

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

16-058

DEC 29 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Dialysis Care Center McHenry		
Street Address: 612 S IL Route 31, Suite A		
City and Zip Code: McHenry, IL, 60050		
County: McHenry County	Health Service Area 8	Health Planning Area: 8

Applicant Identification

[Provide for each Applicant [refer to Part 1130.220].

Exact Legal Name: Dialysis Care Center McHenry, LLC.
Address: 15786 S Bell Rd, Homer Glen, IL, 60491
Name of Registered Agent: Salman Azam, ESQ.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

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.

Co-Applicant Identification

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

Exact Legal Name: Dialysis Care Center Holdings LLC
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

Type of Ownership of /Co-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

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.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number:630-965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number:708-645-1001

Additional Contact

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

Name: Morufu Alausa M.D
Title: CEO
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number:630-697-1414
E-mail Address: talausam@kidneycares.com
Fax Number:708-645-1001

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: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number: 630-965-9007
E-mail Address: shazzad@kidneycare.com
Fax Number: 708-645-1001

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Pinnacle Investment Partners LLC
Address of Site Owner: C/O Salman Azam, ESQ 333 N Michigan Ave, Suite 1815, Chicago, IL, 600601
Street Address or Legal Description of Site: 612 S IL Route 31, McHenry, IL, 60050
(See LOI and draft lease for Legal Description of site)
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: Dialysis Care Center McHenry, LLC		
Address: 15786 S Bell Rd, Homer Glen, IL 60491		
<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
<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.

Dialysis Care Center McHenry, LLC ("Applicant) proposes to establish a 14 station, including 1 isolation station, in center hemodialysis (ESRD) facility to be located at 612 S IL Route 31, Suite A, McHenry, IL, 60050, Which is in Health Service Area 8.

The proposed facility is to be in a leased space in a location where the shell of the unit exists. The utilization of this existing space will allow the applicants to establish this new facility at a dramatically lower cost than building a new facility from the ground up, in its entirety thereby making a much more effective use of healthcare expenditures.

Dialysis Care Center McHenry, LLC will be in HSA 8, as of December, 16, 2016 station inventory there is a determined need for 10 additional stations in this HSA.

The applicants believe that this is a "substantive" project since it constitutes the establishment of service as defined by Administrative Code.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$420,000		\$420,000
Contingencies	\$10,000		\$10,000
Architectural/Engineering Fees	\$20,000		\$20,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$360,000		\$360,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$312,000		\$312,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$1,122,000		\$1,122,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$810,000		\$810,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$312,000		\$312,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$1,122,000		\$1,122,000

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 Yes No
Purchase Price: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ 25,000.

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:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): 3/31/2018

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

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

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

Section Not Applicable

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

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf Dialysis Care Center McHenry, 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.



SIGNATURE
Morufu O Alausa MD

PRINTED NAME
CEO /President

PRINTED TITLE



SIGNATURE
Mohammad S Shafi MD

PRINTED NAME
Vice president

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27 day of December 2016

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

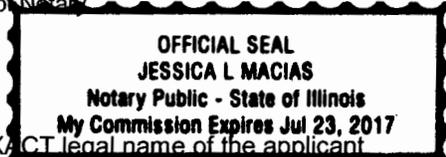


Signature of Notary

Signature of Notary

Seal

Seal



*Insert EX/CT 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:

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

This Application for Permit is filed on the behalf Dialysis Care Center Holdings, 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.



SIGNATURE
Morufu O Alausa M.D.

PRINTED NAME
CEO / President

PRINTED TITLE



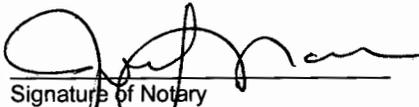
SIGNATURE
Mohammed S Shafi MD

PRINTED NAME
Vice President

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of December, 2016

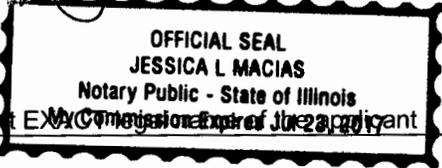
Notarization:
Subscribed and sworn to before me
this ___ day of _____



Signature of Notary

Signature of Notary

Seal



Seal

*Insert EX-100 Commission Expires June 2, 2017

SECTION II. DISCONTINUATION

Section Not Applicable

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

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	14

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

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

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

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

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:**

\$810,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
__ N/A __	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.
__ N/A __	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
__ N/A __	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
__ N/A __	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;
__ N/A __	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$312,000	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. FMV of Leases
\$1,122,000	TOTAL FUNDS AVAILABLE	

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

Section Not Applicable-NO Debt to be used

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.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FININCIAL VIALBILITY 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 – Section Not applicable to Debt to be used

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

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

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

XII. Charity Care Information

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

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

A table in the following format must be provided for all facilities as part of Attachment 41.

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

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

Section 1, Identification, General Information, and certification

Applicant Identification

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

Exact Legal Name: Dialysis Care Center McHenry, LLC.
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Salman Azam, ESQ..
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

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

- 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.



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

DIALYSIS CARE CENTER MCHENRY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 02, 2016, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of DECEMBER A.D. 2016 .



Authentication #: 1634001904 verifiable until 12/05/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Applicant Certificate of Good standing
Attachment 1

Co-Applicant Identification

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

Exact Legal Name: Dialysis Care Center Holdings LLC
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

Type of Ownership of /Co-Applicant

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

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

CO- Applicant Identification
Attachment -1

File Number

0578210-4



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

DIALYSIS CARE CENTER HOLDINGS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1612503588 verifiable until 05/04/2017
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of MAY A.D. 2016 .**

Jesse White

SECRETARY OF STATE

CO- Applicant Certificate of good standing
Attachment -1

Section 1, Identification, General Information, and certification

Site Ownership

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Pinnacle Investment Partner LLC
Address of Site Owner: C/O Salman Azam, ESQ 333 N Michigan Ave, Suite 1815, Chicago, IL, 600601
Street Address or Legal Description of Site: 612 S IL Route 31, Suite A, McHenry, IL, 60050

A copy of the letter of intent to lease between Pinnacle Investment Partners, LLC and Dialysis Care Center McHenry, LLC to lease the facility at 612 S IL Route 31, Suite A, McHenry, IL, 60050 is attached. Following this page. It shows the applicant will control the site of the proposed facility

Attachment 2

Site Owner
Attachment -2

December 20, 2016

Dialysis Care Center McHenry
C/O Asim Shazzad
15786 S. Bell Rd.
Homer Glen, IL 60491

RE: 612 S. Rt. 31, McHenry, IL

Dear Mr. Shazzad,

Enclosed please find the following:

- a. (3) Three Lease Agreements; and
- b. (3) Three Guaranties

Kindly execute and notarize the enclosed documents where indicated and return to our office to be fully executed via post to:

Pinnacle Investment Partners LLC
C/O Salman Azam
333 N. Michigan Ave., Ste. 1815
Chicago, IL 60601

Should you have any queries with regards to the above, please do not hesitate to contact our office on 312-321-6531.

Yours faithfully,
Arthur J. Rogers & Co.



Carole Caveney

Vice President-Commercial Properties

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Arthur J. Rogers & Co.

www.arthurjrogers.com

Sales • Management • Leasing • Construction

December 15, 2016

Pinnacle Investment Partners LLC
C/O Salman Azam
333 N. Michigan Ave., Ste. 1815
Chicago, IL 60601

RE: 612 S. Rt 31
Suite A
McHenry, IL

Dear Salman,

On Behalf of Dialysis Care Center McHenry, LLC, we have been authorized to submit for review the following letter of intent outlining the general terms and conditions in which to Lease the premises:

- Landlord:** Pinnacle Investment Partner, LLC
- Tenant:** Dialysis Care Center McHenry, LLC
- Premises:** Approximately 5000 rentable square feet located at 612 S. Rt 31, Suite A, McHenry, IL.
- Use:** The Premises shall be used for the operation of a dialysis facility and related medical/administrative offices. Tenant may operate on the premises, at tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
- Primary Lease Term:** An initial lease term of Five (5) years, five (5) months from rent commencement.
- Possession Date:** May 1, 2017 or sooner (Upon CON awarded by the Illinois State Board per the January 3, 2017 application date, see attached schedule).
- CON Contingency:** Lease is contingent upon tenant receiving a CON (Certificate of Need) awarded by the State of Illinois per the application date of January 3, 2017, per the attached State of Illinois schedule.
- Base Rental Rate:** \$12.00 psf NNN
- Rent Commencement Date:** Tenant shall have ninety (90) days from possession to complete the tenant improvements, rent to commence thereafter.
- Escalation:** 3% increases compounded annually.
- Option Periods:** Two (2), three (3) year options to renew. Tenant shall provide to Landlord a ninety (90) day prior written notice of its desire to exercise each option.
- CAM:** Tenant shall be responsible for their proportionate share of CAM.
- RE Taxes:** Tenant shall be responsible for their proportionate share of real estate taxes.

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Individual
Membership



- Landlord's Work:** Landlord shall warranty that the roof and mechanicals are in good working order and shall maintain them throughout the term of the lease. Landlord shall make the necessary building repairs which shall consist of repair of all parking lot and sidewalk improvements (which shall include repair/patch all potholes, sealcoat and stripe). All work shall be performed prior to rent commencement. *Landlord shall offer a gross rent abatement of five (5) months in lieu of TI allowance to commence after the ninety (90) day build-out period.*
- Concessions:** As described above, an additional free rent period of two (2) months shall commence after the ninety (90) day TI allowance period.
- Demised Premises Shell and Site:** Landlord shall deliver the Premises as is, except for its commitment to perform (or provide) Landlord Work.
- Contractor for Tenant Improvements:** Tenant will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant, allowance. Tenant 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.
- HVAC:** Equipment as-is. Landlord to maintain pursuant to its Landlord maintenance, described below.
- Deliveries:** Tenant requires delivery access to the Premises 24 hours per day, 7 days per week.
- Emergency Generator:** Tenant 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:** Tenant will provide all space planning and architectural and mechanical drawings required to build out and demolish existing improvement not needed, 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.
- Utilities:** Separately metered. Tenant shall be responsible for their electric, gas, Telephone/internet.
- Signage:** Tenant may install signs, at Tenant's expense, in and on the Premises to the maximum extent permitted by local law. Landlord will have the right to approve signage. Landlord's approval will not be unreasonably withheld. Landlord will grant Tenant signage space on any monument due the Premises.
- Parking:** Landlord shall grant Tenant five (5) designated parking spaces plus one (1) ambulance space in addition to the designated handicap spaces
- Building Codes:** Tenant has or will, perform its own building code analysis and acknowledges the demised premises will be delivered by the Landlord as described herein, without any repos or warranties regarding current or future codes.
- Assignment/ Subletting:** Tenant requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided guarantor remains fully liable under its guaranty. Any other assignment or

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subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

Landlord Maintenance:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, roof supports, columns, retaining walls, footings as well as water mains, gas and sewer lines serving the Premises. *Landlord shall warranty HVAC for the first 18 months of lease term.*

With respect to the parking and other exterior areas of the Premises and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices and reasonable management and administrative fees throughout the term: repainting or routine tuck-pointing the exterior surfaces of the building when necessary; repairing, resurfacing, repaving, re-striping, and resealing of the parking areas; repairing and maintaining the roof (other than its structure, which is Landlord's responsibility); 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, including all windows and doors, in good repair, free of refuse and rubbish. Tenant 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, flood, storm, civil commotion or other unavoidable causes expected. Tenant shall be responsible for maintenance and repair of all equipment serving the Premises.

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 excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

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 Tenant's dialysis clinic.

Flood Plain:

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

Financing:

Landlord will use its best efforts to cause its lender to provide a non-disturbance agreement.

Exclusivity:

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

Environmental:

A Phase One Environmental Study may be conducted.

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.

Security Deposit: equal to one (1) month's gross rent payable upon full lease execution.

Confidential: The material contained herein is confidential. It is intended for use of the 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.

Agency: Arthur J. Rogers & Co. represents the Tenant. Landlord shall be responsible to pay all brokerage fees per separate agreement.

Disclaimer: This proposal is submitted subject to errors, omissions, and changes in information, modification, and withdrawal, with or without notice.

This proposal is not intended as, and does not constitute, a binding agreement by any party, nor an agreement by any party to enter into a binding agreement, but is merely intended to specify some of the proposed terms and conditions of the transaction contemplated herein. Neither party may claim any legal rights against the other by reason of the signing of this letter or by taking any action in reliance thereon. Each party hereto fully understands that no party shall have any legal obligations to the other, or with respect to the proposed transaction have been negotiated, agreed to by all parties and set forth in a fully executed lease. The only legal obligations, which any party shall have, shall be those contained in such signed and delivered definitive agreement referred to above.

Notwithstanding any provision to the contrary contained herein, this letter shall not constitute an agreement to negotiate and solely constitutes an outline of certain key terms. Landlord and Tenant each acknowledge and agree that each party is proceeding with negotiations relating to the proposed Lease at its sole cost and expense and that either party may terminate negotiations at any time and for any reason without any liability or obligation whatsoever.

Salman, we look forward to working with you towards successfully completing this proposed Lease transaction.

Thank you for your consideration.

Arthur J. Rogers & Co.



