-2.0
Mexican	12,517	+/-1,212	23.3%	+/-2.2
Puerto Rican	747	+/-350	1.4%	+/-0.6
Cuban	115	+/-95	0.2%	+/-0.2
Other Hispanic or Latino	1,039	+/-326	1.9%	+/-0.6
Not Hispanic or Latino	39,344	+/-1,234	73.2%	+/-2.0
White alone	21,343	+/-1,318	39.7%	+/-2.4
Black or African American alone	12,564	+/-1,156	23.4%	+/-2.1
American Indian and Alaska Native alone	47	+/-57	0.1%	+/-0.1
Asian alone	3,987	+/-679	7.4%	+/-1.2
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1
Some other race alone	132	+/-101	0.2%	+/-0.2
Two or more races	1,271	+/-374	2.4%	+/-0.7
Two races including Some other race	8	+/-13	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	1,263	+/-372	2.3%	+/-0.7

Subject	ZCTA5 60440			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	17,768	+/-422	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.



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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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Woodridge

Subject	ZCTA5 60517			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	32,533	+/-286	32,533	(X)
Male	16,235	+/-548	49.9%	+/-1.6
Female	16,298	+/-536	50.1%	+/-1.6
Under 5 years	2,042	+/-333	6.3%	+/-1.0
5 to 9 years	2,290	+/-319	7.0%	+/-1.0
10 to 14 years	1,608	+/-260	4.9%	+/-0.8
15 to 19 years	1,998	+/-362	6.1%	+/-1.1
20 to 24 years	2,178	+/-377	6.7%	+/-1.2
25 to 34 years	5,052	+/-446	15.5%	+/-1.4
35 to 44 years	5,006	+/-405	15.4%	+/-1.2
45 to 54 years	4,878	+/-395	15.0%	+/-1.2
55 to 59 years	2,416	+/-377	7.4%	+/-1.2
60 to 64 years	1,927	+/-298	5.9%	+/-0.9
65 to 74 years	2,297	+/-302	7.1%	+/-0.9
75 to 84 years	629	+/-157	1.9%	+/-0.5
85 years and over	212	+/-82	0.7%	+/-0.3
Median age (years)	37.1	+/-0.9	(X)	(X)
18 years and over	25,252	+/-451	77.6%	+/-1.4
21 years and over	24,244	+/-477	74.5%	+/-1.4
62 years and over	4,090	+/-345	12.6%	+/-1.1
65 years and over	3,138	+/-314	9.6%	+/-1.0
18 years and over	25,252	+/-451	25,252	(X)
Male	12,541	+/-465	49.7%	+/-1.4
Female	12,711	+/-346	50.3%	+/-1.4
65 years and over	3,138	+/-314	3,138	(X)
Male	1,480	+/-218	47.2%	+/-4.8
Female	1,658	+/-217	52.8%	+/-4.8
RACE				
Total population	32,533	+/-286	32,533	(X)

Subject	ZCTA5 60517			
	Estimate	Margin of Error	Percent	Percent Margin of Error
One race	31,219	+/-418	96.0%	+/-1.1
Two or more races	1,314	+/-370	4.0%	+/-1.1
One race	31,219	+/-418	96.0%	+/-1.1
White	23,429	+/-1,022	72.0%	+/-3.1
Black or African American	2,682	+/-659	8.2%	+/-2.0
American Indian and Alaska Native	55	+/-51	0.2%	+/-0.2
Cherokee tribal grouping	0	+/-23	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	3,749	+/-529	11.5%	+/-1.6
Asian Indian	1,392	+/-459	4.3%	+/-1.4
Chinese	591	+/-225	1.8%	+/-0.7
Filipino	1,376	+/-375	4.2%	+/-1.2
Japanese	51	+/-67	0.2%	+/-0.2
Korean	50	+/-44	0.2%	+/-0.1
Vietnamese	47	+/-43	0.1%	+/-0.1
Other Asian	242	+/-215	0.7%	+/-0.7
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	1,304	+/-542	4.0%	+/-1.7
Two or more races	1,314	+/-370	4.0%	+/-1.1
White and Black or African American	502	+/-255	1.5%	+/-0.8
White and American Indian and Alaska Native	52	+/-49	0.2%	+/-0.2
White and Asian	247	+/-205	0.8%	+/-0.6
Black or African American and American Indian and Alaska Native	2	+/-5	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	32,533	+/-286	32,533	(X)
White	24,447	+/-999	75.1%	+/-3.0
Black or African American	3,327	+/-774	10.2%	+/-2.4
American Indian and Alaska Native	109	+/-71	0.3%	+/-0.2
Asian	4,191	+/-547	12.9%	+/-1.7
Native Hawaiian and Other Pacific Islander	116	+/-168	0.4%	+/-0.5
Some other race	1,657	+/-619	5.1%	+/-1.9
HISPANIC OR LATINO AND RACE				
Total population	32,533	+/-286	32,533	(X)
Hispanic or Latino (of any race)	4,299	+/-698	13.2%	+/-2.1
Mexican	3,361	+/-686	10.3%	+/-2.1
Puerto Rican	292	+/-182	0.9%	+/-0.6
Cuban	113	+/-110	0.3%	+/-0.3
Other Hispanic or Latino	533	+/-287	1.6%	+/-0.9
Not Hispanic or Latino	28,234	+/-629	86.8%	+/-2.1
White alone	20,940	+/-873	64.4%	+/-2.7
Black or African American alone	2,620	+/-664	8.1%	+/-2.0
American Indian and Alaska Native alone	20	+/-22	0.1%	+/-0.1
Asian alone	3,665	+/-508	11.3%	+/-1.6
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1
Some other race alone	69	+/-65	0.2%	+/-0.2
Two or more races	920	+/-325	2.8%	+/-1.0
Two races including Some other race	37	+/-62	0.1%	+/-0.2
Two races excluding Some other race, and Three or more races	883	+/-319	2.7%	+/-1.0

Subject	ZCTA5 60517			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	13,407	+/-336	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

ZIP Code	Population
60101	39,119
60104	19,038
60108	22,735
60126	46,371
60130	14,167
60137	37,805
60139	34,381
60141	221
60143	10,360
60148	51,468
60153	21,406
60154	16,773
60155	7,927
60157	2,380
60160	25,432
60162	8,111
60163	5,209
60165	4,946
60181	28,836
60185	36,527
60187	29,016
60188	42,656
60189	30,472
60190	10,663
60402	63,448
60403	17,529
60415	14,139
60432	21,403
60433	17,160
60435	48,899
60439	22,919
60440	52,911
60441	36,869
60446	39,807
60448	24,423
60451	34,063
60453	56,855
60455	16,446
60457	14,049
60458	14,428
60459	28,929
60464	9,620
60465	17,495
60467	26,046
60480	5,246
60482	11,063
60490	20,463
60491	22,743
60501	11,626
60502	21,873
60503	16,717
60504	37,919
60505	76,573
60513	19,047
60514	9,708
60515	27,503
60516	29,084
60517	32,038
60521	17,597
60523	9,890
60525	31,168
60526	13,576
60527	27,486
60532	27,066
60534	10,649
60540	42,910
60543	36,156
60544	25,959
60546	15,668
60555	13,538
60558	12,960
60559	24,852
60561	23,115
60563	35,922
60564	41,312
60565	40,524
60585	22,311
60638	55,026
Total	1,992,745

Unnecessary Duplication/Maldistribution

1. (A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care Woodridge is 1 station per 4,258 residents according to the 2010 census. The State ratio is 1 station per 2,917 residents (based on 2015 census projections and the June 2016 Board station inventory).

There is no surplus of stations in the 30-minute service area as evidenced by the ratio of stations to population when compared to the State of Illinois ratio. These figures demonstrate a need for additional stations in Woodridge.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Kidney Care Woodridge will not create a maldistribution of services in regard to there being excess availability. The three clinics, Fresenius Bolingbrook, Naperbrook and US Renal Care Bolingbrook, where NANI physician's serve as Medical Director, that mainly serve the Bolingbrook/Woodridge/So Naperville areas are at a combined utilization rate of 83% creating a lack of access to treatment schedule times that best serve new patient's needs.

Unnecessary Duplication/Maldistribution
ATTACHMENT – 26c-1 to3

Facilities Within 30-Minutes Travel Time of Fresenius Kidney Care Woodridge

(Calculated with MapQuest Classic shortest travel time and adjusted per Board rules)

Facility	Address	City	ZIP Code	MapQuest		Time Adjusted x1.15	Includes HWY Travel?	June 2016		
				Miles	Time			Stations	Patients	Utl
Fresenius Lemont¹	16177 W 127th Street	Lemont	60439	7.91	10	12	Y	12	0	0%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	7.15	11	13	Y	24	129	89.58%
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	7.46	12	14	Y	24	129	89.58%
USRC Oak Brook	1201 Butterfield Road	Downers Grove	60515	8.87	12	14	Y	13	54	69.23%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	9.46	12	14	Y	16	67	69.79%
Fresenius Willowbrook	6300 S Kingery Hwy	Willowbrook	60527	5.98	13	15	N	20	79	65.83%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	9.55	13	15	Y	12	55	76.39%
Fresenius Naperville	2451 S. Washington	Naperville	60565	7.22	14	16	N	16	86	89.58%
Nocturnal Dialysis Spa²	1634 S. Ardmore	Villa Park	60181	12.48	17	20	Y	12	1	1%
Fresenius Naperville No³	516 W 5th Ave	Naperville	60563	8.41	18	21	N	21	73	57.94%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.71	18	21	Y	28	121	72.02%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	15.45	19	22	Y	22	92	69.70%
DaVita New Lenox	1890 Silver Cross Blvd.	New Lenox	60432	16.29	19	22	Y	19	91	79.82%
Fresenius Plainfield No Morris relo⁴	24024 Riverwalk Court	Plainfield	60544	15.4	20	23	Y	10	14	23.00%
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	16.58	22	25	y	16	70	72.92%
Fresenius Glendale Heights	130 E Army Trail Road	Glendale Heights	60139	18.08	22	25	Y	29	123	70.69%
Fresenius Summit⁵	7319 Archer Avenue	Summit	60501	18.23	22	25	Y	12	0	0%
Loyola Dialysis*	1201 W Roosevelt Rd	Maywood	60153	18.61	22	25	Y	30	-	-
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	20.89	23	26	Y	28	141	83.93%
Fox Valley	1300 Waterford Dr	Aurora	60504	12.78	25	29	N	29	127	72.99%
USRC Villa Park	200 E North Avenue	Villa Park	60181	17.29	25	29	Y	13	72	92.31%
DaVita Stoney Creek	6246 W 95TH St	Oak Lawn	60453	20.01	25	29	Y	12	70	97.22%
DaVita Chicago Ridge⁶	10511 S Harlem	Worth	60482	20.28	25	29	Y	16	14	14.58%
Fresenius Joliet	721 E. Jackson Street	Joliet	60432	20.09	26	30	Y	16	79	82.29%
Maple Ave Kidney Cntr	610 S Maple Ave	Oak Park	60304	20.58	26	30	Y	18	71	65.74%
Utilization of all clinics in operation over 2 years within 30 minutes										75%

1. Fresenius Lemont open awaiting certification - at beginning of 2-year ramp up period.
2. Nocturnal Dialysis Spa open awaiting certification - at beginning of 2-year ramp up period.
3. Fresenius Naperville No - 7 new stations certified February 2016 and are in 2-year ramp up period.
4. Fresenius Plainfield No (Morris) relo to open fall 2016 and will begin 2-year ramp up period.
5. Fresenius Summit open awaiting certification - will begin 2-year ramp up period.
6. DaVita Chicago Ridge certified March 2016 and is at beginning of 2-year ramp up period.

* Loyola Dialysis did not report June 2016 Utilization

As mentioned previously, the above calculations are 84% highway travel, a mode the majority of elderly and/or ill patients would not choose to travel to and from dialysis treatments that often leave patients exhausted and feeling ill and weak. Tollway travel increases patient's transportation costs and sends them out of their health care service area causing loss of continuity of care. If one looks at the facilities within 30-minutes via the preferred mode of travel, local main roads, the overall clinics within 30 minutes changes dramatically as seen on the following page.

Facilities Within 30-Minutes Travel Time Avoiding Highway/Tollway Travel

Facility	Address	City	Zip Code	MapQuest		Time Adj x1.15	Time W/O HWY Adjusted x1.15	June 2016		
				Miles	Time			Stations	Patients	Utl
Fresenius Willowbrook	6300 S. Kingery Hwy	Willowbrook	60527	5.98	13	15	15	20	79	65.83%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	7.15	11	13	15	24	129	89.58%
Fresenius Naperville	2451 S. Washington	Naperville	60565	7.22	14	16	16	16	86	89.58%
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	7.46	12	14	16	24	129	89.58%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	9.46	12	14	16	16	67	69.79%
USRC Oak Brook	1201 Butterfield Road	Downers Grove	60515	8.87	12	14	17	13	54	69.23%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	9.55	13	15	17	12	55	76.39%
Fresenius Lemont ¹	16177 W. 127th Street	Lemont	60439	7.91	10	12	20	12	0	0.00%
Fresenius Naperville No ²	516 W 5th Ave	Naperville	60563	8.41	18	21	21	21	73	57.94%
Nocturnal Dialysis Spa ³	1634 S. Ardmore	Villa Park	60181	12.48	17	20	23	12	1	1.00%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.71	18	21	26	28	121	72.02%
Fox Valley	1300 Waterford Dr	Aurora	60504	12.78	25	29	29	29	127	72.99%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	15.45	19	22	30	22	92	69.70%
Avg Utilization of facilities within 30 minutes travel time utilizing non-highway travel										76.00%

1. Fresenius Lemont open awaiting certification - will begin 2-year ramp up period.
2. Fresenius Naperville No - 7 new stations certified February 2016 and are in 2-year ramp up period.
3. Nocturnal Dialysis Spa open awaiting certification - will begin 2-year ramp up period.

Overall utilization of clinics not in the 80% target ramp up period within 30 minutes travel time (utilizing main road travel) is 76% utilization and jumps to 79% for those clinics within 30 minutes travel time. When clinics operate at high utilization rates patient's choice of treatment time schedules is eliminated creating access issues.

- 3A. Fresenius Kidney Care Woodridge will not have an adverse effect on any other area ESRD provider in that the new patients identified for this facility are pre-ESRD patients who would otherwise be referred to the over utilized Naperville or Bolingbrook facilities based on their home residence.
- B. Not applicable – applicant is not a hospital; however the utilization will not be lowered at any other ESRD facility due to the establishment of the Woodridge facility except the potential of some transfer patients from the Fresenius Bolingbrook or Naperville dialysis facilities which are over utilized, both at 90%. This would be a positive impact.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. David Schlieben is currently the Medical Director for Fresenius Medical Care Naperbrook and will also be the Medical Director for the proposed Fresenius Kidney Care Woodridge facility. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

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

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

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

Curriculum Vitae

Name David Schlieben, MD

Office Address 120 Spalding Drive, Suite 410
Naperville, IL 60540
(630) 369-0780 (630) 369-0780 Fax

Personal Birthday: July 16, 1971
Birthplace: Oak Lawn, Illinois

**Education/
Medical School** Rush Medical College Chicago, Illinois
Medical Degree 9/95-6/99

Internship Rush University Medical Center Chicago, Illinois
Straight Internship
Internal Medicine 7/99-6/00

Residency Rush University Medical Center Chicago, Illinois
Internal Medicine 7/00-6/02

Fellowship Rush University Medical Center Chicago, Illinois
Nephrology 7/02-6/04

Board Certification American Board of Internal Medicine
Internal Medicine 2002

American Board of Internal Medicine
Nephrology 2004

Licensure Illinois #036-106355

**Hospital
Memberships** Edward Hospital Naperville, Illinois

Central DuPage Hospital Winfield, Illinois

Adventist Glen Oaks Hospital Glendale Heights,
Illinois

**Professional
Experience**

Nephrology Associates of Northern Illinois Oak Park, Illinois
Physician 2004
Mailing Address: 855 Madison Street
Oak Park, IL 60302

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Woodridge facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

Fresenius Kidney Care Woodridge will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Woodridge facility, just as they currently are able to at all Fresenius Kidney Care facilities.

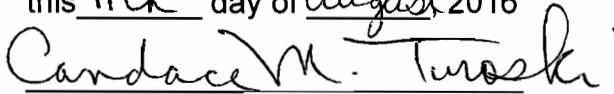


Signature

Coleen Muldoon
Printed Name

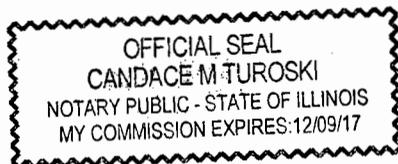
Regional Vice President
Title

Subscribed and sworn to before me
this 11th day of August 2016



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Fresenius Kidney Care Woodridge facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

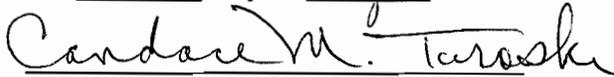
- Fresenius Kidney Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Kidney Care Woodridge during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services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



Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of August, 2016



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Kidney Care Woodridge is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Kidney Care Woodridge will have 12 dialysis stations thereby meeting this requirement.

**PATIENT TRANSFER AGREEMENT BETWEEN
EDWARD HOSPITAL AND FRESenius MEDICAL CARE
OF NAPERVILLE NORTH**

This Agreement is made and is effective as of the 27th day of October, 2010 by and between **Fresenius Medical Care Woodridge** ("**Fresenius-Woodridge**") and **Edward Hospital** ("**Hospital**"), located at 801 S. Washington Street, Naperville, IL 60540.

Whereas, **Fresenius-Woodridge** has submitted a Certificate of Need application to the Illinois Health Facilities Planning Board for approval of a free standing renal dialysis center (the "**Center**") for treatment of patients with end-stage renal disease to be located in Naperville, Illinois;

Whereas, **Edward Hospital** operates an Illinois licensed acute care hospital (the "**Hospital**") located in Naperville, Illinois; and

Whereas, in connections with the above Certificate of Need approval, **Fresenius-Woodridge** and **Edward Hospital** desire to enter into this transfer agreement to assure continuity of care and treatment appropriate for patients receiving dialysis services at the Center (the "**Center Patients**") who are determined to be in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Fresenius-Naperville North and the Hospital hereby agree as follows:

1. When it is determined by the Center that a Center Patient is in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital, and when a Hospital physician accepts transfer of a Center Patient, then Hospital agrees to accept such a patient transfer as promptly as possible provided that transfer requirements are met and adequate staff and bed space to accommodate such a patient are available. Fresenius-Naperville North will be responsible for the transfer of the Center Patient, including arranging for appropriate transportation and care of the patient during the transfer.
2. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in rendering services hereunder, to foster the prompt effective evaluation, treatment and continuing care of recipients of these services.
3. The parties agree that that services provided by each party in connection with this Agreement will be provided in conformity with all applicable federal, state, and local laws, standards, rulings, ore regulations. This shall include the obligation to comply with all State of Illinois and federal laws and regulations governing the confidentiality and release of patient medical record and health information, including, but not limited to, the privacy standards of Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**") and the regulations promulgated thereunder. The parties also agree to comply with the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations ("**JCAHO**").
4. Charges for services performed by either institution in connection with this Agreement shall be collected by the institution rendering such services directly from the patient, third party payor or other sources normally billed by the institution. Neither party shall have any liability to the other party for such charges.
5. Each party acknowledges the non-exclusive nature of the Agreement, and nothing in this agreement shall be construed as limited the right of either party to contract under similar agreements with any other institution while this Agreement is in effect.

6. The relationship between Fresenius-Naperville North and the Hospital shall be that of independent contractors. The governing body of each institution shall have exclusive control of policies, management, assets, and affairs of its respective institution. Neither institution shall assume any liability by virtue of this Agreement for any debts or other obligations of a financial or legal nature incurred by the other institution. Each part will maintain professional and general liability insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement, or from the acts or omissions of any of their respective officers, directors, employees or agents. Such insurance shall be maintained at such minimum levels as are determined to be mutually acceptable. In the event that such insurance is not on an "occurrence basis" and is canceled or terminated, the party cancelling or terminating such insurance shall at all times, including without limitation, after the expiration and termination of this Agreement for any reason, maintain continuing insurance coverage for such cancelled policy of insurance through the purchase of "prior acts" coverage with a subsequent policy of insurance, which provides for a retroactive date of coverage equal to the retroactive date of the insurance policy that was cancelled or terminated, the purchase of an extended reporting endorsement or "tail coverage" for the policy that was cancelled or terminated, or such other method which assures continuing coverage. Each party shall provide the other party with a certificate of insurance or other reasonable evidence that the insurance coverage requirements of this Agreement have been met. Such evidence shall be provided upon the execution of this Agreement, and thereafter in the event of any modification or change in coverage, or upon the other party's request. Each party shall notify the other party in writing at least thirty (30) days prior to cancellation, modification, or non-renewal of its liability coverage. Each party shall notify the other in writing within fifteen (15) days after any notice is received of cancellation or non-renewal of its liability coverage.
7. The parties agree to assume the risk of liability for and to indemnify and hold each other and their respective officers, agents, and employees harmless from and against all claims, causes of action, damages, suits, judgments, liabilities, losses, and expenses, including damages for the death of any person or persons and damages to any property ("Losses"), resulting from, arising out of, or connected with the negligent acts or omissions of their respective employees and agents. This covenant shall survive any termination of this Agreement.
8. **The term of the Agreement shall be one year from the date of execution, and shall automatically renew for successive one (1) year periods thereafter unless terminated as follows:**
- i. Either party may terminate this Agreement at any time, without cause, upon ninety (90) days advance written notice to the other party;
 - ii. In the event that either party notifies the other party in writing that the other party has materially defaulted in the performance of any obligation under this Agreement, and the other party fails to cure such default within thirty (30) days following the receipt of such written notice, or such other longer time as may be mutually agreed to by the parties in writing. Any such notice of default shall include a reasonable description or explanation of the nature of the default. All notices, requests, demands, and other communications required or permitted hereunder shall be in writing and shall be deemed to have been duly delivered then (10) days after date of mailing via regular mail, or sooner upon presentation of adequate proof of earlier delivery, if delivered in person or if sent via overnight courier or by registered, or certified, first class mail, postage prepaid. Notices shall be sent to the signatories to this Agreement, with a copy to the Pediatric Intensive Care Medical Director at the respective institutions.
9. This Agreement shall automatically terminate without regard to notice upon the date that either party to this Agreement:
- a) Ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services;
 - b) Fails to renew, has suspended, or revoked any necessary licensure to provide health care services in the State of Illinois; or
 - c) Either party dissolves or ceases its operations as an acute care hospital in the State of Illinois or files a petition in bankruptcy or is adjudicated bankrupt.

- 10. In providing services under this Agreement, each party agrees not to discriminate on the basis of race, color, sex, age, religion, national origin, handicap or any other legally prohibited factor.
- 11. This Agreement constitutes the entire agreement between the parties hereto, and there are no representations, warranties, or prior understandings except as expressly set forth herein. Neither this Agreement nor any term or provision hereof may be changed, waived, discharged, terminated or otherwise modified, except in writing executed with the same formalities as this Agreement. This Agreement shall be deemed to have been made and shall be construed and interpreted in accordance with the laws of the State of Illinois.
- 12. Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.
- 13. The waiver by any party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions.
- 14. If any provision of this Agreement, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Agreement or the application of such provision to any person or circumstance other than those to which it is held invalid, shall not be affected thereby, each of such provisions being severable in any such instance.

IN WITNESS WHEREOF, the Agreement has been executed by the parties on the date first written above.

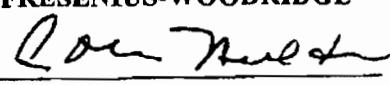
EDWARD HOSPITAL

By: 
Signature

Name Printed: _____

Title: _____

FRESENIUS-WOODRIDGE

By: 
Signature

Name Printed: Coleen Muldoon

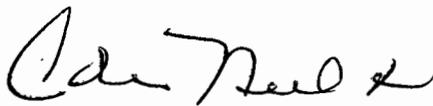
Title: RVP

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the West Chicago Region of Fresenius Kidney Care. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Kidney Care Woodridge, I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care Woodridge in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Kidney Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - 90% of patients had a URR \geq 65%
 - 96% of patients had a Kt/V \geq 1.2

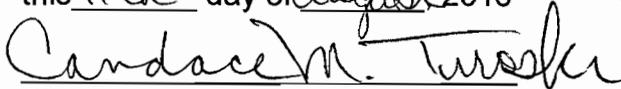
and same is expected for Fresenius Kidney Care Woodridge.



Signature

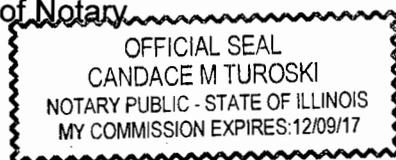
Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of August 2016



Signature of Notary

Seal





Cushman & Wakefield of
 Illinois, Inc.
 200 S. Wacker Drive
 Suite 2800
 Chicago, IL 60606
 (312) 470-1800 Tel
 (312) 470-3800 Fax
 www.cushwake.com

August 18, 2016

Mr. Albert M. Lindeman
 Senior Vice President
 SVN Chicago Commercial
 940 W Adams St., Suite 200
 Chicago, IL 60607

RE: 7155 Janes Ave
 Woodridge, IL 60517
 Letter Of Intent

Dear Albert,

Cushman & Wakefield has been exclusively authorized by FRESENIUS KIDNEY CARE, a wholly owned subsidiary of FRESENIUS MEDICAL CARE Holdings, Inc. d/b/a FRESENIUS MEDICAL CARE North America ("FMCNA") to present the following Letter of Intent to lease space from your company.

- LANDLORD:** 7155 Janes B, LLC
24632 Elm Rd, Lake Forest, IL 60045
- TENANT:** Fresenius Medical Care Naperbrook, LLC
- LOCATION:** 7155 Janes Ave, Woodridge, IL 60517.
- INITIAL SPACE REQUIREMENTS:** Approximately 8,000 sq.ft.
- PRIMARY TERM:** An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
- DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.
- OPTIONS TO RENEW:** Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon 90% of market rent. Tenant shall provide six months (6) sixty (60) days' prior written notification of its desire to exercise the option.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

RENTAL RATE: \$16.00 Net.

ESCALATION: 2% per year beginning in the second lease year.

LANDLORD BASE BUILDING WORK: Landlord shall deliver the premises with the following base building items in place.

1. 2 inch water service. Minimum dynamic pressure of 60 psi.
2. 800 amp 3 phase electrical service.
3. 4 inch sewer line out with positive invert.
4. 24 tons of HVAC service with humidity controls.
5. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls.
6. Entire building must sprinklered.
7. Porte Cochere

RENT ABATEMENT: A rent free period of 5 months upon commencement.

USE: FRESENIUS KIDNEY CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS KIDNEY CARE may operate on the Premises, at FRESENIUS KIDNEY CARE's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

CONTRACTOR FOR TENANT IMPROVEMENTS: FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.

DELIVERIES: FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR: FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS: FRESENIUS KIDNEY CARE will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

PARKING: Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense). FMC will need at least 45 parking stalls.

BUILDING CODES: FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

CORPORATE IDENTIFICATION: Tenant shall have signage rights in accordance with local code.

COMMON AREA EXPENSES AND REAL ESTATE TAXES: Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its proportionate share of the leased premises associated with the building.

ASSIGNMENT/ SUBLETTING: FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE: Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire,

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.

ZONING AND RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

Landlord will provide all environmental soil tests to tenant.

DRAFT LEASE:

FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

LEASE EXECUTION: Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY: Fresenius Medical Holdings Corp shall fully guarantee the lease. Financials will be provided to the Landlord.

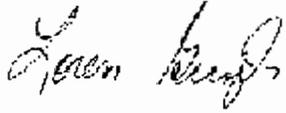
CONFIDENTIAL: The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is January 2017.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island. 2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		172.00			6,240			1,073,280	1,073,280
Contingency		17.00			6,240			106,080	106,080
Total Clinical		\$189.00			6,240			\$1,179,360	\$1,179,360
Non Clinical		172.00			1,760			302,720	302,720
Contingency		17.00			1,760			29,920	29,920
Total Non		\$189.00			1,760			\$332,640	\$332,640
TOTALS		\$189.00			8,000			\$1,512,000	\$1,512,000

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense: \$835,698
 Estimated Medical Supplies: \$173,520
 Estimated Other Supplies: \$727,866
 \$1,737,084

Estimated Annual Treatments: 8,986

Cost Per Treatment: \$193.31

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

Year 2019

Depreciation/Amortization: \$150,000
 Interest: \$0
 Capital Costs: \$150,000

Treatments: 8,986

Capital Cost per Treatment \$16.69

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Naperville, LLC

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

By *[Signature]*

Title: Regional Vice President

Notarization:

Subscribed and sworn to before me
this 12th day of August 2016

Candace M. Turoski

Signature of Notary

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: *Maria T. C.*
Title: **Maria T. C. Notar**
Assistant Treasurer

By: *Bryan Mello*
Title: **Bryan Mello**
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 18th day of August, 2016

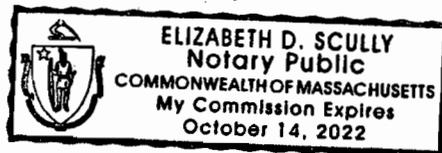
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2016

Elizabeth D. Scully
Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Naperbrook, LLC

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

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

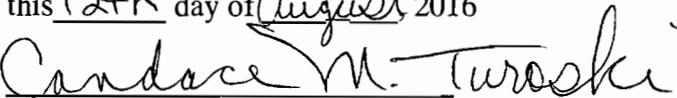
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 

ITS: Regional Vice President

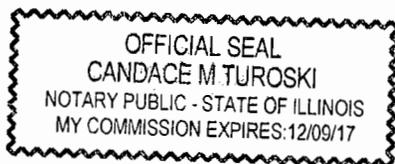
Notarization:

Subscribed and sworn to before me
this 12th day of August 2016



Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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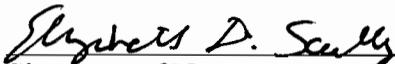
There is no debt financing. The project will be funded with cash and leasing arrangements; and

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

By: 
ITS: **Maria T. C. Notar**
 Assistant Treasurer

By: 
ITS: **Bryan Mello**
 Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 18th day of August, 2016

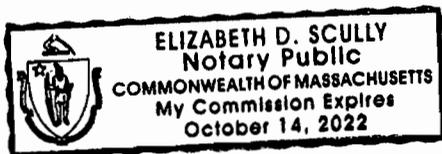

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2016

Signature of Notary

Seal



Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		172.00			6,240			1,073,280	1,073,280
Contingency		17.00			6,240			106,080	106,080
Total Clinical		\$189.00			6,240			\$1,179,360	\$1,179,360
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TOTALS		\$189.00			8,000			\$1,512,000	\$1,512,000

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense: \$835,698
 Estimated Medical Supplies: \$173,520
 Estimated Other Supplies: \$727,866
 \$1,737,084

Estimated Annual Treatments: 8,986

Cost Per Treatment: \$193.31

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

Year 2019

Depreciation/Amortization: \$150,000
 Interest: \$0
 Capital Costs: \$150,000

Treatments: 8,986

Capital Cost per Treatment \$16.69

Safety Net Impact Statement

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

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

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

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

CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *			
(# of self-pay patients)	499	251 ¹	195 ²
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396 ³
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

Note:

- 1) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 2) Charity (self-pay) patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 3) Medicaid number of patients is decreasing as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

Charity Care Information

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

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

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

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

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

Fresenius Medical Care North America - Community Care

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

American Kidney Fund

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

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

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

Indigent Waiver Program

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

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

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

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

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

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation

will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

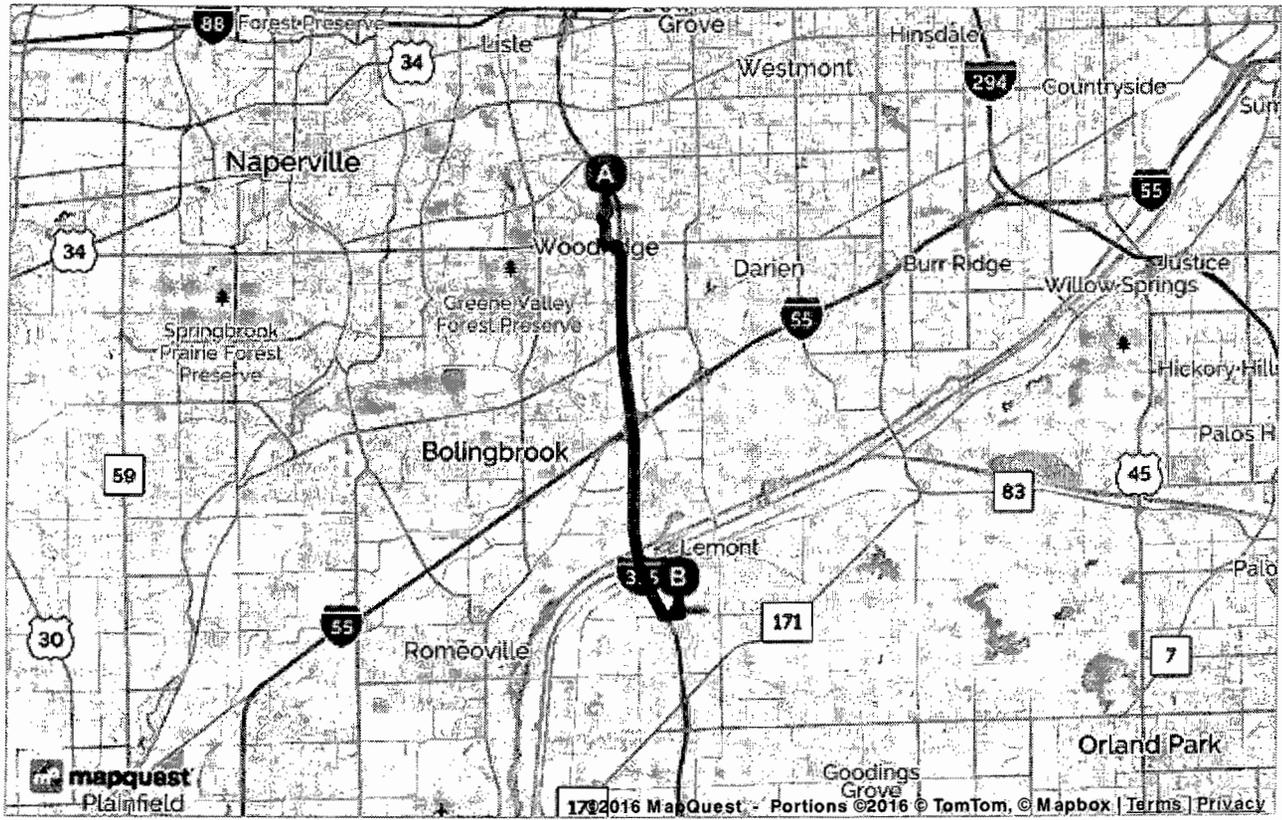
In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet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



Trip to:
16177 W 127th St
Lemont, IL 60439-7501
7.91 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE LEMONT



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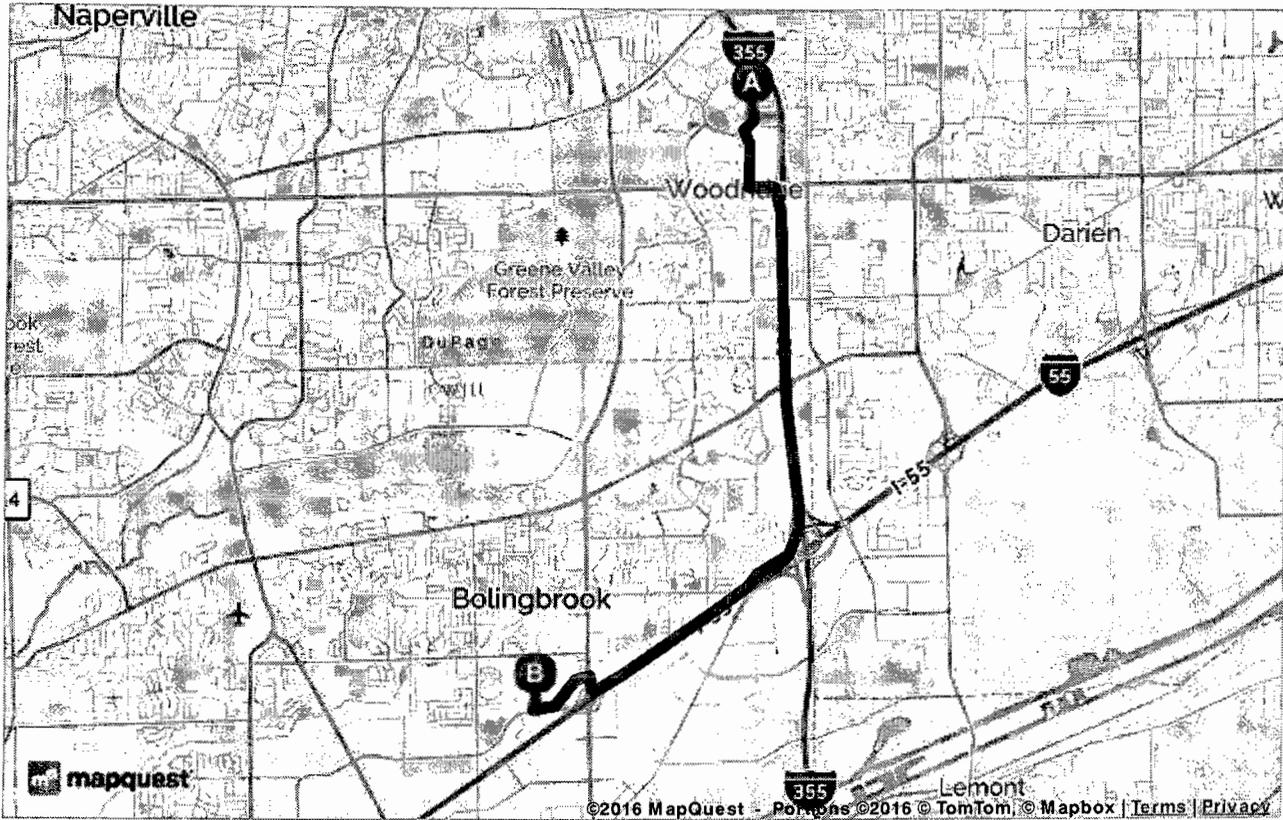
81



Trip to:
329 Remington Blvd
Bolingbrook, IL 60440-4921
7.15 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE BOLINGBROOK



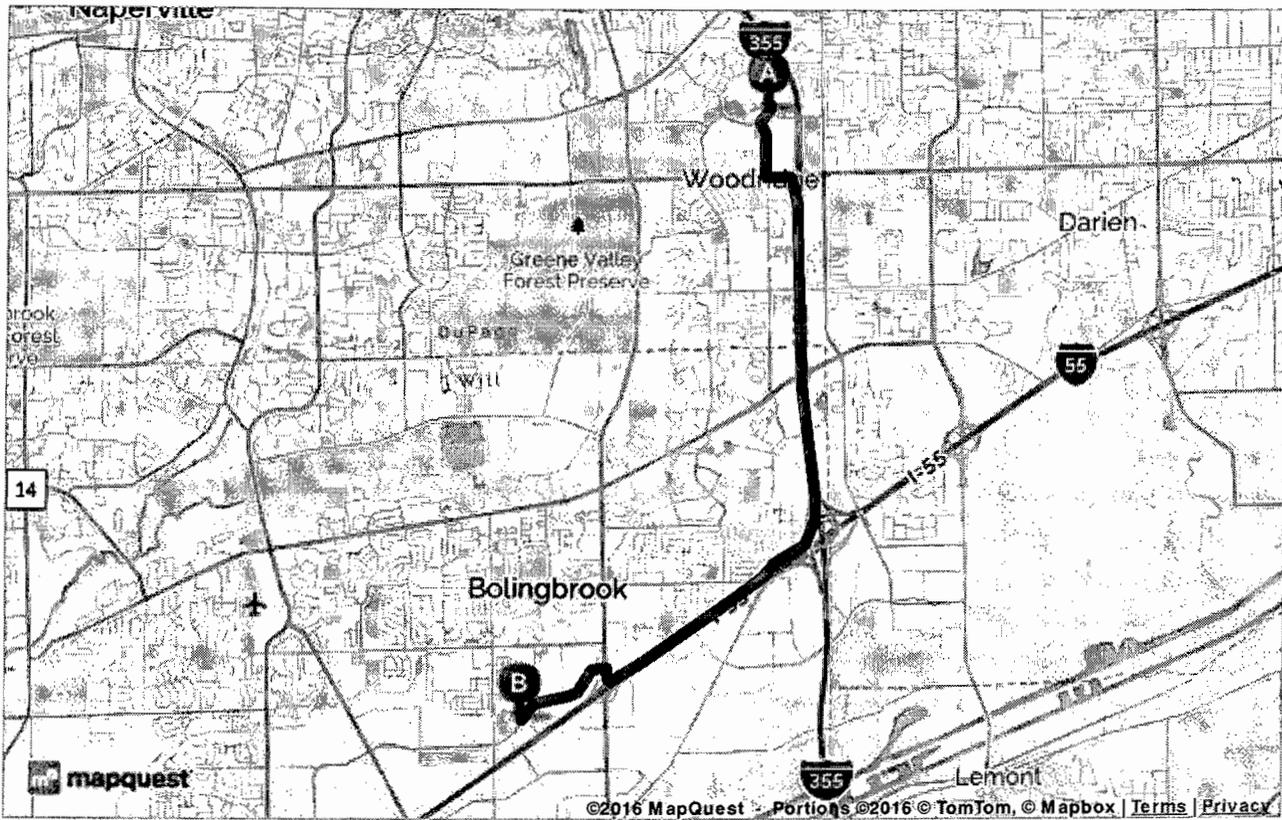
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Trip to:
396 Remington Blvd
Bolingbrook, IL 60440-4302
7.46 miles / 12 minutes