Carole Caveney
Vice President-Commercial Properties

AGREED AND ACCEPTED:

Individual
Membership



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THIS 20th DAY OF December, 2016.

TENANT:

By: [Signature]

Its: Administrator

LANDLORD:

By: Julie Williamson

Its: Secretary

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Operating Identity/Licensee

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

Exact Legal Name: Dialysis Care Center McHenry, LLC			
Address: 15786 S Bell Rd, Homer Glen, IL 60491			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other

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

Dialysis Care Center McHenry, LLC (“operator”) will operate the proposed facility. A copy of Certificate of good standing is attached on the following page.

Operating identity/Licensee
Attachment -3



To all to whom these Presents Shall Come, Greeting:

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

DIALYSIS CARE CENTER MCHENRY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 02, 2016, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of DECEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

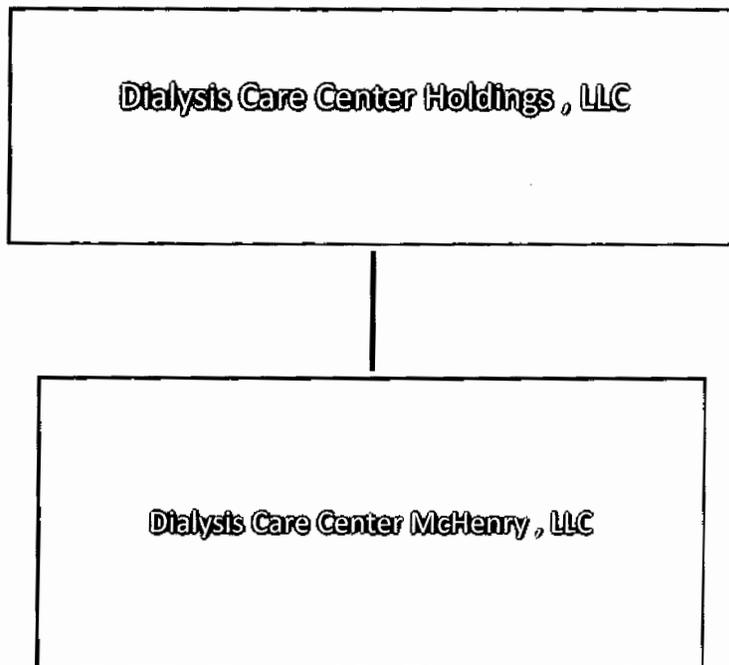
Authentication #: 1634001904 verifiable until 12/05/2017

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

Operating identity/Licensee
Attachment -3

Organizational Relationships

The following organizational chart shows the organization of applicant, Co-Applicants, and their related parties.



Org Chart
Attachment -4

Flood Plain requirements

The proposed location for the establishment of Dialysis Care Center McHenry complies with the requirements of the Illinois executive order #2005-5. The site, 612 S IL Route 31, Suite A, McHenry, IL, 60050, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.

Attestation

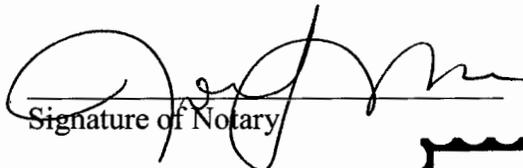
To the best of my knowledge, I attest that the proposed project is not in a flood plain area.



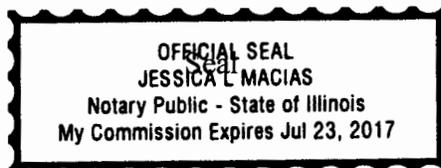
Asim M. Shazzad, Administrator

Notarization:

Subscribed and sworn to before me
this 27 day of December, 2016



Signature of Notary



Flood Plain Determination
Attachment -5

Historic Resources Preservation Act Requirements

The proposed location for the establishment of Dialysis Care Center McHenry complies with the requirements of the Illinois state agency historic resources preservation act. Please find attached a copy of a letter from the Illinois Historic Preservation Agency, on the following page.

Historical Determination
Attachment- 6



**Illinois Historic
Preservation Agency**

FAX (217) 524-7525

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128

McHenry County

McHenry

CON - Lease to Establish a Dialysis Facility

612 S. Route 31

IHPA Log #004120816

December 15, 2016

Asim Shazzad

Dialysis Care Center McHenry, LLC

15786 S. Bell Road

Homer Glen, IL 60491

Dear Mr. Shazzad:

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

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

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

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

SUMMARY OF PROJECT COSTS

Clinical

Modernization Contracts –Renovation cost of existing space **\$420,000**

Contingencies

Contingencies **\$10,000**

Architectural & Engineering fees

Architectural & Engineering fees **\$20,000**

Movable or other Equipment

Dialysis Chairs	\$14,000
Misc. Clinical Equipment	\$17,000
Clinical Furniture and equipment	\$25,000
Office equipment and other furniture	\$31,000
Cabinetry	\$48,500
Water treatment	\$110,000
Tvs & Accessories	\$26,000
Telephones	\$11,000
Computers, Fax, Copier	\$15,000
Generator	\$40,000
Facility Automation	\$12,500
Other Miscellaneous	\$10,000
Total	<u>\$360,000</u>

Fair Market Value Leased Space & Equipment

FMV Leased space	\$147,000
FMV Leased Dialysis Machines	\$165,000
Total	<u>\$312,000</u>

Attachment 7

Cost Space Requirements

Provide in the following format, the department/area **GSF** or the building/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	\$1,122,000	5,000			5,000		
Total Clinical	\$1,122,000	5,000			5,000		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	\$1,122,000	5,000			5,000		

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

Cost Space Requirements
Attachment- 9

BACKGROUND OF THE APPLICANT

Dialysis Care Center McHenry, LLC & Dialysis Care Center Holdings, LLC are both newly formed entities and as such they do not own or operate any other **operational ESRD IN-Center Dialysis facilities** in the State of Illinois.

Dialysis Care Center McHenry and Dialysis Care Center Holdings is 100% physician owned. The two physicians listed below each own the entities equally.

1. Morufu Alausa M.D.
2. Sameer M Shafi M.D.

The applicants are fit, willing and able, and have qualifications, background and character to adequately provide proper standard of care services to the community.

Certification and Authorization

Dialysis Care Center McHenry, LLC

In accordance with section III, A (2) of the Illinois Health Facilities Planning Board Application for certificate Need; I do hereby certify that no adverse actions have been taken against Dialysis Care Center McHenry, 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for certificate 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.



SIGNATURE
Morufu O Alausa M.D.

PRINTED NAME
CEO /President

PRINTED TITLE

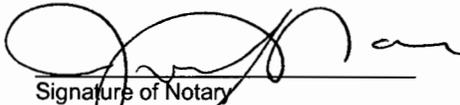


SIGNATURE
Mohammad S Shafi M.D.

PRINTED NAME
Vice president

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of December 2016



Signature of Notary



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

Signature of Notary

Seal

Certification and Authorization

Dialysis Care Center Holdings, LLC

In accordance with section III, A (2) of the Illinois Health Facilities Planning Board Application for certificate Need; I do hereby certify that no adverse actions have been taken against Dialysis Care Center McHenry, 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for certificate 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.



SIGNATURE

Morufu Alausa M.D.

PRINTED NAME
CEO /President

PRINTED TITLE



SIGNATURE

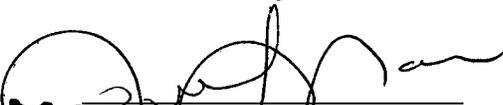
Mohammad S Shafi MD

PRINTED NAME
Vice president

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27 day of December, 2016

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



Signature of Notary

OFFICIAL SEAL
Seal **JESSICA L MACIAS**
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

Signature of Notary

Seal

Purpose of the Project

The purpose of this project is to keep dialysis services accessible to the growing ESRD population in HSA 8. This project will address the state board's current determined need for additional stations in the planning area of HSA 8. Based on data from December 16, 2016, an additional 10 stations are required to meet the needs of future ESRD patients. The proposed new ESRD facility, Dialysis Care Center McHenry, will open additional treatment options for patients in the market area, as well as patients in McHenry County and surrounding cities.

The market area that the applicant will serve is primarily within a twenty mile radius around the proposed facility.

The goal of the project is simple—address the current need and the growth of future dialysis patients. Dialysis Care Center McHenry will provide an additional 14 stations and will help in the planning for the future growth of ESRD.

The proposed project is to build a 14 station dialysis facility (including 1 isolation station) which will be located at 612 S IL Route 31, Suite A, McHenry, IL. This clinic will serve the residents of HSA 8. As previously stated, the current need is for an additional 10 stations based on the state boards determination. The 4 additional stations are being requested for expected additional growth in the McHenry area and McHenry County. As of 2010, the total population of McHenry county is 308,760, and has steadily increased in the last 6 years.

In recent years, the city of McHenry plus the surrounding areas have seen tremendous growth in the ESRD population, as objectively indicated in the 70% - 80% utilization of most ESRD facilities in the area.

The new clinic, Dialysis Care Center McHenry, will have 100% physician ownership. This is the first time in nearly a decade that a mid-sized nephrology practice in the immediate area is developing a dialysis facility to better serve the needs of ESRD patients. As a physician-owned and managed clinic, the care, comfort, and quality of the patient will be placed first and foremost before profitability.

The physicians will also have total independence in making clinical decisions. In turn, this will allow physicians to focus on maximizing the quality of care provided to patients receiving dialysis at this clinic.

The new clinic, Dialysis Care Center McHenry, will allow area patients access to dialysis services within a reasonable travel distance from home while avoiding significant highway travel.

Purpose
Attachment-12

It is an established fact in medicine, that when a patient is requiring chronic dialysis, they have convenient and adequate access to services, as it tends to reduce overall healthcare costs and results in less complications.

It is expected that Dialysis Care Center McHenry, once operational, will meet and possibly exceed the clinical outcomes set by the Renal Network, as well as Centers for Medicare and Medicaid services.

- Demographic data contained in the application was taken from
http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- HSA Data from Health Facilities Inventories and Data updated 12/16/16
<https://www.illinois.gov/sites/hfsrb/InventoriesData/MonthlyHCFInventory/Documents/Other%20Services%20Update%2012-16-16.pdf>

Purpose
Attachment-12

REVISED NEED DETERMINATIONS 12/16/2016

ESRD STATIONS

ESRD STATIONS				
ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED 2015	ADDITIONAL STATIONS NEEDED 2018	EXCESS ESRD STATIONS 2018
HSA 1	194	191	0	3
HSA 2	171	155	0	16
HSA 3	169	140	0	29
HSA 4	183	175	0	8
HSA 5	191	173	0	18
HSA 6	1,258	1,271	13	0
HSA 7	1,349	1,372	23	0
HSA 8	411	421	10	0
HSA 9	265	284	19	0
HSA 10	95	66	0	29
HSA 11	215	194	0	21
ILLINOIS TOTAL	4,390	4,442	161	109

Purpose
Attachment-12



DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/dpsf.pdf>.

Geography: McHenry city, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	26,992	100.0
Under 5 years	1,808	6.7
5 to 9 years	1,947	7.2
10 to 14 years	1,960	7.3
15 to 19 years	1,940	7.2
20 to 24 years	1,470	5.4
25 to 29 years	1,764	6.5
30 to 34 years	1,793	6.6
35 to 39 years	1,963	7.3
40 to 44 years	2,088	7.7
45 to 49 years	2,237	8.3
50 to 54 years	2,013	7.5
55 to 59 years	1,596	5.9
60 to 64 years	1,322	4.9
65 to 69 years	908	3.4
70 to 74 years	672	2.5
75 to 79 years	463	1.7
80 to 84 years	494	1.8
85 years and over	554	2.1
Median age (years)	37.2	(X)
16 years and over	20,829	77.2
18 years and over	20,009	74.1
21 years and over	19,056	70.6
62 years and over	3,841	14.2
65 years and over	3,091	11.5
Male population	13,084	48.5
Under 5 years	901	3.3
5 to 9 years	974	3.6
10 to 14 years	1,015	3.8
15 to 19 years	1,004	3.7
20 to 24 years	740	2.7
25 to 29 years	870	3.2
30 to 34 years	904	3.3
35 to 39 years	974	3.6
40 to 44 years	1,013	3.8
45 to 49 years	1,137	4.2
50 to 54 years	984	3.6
55 to 59 years	753	2.8
60 to 64 years	598	2.2