Notes

TO US RENTAL CARE BOLINGBROOK



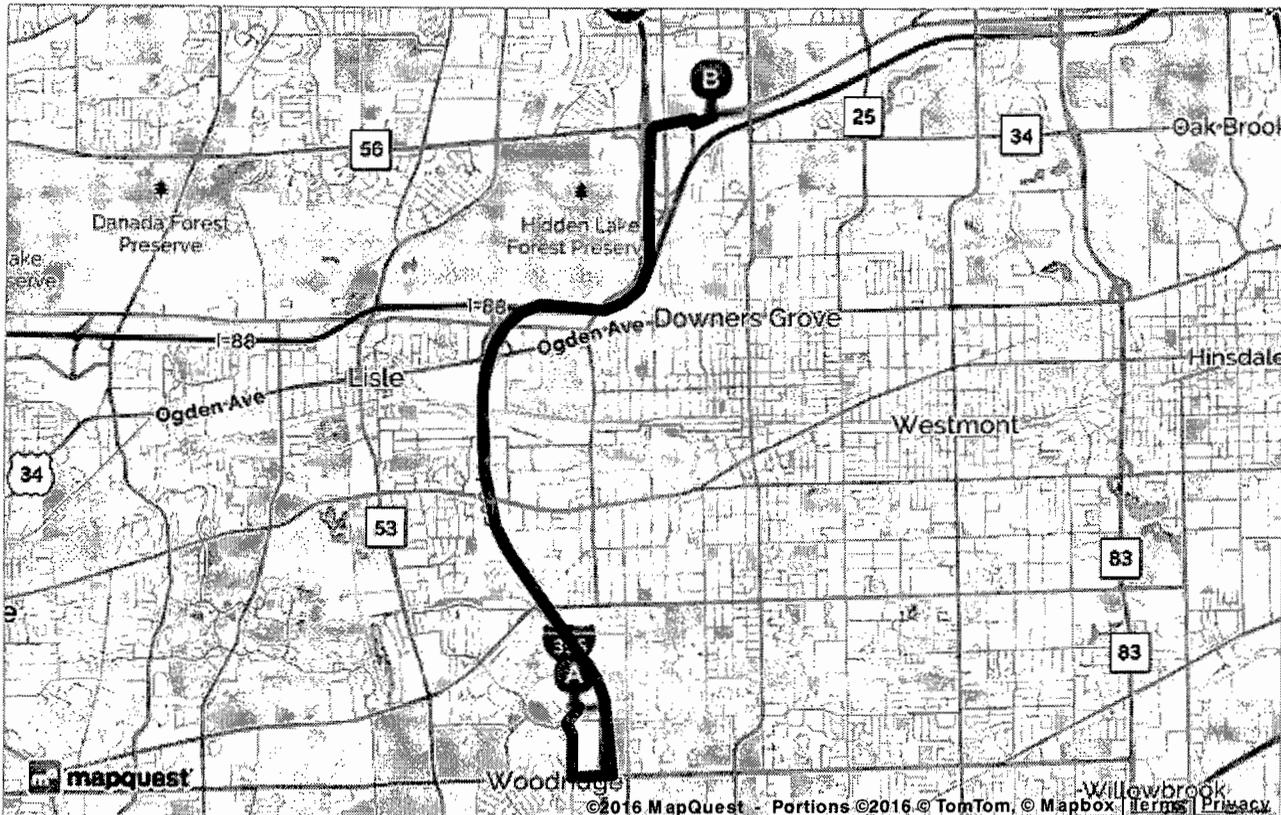
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Trip to:
1201 Butterfield Rd
Downers Grove, IL 60515-1032
8.69 miles / 11 minutes

Notes

TO US RENAL CARE OAK BROOK



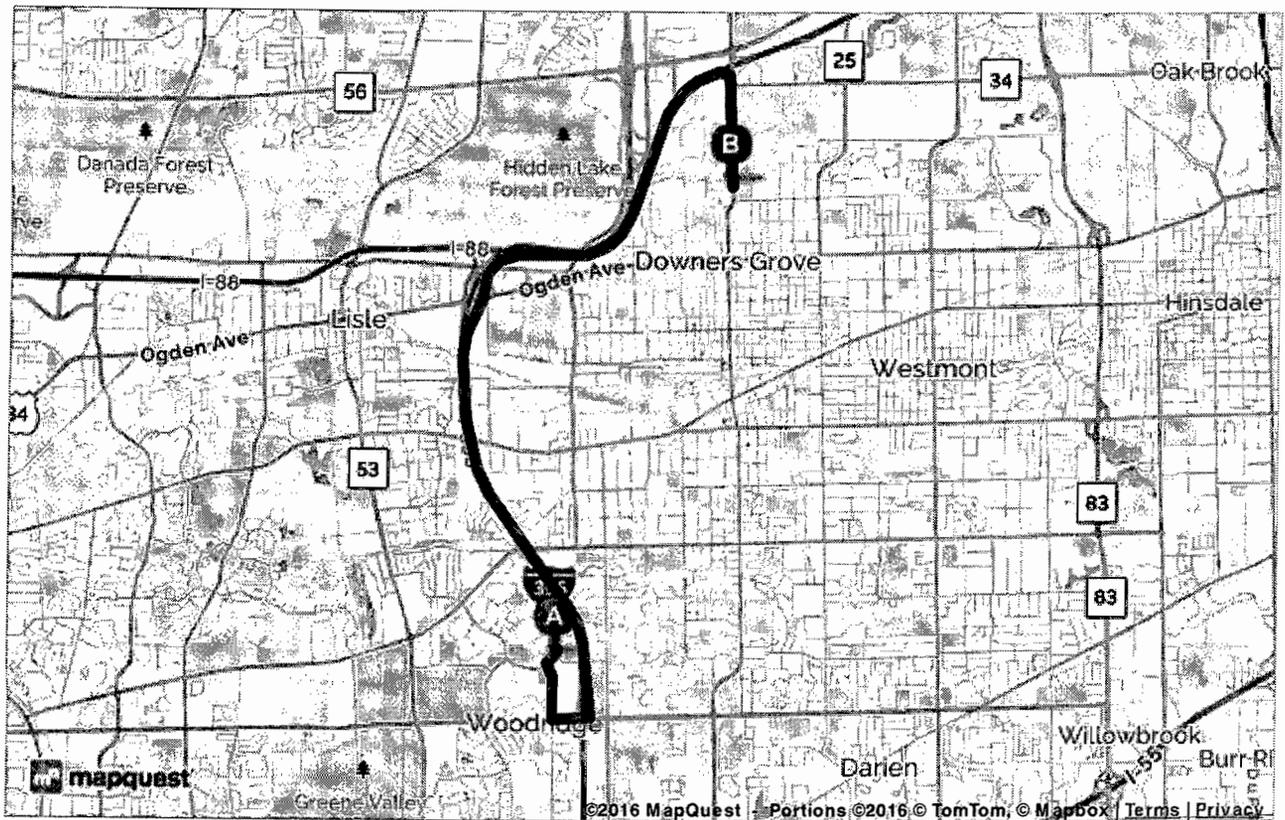
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Trip to:
3825 Highland Ave
Downers Grove, IL 60515
9.46 miles / 12 minutes

Notes

TO FRESENIUS MEDICAL CARE DOWNERS GROVE



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85



Trip to:

[16W001 - 15W599] 63rd St, 83

Willowbrook, IL 60527

5.98 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE WILLOWBROOK

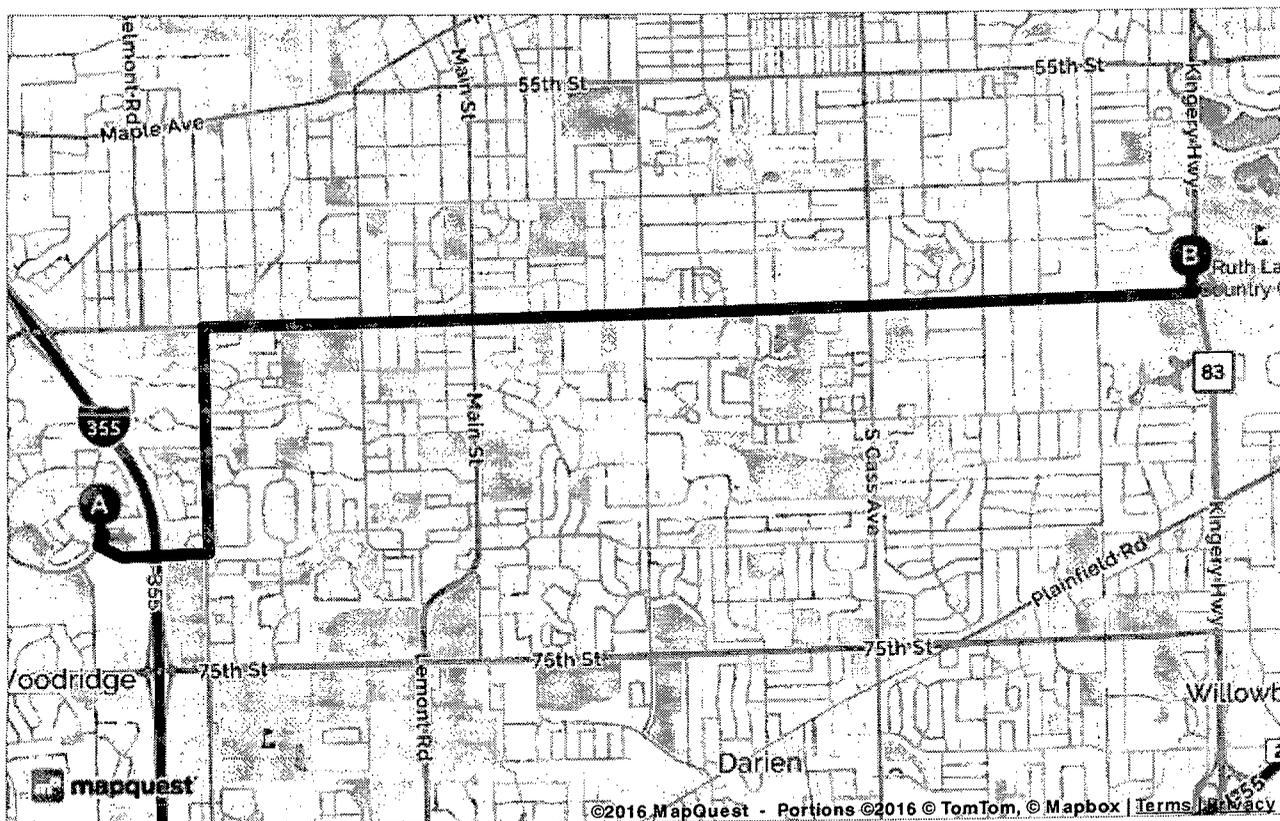


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If you have a \$500,000 portfolio, download the guide by *Forbes* columnist Ken Fisher's firm. It's called, ***The Definitive Guide to Retirement Income***.

[Click Here to Download Your Guide!](#)

FINER INVESTMENTS*



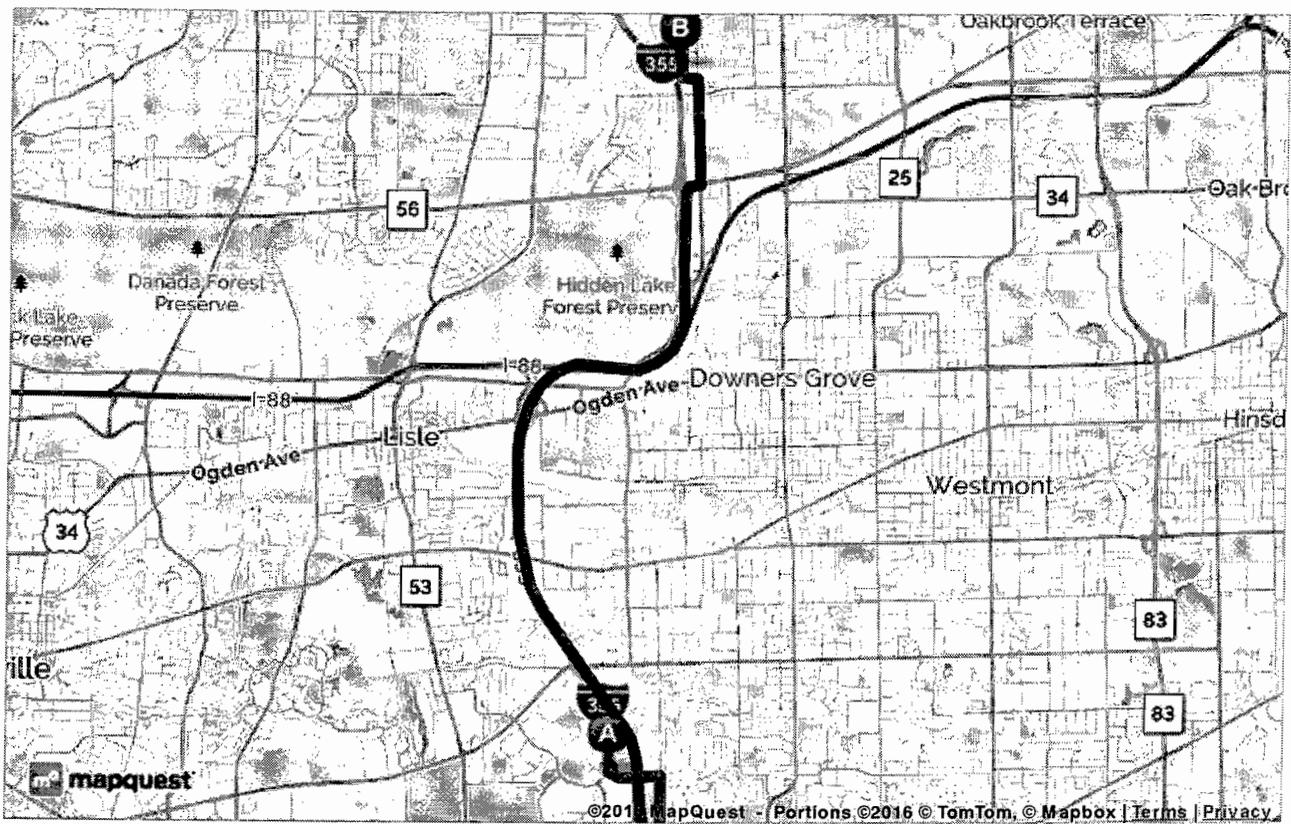
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Trip to:
1940 Springer Dr
Lombard, IL 60148-6417
9.55 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE LOMBARD



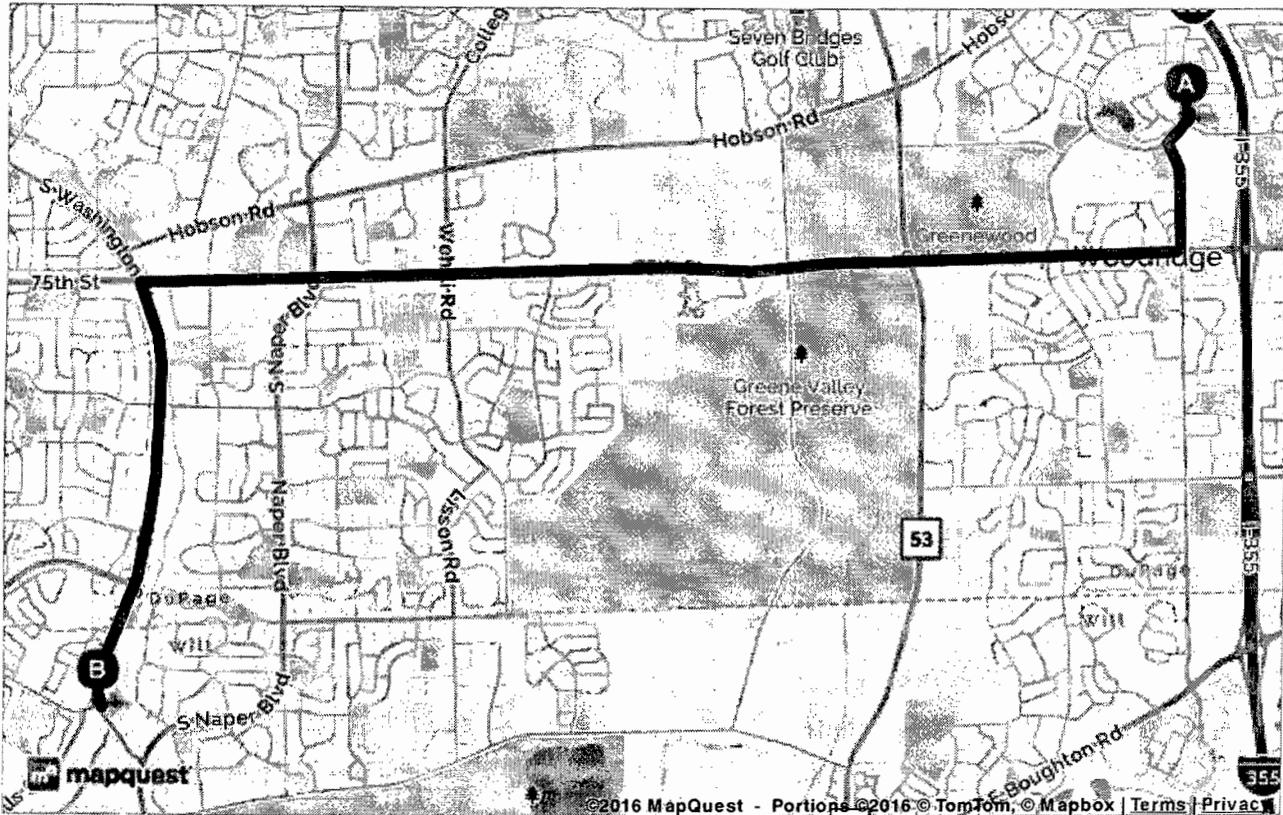
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Trip to:
2451 S Washington St
Naperville, IL 60565-5419
7.22 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE NAPERBROOK



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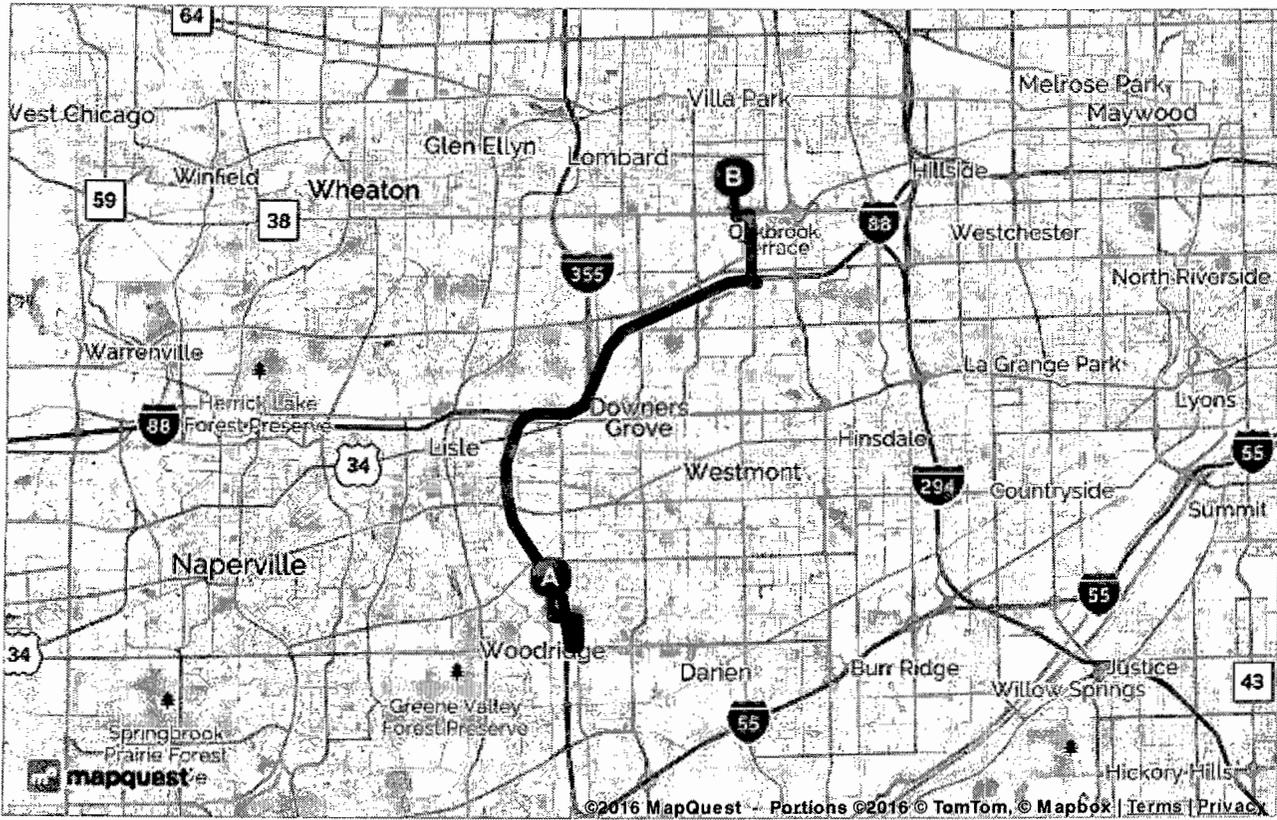
88



Trip to:
[1554 - 1598] S Ardmore Ave
Villa Park, IL 60181-3406
12.48 miles / 17 minutes

Notes

TO NOCTURNAL DIALYSIS SPA



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Trip to:

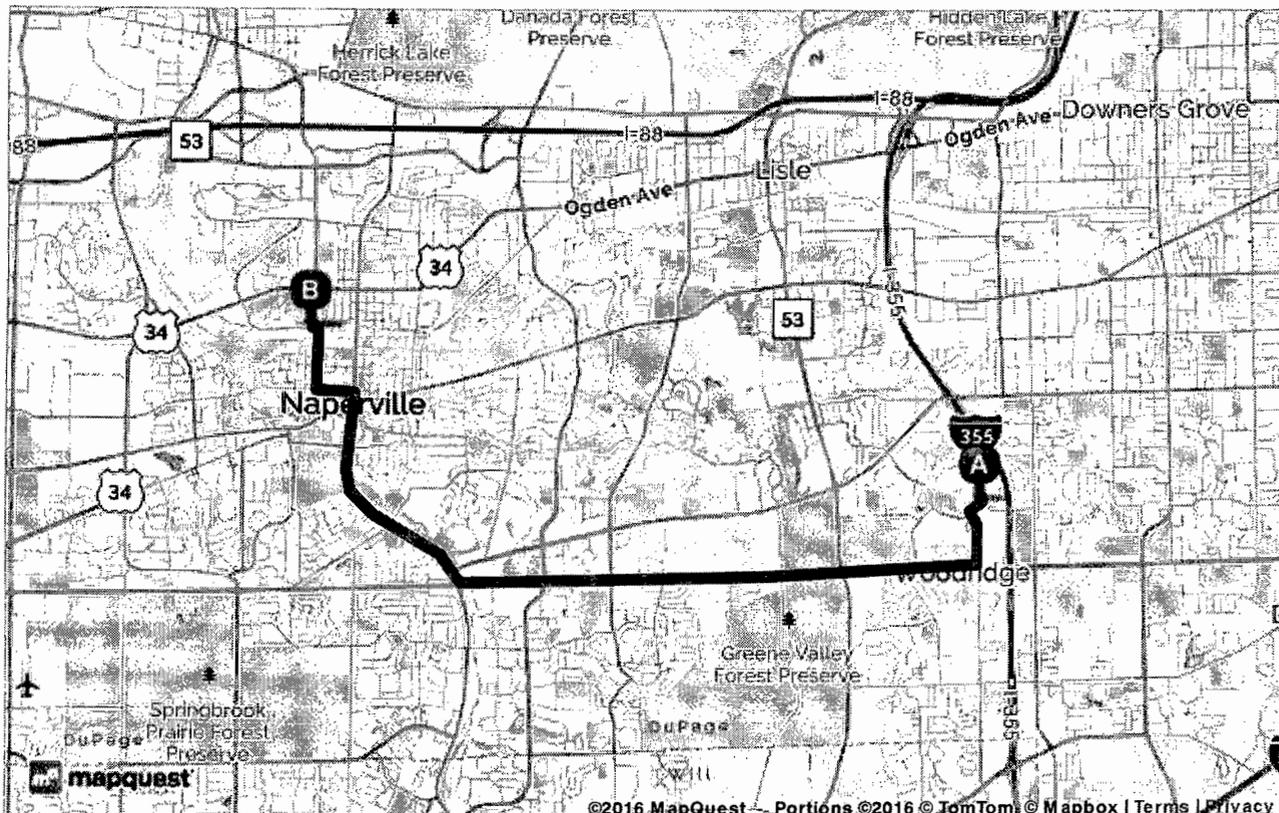
516 W 5th Ave

Naperville, IL 60563-2901

8.41 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE NAPERVILLE NORTH



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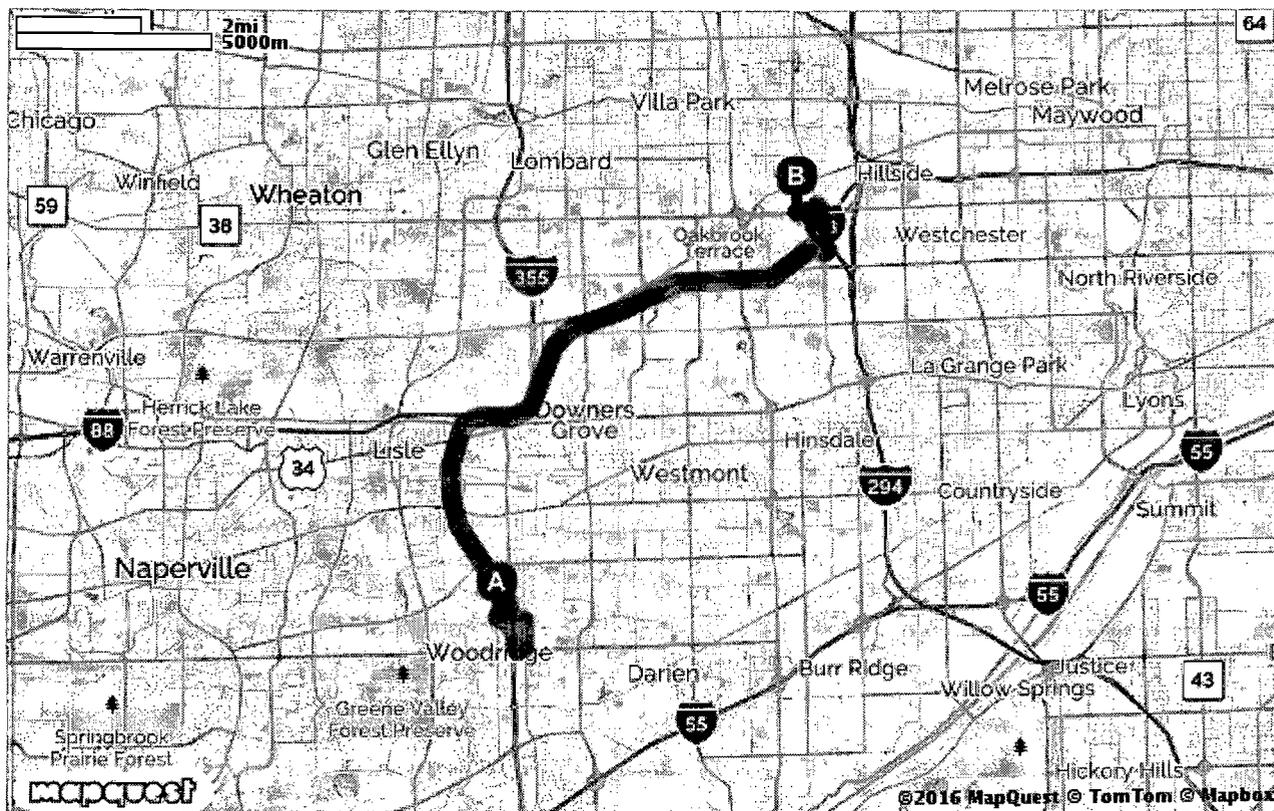
90



Trip to:
133 E Brush Hill Rd
Elmhurst, IL 60126-5658
14.71 miles / 18 minutes

Notes

To Fresenius Medical Care Elmhurst



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Trip to:

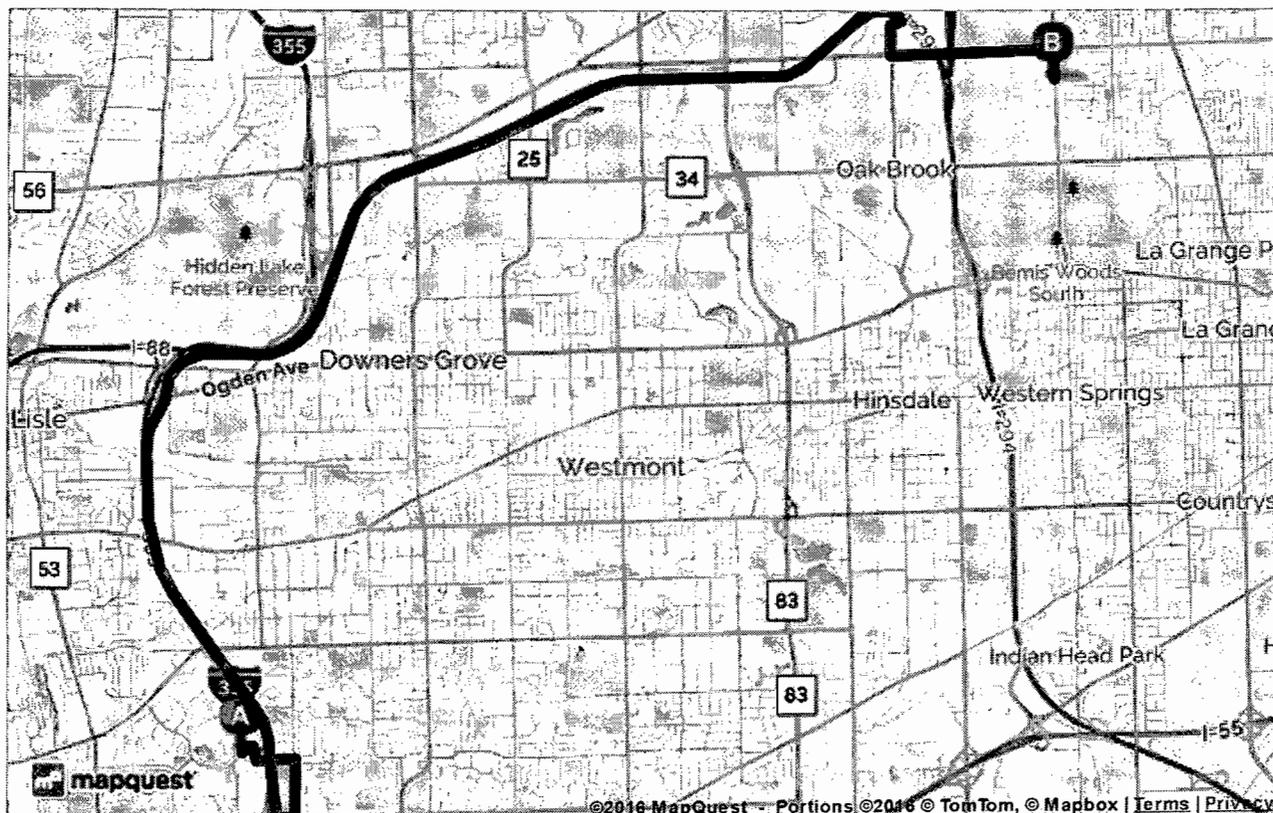
2400 S Wolf Rd

Westchester, IL 60154

15.45 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE WESTCHESTER



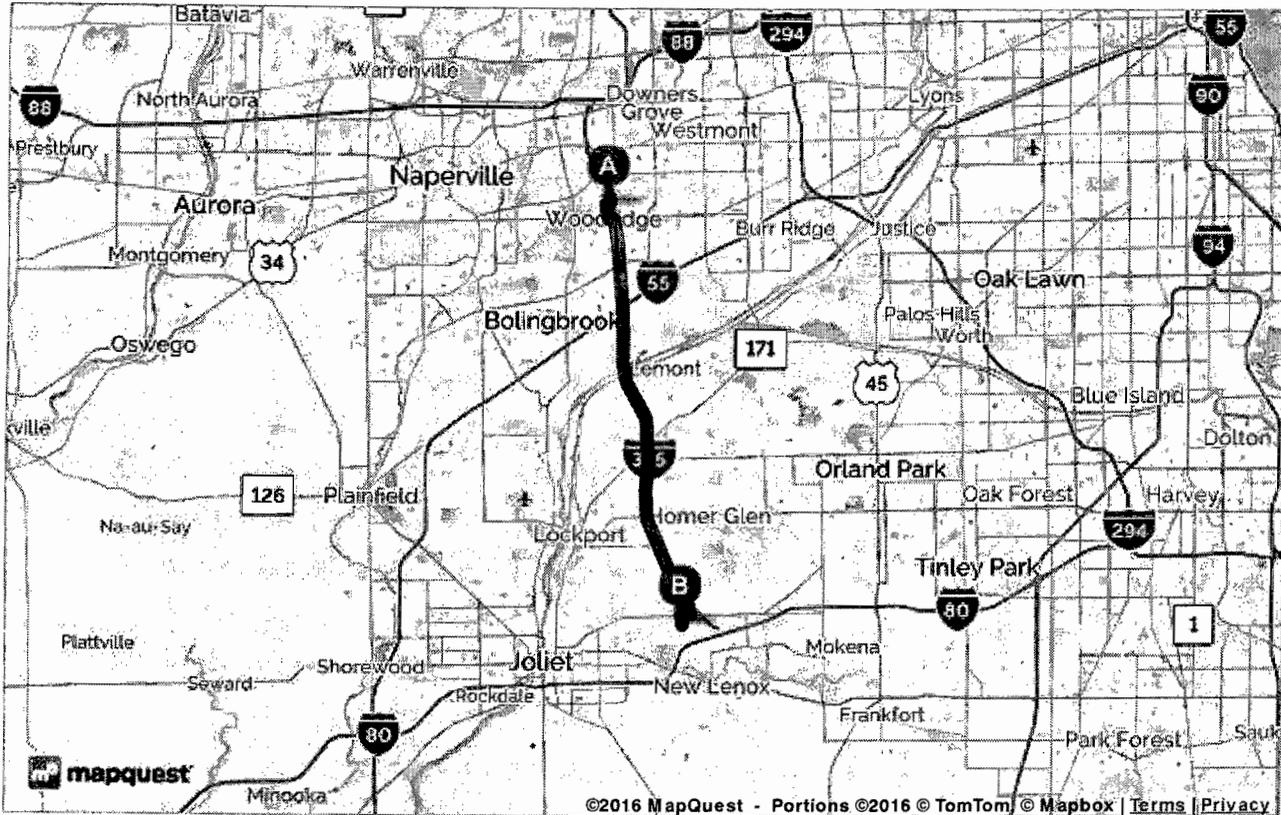
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Trip to:
1890 Silver Cross Blvd
New Lenox, IL 60451-9508
16.29 miles / 19 minutes

Notes

TO DAVITA NEW LENOX



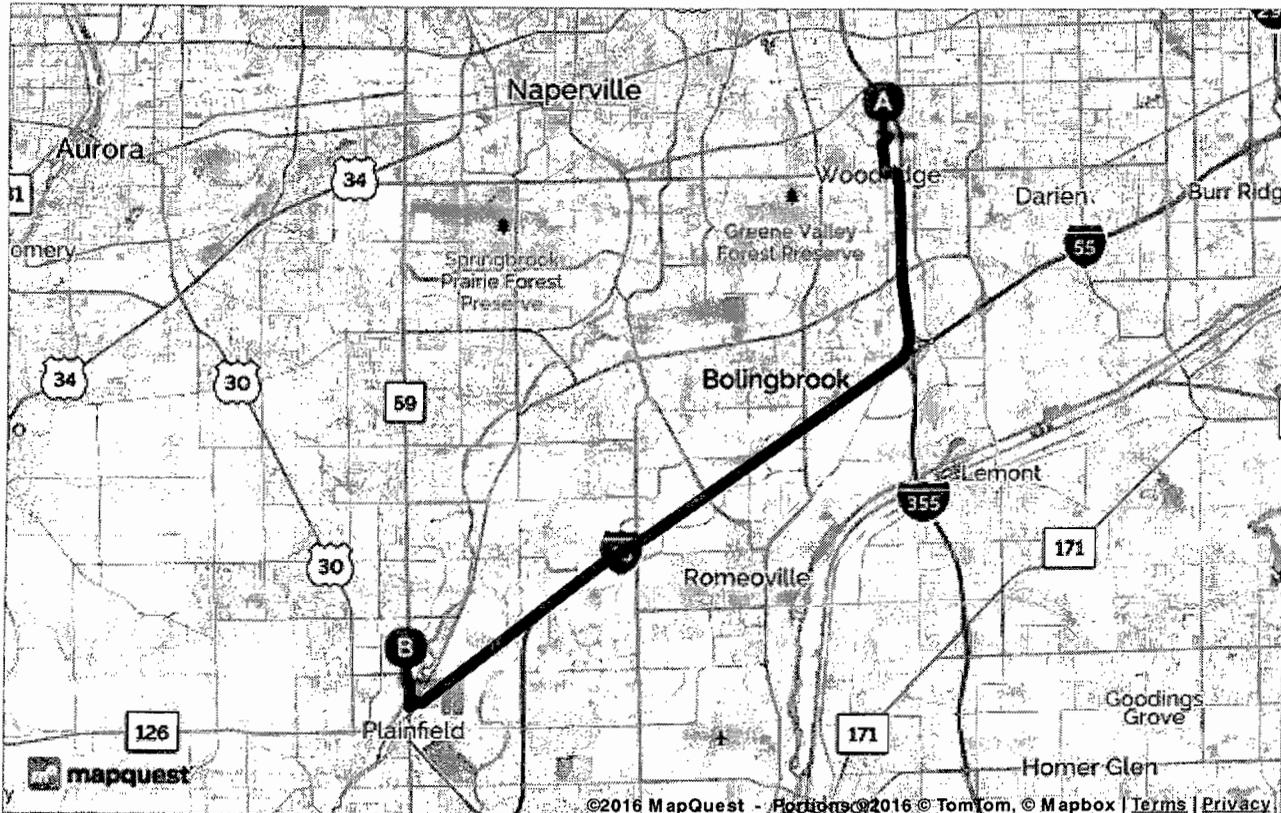
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Trip to:
24024 Riverwalk Ct
Plainfield, IL 60544
15.40 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE PLAINFIELD NORTH



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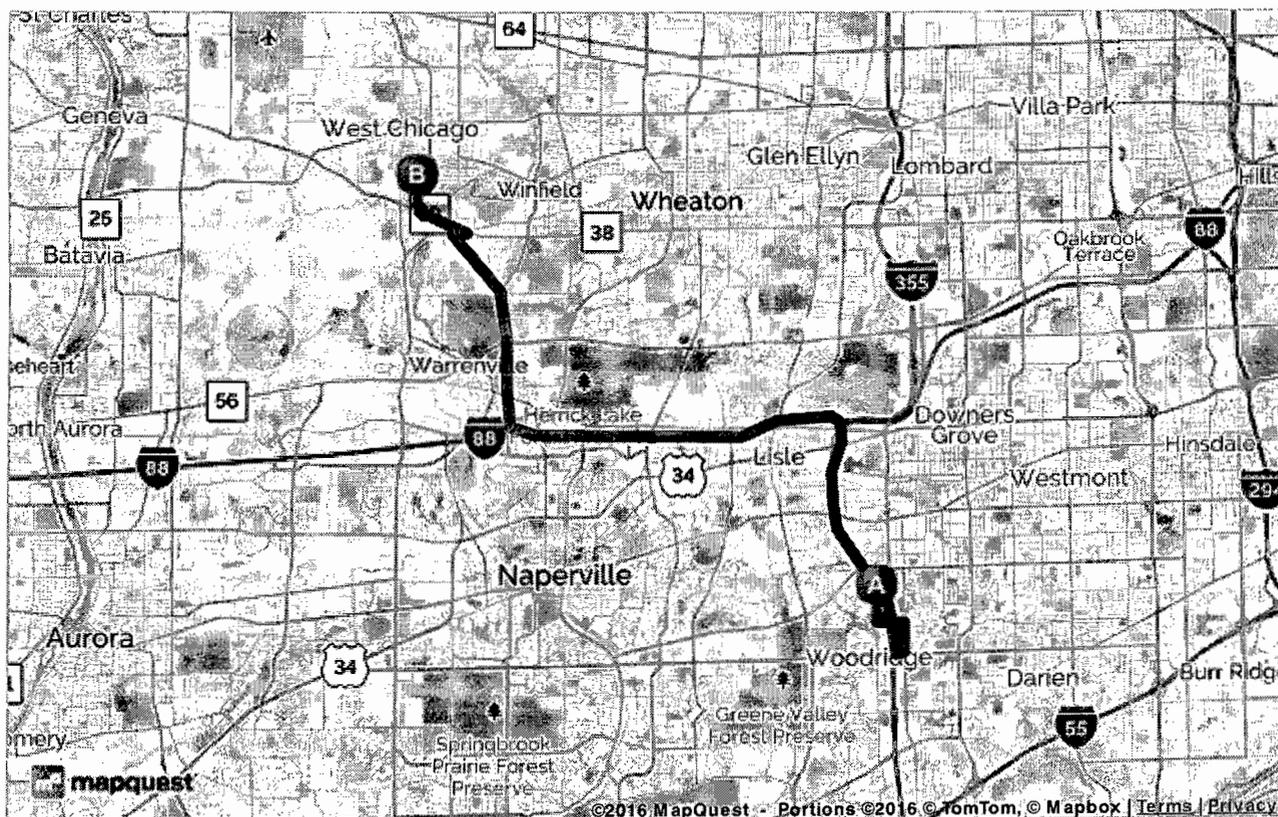
94