Subject	Number	Percent
65 to 69 years	444	1.6
70 to 74 years	290	1.1
75 to 79 years	160	0.6
80 to 84 years	165	0.6
85 years and over	158	0.6
Median age (years)	35.8	(X)
16 years and over	9,972	36.9
18 years and over	9,551	35.4
21 years and over	9,060	33.6
62 years and over	1,560	5.8
65 years and over	1,217	4.5
Female population	13,908	51.5
Under 5 years	907	3.4
5 to 9 years	973	3.6
10 to 14 years	945	3.5
15 to 19 years	936	3.5
20 to 24 years	730	2.7
25 to 29 years	894	3.3
30 to 34 years	889	3.3
35 to 39 years	989	3.7
40 to 44 years	1,075	4.0
45 to 49 years	1,100	4.1
50 to 54 years	1,029	3.8
55 to 59 years	843	3.1
60 to 64 years	724	2.7
65 to 69 years	464	1.7
70 to 74 years	382	1.4
75 to 79 years	303	1.1
80 to 84 years	329	1.2
85 years and over	396	1.5
Median age (years)	38.5	(X)
16 years and over	10,857	40.2
18 years and over	10,458	38.7
21 years and over	9,996	37.0
62 years and over	2,281	8.5
65 years and over	1,874	6.9
RACE		
Total population	26,992	100.0
One Race	26,568	98.4
White	24,372	90.3
Black or African American	200	0.7
American Indian and Alaska Native	94	0.3
Asian	420	1.6
Asian Indian	95	0.4
Chinese	73	0.3
Filipino	158	0.6
Japanese	7	0.0
Korean	15	0.1
Vietnamese	32	0.1
Other Asian [1]	40	0.1
Native Hawaiian and Other Pacific Islander	5	0.0
Native Hawaiian	2	0.0
Guamanian or Chamorro	0	0.0
Samoan	1	0.0

Subject	Number	Percent
Other Pacific Islander [2]	2	0.0
Some Other Race	1,477	5.5
Two or More Races	424	1.6
White; American Indian and Alaska Native [3]	91	0.3
White; Asian [3]	72	0.3
White; Black or African American [3]	78	0.3
White; Some Other Race [3]	130	0.5
Race alone or in combination with one or more other races: [4]		
White	24,767	91.8
Black or African American	299	1.1
American Indian and Alaska Native	204	0.8
Asian	508	1.9
Native Hawaiian and Other Pacific Islander	26	0.1
Some Other Race	1,624	6.0
HISPANIC OR LATINO		
Total population	26,992	100.0
Hispanic or Latino (of any race)	3,450	12.8
Mexican	2,976	11.0
Puerto Rican	196	0.7
Cuban	35	0.1
Other Hispanic or Latino [5]	243	0.9
Not Hispanic or Latino	23,542	87.2
HISPANIC OR LATINO AND RACE		
Total population	26,992	100.0
Hispanic or Latino	3,450	12.8
White alone	1,711	6.3
Black or African American alone	27	0.1
American Indian and Alaska Native alone	49	0.2
Asian alone	9	0.0
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	1,470	5.4
Two or More Races	184	0.7
Not Hispanic or Latino	23,542	87.2
White alone	22,661	84.0
Black or African American alone	173	0.6
American Indian and Alaska Native alone	45	0.2
Asian alone	411	1.5
Native Hawaiian and Other Pacific Islander alone	5	0.0
Some Other Race alone	7	0.0
Two or More Races	240	0.9
RELATIONSHIP		
Total population	26,992	100.0
In households	26,798	99.3
Householder	10,075	37.3
Spouse [6]	5,493	20.4
Child	8,512	31.5
Own child under 18 years	6,413	23.8
Other relatives	1,315	4.9
Under 18 years	459	1.7
65 years and over	191	0.7
Nonrelatives	1,403	5.2
Under 18 years	109	0.4
65 years and over	46	0.2
Unmarried partner	655	2.4
In group quarters	194	0.7

Subject	Number	Percent
Institutionalized population	186	0.7
Male	62	0.2
Female	124	0.5
Noninstitutionalized population	8	0.0
Male	4	0.0
Female	4	0.0
HOUSEHOLDS BY TYPE		
Total households	10,075	100.0
Family households (families) [7]	6,970	69.2
With own children under 18 years	3,442	34.2
Husband-wife family	5,493	54.5
With own children under 18 years	2,623	26.0
Male householder, no wife present	429	4.3
With own children under 18 years	222	2.2
Female householder, no husband present	1,048	10.4
With own children under 18 years	597	5.9
Nonfamily households [7]	3,105	30.8
Householder living alone	2,550	25.3
Male	1,012	10.0
65 years and over	222	2.2
Female	1,538	15.3
65 years and over	812	8.1
Households with individuals under 18 years	3,700	36.7
Households with individuals 65 years and over	2,279	22.6
Average household size	2.66	(X)
Average family size [7]	3.20	(X)
HOUSING OCCUPANCY		
Total housing units	10,741	100.0
Occupied housing units	10,075	93.8
Vacant housing units	666	6.2
For rent	256	2.4
Rented, not occupied	7	0.1
For sale only	179	1.7
Sold, not occupied	27	0.3
For seasonal, recreational, or occasional use	60	0.6
All other vacants	137	1.3
Homeowner vacancy rate (percent) [8]	2.3	(X)
Rental vacancy rate (percent) [9]	9.8	(X)
HOUSING TENURE		
Occupied housing units	10,075	100.0
Owner-occupied housing units	7,719	76.6
Population in owner-occupied housing units	21,064	(X)
Average household size of owner-occupied units	2.73	(X)
Renter-occupied housing units	2,356	23.4
Population in renter-occupied housing units	5,734	(X)
Average household size of renter-occupied units	2.43	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six

percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.



DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/dpsf.pdf>.

Geography: McHenry County, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	308,760	100.0
Under 5 years	19,896	6.4
5 to 9 years	23,408	7.6
10 to 14 years	25,253	8.2
15 to 19 years	23,605	7.6
20 to 24 years	15,468	5.0
25 to 29 years	16,563	5.4
30 to 34 years	18,198	5.9
35 to 39 years	21,582	7.0
40 to 44 years	25,754	8.3
45 to 49 years	27,700	9.0
50 to 54 years	24,919	8.1
55 to 59 years	19,574	6.3
60 to 64 years	15,520	5.0
65 to 69 years	11,307	3.7
70 to 74 years	7,253	2.3
75 to 79 years	5,222	1.7
80 to 84 years	3,958	1.3
85 years and over	3,580	1.2
Median age (years)	38.0	(X)
16 years and over	234,909	76.1
18 years and over	224,585	72.7
21 years and over	213,369	69.1
62 years and over	40,174	13.0
65 years and over	31,320	10.1
Male population	153,936	49.9
Under 5 years	10,152	3.3
5 to 9 years	11,970	3.9
10 to 14 years	12,924	4.2
15 to 19 years	12,220	4.0
20 to 24 years	8,202	2.7
25 to 29 years	8,456	2.7
30 to 34 years	9,070	2.9
35 to 39 years	10,652	3.4
40 to 44 years	12,645	4.1
45 to 49 years	13,855	4.5
50 to 54 years	12,451	4.0
55 to 59 years	9,815	3.2
60 to 64 years	7,622	2.5

Subject	Number	Percent
65 to 69 years	5,409	1.8
70 to 74 years	3,414	1.1
75 to 79 years	2,342	0.8
80 to 84 years	1,621	0.5
85 years and over	1,116	0.4
Median age (years)	37.0	(X)
16 years and over	116,143	37.6
18 years and over	110,886	35.9
21 years and over	104,908	34.0
62 years and over	18,241	5.9
65 years and over	13,902	4.5
Female population	154,824	50.1
Under 5 years	9,744	3.2
5 to 9 years	11,438	3.7
10 to 14 years	12,329	4.0
15 to 19 years	11,385	3.7
20 to 24 years	7,266	2.4
25 to 29 years	8,107	2.6
30 to 34 years	9,128	3.0
35 to 39 years	10,930	3.5
40 to 44 years	13,109	4.2
45 to 49 years	13,845	4.5
50 to 54 years	12,468	4.0
55 to 59 years	9,759	3.2
60 to 64 years	7,898	2.6
65 to 69 years	5,898	1.9
70 to 74 years	3,839	1.2
75 to 79 years	2,880	0.9
80 to 84 years	2,337	0.8
85 years and over	2,464	0.8
Median age (years)	38.8	(X)
16 years and over	118,766	38.5
18 years and over	113,699	36.8
21 years and over	108,461	35.1
62 years and over	21,933	7.1
65 years and over	17,418	5.6
RACE		
Total population	308,760	100.0
One Race	303,560	98.3
White	278,257	90.1
Black or African American	3,283	1.1
American Indian and Alaska Native	939	0.3
Asian	7,807	2.5
Asian Indian	2,517	0.8
Chinese	888	0.3
Filipino	2,215	0.7
Japanese	219	0.1
Korean	674	0.2
Vietnamese	319	0.1
Other Asian [1]	975	0.3
Native Hawaiian and Other Pacific Islander	80	0.0
Native Hawaiian	27	0.0
Guamanian or Chamorro	23	0.0
Samoan	7	0.0

Subject	Number	Percent
Other Pacific Islander [2]	23	0.0
Some Other Race	13,194	4.3
Two or More Races	5,200	1.7
White; American Indian and Alaska Native [3]	879	0.3
White; Asian [3]	1,375	0.4
White; Black or African American [3]	979	0.3
White; Some Other Race [3]	1,230	0.4
Race alone or in combination with one or more other races: [4]		
White	283,049	91.7
Black or African American	4,579	1.5
American Indian and Alaska Native	2,095	0.7
Asian	9,552	3.1
Native Hawaiian and Other Pacific Islander	244	0.1
Some Other Race	14,734	4.8
HISPANIC OR LATINO		
Total population	308,760	100.0
Hispanic or Latino (of any race)	35,249	11.4
Mexican	28,796	9.3
Puerto Rican	2,156	0.7
Cuban	439	0.1
Other Hispanic or Latino [5]	3,858	1.2
Not Hispanic or Latino	273,511	88.6
HISPANIC OR LATINO AND RACE		
Total population	308,760	100.0
Hispanic or Latino	35,249	11.4
White alone	19,673	6.4
Black or African American alone	238	0.1
American Indian and Alaska Native alone	484	0.2
Asian alone	95	0.0
Native Hawaiian and Other Pacific Islander alone	12	0.0
Some Other Race alone	12,984	4.2
Two or More Races	1,763	0.6
Not Hispanic or Latino	273,511	88.6
White alone	258,584	83.7
Black or African American alone	3,045	1.0
American Indian and Alaska Native alone	455	0.1
Asian alone	7,712	2.5
Native Hawaiian and Other Pacific Islander alone	68	0.0
Some Other Race alone	210	0.1
Two or More Races	3,437	1.1
RELATIONSHIP		
Total population	308,760	100.0
In households	307,113	99.5
Householder	109,199	35.4
Spouse [6]	67,988	22.0
Child	103,852	33.6
Own child under 18 years	78,326	25.4
Other relatives	13,714	4.4
Under 18 years	4,719	1.5
65 years and over	2,617	0.8
Nonrelatives	12,360	4.0
Under 18 years	1,082	0.4
65 years and over	449	0.1
Unmarried partner	6,244	2.0
In group quarters	1,647	0.5

Subject	Number	Percent
Institutionalized population	1,337	0.4
Male	716	0.2
Female	621	0.2
Noninstitutionalized population	310	0.1
Male	155	0.1
Female	155	0.1
HOUSEHOLDS BY TYPE		
Total households	109,199	100.0
Family households (families) [7]	82,288	75.4
With own children under 18 years	41,070	37.6
Husband-wife family	67,988	62.3
With own children under 18 years	33,218	30.4
Male householder, no wife present	4,572	4.2
With own children under 18 years	2,271	2.1
Female householder, no husband present	9,728	8.9
With own children under 18 years	5,581	5.1
Nonfamily households [7]	26,911	24.6
Householder living alone	21,620	19.8
Male	9,980	9.1
65 years and over	1,998	1.8
Female	11,640	10.7
65 years and over	5,491	5.0
Households with individuals under 18 years	43,752	40.1
Households with individuals 65 years and over	22,442	20.6
Average household size	2.81	(X)
Average family size [7]	3.25	(X)
HOUSING OCCUPANCY		
Total housing units	116,040	100.0
Occupied housing units	109,199	94.1
Vacant housing units	6,841	5.9
For rent	1,741	1.5
Rented, not occupied	109	0.1
For sale only	1,865	1.6
Sold, not occupied	302	0.3
For seasonal, recreational, or occasional use	1,092	0.9
All other vacants	1,732	1.5
Homeowner vacancy rate (percent) [8]	2.0	(X)
Rental vacancy rate (percent) [9]	8.6	(X)
HOUSING TENURE		
Occupied housing units	109,199	100.0
Owner-occupied housing units	90,722	83.1
Population in owner-occupied housing units	259,669	(X)
Average household size of owner-occupied units	2.86	(X)
Renter-occupied housing units	18,477	16.9
Population in renter-occupied housing units	47,444	(X)
Average household size of renter-occupied units	2.57	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six

percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

Alternatives to the project

Proposing a project of greater or lesser scope and cost

The only option other than what was proposed in the application, would entail a lesser scope and cost than the project proposed in this application would be to do nothing, which was considered. **This option however does not address the need for 10 additional stations needed for the HSA 8 area.** Not planning for future ESRD patients will do nothing more than allow area facilities to reach capacity as access declines in the area HFSRB identified need. There is no cost to this alternative.

The proposed facility that is identified for Dialysis Care Center McHenry is a shell ready facility, by using this site the costs associated with this project are significantly lower compared to other ESRD projects brought to the board. This cost effective method will ensure the need for the additional stations are met with a reduced cost for the facility.

Pursing a joint venture or similar arrangement with one or more providers or entities to meet all or portion of the projects intended purposes; developing alternative settings to meet all or a portion of the projects intended purposes.

Section is not applicable as this facility is 100% physician owned and operated directly by the physicians working in the area.