Trip to:
450 E Roosevelt Rd
West Chicago, IL 60185-3905
16.58 miles / 22 minutes

Notes

TO FRESINIUS MEDICAL CARE DUPAGE WEST



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95

MapQuest Travel Times Using Fastest Route

APPENDIX - 1

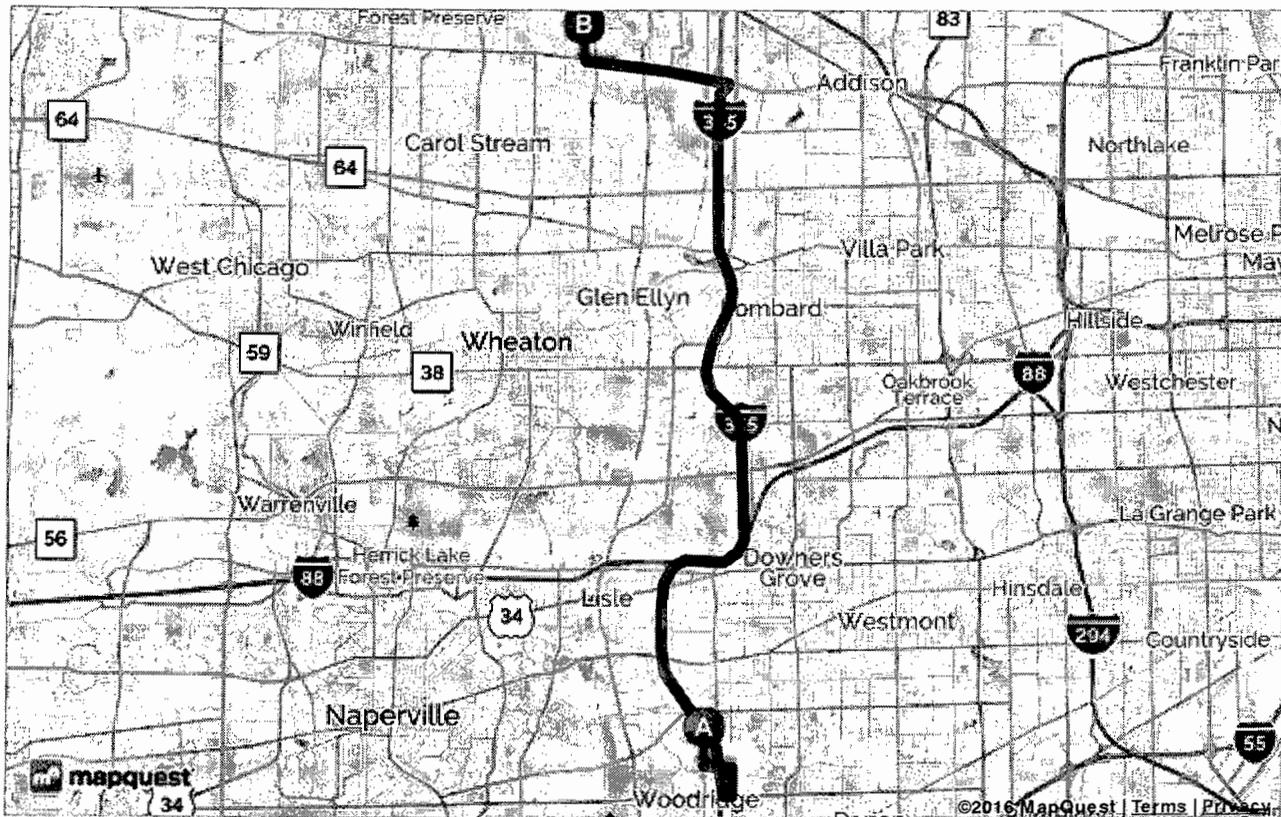
8/17/2016 12:23 PM



Trip to:
130 E Army Trail Rd
Glendale Heights, IL 60108
18.08 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE GLENDALE HEIGHTS



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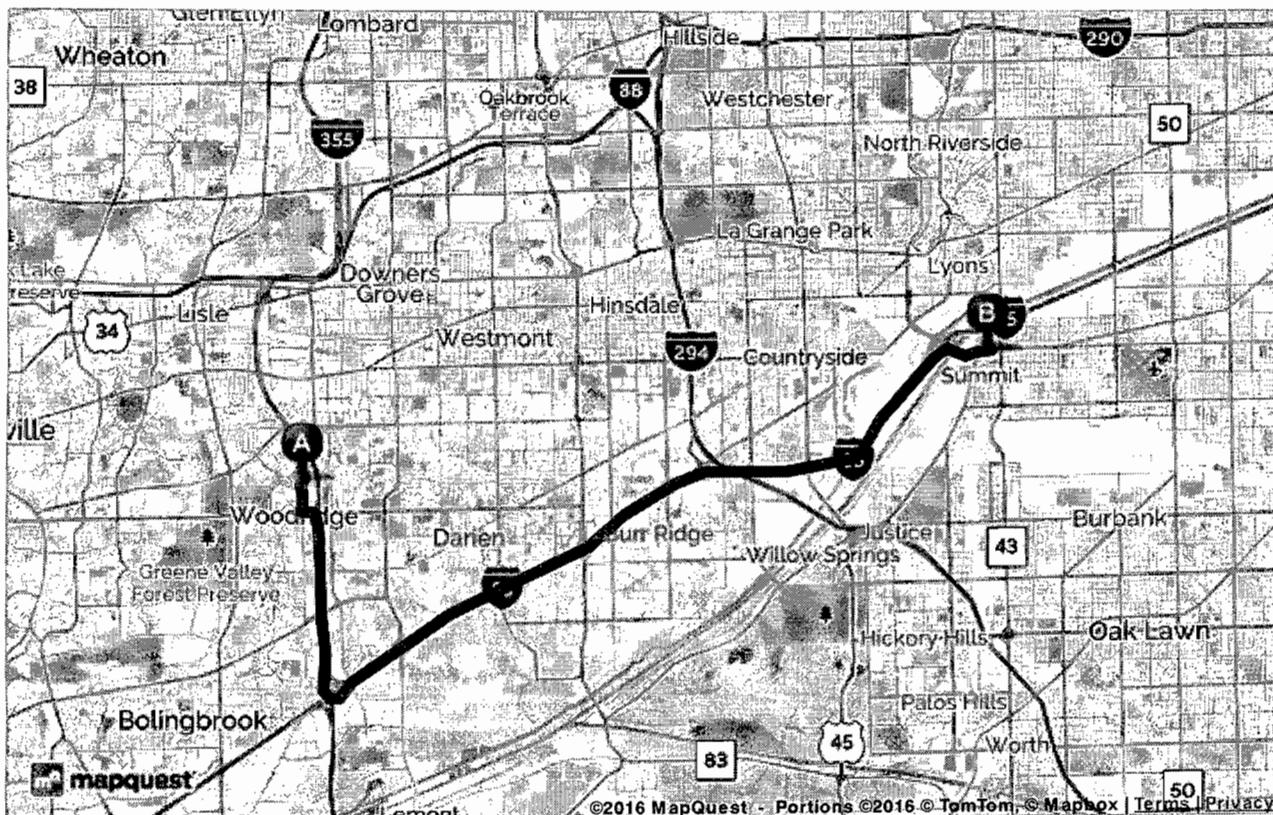
96



Trip to:
7320 Archer Ave
Summit Argo, IL 60501
18.23 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE SUMMIT



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97



Trip to:
1201 W Roosevelt Rd
Maywood, IL 60153-4046
18.61 miles / 22 minutes

Notes

TO LOYOLA DIALYSIS



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98



Trip to:

901 Biesterfield Rd

Elk Grove Village, IL 60007-3354

20.89 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE ELK GROVE



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99

MapQuest Travel Times Using Fastest Route

APPENDIX - 1

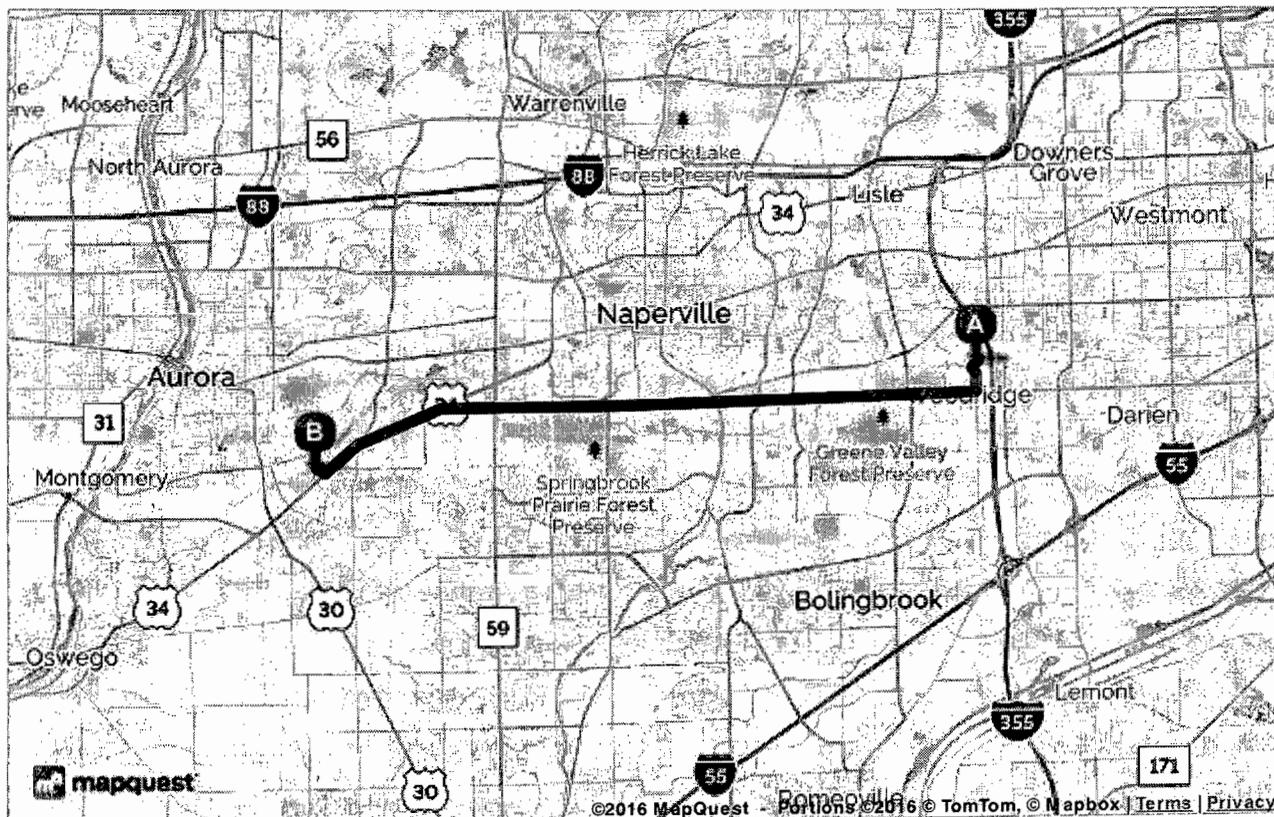
8/17/2016 12:14 PM



Trip to:
1300 Waterford Dr
Aurora, IL 60504-5502
12.78 miles / 25 minutes

Notes

TO FOX VALLEY DIALYSIS



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Trip to:

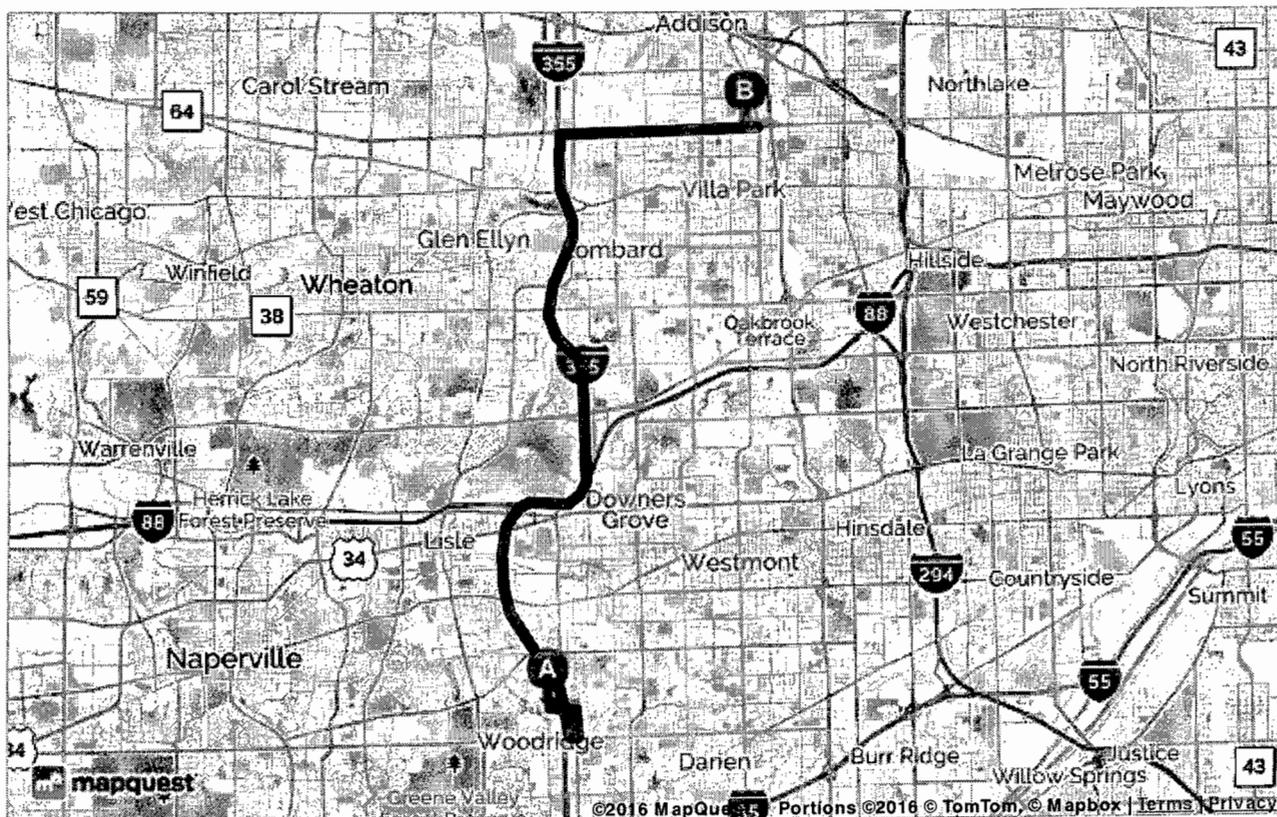
200 E North Ave

Villa Park, IL 60181-1221

17.29 miles / 25 minutes

Notes

TO US RENAL CARE VILLA PARK



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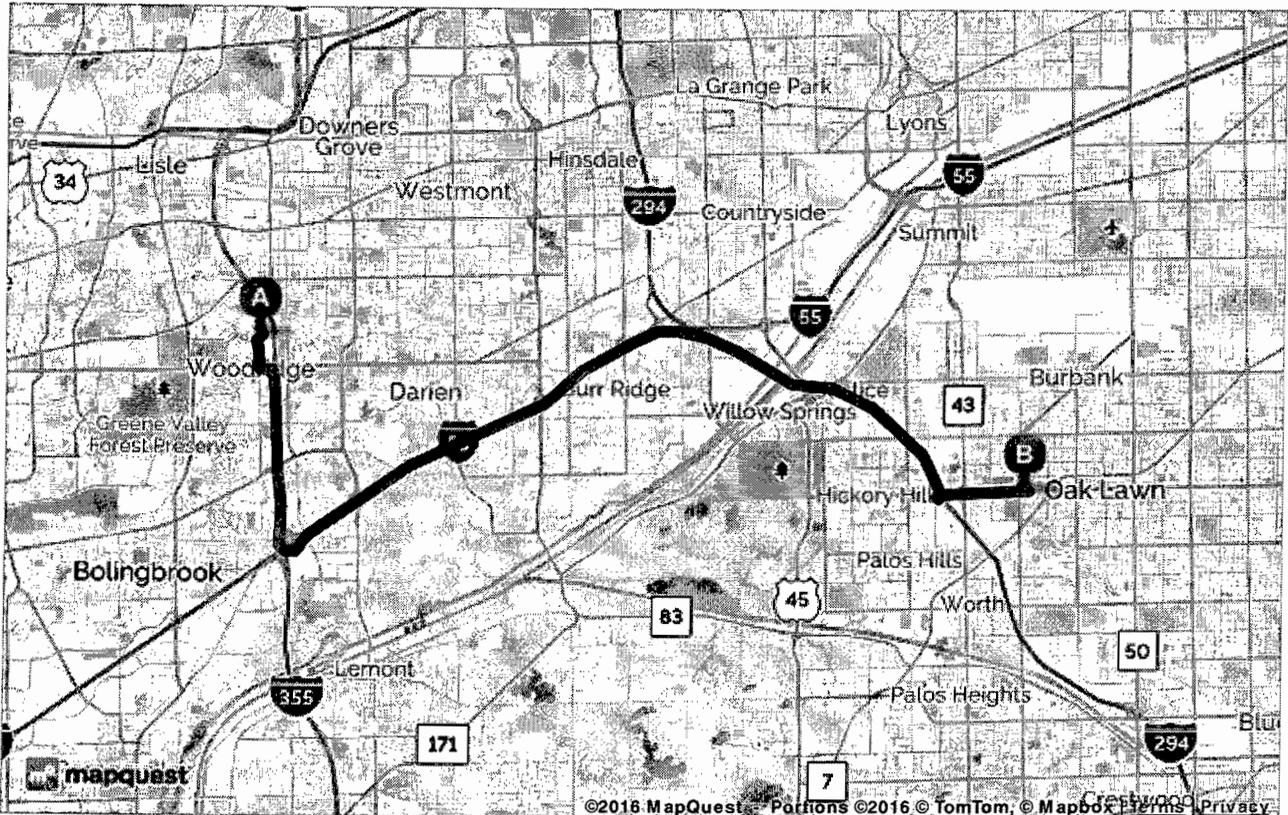
101



This map doesn't contain any items.