- Physician owned and managed compared to corporate owned facilities

There are currently no solely physician owned ESRD facilities in the area, the Medical Director and the physician partners identified that will refer their ESRD patients to Dialysis Care Center McHenry has no options where they can refer their patients to and have the independence they need to make improved clinical decisions and can focus on maximizing patient care.

Utilizing other health care resources that are available to serve all or portion of the population proposed to be served by the project

Utilizing other health care ESRD facilities was considered but there is no alternative. As mentioned there are no Physician owned ESRD facilities in the area where the physicians have the independence they need to improve the quality indicators set by the Boards criteria on quality. It is expected that the facility will exceed the clinical outcomes that meet all network, Centers for Medicare and Medicaid services clinical goals established.

Reasons why the chosen alternatives were selected

The project utilizes space that will be leased, as oppose to building a new facility from ground up, the cost of the proposed project is a fraction of the cost of developing a new facility. We expect to spend less than \$430,000.00 in renovation cost on a space of 5000 sq. ft. Beyond that, the only additional cost would be to provide the equipment needed to provide dialysis services. We believe that this is a very substantial cost effective alternative that will meet the need. The total cost of the proposed project is \$1,122,000.00 including the value of the leased space.

This we believe is the most efficient long term solution to maintaining access to dialysis services in the McHenry area, and to accommodate the need of the additional stations identified by the board in HSA 8.

We believe that the proposed project meets the HFPB goals of providing health care services in the most cost effective manner.

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. It is expected that this facility will exceed the quality expectations set by the Board.

Size of Project

Dept. / Service	Proposed BGSF/DGSF	State Standard	Difference	Met Standard?
ESRD In-center Hemodialysis	5,000 (14 Stations)	360- 520 DGSF	0	Yes

As seen in the chart above, the state standard for ESRD is 360-520 is between 360-520 DGSF per station. The project is being accomplished in leased space with in the state guidelines, at 357 DGSF per station.

Project Service Utilization

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A PROPOSED FACILITY		80%	
YEAR 1	IN-CENTER HEMODIALYSIS		50%	80%	NO
YEAR 2	IN-CENTER HEMODIALYSIS		85%	80%	YES

Our Nephrologists have identified 110 pre-ESRD patients (a total of 77 patients after accounting for a 30% patient loss prior to dialysis commencement) with lab values indicative of active kidney failure who live in HSA 8 in McHenry and surrounding areas that are expected to require dialysis services in the first two years after the Dialysis Care Center McHenry facility begins operations.

Section VII. Service Specific Review Criteria
 In-Center Hemodialysis
 Criterion 1110.1430(b)(1), Planning area need

Dialysis Care Center McHenry will be located in HSA 8, Where there is an additional need of 10 stations based on the Monthly updates to the inventory of health care facilities and services as of December, 16, 2016.

REVISED NEED DETERMINATIONS 12/16/2016

ESRD STATIONS

ESRD STATIONS				
ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED 2015	ADDITIONAL STATIONS NEEDED 2018	EXCESS ESRD STATIONS 2018
HSA 1	194	191	0	3
HSA 2	171	155	0	16
HSA 3	169	140	0	29
HSA 4	183	175	0	8
HSA 5	191	173	0	18
HSA 6	1,258	1,271	13	0
HSA 7	1,349	1,372	23	0
HSA 8	411	421	10	0
HSA 9	265	284	19	0
HSA 10	95	66	0	29
HSA 11	215	194	0	21
ILLINOIS TOTAL	4,390	4,442	161	109

Section VII. Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(b)(2), Planning area need – Service to Planning area residents

The primary purpose of this project is to ensure that the ESRD patient population of the greater McHenry area, market area, and planning area of HSA 8 has access to life sustaining dialysis.

We anticipate that well over 80% of Dialysis Care Center McHenry will be residents of the planning area HSA 8.

Section VII. Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(b)(3), Planning area need – Service Demand- Establishment of Category of services

Planning Area Need

The most recent available IDPH Revised needs determinations of ESRD Stations, dated December, 16, 2016, shows that HSA 8 currently has an unmet need for 10 ESRD stations. Dialysis Care Center McHenry will help alleviate this need by making the additional stations available to the ESRD Patients.

As evidenced in our Medical Directors referral letter and other Nephrologists practicing in the McHenry area, our physicians anticipate approximately 77 patients conservatively, based upon attrition due to patient death, transplant, or return of function, will be referred to the proposed facility in the next 12 to 24 months.

All these patients reside within 30 minutes or 20 miles of the proposed facility.



KIDNEY CARE CENTER

440 N. IL Rt. 31.
Crystal Lake, IL 60014
Ph: 224.238.3211
Fax: 224.535.8215

December 27, 2016

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

Re: Dialysis Care Center McHenry

Dear Ms. Avery,

I am a please to support Dialysis Care Center McHenry. The proposed 14 Station chronic renal dialysis facility is to be located at 612 S IL Route 31, Suite A, McHenry, IL, 60050.

Dialysis Care Center McHenry facility will improve access to necessary dialysis services in the McHenry community.

Along with my partners, Farnaz Mohammadi, M.D. and Ruchi Sood, M.D., we have experienced extreme growth of both population and of ESRD patients in this area. I have many pre-ESRD patients in my practice that I anticipate in referring to the Dialysis Care Center McHenry. This facility will better serve the growing number of dialysis patients in my practice.

We currently have 110 CKD 4 pre-ESRD patients in my practice, this does not include any patients that are CKD 3, the list is provided for those patients as well but have not been accounted for in any calculation purposes. Of these, I expect approximately 30% to expire, regain function, move out of the area or choose home dialysis before dialysis therapy is started. I expect then that approximately 77 of these patients would be referred to Dialysis Care Center McHenry facility for dialysis.

My partners and I will continue to refer patients to the other area facilities per the patient's place of residence and choice. We are also strong supporters of home dialysis through our Elgin home therapies program and will continue to refer those patients who are good candidates for home dialysis services.

I respectfully ask you to consider the constant growth of ESRD in McHenry County and approve the Dialysis Care Center McHenry facility to maintain access for future dialysis patients.

Thank you for your consideration.

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 CON application.

Sincerely,



Farhan Bangash, D.O.

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

Signature of Notary

Seal

**Dialysis Patient Census
Kidney Care Center - Elgin 2013
Dr. Farhan Bangash**

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60050	ARA Crystal Lake	1
60097	ARA McHenry	1
60185	Crossroads Woodstock	1
60050	Davita Crystal Lake	1
60050	FMC McHenry	1
60020	Lake Villa Davita	1
	TOTAL	6

**Dialysis Patient Census
Kidney Care Center - Elgin 2014
Dr. Farhan Bangash**

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60050	ARA Mchenry	1
60051	ARA Mchenry	1
60013	Crossroads Woodstock	1
60021	Davita Barrington Creek	1
60097	Davita Barrington Creek	1
60013	Davita Barrington Creek	1
60118	Davita Cobblestone	1
60123	Davita Elgin	1
60152	Davita Marengo	1
60177	FMC Elgin	1
60124	FMC Elgin	1
60050	FMC Mchenry	1
60142	The Springs Mchenry	1
	TOTAL	13

Dialysis Patient Census
Kidney Care Center - Elgin 2015
Dr. Farhan Bangash

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60033	ARA Mchenry	1
60050	ARA Mchenry	3
60051	ARA Mchenry	1
60639	ARA Mchenry	1
60097	Davita Barrington Creek	1
60120	Davita Cobblestone	1
60152	Davita Marengo	2
60050	FMC Mchenry	1
60142	The Spring Mchenry	1
60156	The Spring Mchenry	1
	TOTAL	13

New Patients Referred By Zip Code and Facility
Kidney Care Center - Elgin 2016
Dr. Farhan Bangash

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60014	ARA Crystal Lake	2
60033	ARA Crystal Lake	1
60050	ARA Mchenry	4
60051	ARA Mchenry	3
60098	ARA Mchenry	1
60099	ARA Mchenry	1
60097	Crossroads Woodstock	1
60099	Crossroads Woodstock	1
60097	Davita Crystal Lake	1
60156	Davita Crystal Lake	1
60124	FMC Elgin	1
60014	Lexington Streamwood	1
60102	The Springs Crystal Lake	1
TOTAL		19

**Current Pre-ESRD Patient
Kidney Care Center Elgin - 2016
Dr. Farhan Bangash**

Patient's Initials	Zip Code	ICD Code
NA	60102	CKD Stage 3
KA	60050	CKD Stage 3
LA	60084	CKD Stage 3
DE	60142	CKD Stage 3
BA	60050	CKD Stage 4
RA	60102	CKD Stage 3
NA	60033	CKD Stage 3
RA	60177	CKD Stage 3
AA	60156	CKD Stage 3
CA	60050	CKD Stage 3
EB	60102	CKD Stage 3
AB	60014	CKD Stage 3
CB	60417	CKD Stage 4
CB	60073	CKD Stage 3
NB	60102	CKD Stage 3
AB	60050	CKD Stage 3
RB	60124	CKD Stage 3
RB	60012	CKD Stage 4
BB	60051	CKD Stage 3
CB	60142	CKD Stage 3
CB	60142	CKD Stage 4
RB	60098	CKD Stage 3
KV	60008	CKD Stage 3
SB	60020	CKD Stage 3
RB	60050	CKD Stage 3
JB	60156	CKD Stage 3
MB	60060	CKD Stage 3
RB	60081	CKD Stage 3
AB	60050	CKD Stage 3
KB	60050	CKD Stage 3
CB	60097	CKD Stage 4
LB	60050	CKD Stage 3
CG	60098	CKD Stage 3
JB	60014	CKD Stage 4
VB	60047	CKD Stage 3
MB	60098	CKD Stage 3
WB	60102	CKD Stage 3
RB	60142	CKD Stage 3
BB	53105	CKD Stage 3
CG	60123	CKD Stage 3
EB	60081	CKD Stage 3
SB	60097	CKD Stage 3

RC	60073	CKD Stage 3
AC	60014	CKD Stage 3
DC	60014	CKD Stage 3
GC	60050	CKD Stage 3
DC	60118	CKD Stage 3
AC	60098	CKD Stage 4
JC	60051	CKD Stage 3
DC	53184	CKD Stage 3
BD	60098	CKD Stage 3
SD	60014	CKD Stage 3
MD	60047	CKD Stage 3
RD	60050	CKD Stage 3
MD	60177	CKD Stage 3
DD	60097	CKD Stage 3
KD	60014	CKD Stage 3
WD	60014	CKD Stage 4
GD	60050	CKD Stage 3
JD	60047	CKD Stage 3
FD	60152	CKD Stage 3
FD	60177	CKD Stage 3
BD	60097	CKD Stage 3
LD	60050	CKD Stage 3
FD	60050	CKD Stage 3
MD	60123	CKD Stage 3
ME	60041	CKD Stage 3
RE	60012	CKD Stage 3
GF	60014	CKD Stage 3
JF	60051	CKD Stage 3
GF	60047	CKD Stage 3
RF	60120	CKD Stage 3
KF	60042	CKD Stage 3
TF	60041	CKD Stage 4
NF	60123	CKD Stage 3
BF	60012	CKD Stage 3
RG	60033	CKD Stage 3
CG	60041	CKD Stage 3
MG	60041	CKD Stage 3
CG	60010	CKD Stage 4
MG	60172	CKD Stage 3
EG	60014	CKD Stage 3
RG	60050	CKD Stage 3
OG	60142	CKD Stage 3
AG	60050	CKD Stage 4
EG	60081	CKD Stage 3
KG	60047	CKD Stage 3
GH	60014	CKD Stage 3
WH	60033	CKD Stage 3

KH	60169	CKD Stage 3
KH	60142	CKD Stage 3
MH	60103	CKD Stage 3
JH	60050	CKD Stage 3
NH	60050	CKD Stage 3
WH	60030	CKD Stage 3
DH	60014	CKD Stage 3
BH	60030	CKD Stage 3
JH	60051	CKD Stage 4
BH	60123	CKD Stage 3
BH	60123	CKD Stage 3
RH	60123	CKD Stage 3
SH	60047	CKD Stage 3
JH	60118	CKD Stage 3
JH	60050	CKD Stage 3
BH	60012	CKD Stage 3
JH	60098	CKD Stage 3
JH	60152	CKD Stage 3
JH	60071	CKD Stage 3
SH	60051	CKD Stage 3
MH	60014	CKD Stage 3
JJ	60098	CKD Stage 3
RJ	60047	CKD Stage 3
CJ	60177	CKD Stage 3
JJ	60050	CKD Stage 4
CJ	60071	CKD Stage 3
AJ	60152	CKD Stage 3
GJ	60012	CKD Stage 4
BJ	60098	CKD Stage 3
KJ	60156	CKD Stage 3
MJ	60098	CKD Stage 3
OJ	60051	CKD Stage 3
WJ	60060	CKD Stage 3
MJ	60156	CKD Stage 3
AJ	60098	CKD Stage 3
RK	60012	CKD Stage 3
JK	60098	CKD Stage 3
DK	60142	CKD Stage 4
PK	60142	CKD Stage 3
NK	60033	CKD Stage 3
SK	60012	CKD Stage 3
JK	60098	CKD Stage 4
TK	60050	CKD Stage 3
EK	60014	CKD Stage 3
DK	60097	CKD Stage 3
EK	60050	CKD Stage 3
RK	60051	CKD Stage 3

HK	60047	CKD Stage 4
EK	60014	CKD Stage 3
EK	60014	CKD Stage 3
WK	60081	CKD Stage 4
DK	60051	CKD Stage 3
JK	60050	CKD Stage 3
CL	60097	CKD Stage 3
RL	53181	CKD Stage 3
ML	60014	CKD Stage 4
ML	60010	CKD Stage 3
PL	60142	CKD Stage 3
ML	60142	CKD Stage 3
SL	60133	CKD Stage 3
PL	60039	CKD Stage 3
JL	60101	CKD Stage 3
QL	60097	CKD Stage 3
DL	60156	CKD Stage 3
DL	60047	CKD Stage 3
AL	60152	CKD Stage 4
TL	60050	CKD Stage 3
KL	60051	CKD Stage 3
RL	60102	CKD Stage 3
NL	60110	CKD Stage 4
LL	60050	CKD Stage 3
MM	60118	CKD Stage 3
HM	60014	CKD Stage 3
PM	60050	CKD Stage 3
PM	60152	CKD Stage 3
RM	60073	CKD Stage 3
DM	60012	CKD Stage 3
KM	60050	CKD Stage 3
AM	60142	CKD Stage 3
RM	60071	CKD Stage 4
EM	60050	CKD Stage 3
DM	60012	CKD Stage 3
AM	60051	CKD Stage 3
DM	60020	CKD Stage 3
KM	60050	CKD Stage 3
JM	60142	CKD Stage 3
EM	60050	CKD Stage 3
LM	60014	CKD Stage 3
JM	60033	CKD Stage 3
JM	60073	CKD Stage 3
JM	60050	CKD Stage 3
RM	60014	CKD Stage 3
PN	60081	CKD Stage 3
RN	60084	CKD Stage 3

TN	60050	CKD Stage 3
GN	60098	CKD Stage 3
WN	60051	CKD Stage 3
BN	60050	CKD Stage 4
AN	60152	CKD Stage 3
RN	60156	CKD Stage 3
DN	60098	CKD Stage 3
SN	60050	CKD Stage 3
AN	60020	CKD Stage 3
EO	60120	CKD Stage 3
RO	60142	CKD Stage 3
MO	60002	CKD Stage 4
JO	60103	CKD Stage 3
SO	60014	CKD Stage 3
JO	60014	CKD Stage 3
RP	60097	CKD Stage 4
DP	60014	CKD Stage 4
FP	60047	CKD Stage 3
JP	60014	CKD Stage 3
DP	60081	CKD Stage 3
DP	60014	CKD Stage 3
BP	60084	CKD Stage 3
TP	60098	CKD Stage 3
DP	60123	CKD Stage 3
DP	60098	CKD Stage 3
RQ	60014	CKD Stage 3
ER	60102	CKD Stage 3
LR	60098	CKD Stage 3
RR	60084	CKD Stage 3
RR	60152	CKD Stage 3
AR	60014	CKD Stage 4
TR	60097	CKD Stage 3
AR	60156	CKD Stage 3
JR	60051	CKD Stage 3
JR	60050	CKD Stage 3
DR	60098	CKD Stage 3
SR	60124	CKD Stage 3
DR	60545	CKD Stage 4
FS	60120	CKD Stage 3
VS	60041	CKD Stage 4
PS	60152	CKD Stage 3
DS	60050	CKD Stage 3
ES	60033	CKD Stage 3
AS	60084	CKD Stage 4
WS	60002	CKD Stage 3
MS	60050	CKD Stage 3
TS	60051	CKD Stage 3

JS	60069	CKD Stage 4
SS	60152	CKD Stage 3
TS	60102	CKD Stage 3
VS	60098	CKD Stage 3
MS	53154	CKD Stage 3
RS	60123	CKD Stage 3
TS	60050	CKD Stage 3
TS	60110	CKD Stage 3
ES	60002	CKD Stage 3
JS	60123	CKD Stage 3
HS	61008	CKD Stage 3
JS	60013	CKD Stage 3
JS	60098	CKD Stage 3
DS	60014	CKD Stage 3
LS	60097	CKD Stage 3
CS	60081	CKD Stage 4
SS	60152	CKD Stage 3
ES	60051	CKD Stage 3
BT	60020	CKD Stage 3
AT	53128	CKD Stage 3
AT	60050	CKD Stage 4
RT	60098	CKD Stage 4
LT	60142	CKD Stage 3
WT	60050	CKD Stage 3
MV	60020	CKD Stage 3
NV	60120	CKD Stage 3
JW	60140	CKD Stage 4
KW	60050	CKD Stage 3
MW	60020	CKD Stage 3
TW	60071	CKD Stage 3
KW	60014	CKD Stage 3
WW	60047	CKD Stage 3
JW	60404	CKD Stage 4
DW	60014	CKD Stage 3
RW	60097	CKD Stage 3
JY	60051	CKD Stage 3
WZ	60051	CKD Stage 3
MZ	60010	CKD Stage 3
DZ	60047	CKD Stage 4



KIDNEY CARE CENTER

440 N. IL Rt. 31.
Crystal Lake, IL 60014
Ph: 224.238.3211
Fax: 224.535.8215

December 27, 2016

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

Re: Dialysis Care Center McHenry

Dear Ms. Avery,

My name is Ruchi Sood, M.D. and I am a nephrologist practicing in the McHenry area. I am writing to express my strong support for the proposed Dialysis Care Center McHenry dialysis facility.

Over the years I have witnessed extreme growth of both population and of ESRD patients in this area. I have many pre-ESRD patients in my practice that I anticipate in referring to the Dialysis Care Center McHenry. My partners and I, along with our patients, are hopeful to have this new dialysis facility located in the community.

I have a large number of pre-ESRD patients in the immediate area and expect that clinic to fill up quickly. This clinic is in a highly dense population prone to diseases leading to kidney failure.

I urge you to approve this dialysis facility for the residents of McHenry County and surrounding cities.

Sincerely,

Ruchi Sood, M.D.

Physician Referrals
Attachment-26 b-3

**New Patient Referrals
Kidney Care Center - Elgin 2015
Dr. Ruchi Sood**

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60123	Davita Cobblestone	1
60118	Davita Cobblestone	1
60177	FMC Elgin	1
60123	FMC Elgin	1
60142	FMC Elgin	1
60124	FMC Elgin	1
TOTAL		6

* Dr. Sood started at KCC Elgin in September 2015

New Patients Referred By Zip Code and Facility
Kidney Care Center - Elgin 2016
Dr. Ruchi Sood

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60123	Davita Elgin	1
60120	FMC Elgin	1
60646	FMC Elgin	1
TOTAL		3

* Dr. Sood started at KCC Elgin in September 2015

**Current Pre-ESRD Patient
Kidney Care Center Elgin - 2016
Dr. Ruchi Sood**

Patient's Initials	Zip Code	ICD Code
CA	60014	CKD Stage 4
HA	60071	CKD Stage 3
EB	60110	CKD Stage 3
GC	60047	CKD Stage 4
MF	60140	CKD Stage 3
JF	60118	CKD Stage 3
HJ	60098	CKD Stage 3
EK	60142	CKD Stage 3
WK	60050	CKD Stage 3
WL	60177	CKD Stage 3
RM	60050	CKD Stage 3
DO	60050	CKD Stage 4
CP	60051	CKD Stage 3
LP	60123	CKD Stage 3
PP	60051	CKD Stage 3
TP	60071	CKD Stage 3
AR	60120	CKD Stage 4
PR	60014	CKD Stage 3
JR	60110	CKD Stage 3
GS	60051	CKD Stage 3
RS	60124	CKD Stage 3
MS	60142	CKD Stage 3
JT	60051	CKD Stage 3
JV	60123	CKD Stage 3
SW	60123	CKD Stage 3
SW	60123	CKD Stage 3
PW	60050	CKD Stage 3
VW	60123	CKD Stage 3

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December 27, 2016

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

Re: Dialysis Care Center McHenry

Dear Ms. Avery,

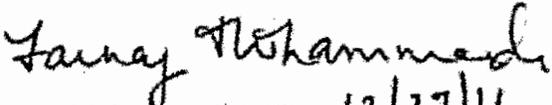
I am writing to support Dialysis Care Center McHenry's proposal to open a 14-station dialysis facility in McHenry. I am a nephrologist currently practicing in the McHenry area.

I have witnessed a surplus of ESRD patients in the McHenry area in the last few years. I have many CKD 3 and 4 patients in my McHenry practice and anticipate a shortage of dialysis chairs if a new dialysis facility is not available. There will be no duplication of services or misdistribution in the McHenry area.

I am looking forward in referring my patients to Dialysis Care Center McHenry. I, along with my patients, am hopeful to have this new dialysis facility located in the community.

I strongly urge you to approve this dialysis facility for the residents of McHenry County and surrounding cities.

Sincerely,


Farnaz Mohammadi M.D. 12/27/16

New Patients Referred By Zip Code and Facility
Kidney Care Center - Elgin 2016
Dr. Farnaz Mohammadi

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60098	Crossroads Woodstock	1
60004	Davita Buffalo Grove	1
60194	FMC Elk Grove	1
TOTAL		3

* Dr. Mohammadi started at KCC Elgin in July 2016

**Current Pre-ESRD Patient
Kidney Care Center Elgin - 2016
Dr. Farnaz Mohammadi**

Patient's Initials	Zip Code	ICD Code
LA	60103	CKD Stage 3
SA	60169	CKD Stage 3
AA	60194	CKD Stage 3
KA	60051	CKD Stage 3
JA	60110	CKD Stage 3
HA	60071	CKD Stage 3
BB	60193	CKD Stage 3
GB	60142	CKD Stage 4
LB	61048	CKD Stage 3
EB	60123	CKD Stage 3
AB	60012	CKD Stage 3
RD	60136	CKD Stage 4
RD	60172	CKD Stage 4
JF	60142	CKD Stage 3
BF	60142	CKD Stage 3
MG	60123	CKD Stage 3
VG	60123	CKD Stage 3
JG	60133	CKD Stage 3
SG	60142	CKD Stage 3
DG	60123	CKD Stage 3
KH	60177	CKD Stage 3
KH	60156	CKD Stage 3
DH	60005	CKD Stage 4
JA	60110	CKD Stage 3
DA	60193	CKD Stage 4
WH	60142	CKD Stage 3
DH	60050	CKD Stage 3
MH	60103	CKD Stage 3
BH	60123	CKD Stage 3
SH	60177	CKD Stage 4
RH	60123	CKD Stage 3
JH	60026	CKD Stage 3
MI	60172	CKD Stage 3
MJ	60107	CKD Stage 4
SK	60103	CKD Stage 3
CK	60194	CKD Stage 4
SK	60169	CKD Stage 3
PK	53538	CKD Stage 3
AL	60142	CKD Stage 3
JL	60133	CKD Stage 3
BM	60140	CKD Stage 3
RM	60169	CKD Stage 3

LM	60120	CKD Stage 3
AM	60156	CKD Stage 3
JM	60107	CKD Stage 3
FM	60102	CKD Stage 3
HM	60156	CKD Stage 3
LM	60133	CKD Stage 3
VM	60142	CKD Stage 3
JM	60133	CKD Stage 3
VM	60142	CKD Stage 3
SM	60107	CKD Stage 3
RM	60102	CKD Stage 3
SN	60133	CKD Stage 3
BP	60172	CKD Stage 3
RP	60103	CKD Stage 4
CP	60120	CKD Stage 3
DP	60123	CKD Stage 3
DP	60014	CKD Stage 4
DP	60102	CKD Stage 3
ER	60102	CKD Stage 3
OR	60177	CKD Stage 3
KR	60107	CKD Stage 3
DR	60545	CKD Stage 4
MR	60193	CKD Stage 3
AS	60103	CKD Stage 3
FS	60107	CKD Stage 3
BS	60133	CKD Stage 4
KS	60046	CKD Stage 3
RS	60142	CKD Stage 3
ST	60169	CKD Stage 3
AT	60133	CKD Stage 3
MT	60123	CKD Stage 3
HT	60124	CKD Stage 3
LT	60012	CKD Stage 3
CV	60033	CKD Stage 3
AV	60169	CKD Stage 4
HV	60142	CKD Stage 3
DV	60194	CKD Stage 3
JW	60067	CKD Stage 3
CW	60014	CKD Stage 3
KW	60033	CKD Stage 3
PW	60050	CKD Stage 3
SX	60120	CKD Stage 4
AZ	60120	CKD Stage 3
RZ	60194	CKD Stage 4
KZ	60169	CKD Stage 4

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b)(5), Planning area need – Service Accessibility

As set forth throughout this application, the proposed ESRD facility is needed to maintain access to life-sustaining dialysis for patients in the greater McHenry area. Dialysis Care Center McHenry is necessary to provide essential care to ESRD patients in the McHenry community and address the need of shortage of HSA 8. This facility will better accommodate the current and future demand for dialysis services and ensure dialysis services are accessible to the greater McHenry Community and HSA 8 area.