Notes

TO DAVITA STONEY CREEK



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102



Trip to:

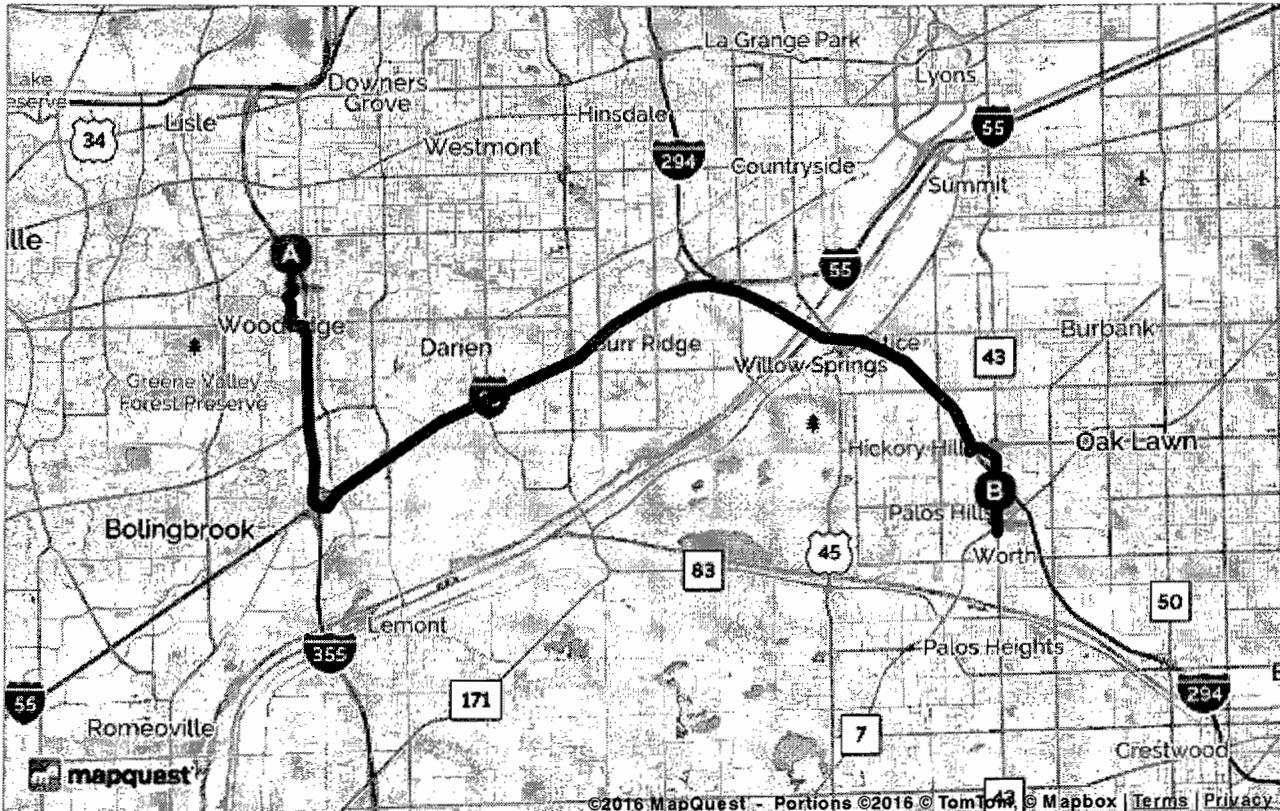
[10601 - 10601] S Harlem Ave

Worth, IL 60482-1246

20.28 miles / 25 minutes

Notes

TO DAVITA CHICAGO RIDGE



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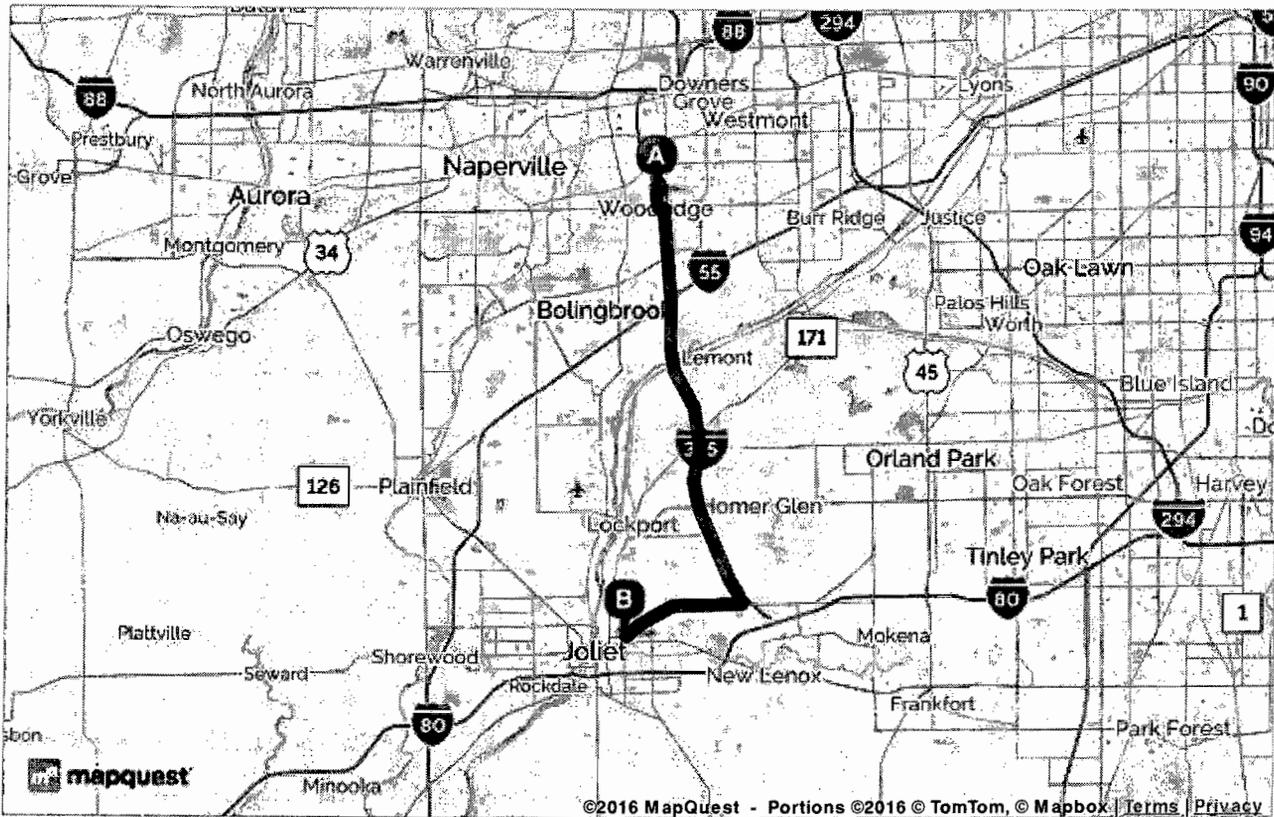
103



Trip to:
721 E Jackson St
Joliet, IL 60432-2560
20.09 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE JOLIET



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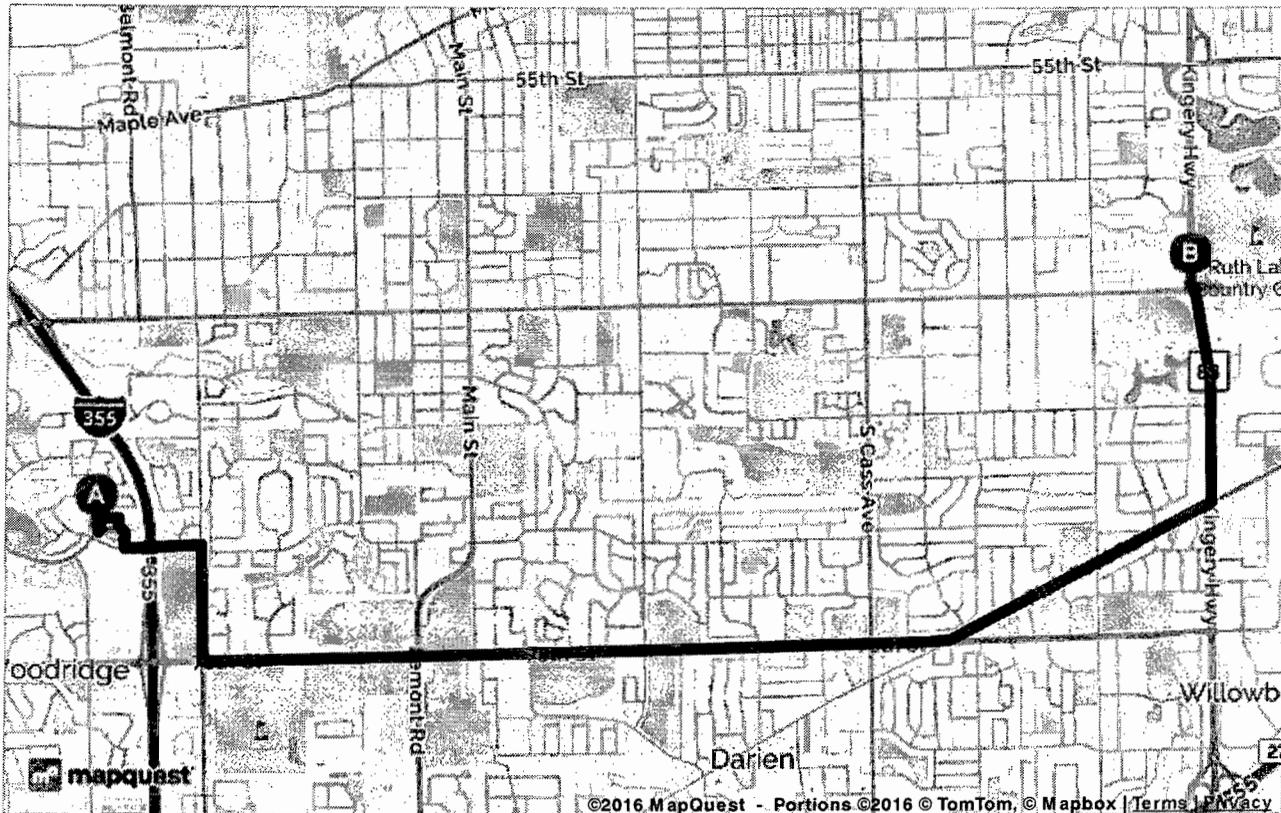
104



Trip to:
63rd St & Kingery Hwy
Willowbrook, IL 60527
6.69 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE WILLOWBROOK
Time w/o Hwy TRAVEL



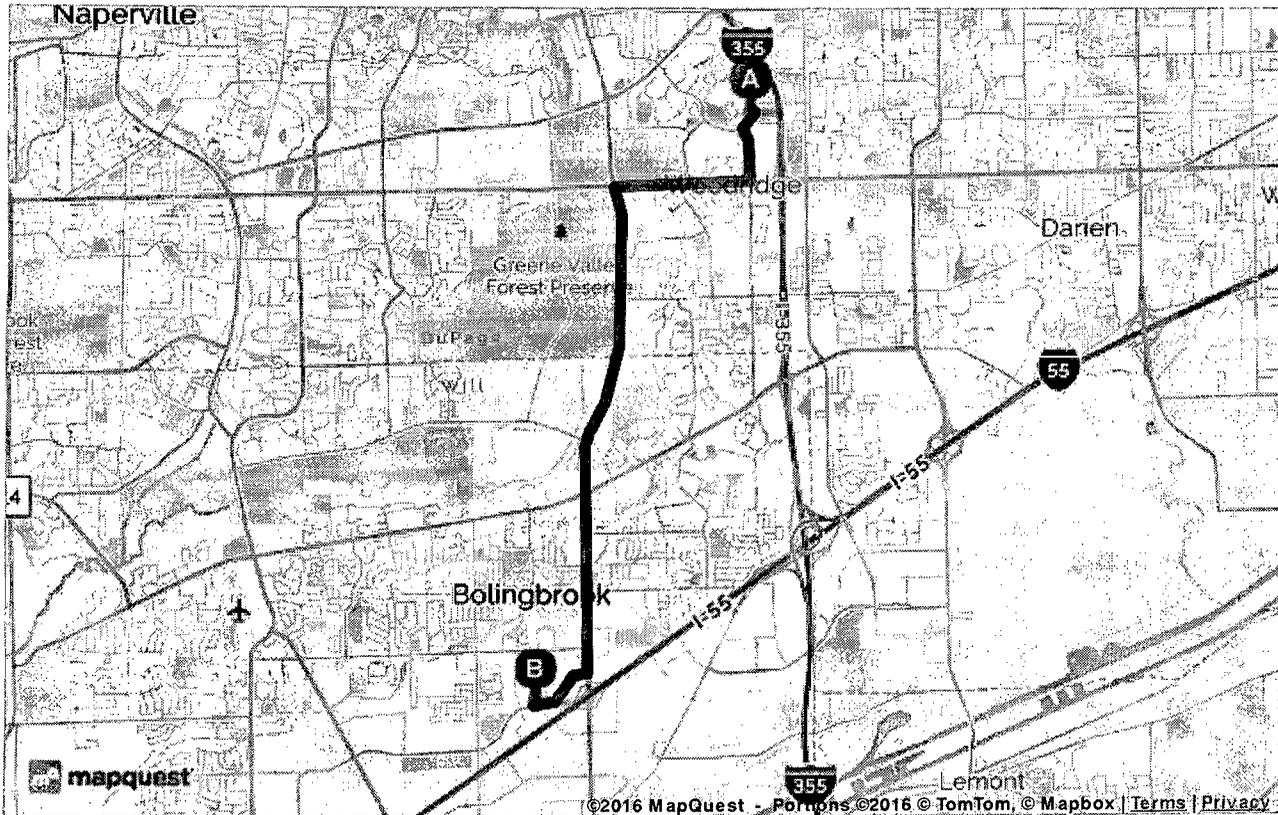
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Trip to:
329 Remington Blvd
Bolingbrook, IL 60440-4921
6.89 miles / 13 minutes

Notes

TIME W/O HIGHWAY TRAVEL
TO FRESenius MEDICAL CARE BOLINGBROOK



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Trip to:

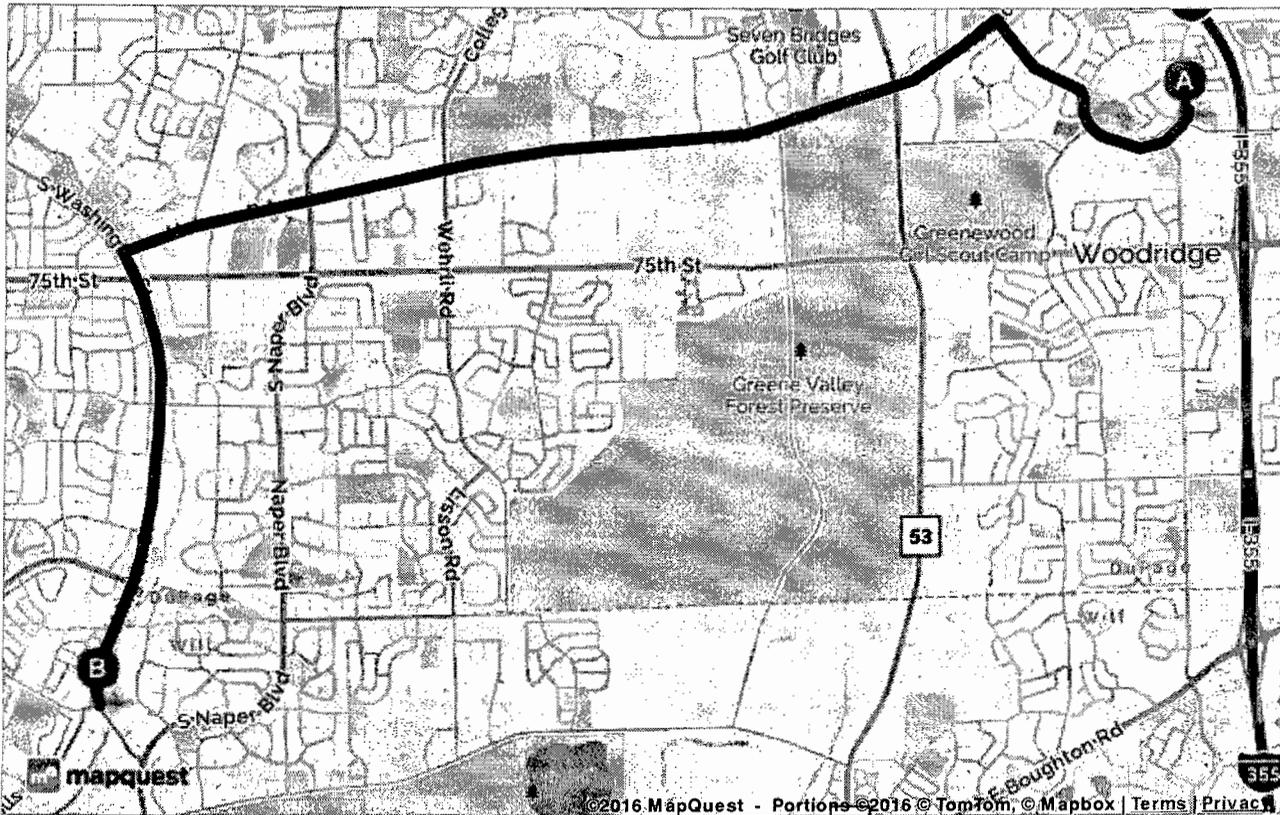
2451 S Washington St

Naperville, IL 60565-5419

7.36 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE NAPERBROOK



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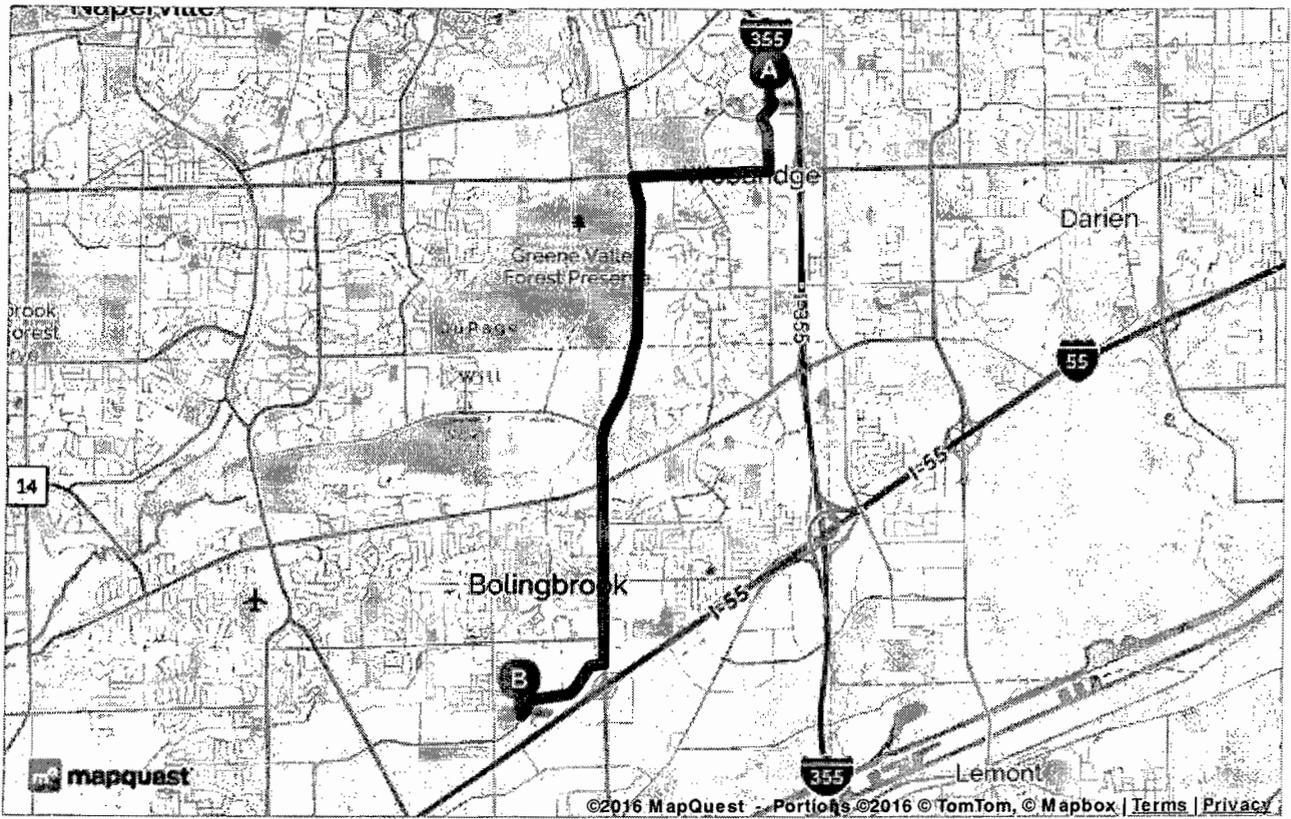
108



Trip to:
396 Remington Blvd
Bolingbrook, IL 60440-4302
7.19 miles / 14 minutes

Notes

TIME W/O HWY TRAVEL
TO US RENAL CARE BOLINGBROOK



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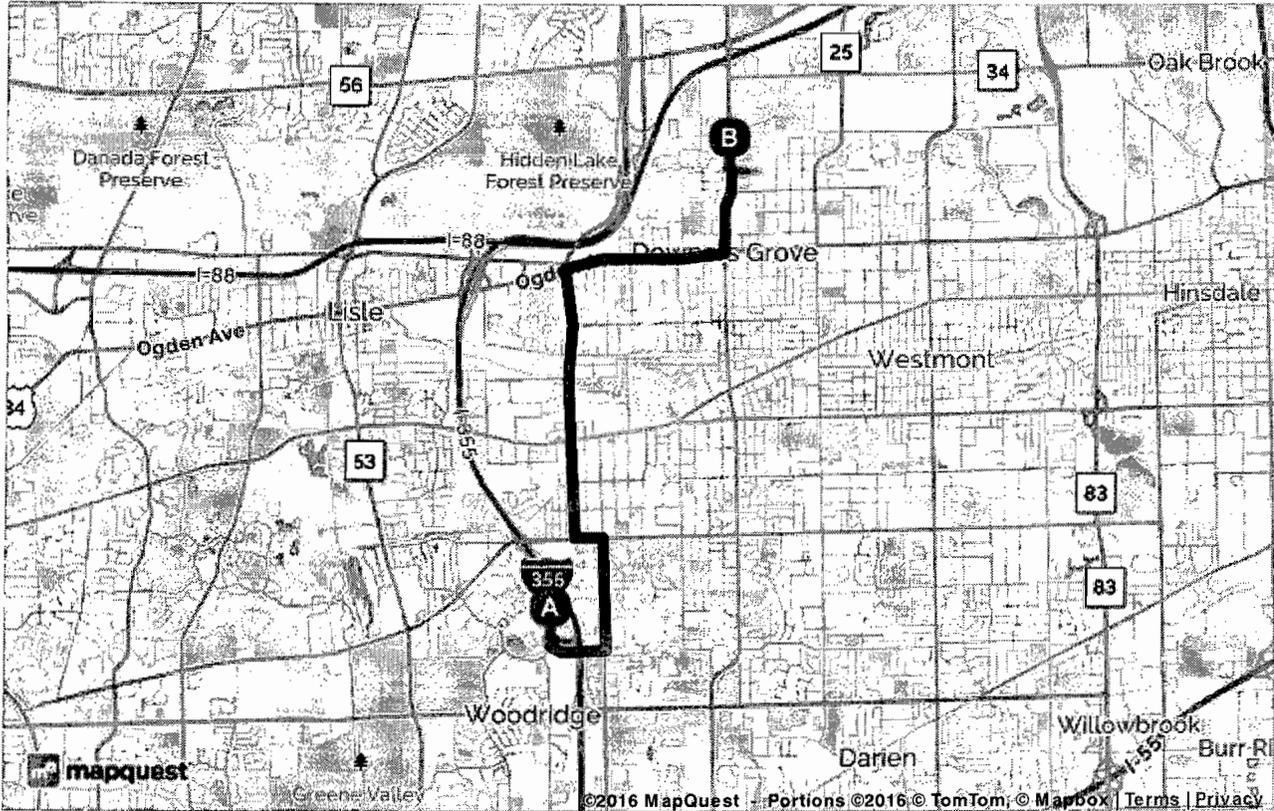
109