Service Accessibility
Attachment-26 b-5

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (1), Unnecessary Duplication

1.a. The proposed dialysis facility will be located at 612 S IL Route 31, Suite A, McHenry, IL, 60050. A list of all zip codes located, in total or in part, within 30 -45 minutes' normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in table 1110.1430(c)(1)(A) Attached.

Unnecessary Duplication
Attachment-26 C-1

Dialysis Care Center McHenry

A list of zip code areas that are located within 30 minutes of the proposed site.

Zip Code	Population
60002	24,299
60008	22,717
60010	44,095
60012	11,120
60014	48,550
60031	37,947
60044	9,792
60046	35,111
60050	31,620
60060	37,189
60061	25,748
60073	60,002
60074	38,985
60085	71,714
60110	38,557
60120	50,955
60123	47,405
60142	26,447
60152	12,533
60169	33,847
60020	9,825
60084	16,771
60013	26,872
60098	32,228
60156	28,987
60030	36,056
60102	32,193
60047	41,669

Source: U.S Census Bureau, Census 2010, Zip Code Fact Sheet
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Unnecessary Duplication
Attachment-26 C-1

B. A list of existing dialysis facilities operational for 2 years located 30-45 minutes' normal travel time of the proposed dialysis facility is provided in the following attachment. Attachment 26 C 2 Also driving time from MapQuest is attached on Appendix 1

Unnecessary Duplication
Attachment-26 C-1/C-2

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Address	City	State	Zip Code	MapQuest	MapQuest	Stations	Patients	Utilization
					Time	Distance			
ARA- McHenry County	4209 West Shamrock Lane	McHenry	IL	60050	1 min.	.77 miles	12	27	37.50%
Fresenius Medical Care of McHenry	4312 W. Elm Street	McHenry	IL	60050	3 min.	2.18 miles	14	35	41.67%
Crystal Spring Dialysis	4900 South Route 31	Crystal Lake	IL	60012	5 min.	4.45 miles	14	60	71.43%
ARA- Crystal Lake Dialysis	6220 Northwest Highway	Crystal Lake	IL	60014	14 min.	9.32 miles	16	31	32.29%
Neomedica Dialysis Cus - Round Lake	401 West Nippersink Road	Round Lake	IL	60073	17 min.	11.93 miles	16	76	79.17%
Lake Villa Dialysis	37809 N. Route 59	Lake Villa	IL	60046	19 min.	12.64 miles	12	50	69.44%
Barrington Creek	28214 W Northwest Highway	Lake Barrington	IL	60010	19 min.	13.54 miles	12	27	37.50%
Davita Huntley	10350 Haligus Road	Huntley	IL	60142	21 min.	16.32 miles	12	0	0.00%
Davita Carpentersville	2203 Randall Road	Carpentersville	IL	60110	22 min.	16.84 miles	13	75	96.15%
Fresenius Medical Care-Elgin	2130 Point Blvd.	Elgin	IL	60123	26 min.	19.49 miles	20	77	64.17%
Fresenius Medical Care of Antioch	311 Depot Street	Antioch	IL	60002	28 min.	17.92 miles	12	39	54.17%
Fresenius Medical Care Mundelein	1400 Townline Road	Mundelein	IL	60060	28 min.	19.46 miles	14	58	69.05%
ARA-South Barrington Dialysis	33 W. Higgins Road	S. Barrington	IL	60050	29 min	22.31 miles	14	51	60.71%
Davita Marengo	910 Greenlee Unit #B	Marengo	IL	60152	29 min.	21.69 miles	10	25	41.67%
Fresenius Medical Care Palatine	605-691 East Dundee Road	Palatine	IL	60074	30 min	20.46 miles	14	75	89.29%
Fresenius Medical Care Hoffman Estates	3150 West Higgins Road	Hoffman Estates	IL	60169	30 min	23.25 miles	20	108	90.00%
Cobblestone Dialysis	934 Center Street	Elgin	IL	60120	31 min.	20.58 miles	14	91	108.33%
Lake County Dialysis Ctr	565 Lakeview Parkway	Vernon Hills	IL	60061	31 min.	20.83 miles	16	68	70.83%
Neomedica - Gurnee	40 Tower Court in Gurnee	Gurnee	IL	60031	33 min.	22.21 miles	16	81	84.38%
Neomedica Dialysis Cus - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	35 min	23.47 miles	24	104	72.22%
Fresenius Medical Care of Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	35 min.	23.31 miles	16	68	70.83%
Dialysis Center of America - NDCD	3300 Grand Avenue	Waukegan	IL	60085	35 min.	24.08 miles	22	137	103.79%
Fresenius Medical Care Waukegan Harbor	110 N. West Street	Waukegan	IL	60085	38 min.	24.80 miles	21	117	92.86%

Unnecessary Duplication
Attachment-26 C-1/C-2

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (2), Misdistribution

The establishment of Dialysis Care Center McHenry will not result in an unnecessary duplication of services or a service misdistribution. A misdistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the state average; (2) historical utilization for existing facilities and services is below the State Boards utilization standard; or (3) insufficient population to provide the volume of caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic area is above of the state average, and the average utilization of existing facilities within the geographic service area is more than 70%. Importantly, average utilization of facilities within 35 minutes of the proposed site is about 80%. Sufficient population exists to achieve target utilization. Dialysis care Center McHenry will also be located in HSA 8 GSA where there is a documented need for additional chairs.

Accordingly, the proposed dialysis facility will not result in a Misdistribution of services.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (3), Impact of project on other Area Providers

The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will be referrals from identified physicians and are on pre-ESRD list. No patients will be transferred from other existing dialysis facilities.

The proposed dialysis facility will not lower utilization of other area providers that are operating below the occupancy standard.

Also as mentioned throughout this application the facility will be located in HSA 8 where there is an additional need of 10 stations based on the Monthly updates to the inventory of health care facilities and services as of December, 31, 2016.

Unnecessary Duplication
Attachment-26 C-2/C-3

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

Dialysis Care Center McHenry will be staffed in accordance with all state and Medicare staffing guidelines and requirements.

A. Medical Director:

Dr. Farhan Bangesh will serve as the Medical Director for Dialysis Care Center McHenry. Attached is his curriculum vitae

Additional staffed physicians: Dr. Ruchi Sood and Dr. Fernaz Mohammadi. Attached please find their curriculum vitae

B. All Other personal

Upon opening, the facility will hire a Clinic Manager who is a Registered Nurse (RN) , this nurse will have at least a minimum of twelve months experience in a Hemo-Dialysis center additionally we will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT. All personnel will undergo an orientation process, led by the Medical Director and experienced members of the nursing staff prior to participating in any patient care activities

Upon opening we will also employ:

- Part-Time Registered Dietician
- Part-Time Registered Master Level Social Worker (MSW)
- Part-Time Equipment Technician
- Part-Time Secretary

These positions will go 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

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 an orientation training program.

Annually all clinical staff must complete OSHA training, Compliance training, CPR certification, Skills competency, CVC competency, Water quality training and pass the competency exam.

Dialysis Care Center McHenry will maintain at least a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be at the facility at all times when the facility is operational.

Farhan Bangash D.O.

Home Phone: 847-877-8103
Email: Fbangash13@gmail.com

8 Wood Oaks Drive
S Barrington, IL 60010

<u>Education:</u>	Nephrology Fellowship University of Arizona-Tucson, Arizona	7/10-7/12
	Internal Medicine Residency Indiana University- Indianapolis, Indiana	7/07-6/10
	Doctor of Osteopathy Chicago College of Osteopathic Medicine- Downers Grove, Illinois	8/03-5/07
	Bachelor of Sciences in Psychology University of Michigan - Ann Arbor, Michigan	9/98-5/03

Board Certifications: Internal Medicine Board Certified - American Board of Internal Medicine certified 2010-2020
Nephrology Board Certified - American Board of Internal Medicine certified 2012-2022
COMPLEX Step III – Pass (March 2009), COMPLEX Step II – Pass (April 2007)
COMPLEX Step II – Pass (February 2007), COMPLEX Step III – Pass (June 2005)
Illinois State Physician License: (issued January 2012)
Indiana State Physician License: (Issued June 2009)
Arizona State Physician License: (Issued June 2011)

Work Experience:
Kidney Care Center Elgin – Nephrologist
Crystal Lake, IL 7/12- Present

Professional Experience: Nephrology Fellow: University of Arizona – Tucson, AR 7/10-7/12

- Created a transplant Patient worksheet to ease transition of care from transplant clinic to community nephrologist (as part of a Quality Improvement Project)
- Submitted a case report about FSGS associated with polycythemia vera
- Submitted a case report about a case of Gullain Barre Syndrome presenting with malignant hypertension
- Submitted a case report about a case of Sirolimus induced collapsing FSGS
- Clinical Research with Dr. Harold Szerlip on vancomycin induced acute kidney injury

Internal Medicine Residency- Indiana University – Indianapolis, IN 7/07-6/10

- Clinical Research with Dr. Rajiv Agarwal on hypertension in chronic kidney disease patients (in the Department of Nephrology)
- Created a color coding system on charts of CKD patients to avoid lab draws and blood pressure measurements on non-dominant arm to preserve future vascular access (as part of a Quality Improvement Project)

Research Assistant: Midwestern University – Downers Grove, IL 5/08-9/08

- Studied the identification of alpha-actinin interaction protein with CUL-5 involved in tumor suppression of breast tissue (as a researcher in the department of Pharmacology)

Volunteer: Association of Pakistani Physicians in North America, 12/05
Muzaffarabad, Kashmir

- Spent one week in Kashmir volunteering in medical units providing aid to those in need

Farhan Bangash D.O.

Home Phone: (847) 877-8103
E-mail: Fbangash13@gmail.com

Research Assistant
University of Michigan
Ann Arbor, Michigan

09/02-04/03

- Studied sleep disordered breathing, behavior, and cognition in pediatric patients before and after adenotonsillectomy with Dr. Ronald Chervin in the Department of Neurology

Publications

- Bangash F, Agarwal R. "Masked Hypertension and White-Coat Hypertension in Chronic Kidney Disease: A Meta-analysis" Clin J Am Soc Nephrol. 2009; 4: 656-664
- Bangash, Farhan. "Case Report: Rotavirus Gastroenteritis and Central Nervous System Involvement". Cenna, Annual Journal for Khyber Medical College. Vol. 50. 2003-2004

Awards/Recognition

- Chief Fellow of Nephrology at University of Arizona
- Outstanding Chairman's Conference 2009-2010, Indiana University
- Award for most Outstanding Resident 2008-2009, Indiana University

Affiliations

- American College of Physicians
- American Medical Association
- American Society of Nephrology
- National Kidney Foundation
- American Society of Interventional and Diagnostic Nephrology

Interests/Skills

- Running, Tennis, Hunting, Movies, following my favorite sport teams, Reading, Golf
- Fluent in English and Urdu

References: Available upon request

RUCHI SOOD, MD

1665 Lincoln Meadows, Apt. 1022, Schaumburg, IL
60173 | rsood@kidneycares.com | 216-577-7085

EDUCATION & TRAINING | 7/13 – 6/15 University Hospitals Case Medical Center – Cleveland, OH
Nephrology Fellowship

6/10 – 6/13 Fairview Hospital – Cleveland Clinic – Cleveland, OH
Residency – Internal Medicine

6/09 – 11/09 Lutheran Hospital – Cleveland Clinic – Cleveland, OH
Externship – Internal Medicine

7/09 – 7/09 Reading Hospital Children's Health Center – Reading, PA
Observer in Pediatrics

7/08 – 4/09 Government Medical College – Chandigarh, India
Clinical Research Assistant – Pulmonary Medicine

9/05 – 9/06 General Hospital – Chandigarh, India
Internship – Multidisciplinary

4/01 – 8/05 Dr. Rajat Prasad Government Medical College – India
MBBS

EMPLOYMENT | **NEPHROLOGIST, KIDNEY CARE CENTER ELGIN – CRYSTAL LAKE, IL**
7/15- PRESENT

Medical Officer, Shimla Clinic – Private Practice
4/09 – 6/09

Clinical Instructor – Physiology – Indira Gandhi Medical College – India
2/07 – 9/07

Medical Officer – Urban Training Health Center – Chandigarh, India
Department of Community Health, Government Medical College
12/06 – 2/07

GAPS | 11/09 – 6/10 Vacation (Residency interviews, USMLE Step 3 exam)
9/07 – 7/08 Vacation (Preparing for USMLE Step 1)
9/06- 12/06 Seeking Employment

BOARD CERTIFICATION | 2013 American Board of Internal Medicine – Internal Medicine
2015 American Board of Internal Medicine – Nephrology

EXAMINATION | August 2013 – Certified in Internal Medicine
April 2010 – USMLE Step 3 84 percentile (204)
August 2009 – ECFMG certified
April 2009 – USMLE Step 2 91 percentile (221)
April 2008 – USMLE Step 1 92 percentile (222)

AWARDS & HONORS | Awarded second position in annual research day during Internal Medicine Residency

Topic: To retrospectively determine whether the chemotherapeutic regimen for small cell lung cancer is more or less effective than that for non small cell lung carcinoma when used to treat large cell neuroendocrine carcinoma.

PUBLICATIONS | Submitted for publication to JASN

Prevalence, Predictors and Outcomes of Pulmonary Hypertension in Chronic Kidney Disease: A Report from the Chronic Renal Insufficiency Cohort (CRIC) study

- 1) "Multicentric Castleman's Disease, Associated with Idiopathic Thrombocytopenic Purpura." Case Rep Hematol. 2013; 2013: 269268.
- 2) Gene Expression Profiling for Early – Stage NSCLC. Am J Clin Oncol. 2015 Feb; 38(1):103-7.
- 3) Pleomorphic malignant histiocytoma: a rare skin cancer in a patient on azathioprine for ulcerative colitis. BJM Cases Rep 2012 Jul 3; 2012.

Quality improvement project: To see association of depression with missed Hemodialysis treatments.

VOLUNTARY & COMMUNITY SERVICES | Member of American Society of Nephrology since 2014
Associate member of ACP since 2010
Member of medication use committee as PGY2 from 2011-2012 in Fairview Hospital.

LANGUAGE FLUENCY | 11/09 – 6/10 Vacation
English
(Residency interviews, USMLE Step 3 exam)
9/07 – 7/08 Vacation
(Preparing for USMLE Step 1)
9/06- 12/06 Seeking
Employment

Farnaz Mohammadi, M.D.

1607 Midwest Club Pkwy, Oak Brook, IL 60523

Tel: 617-510-5791 (Cell)

Email: farnaz752001@yahoo.com

Medical Education

June, 1993 – Jan, 2000

University of Health Sciences – Mahadevappa Rampure
Medical College-Gulbarga,
Karnataka, India.

July, 2007 – June, 2010

Internal Medicine Residency - Categorical.
Saint Louis University School of Medicine
Saint Louis, MO

July, 2010 – June, 2012

Nephrology Fellowship
Division of Nephrology
Saint Louis University School of Medicine
Saint Louis, MO

Employment

July, 2013 – March, 2014

Nephrologist
St Mary's Evansville Nephrology Associates
1312 Professional Blvd
Evansville, IN- 47714
Tel: 812 485 8075
Fax: 812 485 7885
Email: Tammy.Martens@stmarys.org

June, 2014 – Dec 2014

Hospitalist – Independent contractor
Methodist Hospital
1305 North Elm Street
Henderson, KY- 42420
Tel: 270 827 7393
Fax: 270 827 7475
Email: jdowns@methodisthospital.net

August, 2014 – Nov 2015

DuPage Medical Care (Private Practice) - Closed
1865 North Neltnor Blvd
West Chicago, IL -60185
Tel: 617 510 5791

October, 2014 - Nov 2015

24 IHIM Hospitalist – Independent contractor
Advocate Trinity Hospital and Westlake Hospital
Healthcare Business Consultants
2000 Spring Road, Suite 200
Oak Brook, IL 60523
Tel: 630-472-8800
Fax: 630-645-6440
Email: dwolf@hbcemd.com

Farnaz Mohammadi, M.D.

1607 Midwest Club Pkwy, Oak Brook, IL 60523

Tel: 617-510-5791 (Cell)

Email: farnaz752001@yahoo.com

Employment:

Nov, 2014-Nov, 2015

Hospitalist – ECHO Locums Tenens
Mercy Hospital, Chicago
101 Solana Blvd., Bld 2, Suite 2200
Westlake, TX 76262
Tel: 817-767-6155 / Fax: 718-796-1297 / Email: dcoulson@echolocum.com

Jan, 2015

House Physician – Onyx MD Locums Tenens
Kindred Hospitals of Chicago
1355 South Colorado Blvd., Suite C700
Denver, CO 80222
Tel: 303-763-1410 / Fax: 817-200-7623/ Email: janet.green@onxymd.com

April, 2015 – June, 2015

Hospitalist – Locums Tenens
Silver Cross Hospital
1900 Silver Cross Blvd
New Lenox, IL 60451
Tel: 815-300-5376 / Fax: 815-300-4848 /Email: mouradimd@gmail.com

Dec, 2015- Present

Nephrologist
Kidney Care Center Elk Grove
1843 W Irving Park Road
Schaumburg, IL 60193
Tel: 847-285-1908/ Fax: 224-353-6429 /Email: Credentiaing@kidneycares.com

Dec, 2015 – Present

Nephrologist
Kidney Care Center Elgin
442 N IL Rout 31
Crystal Lake, IL 60012-3709
Tel: 224-238-3211 / Fax: 224-535-8215
Email: Credentiaing@kidneycares.com

Prior Hospital Affiliations:

St. Mary's Hospital Medical Affairs
3700 Washington Ave.
Evansville, IN 47714
Tel: 812-485-8075 / Fax: 812-485-7885/Email: Tammy.Martens@stmarys.org

Deaconess Hospital Medical Affairs
600 Mary Street
Evansville, IN 47710
Tel: 812-450-2300 / Fax: 812-450-6006 /Email: sharon.voelker@deaconess.com

Heart Hospital Administration
4007 Gateway Blvd
Newburgh, IN 47630
Tel: 812 842 3582
Fax: 812 842 3921
Email: kristine.georges@deaconess.com

Methodist Hospital Medical Staff Office
1305 North Elm Street
Henderson, KY – 42420
Tel: 270 827 7393
Fax: 270 827 7475
Email: jdowns@methodisthospital.net

Baptist Health
900 Hospital Drive
Madisonville, KY 42431
Tel: 270 326 4528
Fax: 270 326 4527
Email: brenda.osborne@bhsi.com

Kindred Hospitals of Chicago
Chicago, IL 60660
Tel: 773 279 2687
Email: patricia.schweigert@kindred.com

Advocate Trinity Hospital
Medical Staff Office
2320 E 93rd Street
Chicago, IL 60617
Tel: 773 967 5805
Fax: 773 967 5808
Email: silvia.salinas@advocatehealth.com

Mercy Hospital
2525 S Michigan Avenue
Chicago, IL 60616
Tel: 312 567 5540
Fax: 312 567 618
Email: kjulius-buckley@mercy-chicago.org

Westlake Hospital
1225 W Lake St
Melrose Park, IL 60160
Tel: 708 938 7209
Fax: 708 938 4200
Email: smeccia@westlakehosp.com

Current Hospital Affiliations

Advocate Good Samaritan Hospital
Medical Staff Office
3815 Highland Avenue
Downers Grove, IL – 60515
Tel: 630 275 1978
Fax: 630 275 5802
Email: ann.kane@advocatehealth.com

St. Alexius Medical Center
1555 N Barrington Road
Hoffman Estates, IL 60169
Tel: 847 490 6945
Fax: 847 490 2570
Email: sulema.pawlowski@alexian.net

Silver Cross Hospital
1900 Silver Cross Blvd
New Lenox, IL – 60451
Tel: 815 300 7497
Fax: 815 300 3567
Email: cporter2@silvercross.org

Publications:

1. Schmitz, P G., Shrestha, A., **Mohammadi, F.**, Martin, K J., *“Medications and Vascular Access Patency”*, book chapter in Vascular access for General Nephrologist (2012) Division of Nephrology, Saint Louis University, Saint Louis, MO
2. **Mohammadi, F.**, Wolverson, M K., Bastani, B, *“Case report: A new case of TEMPI syndrome”*, Nephrology Dialysis Transplantation Plus, Volume 5, issue 6 (December 2012), p. 556-558.
3. Mohammed, W., Athar, H., **Mohammadi, F.**, Elkoustaf, R.A, Kiernan, F.J., Boden, W.E., McKay, R., *Proximal Left Anterior Descending Coronary Artery Stenosis: Have Drug-Eluting Stents Made a Difference in Clinical Outcomes?* Hartford Hospital, University of Connecticut, Hartford CT. Journal of the American College of Cardiology, Supplement 2/2005.
4. Elkoustaf, R.A., Justin, B. Mohammed, W., **Mohammadi, F.**, Kiernan, J.K., McKay, R., *Long-Term Outcomes of Diabetic Patients Undergoing Percutaneous Coronary Intervention in the Era of Drug-Eluting Stents and Contemporary Adjuvant Pharmacotherapy.* Hartford Hospital, University of Connecticut, Hartford CT. Journal of the American College of Cardiology, Supplement 2/2005.
5. Mohammed, W., Elkoustaf, R.A, **Mohammadi, F.**, Lundbye, J.B., Athar, H., Khan, N.U., Kiernan, F., Boden, W.E., McKay, R., *Does Pretreatment With an HMG-CoA Reductase Inhibitor Improve Clinical Outcomes in Patients With Unstable Coronary Syndromes Treated With Percutaneous Coronary Intervention?* Hartford Hospital, University of Connecticut, Hartford CT. Catheterization and Cardiovascular Interventions. Volume 65, No.1, May 2005

6. Mohammed, W., **Mohammadi, F.**, Elkoustaf, R.A., Mather, J.F., Murphy, D., Kiernan, F.J., Boden, W.E., McKay, R.G., *Does Angiographic Calcification predict higher mortality after percutaneous coronary intervention?* Hartford Hospital, University of Connecticut, Hartford CT. Catheterization and Cardiovascular Interventions. Volume 65, No.1, May 2005

Poster Presentations:

1. **Mohammadi, F.**, Moiz, A., Iqbal, N W., Lentine, K., Xiao, H., Bastani, B., *"Incidence of BK Viremia and BK Nephropathy in renal transplant patients induced with Alemtuzumab or Antithymocyte globulin: Single Center Experience."* Division of Nephrology, Saint Louis University, Saint Louis, MO; ASN Renal Week Poster Presentation -2010, Denver, CO.

2. **Mohammadi, F.**, Walshauer, M A., Moiz, A., Tamirisa, S., Olsen, T., *"An Unusual Association: Minimal Change Nephrotic Syndrome with Nasopharyngeal Cancer."*, Department of Medicine, Saint Louis University, Saint Louis, MO; ACP Missouri Chapter Poster Presentation-Clinical Vignette, Sep 2008.

3. Walshauer, M A., **Mohammadi, F.**, Page, S., Pincus, S., *"Reversible Posterior Leukoencephalopathy Syndrome with hemorrhage during Induction Chemotherapy for Acute Myelomonocytic Leukemia"- Clinical Vignette*, Department of Medicine, Saint Louis University, Saint Louis, MO; ACP Missouri Chapter Poster -Clinical Vignette, Sep 2008.

Clinical Trials

1. **Mohammadi, F.**, Moiz, A., Iqbal, N W., Lentine, K., Xiao, H., Bastani, B., *"Incidence of BK Viremia and BK Nephropathy in renal transplant patients induced with Alemtuzumab or Antithymocyte globulin: Single Center Experience."* Division of Nephrology, Saint Louis University, Saint Louis, MO – IRB approved retrospective study.

2. Philipneri, M., **Mohammadi, F.**, Shreshta, A., Soldyshev, R., *"Effects of Bioimpedence – measured dry weight on control of blood pressure in hypertensive hemodialysis patients"* Division of Nephrology, Saint Louis University, Saint Louis, MO – IRB approved prospective pilot study.

Certifications

ECFMG certified, Feb 17, 2006

ACLS and BLS certified, 2007 – present

American Board of Internal Medicine Certified- 2014

Nephrology Board Eligible - 2016

License

State of Missouri Temporary Physician License, 2007 – 2012

Virginia License – April 16, 2013 – March 31, 2016 - active

Kentucky License – September 19, 2013 - active

Indiana License – April 1, 2013 – Oct 31, 2015- expired

Illinois License – June 4, 2014 - active

Awards and Recognition

1994 - Top in class in Physiology

2010 - Best Senior Lecture Award in Residency, "BK virus Nephropathy

References upon request

Explanation of Gaps

From April 1999 to June 2007:

Awaited for Medical School Degree which was awarded on Jan24, 2000.

Involved in taking USMLE exams and doing observerships/research to seek a residency.

Also took time off for family and kids.

From July 2012 to June 2013:

Took time off after fellowship for husband's major and complicated surgery and took care of kids.

From April 2014 to June 2014:

Was on vacation

Farnaz Mohammadi

Dated 12/5/15

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

Attached please the attached letter consistent with Section 1110.1430f, attesting that Dialysis Care Center McHenry will participate in a dialysis data system, will make health support services available to patients, and will provide training for self-care dialysis, self-care instructions, home and home-assisted dialysis, and home training.

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

I hereby certify under of perjury as provided in § 1-109 of the Illinois code of civil procedure, 735 ILCS 5/109 and pursuant to 77 III. Admin. Code § 1110-1430 (f) that Dialysis Care Center McHenry will maintain an open medical staff.

I also certify the following with regards to need support services:

- Dialysis Care Center McHenry will utilize a dialysis electronic patient data tracking system
- Dialysis Care Center McHenry will have available all needed support services required by CMS which may consist of nutritional counseling, clinical laboratory services, blood bank, rehabilitation, psychiatric services, and social services; and
- Patients will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal Dialysis

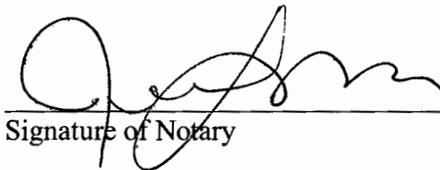
Sincerely,



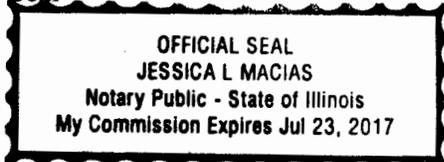
Asim M Shazzad
Chief Operating Officer

Notarization:

Subscribed and sworn to before me
this 21 day of December, 2016


Signature of Notary

Seal



Support Services
Attachment-26 f

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

Dialysis Care Center McHenry will provide fourteen ESRD stations, as identified in section 1110-1430g as the minimum number of eight dialysis stations to be provided at an ESRD Facility to be located in a Metropolitan statistical area ("MSA"). Accordingly, this criterion is met.