Trip to:
3825 Highland Ave
Downers Grove, IL 60515
6.37 miles / 14 minutes

Notes

TIME W/O HWY TRAVEL
TO FRESENIUS MEDICAL CARE DOWNERS GROVE



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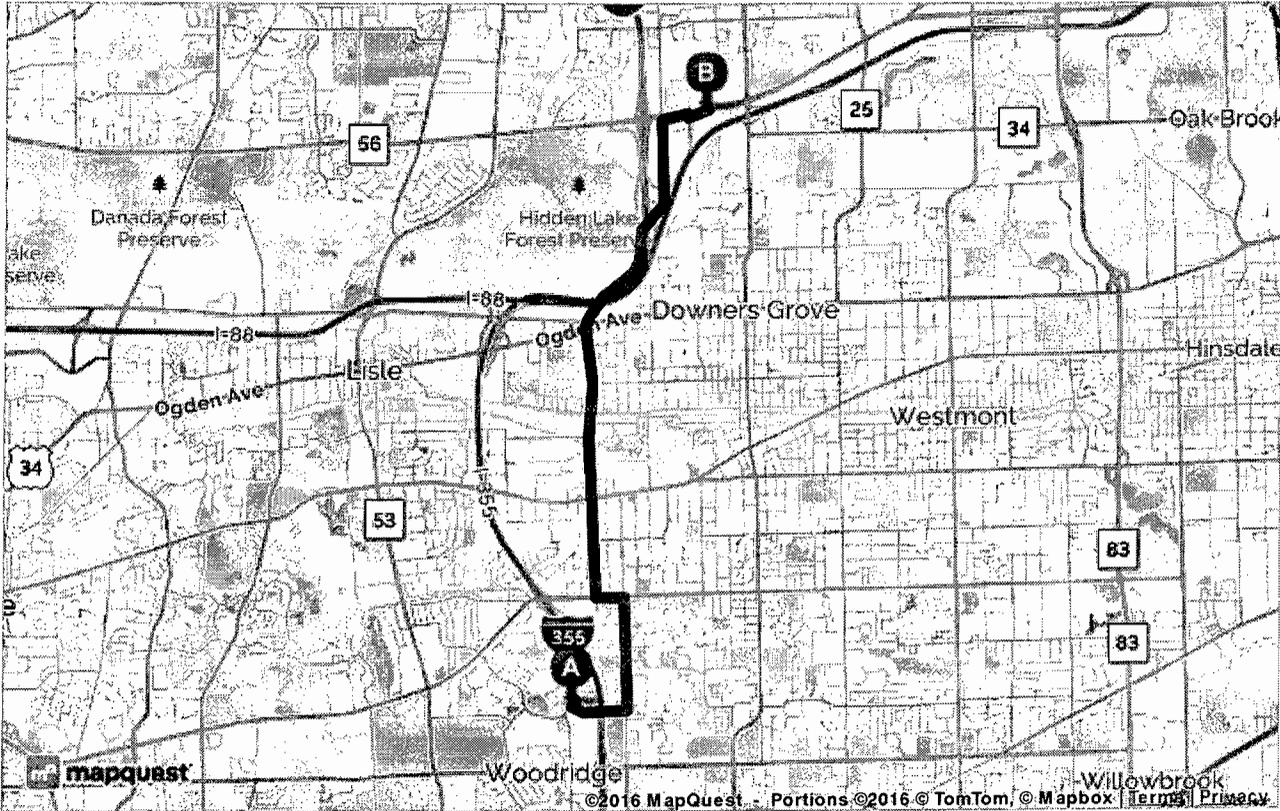
110



Trip to:
1201 Butterfield Rd
Downers Grove, IL 60515-1032
6.82 miles / 15 minutes

Notes

TIME W/O HWY TRAVEL
TO US RENAL CARE OAK BROOK



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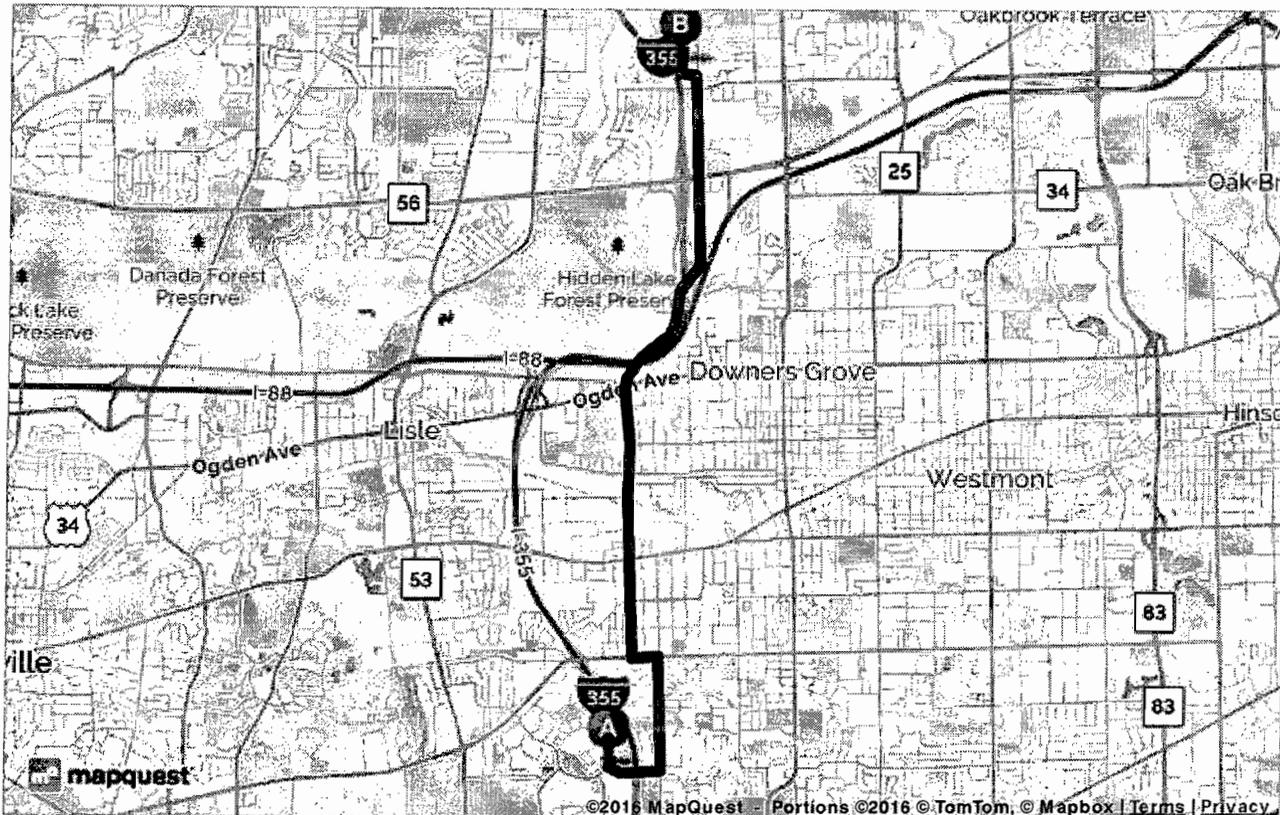




Trip to:
1940 Springer Dr
Lombard, IL 60148-6417
7.51 miles / 15 minutes

Notes

TIME W/O HWY TRAVEL
TO FRESENIUS MEDICAL CARE LOMBARD



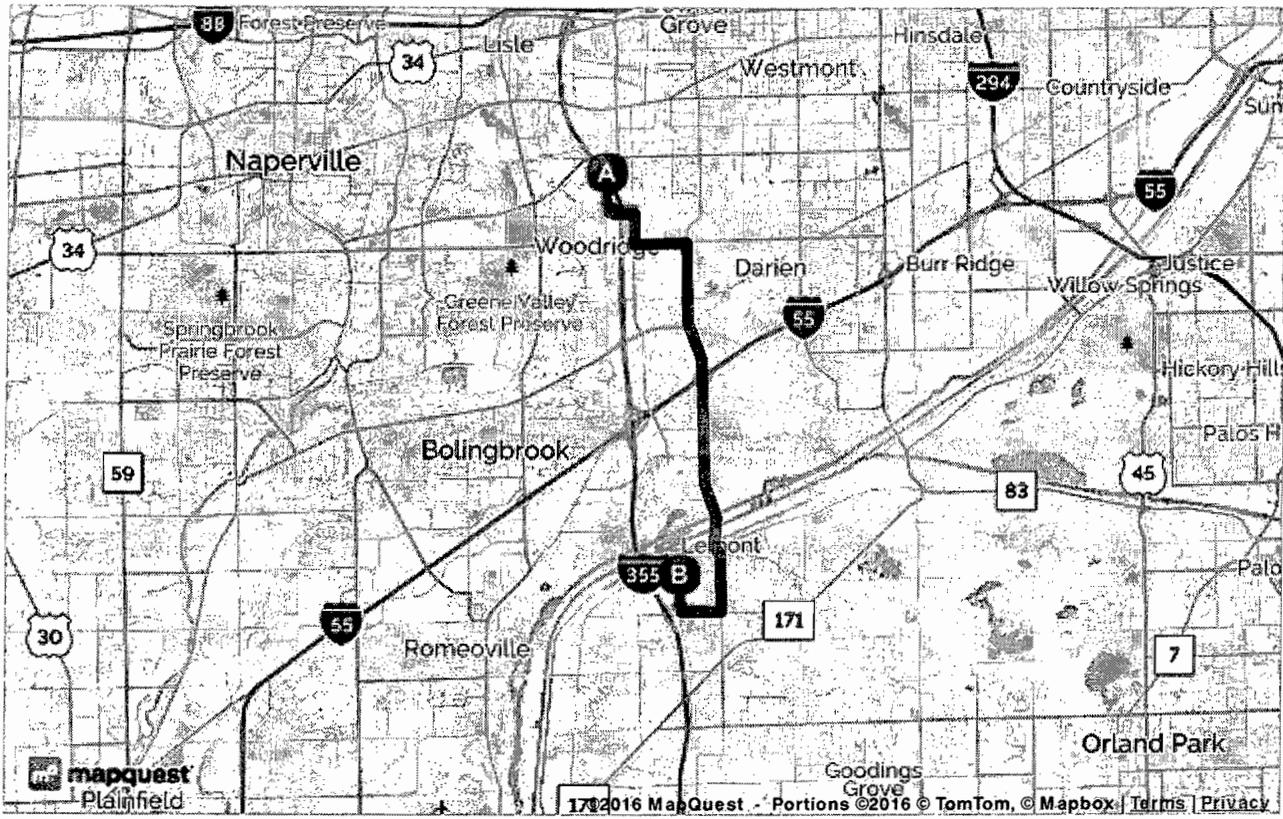
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112



Trip to:
16177 W 127th St
Lemont, IL 60439-7501
9.40 miles / 17 minutes

Notes
TIME WITHOUT HWY TRAVEL
TO FRESENIUS MEDICAL CARE LEMONT



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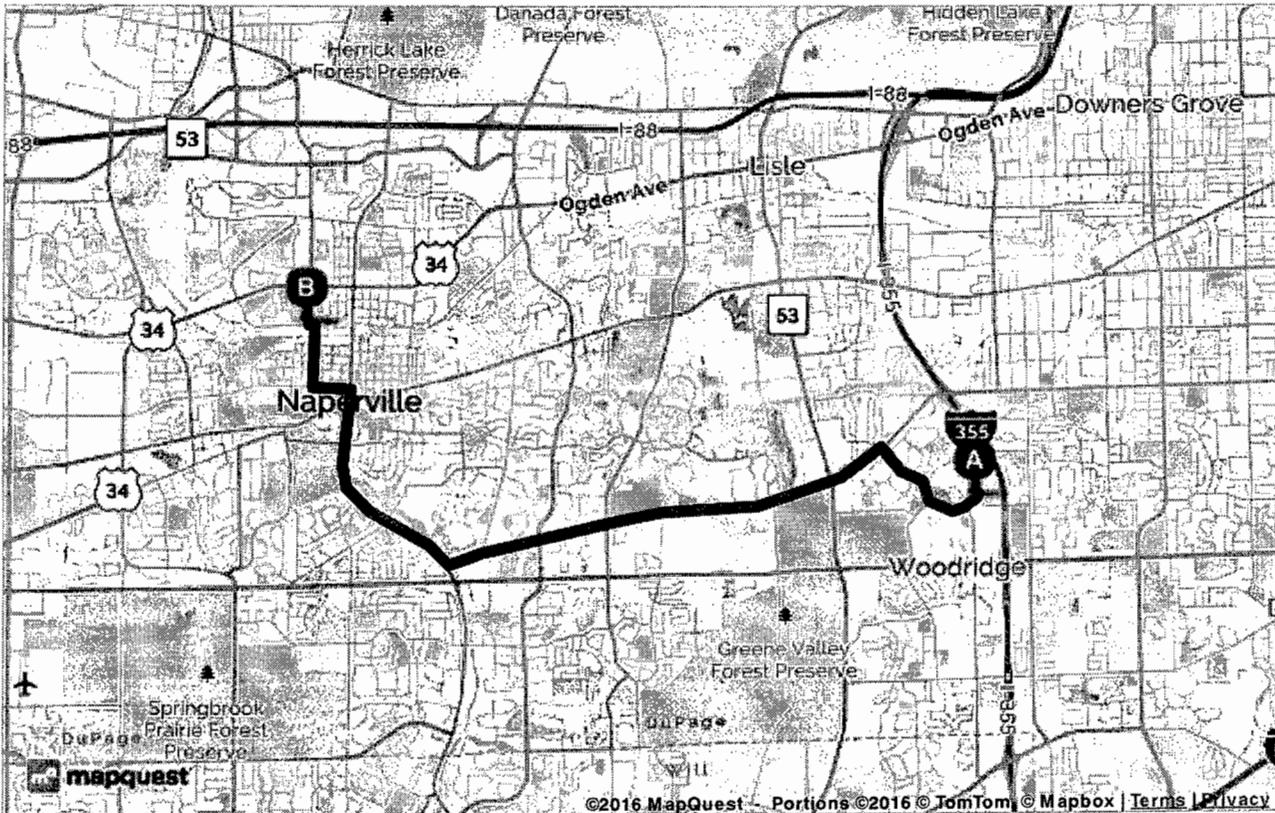
113



Trip to:
516 W 5th Ave
Naperville, IL 60563-2901
8.28 miles / 17 minutes

Notes

TIME W/O HWY TRAVEL
TO FRESENIUS MEDICAL CARE NAPERVILLE NORTH



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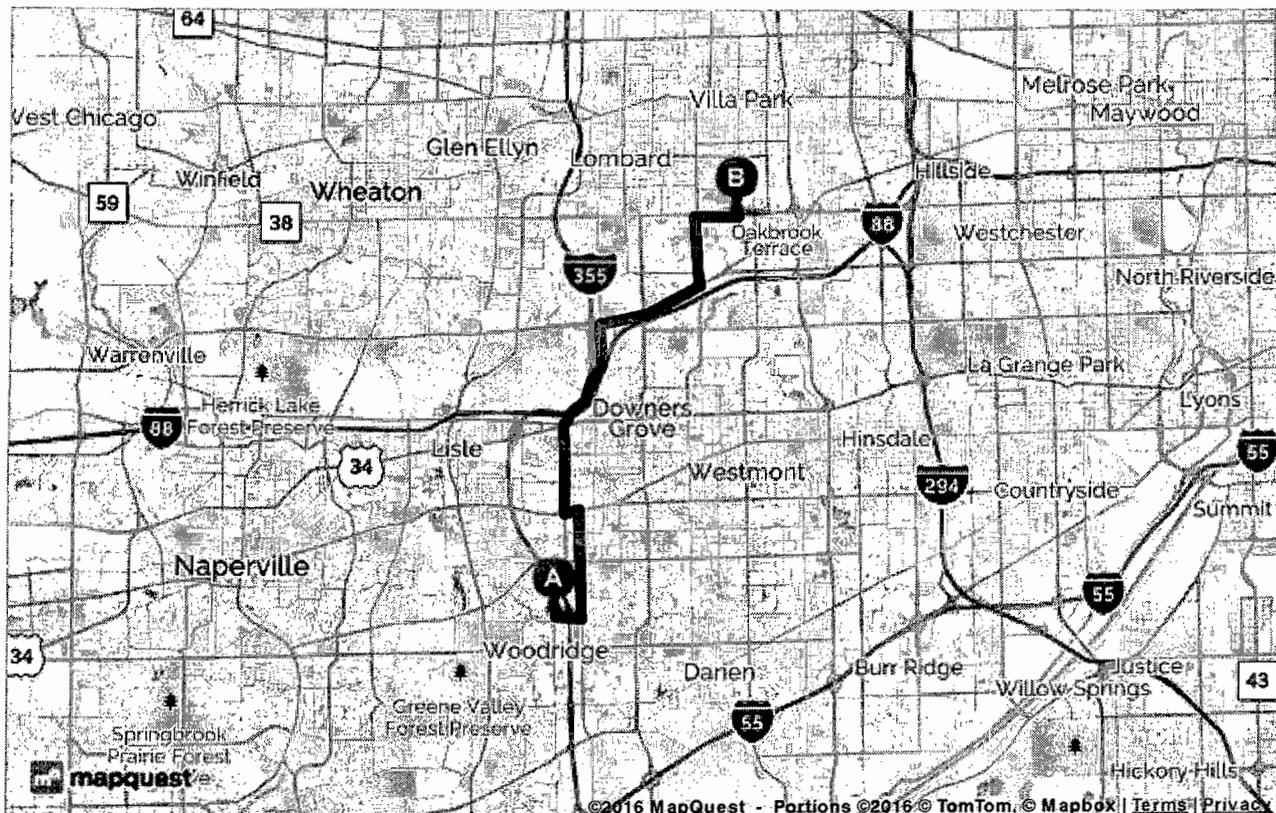
114



Trip to:
[1554 - 1598] S Ardmore Ave
Villa Park, IL 60181-3406
10.34 miles / 20 minutes

Notes

TIME W/O HWY TRAVEL
TO NOCTURNAL DIALYSIS SPA



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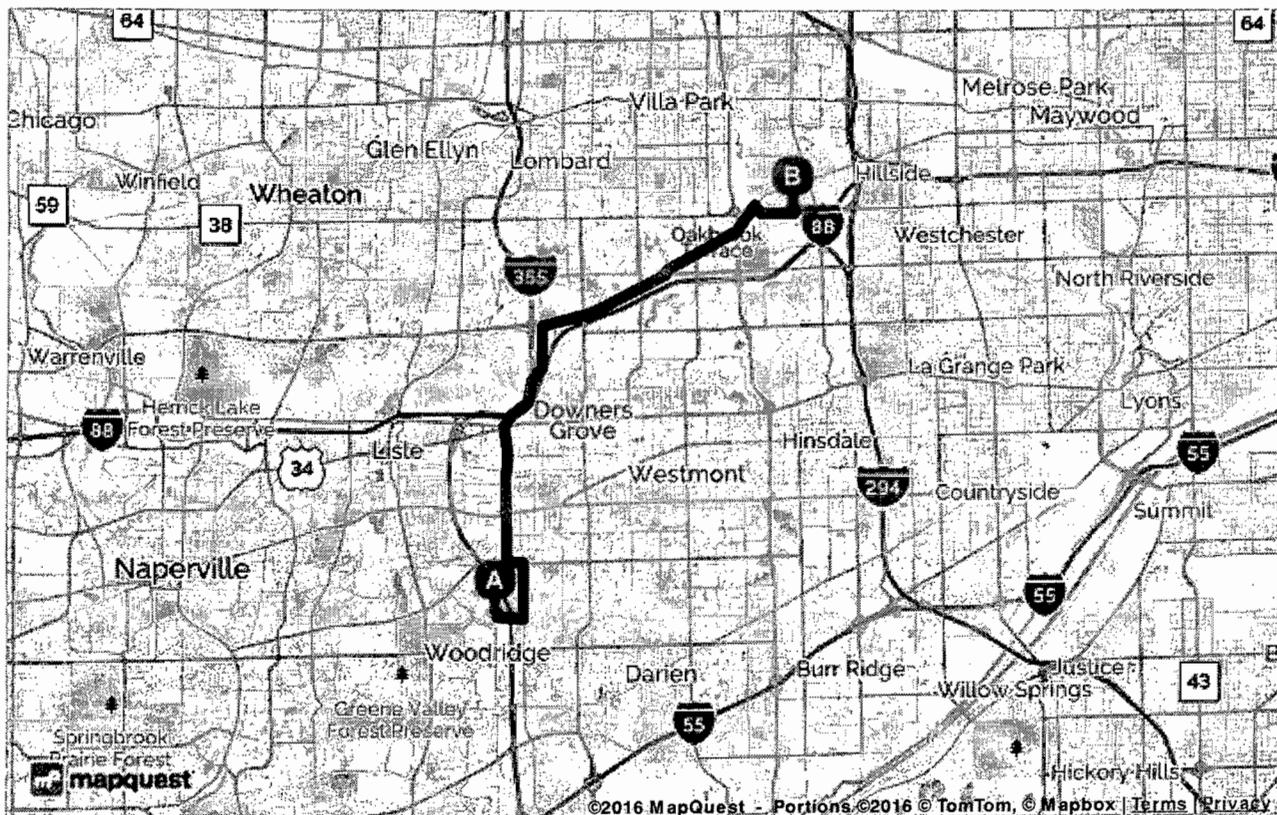
115



Trip to:
133 E Brush Hill Rd
Elmhurst, IL 60126-5658
11.58 miles / 23 minutes

Notes

TIME W/O HWY TRAVEL
TO FRESENIUS MEDICAL CARE ELMHURST



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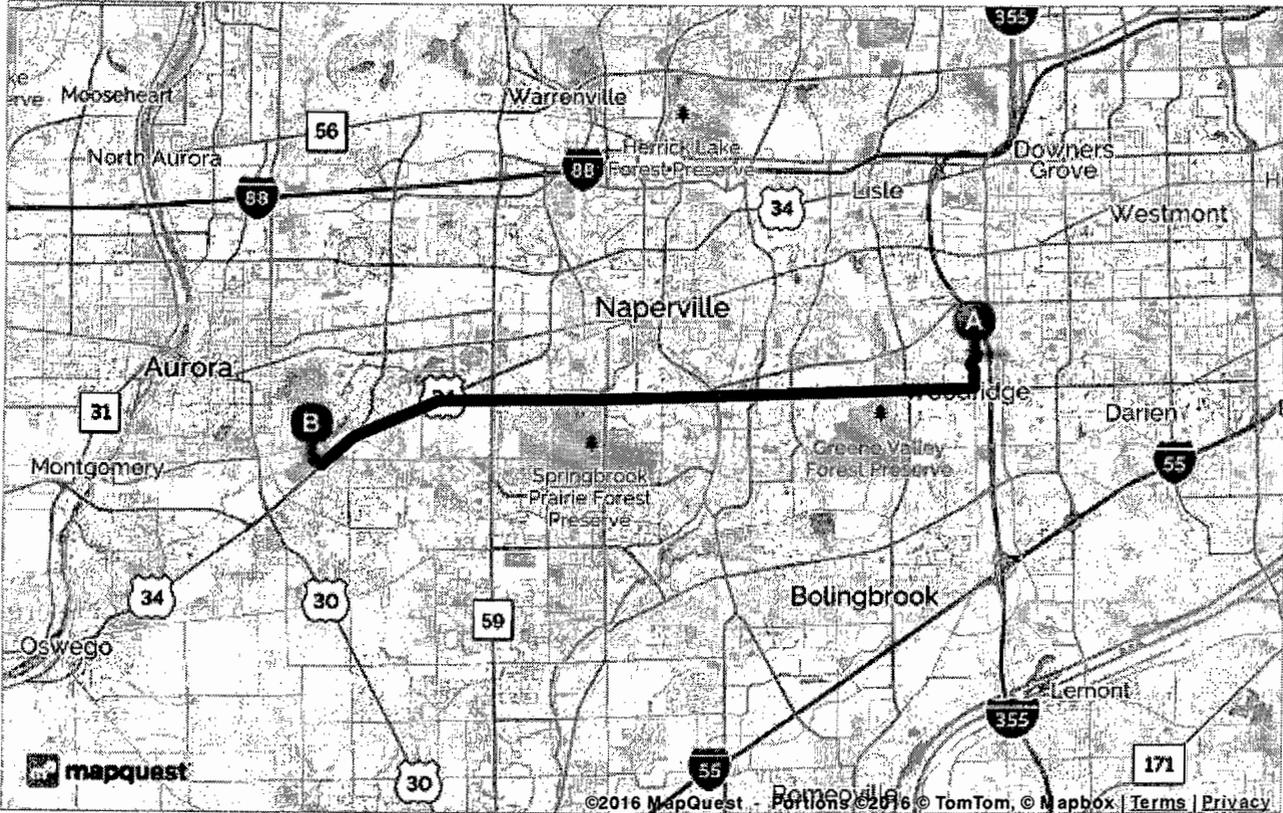
116



Trip to:
1300 Waterford Dr
Aurora, IL 60504-5502
12.78 miles / 21 minutes

Notes

TIME W/O HWY TRAVEL
TO FOX VALLEY DIALYSIS



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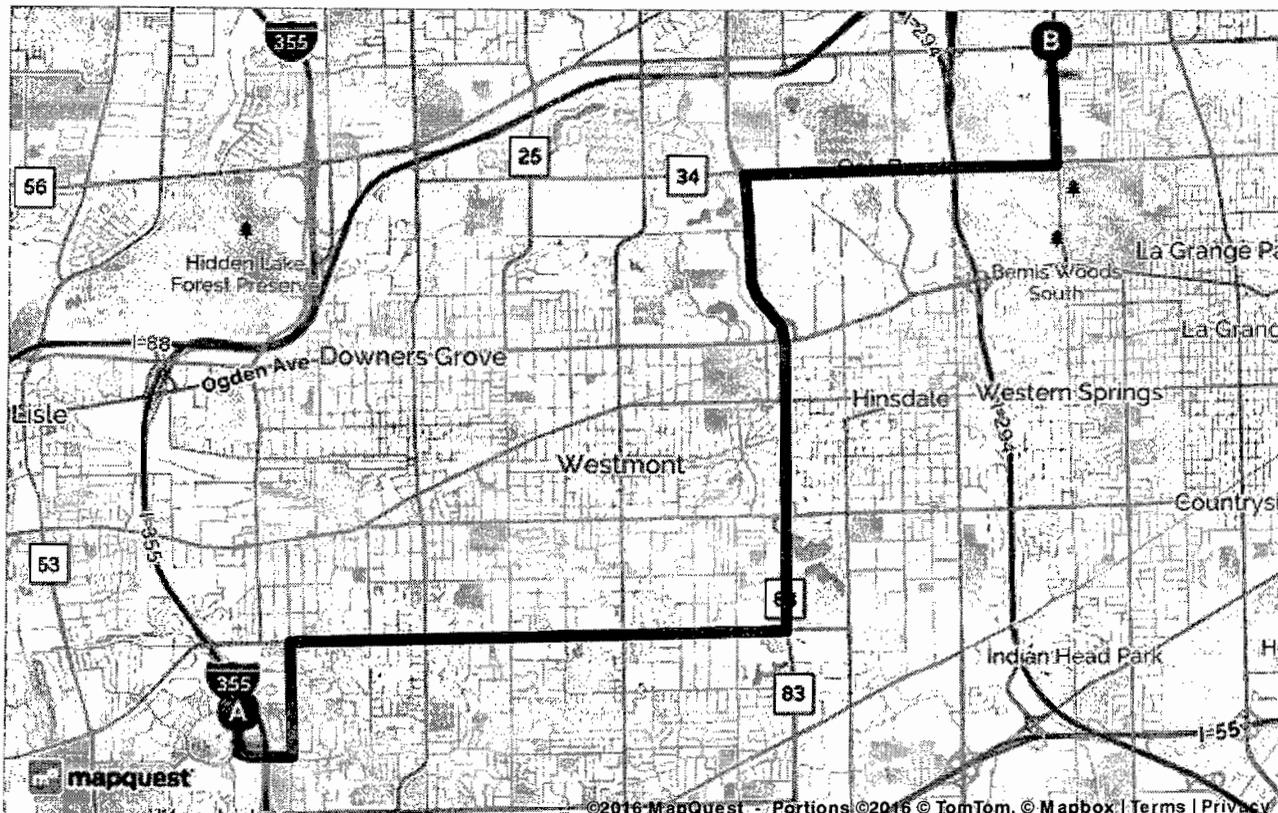
117



Trip to:
2400 S Wolf Rd
Westchester, IL 60154
13.64 miles / 26 minutes

Notes

TIME W/O HWY TRAVEL
TO FRESENIUS MEDICAL CARE WESTCHESTER



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118

Enayat Osanloo, M.D.
Hsien-Ta Fang, M.D.
David J. Schlieben, M.D.
Board Certified in Nephrology

August 15, 2016

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

Dear Ms. Avery:

I am a nephrologist practicing in DuPage and Will Counties with Nephrology Associates of Northern Illinois (NANI). I am the Medical Director of the Fresenius Naperbrook dialysis center. I am writing to convey my strong support for the proposed Fresenius Kidney Care Woodridge dialysis facility. Over the past 12-plus years that I have been practicing here (formerly as medical director of the Bolingbrook facility), I have seen significant and continual growth of the ESRD population. The Fresenius Naperbrook and Bolingbrook dialysis facilities are consistently operating at high utilization rates making it sometimes difficult to place my patients on a shift to accommodate their needs. The US Renal Care Bolingbrook facility is also nearing the State Board 80% target utilization. Additional stations are needed to provide continuous access to the Woodridge/South Naperville/Bolingbrook area.

NANI nephrologists in this region were treating 371 in-center hemodialysis patients at the end of 2013, 374 patients at the end of 2014, 412 patients at the end of 2015, and 532 patients at the end of June 2016 as reported to The Renal Network. In the most recent 12-month period we referred 236 new ESRD patients for dialysis services to Fresenius Bolingbrook, Naperbrook, Naperville North, Downers Grove, Lombard, Plainfield, Willowbrook and US Renal Care Bolingbrook and Oak Brook. We currently are seeing over 900 pre-ESRD patients that reside in the zip codes surrounding the proposed Woodridge facility. Of these I expect approximately 138 could be referred to the new facility.

I therefore urge the Board to approve the 12-station Fresenius Kidney Care Woodridge facility to alleviate high utilization in the Woodridge/South Naperville/Bolingbrook area and to allow for continued foreseen growth of the ESRD population here. Thank you for your consideration.



Nephrology Associates

Enayat Osanloo, M.D.
Hsien-Ta Fang, M.D.
David J. Schlieben, M.D.
Board Certified in Nephrology

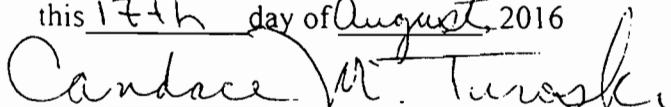
I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other pending or approved CON application.

Sincerely,


_____, M.D.
David Schlieben, M.D.

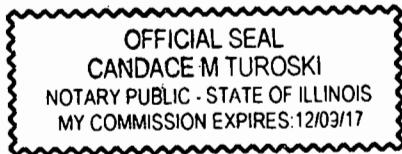
Notarization:

Subscribed and sworn to before me
this 17th day of August, 2016



Signature of Notary

Seal



**Pre-ESRD PATIENTS OF NANI THAT WILL LIKELY BE REFERRED TO THE
WOODRIDGE FACILITY**

City	Zip Code	Stage 3	Stage 4	Total
Bolingbrook	60440	204	65	269
Woodridge	60517	83	25	108
Naperville	60565	80	24	104
	Total	367	114	481

**NEW ESRD REFERRALS OF NANI IN THE WOODDRIDGE AREA
FOR 8/2015 - 7/2016**

Zip Code	Fresenius Kidney Care							US Renal Care		Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Naperville North	Plainfield	Willowbrook	Bolingbrook	Oak Brook	
60076								1		1
60101									2	2
60104									2	2
60106									1	1
60108									1	1
60126		1	1							2
60137			3		1				2	6
60139									2	2
60148		4	6						6	16
60153									1	1
60162									1	1
60163									1	1
60181			2						1	3
60187			1						1	2
60189			1	1	1					3
60302									1	1
60402									1	1
60403	1			1				1		3
60416			1							1
60430									1	1
60431	1			1						2
60433								2		2
60439								1		1
60440	9			1	1			21		32
60441								1		1
60446	8				1			4		13
60448				1						1
60455									1	1
60458								1	2	3
60465							1			1
60490	3			4				1		8
60491	1									1
60502					1					1
60504				1	1					2
60505				1						1
60513									1	1
60514								1		1
60516		2							3	5
60516	1	3	1						4	9
60517	3	1	2	1				2		9
60521									2	2
60523		1								1
60525							2		3	5
60527		1						1		2
60532	1	1	2	1	2			1		8
60536						1				1
60540			1	3	3					7
60544	1			1		4		2		8
60545						1				1
60552				1						1
60559		3						3	1	7
60561							2	2	1	5
60563					8					8
60564	1			5	2	1		1		10
60566				5	1					6
60585						1		1		2
60586						3		1		4
60603		1								1
60616		2								2
60617	1									1
60630									1	1
60638									2	2
60639	1									1
60644									1	1
60651									1	1
60707		1								1
60804						1				1
Total	32	21	21	28	22	12	5	48	47	236

IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2013

Zip Code	FRESENIUS KIDNEY CARE							US	Total
	Bolingbrook	Downers Grove	Lombard	Plainfield	Naperville (Naperbrook)	Naperville North	Willowbrook	RENAL CARE Oak Brook	
60026					1				1
60073						1			1
60074					1				1
60101		1	4						5
60107			1						1
60108						1			1
60126						1			1
60137		5	2			1			8
60139					1				1
60148		5	14			1			20
60153	1								1
60181		3	1						4
60187						1			1
60189		1				3			4
60302					1				1
60402	1								1
60403				1					1
60404				2					2
60410				1					1
60432	1								1
60435		1							1
60439	7								7
60440	53	1			5	3	1	1	64
60441	1								1
60446	16			2	1				19
60447				1					1
60465							1		1
60490	8					2			10
60502						1			1
60503					1	1			2
60504					10	6			16
60505					2	1			3
60506						1			1
60513	1					1			2
60514		1					1		2
60515		12	1		1		1		15
60516	1	8	2						11
60517	5	3			8	3	1		20
60523	1	3							4
60525							3		3
60527		1					2		3
60532		5	1		6	7			19
60540					5	10			15
60544	6			3	2				11
60555					1	1			2
60559		8	2		1		1		12
60561		5					1		6
60563					2	16			18
60564				2	6	2			10
60565	2				11	7			20
60585	1			3	1				5
60586				4	1	1			6
60636					1				1
60651			1						1
60804				1					1
Total	105	63	29	20	69	72	12	1	371

**IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2014**

Zip Code	Fresenius Kidney Care							US RENAL CARE Oak Brook	Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook		
60074				1					1
60101		1	4						5
60107			1						1
60108			2						2
60126						1			1
60137		5	7						12
60148		4	11		1	1			17
60153	1		1						2
60181	1	3	2						6
60189		1				2			3
60195			1						1
60403					1				1
60404				1	1				2
60431					1				1
60432	1								1
60435		1			2				3
60436				1					1
60439	7								7
60440	44	1		11		3		1	60
60441	1								1
60443		1							1
60446	18		1	1	1				21
60447					1	1			2
60465	1								1
60490	7			1		2			10
60503				2		2			4
60504				8		7			15
60505				1		1			2
60506						1			1
60513						1			1
60514	1	1							2
60515		15		1					16
60516	1	8							9
60517	10	4		5		2	1		22
60521	1	1							2
60523	1	1	1						3
60527		2							2
60532		6		6		8			20
60540	1			2		17			20
60544	6			2	3				11
60545				1					1
60546		1							1
60555				1		1			2
60559		7	1	1					9
60561		5							5
60563				2		12			14
60564				8	2	2			12
60565	1			16		6			23
60585	1				1				2
60586					6				6
60608						1			1
60629	1								1
60632		1							1
60636				1					1
60644				1					1
60804					1				1
Total	105	69	32	74	21	71	1	1	374

**IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
DECEMBER 2015**

Zip Code	FRESENIUS KIDNEY CARE							US RENAL CARE	Total
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook	Bolingbrook	
60074				1					1
60101		1	3						4
60107	1		1						2
60108			2						2
60126		1							1
60137		4	7			1			12
60148		3	19			1			23
60153	1		1						2
60154			1						1
60162			1						1
60181		2	3						5
60189						3			3
60402	1								1
60403	1				1				2
60404					1				1
60435		1			1				2
60436					1				1
60439	6								6
60440	54	1		9		4	1	2	71
60441	1								1
60446	18				1			1	20
60447					1				1
60490	9			3		2			14
60503				3		2			5
60504				7	1	6			14
60505				3		1			4
60506						1			1
60513						1			1
60514	1								1
60515		14	1	1					16
60516	2	8	2						12
60517	11	3	1	6		1			22
60521	1						1		2
60523	1	2	1						4
60527		2					1		3
60532		6	2	4		6			18
60538						1			1
60540	1			3		18			22
60544	8			2	4				14
60546		1							1
60555				1		1			2
60559	1	5	1	1			1		9
60561	1	4					2		7
60563						17			17
60564	2			13	1	3			19
60565	2			16		4			22
60585					3				3
60586					8				8
60608						1			1
60623							1		1
60629	1								1
60632		1							1
60636				1					1
60639	1								1
60644				1					1
Total	125	59	46	75	23	74	7	3	412

**IN-CENTER HEMODIALYSIS PATIENTS OF IN THE WOODRIDGE AREA
JULY 2016**

Zip Code	FRESENIUS KIDNEY CARE						US RENAL CARE		Total	
	Bolingbrook	Downers Grove	Lombard	Naperbrook	Plainfield	Naperville North	Willowbrook	Bolingbrook		Oak Brook
60074				1					1	
60076									1	
60101	1		1					1	5	
60104								2	2	
60106								1	1	
60108			2			1		1	4	
60126		1	1						2	
60137		4	8			1		2	15	
60139								2	2	
60148		3	20			1		6	30	
60153	1		1					1	3	
60154			1						1	
60162								1	1	
60163								1	1	
60181		3	3					1	7	
60187			1					1	2	
60188									0	
60189			1			4			5	
60302								2	2	
60402	1		1					1	3	
60403	1				1				2	
60404					1				1	
60429									0	
60430								1	1	
60433							2		2	
60435		1			1				2	
60436					1				1	
60439	5	1					1	1	8	
60440	54	1		10		4	22		91	
60441	1						1		2	
60446	22				1		6		29	
60449									0	
60453									0	
60455								1	1	
60458							1	3	4	
60465						1			1	
60490	9			4		2	1		16	
60491	1								1	
60502						1			1	
60503				2		2			4	
60504				6	1	5			12	
60505				3		1			4	
60506						1			1	
60513						1		1	2	
60514	1						1		2	
60515		13	1	1				3	18	
60516	2	8	2					4	16	
60517	9	4	2	7		2	3		27	
60521	1						1	1	3	
60523	1	1	1						3	
60525								3	3	
60527		2				1	1		4	
60532	1	7	5	3		5	1		22	
60536					1				1	
60540	1			4		14			19	
60544	5			3	8		2		18	
60545					1				1	
60546		1							1	
60552				1					1	
60555				1		1			2	
60558									0	
60559		7		1			1	3	13	
60561		4				3	3	1	11	
60563				1		17			18	
60564	1			19		2	1		23	
60565	2			17		6			25	
60585				1	2		1		4	
60586					10		1		11	
60603		1							1	
60608						1			1	
60623							1		1	
60624									0	
60629	1								1	
60630								1	1	
60632		1							1	
60636				1					1	
60638								2	2	
60639	1								1	
60644								1	1	
60651								1	1	
Total	122	63	51	86	28	72	8	53	49	532

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