Minimum Number of Stations
Attachment-26.g

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

A Copy of a signed, written affiliation agreement with a hospital for the provision of In-patient care and other hospital services follows this page.

Continuity of Care
Attachment-26 h

**TRANSFER AGREEMENT
BETWEEN
Centegra Health System AND
AND
Dialysis Care Center McHenry**

THIS AGREEMENT is entered into this ____ day of _____, ____, between Centegra Health System, an Illinois not-for-profit corporation, hereinafter referred to as "Centegra", and Dialysis Care Center McHenry an, Illinois ESRD facility hereinafter referred to as "Dialysis".

WHEREAS, CENTEGRA is licensed under Illinois law as an acute care Hospital;
WHEREAS, Dialysis is licensed under Illinois law as an acute care Hospital;

WHEREAS, CENTEGRA and DIALYSIS desire to cooperate in the transfer of patients between CENTEGRA and DIALYSIS, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into an affiliation agreement to provide for the medically appropriate transfer or referral of patients between DIALYSIS and CENTEGRA, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 This Agreement shall be effective from the date it is entered into, and shall remain in full force and effect for an initial term of one (1) year. **Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).**

II. TERMINATION

2.1 Either party may terminate this Agreement, with or without cause, upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 DIALYSIS agrees:

a. That DIALYSIS shall refer and transfer patients to CENTEGRA for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for DIALYSIS, hereinafter referred to as the "Transferring Physician";

Continuity of Care
Attachment-26 h

b. That the Transferring Physician shall contact CENTEGRA's Emergency Department Nursing Coordinator, prior to transport, to verify the transport and acceptance of the emergency patient by CENTEGRA. The decision to accept the transfer of the emergency patient shall be made by CENTEGRA's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of CENTEGRA's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. DIALYSIS agrees that CENTEGRA shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at CENTEGRA. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by CENTEGRA to the Emergency Physician and Accepting Physician;

c. That DIALYSIS shall be responsible for effecting the transfer of all patients referred to CENTEGRA under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event the patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and the Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer;

f. To inform its patient of their responsibility to pay for all inpatient and outpatient services provided by CENTEGRA; and

g. To maintain and provide proof to CENTEGRA of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence or claim made with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 CENTEGRA agrees:

a. To accept and admit in a timely manner, subject to bed availability, DIALYSIS patients referred for medical treatment, as more fully described in Section 3.1, Subparagraphs a through g;

b. To accept patients from Dialysis in need of inpatient Dialysis care, when such transfer and referral has been determined to be medically appropriate by the patient's attending physician and/or emergency physician at Dialysis;

c. That CENTEGRA will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;

d. That CENTEGRA shall provide DIALYSIS patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and

Continuity of Care
Attachment-26 h

e. To maintain and provide proof to DIALYSIS of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence or claim made with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, DIALYSIS shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to CENTEGRA, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of CENTEGRA and DIALYSIS shall remain the property of each respective institution.

4.2 Personal Effects. DIALYSIS shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to CENTEGRA. CENTEGRA shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at CENTEGRA.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, demand, judgment and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

4.4 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either CENTEGRA or DIALYSIS. The governing body of CENTEGRA and DIALYSIS shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.5 Publicity and Advertising. Neither the name of CENTEGRA nor DIALYSIS shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome.

Continuity of Care
Attachment-26 h

The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient, as may be amended from time to time.

4.7 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.8 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.10 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of CENTEGRA and DIALYSIS with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

Continuity of Care
Attachment-26 h

4.14 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on CENTEGRA shall be served at or mailed to: Centegra Medical Center, _____, Attention: President, with a copy to Centegra Health Care, Attn: General Counsel, _____ unless otherwise instructed. Notices to be served on DIALYSIS shall be served at or mailed to: _____, Attn: _____, with a copy to _____, unless otherwise instructed.

IN WITNESS WHEREOF, this Agreement has been executed by CENTEGRA and DIALYSIS on the date first above written.

CENTEGRA HEALTH SYSTEM

BY: _____
NAME: _____
TITLE: _____

Dialysis Care Center

BY: _____
NAME: _____
TITLE: _____

Continuity of Care
Attachment-26 h

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

Attached please the attached letter consistent with Section 1110.1430 j, attesting that Dialysis Care Center McHenry will achieve target utilization by the second year of operation and will also expect to meet if not exceed the hemodialysis outcome measures.

Assurances
Attachment-26 j

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

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

- By the second year after project completion, Dialysis Care Center McHenry expects to achieve and maintain 80% target utilization
- Dialysis Care Center McHenry also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:

≥85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and

≥85% of hemodialysis patient population achieves Kt/V Daurgirdas II .1.2

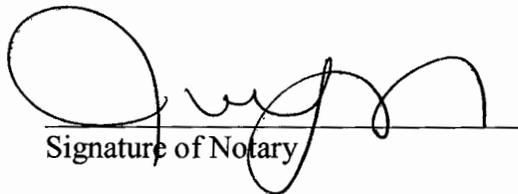
Sincerely,



Asim M Shazzad
Chief Operating Officer

Notarization:

Subscribed and sworn to before me
this 27 day of December, 2014



Signature of Notary



Assurances
Attachment-26 j

Section VIII. Financial and economic Feasibility
Criterion 1110.120 Availability of funds

Dialysis Care Center McHenry will be funded entirely with cash and cash equivalents, and a lease with Pinnacle Investment Partners LLC.

An attestation letter is attached with a copy of the LOI and a draft lease property as attachment
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Availability of funds
Attachment-36

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

I hereby certify the following:

- Dialysis Care Center McHenry will be funded through cash and cash equivalents, and a lease, and no debt financing to be used
- Dialysis Care Center maintains sufficient cash and short term securities to fund this project; and
- The expenses to be incurred through the lease of space and selected equipment are less than those associated with the construction of a new facility or the purchase of equipment.

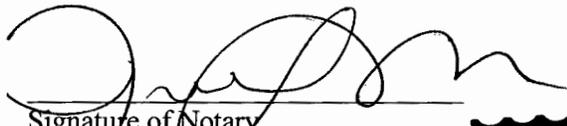
Sincerely,



Asim M Shazzad
Chief Operating Officer

Notarization:

Subscribed and sworn to before me
this 27 day of December, 2014


Signature of Notary

Availability of funds
Attachment-36

December 27th 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson st. 2nd Floor
Springfield, IL623761

Dear Ms. Avery

My name is Adekola Adediji, I'm the Senior Accounting Manager to Dialysis Care Center and currently managing the accounts.

We pay our bills and other financial obligations on time. All of our accounts have always been in good standing.

Currently, Dialysis Care Center has in excess of \$6,500,000.00 in its account.

If you should have any additional questions, or concerns I can be reached at 708-645-1000. Ext 2331.

Sincerely yours,

Adekola Adediji
Adekola Adediji
Senior Accounting Manager
Dialysis Care Center

Notarization:

Subscribed and sworn to before me

This 27 day of December, 2016

Jessica L Macias
Signature of Notary

Seal



Availability of fund



December 20, 2016

Dialysis Care Center McHenry
C/O Asim Shazzad
15786 S. Bell Rd.
Homer Glen, IL 60491

RE: 612 S. Rt. 31, McHenry, IL

Dear Mr. Shazzad,

Enclosed please find the following:

- a. (3) Three Lease Agreements; and
- b. (3) Three Guaranties

Kindly execute and notarize the enclosed documents where indicated and return to our office to be fully executed via post to:

Pinnacle Investment Partners LLC
C/O Salman Azam
333 N. Michigan Ave., Ste. 1815
Chicago, IL 60601

Should you have any queries with regards to the above, please do not hesitate to contact our office on 312-321-6531.

Yours faithfully,
Arthur J. Rogers & Co.

Carole Caveney

Vice President-Commercial Properties

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Arthur J. Rogers & Co.

www.arthurjrogers.com

Sales • Management • Leasing • Construction

December 15, 2016

Pinnacle Investment Partners LLC
C/O Salman Azam
333 N. Michigan Ave., Ste. 1815
Chicago, IL 60601

RE: 612 S. Rt 31
Suite A
McHenry, IL

Dear Salman,

On Behalf of Dialysis Care Center McHenry , LLC, we have been authorized to submit for review the following letter of intent outlining the general terms and conditions in which to Lease the premises:

- Landlord:** Pinnacle Investment Partner, LLC
- Tenant:** Dialysis Care Center McHenry , LLC
- Premises:** Approximately 5000 rentable square feet located at 612 S. Rt 31, Suite A, McHenry, IL.
- Use:** The Premises shall be used for the operation of a dialysis facility and related medical/administrative offices. Tenant may operate on the premises, at tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
- Primary Lease Term:** An initial lease term of Five (5) years, five (5) months from rent commencement.
- Possession Date:** May 1, 2017 or sooner (Upon CON awarded by the Illinois State Board per the January 3, 2017 application date, see attached schedule).
- CON Contingency:** Lease is contingent upon tenant receiving a CON (Certificate of Need) awarded by the State of Illinois per the application date of January 3, 2017, per the attached State of Illinois schedule.
- Base Rental Rate:** \$12.00 psf NNN
- Rent Commencement Date:** Tenant shall have ninety (90) days from possession to complete the tenant improvements, rent to commence thereafter.
- Escalation:** 3% increases compounded annually.
- Option Periods:** Two (2), three (3) year options to renew. Tenant shall provide to Landlord a ninety (90) day prior written notice of its desire to exercise each option.
- CAM:** Tenant shall be responsible for their proportionate share of CAM.
- RE Taxes:** Tenant shall be responsible for their proportionate share of real estate taxes.

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Individual
Membership



- Landlord's Work:** Landlord shall warranty that the roof and mechanicals are in good working order and shall maintain them throughout the term of the lease. Landlord shall make the necessary building repairs which shall consist of repair of all parking lot and sidewalk improvements (which shall include repair/patch all potholes, sealcoat and stripe). All work shall be performed prior to rent commencement. *Landlord shall offer a gross rent abatement of five (5) months in lieu of TI allowance to commence after the ninety (90) day build-out period.*
- Concessions:** As described above, an additional free rent period of two (2) months shall commence after the ninety (90) day TI allowance period.
- Demised Premises Shell and Site:** Landlord shall deliver the Premises as is, except for its commitment to perform (or provide) Landlord Work.
- Contractor for Tenant Improvements:** Tenant will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant, allowance. Tenant 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.
- HVAC:** Equipment as-is. Landlord to maintain pursuant to its Landlord maintenance, described below.
- Deliveries:** Tenant requires delivery access to the Premises 24 hours per day, 7 days per week.
- Emergency Generator:** Tenant 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:** Tenant will provide all space planning and architectural and mechanical drawings required to build out and demolish existing improvement not needed, 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.
- Utilities:** Separately metered. Tenant shall be responsible for their electric, gas, Telephone/internet.
- Signage:** Tenant may install signs, at Tenant's expense, in and on the Premises to the maximum extent permitted by local law. Landlord will have the right to approve signage. Landlord's approval will not be unreasonably withheld. Landlord will grant Tenant signage space on any monument due the Premises.
- Parking:** Landlord shall grant Tenant five (5) designated parking spaces plus one (1) ambulance space in addition to the designated handicap spaces
- Building Codes:** Tenant has or will, perform its own building code analysis and acknowledges the demised premises will be delivered by the Landlord as described herein, without any repos or warranties regarding current or future codes.
- Assignment/ Subletting:** Tenant requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided guarantor remains fully liable under its guaranty. Any other assignment or

subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

Landlord Maintenance:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, roof supports, columns, retaining walls, footings as well as water mains, gas and sewer lines serving the Premises. *Landlord shall warranty HVAC for the first 18 months of lease term.*

With respect to the parking and other exterior areas of the Premises and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices and reasonable management and administrative fees throughout the term: repainting or routine tuck-pointing the exterior surfaces of the building when necessary; repairing, resurfacing, repaving, re-striping, and resealing of the parking areas; repairing and maintaining the roof (other than its structure, which is Landlord's responsibility); 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, including all windows and doors, in good repair, free of refuse and rubbish. Tenant 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, flood, storm, civil commotion or other unavoidable causes expected. Tenant shall be responsible for maintenance and repair of all equipment serving the Premises.

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 excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

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 Tenant's dialysis clinic.

Flood Plain:

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

Financing:

Landlord will use its best efforts to cause its lender to provide a non-disturbance agreement.

Exclusivity:

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

Environmental:

A Phase One Environmental Study may be conducted.

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.

Security Deposit: equal to one (1) month's gross rent payable upon full lease execution.

Confidential: The material contained herein is confidential. It is intended for use of the 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.

Agency: Arthur J. Rogers & Co. represents the Tenant. Landlord shall be responsible to pay all brokerage fees per separate agreement.

Disclaimer: This proposal is submitted subject to errors, omissions, and changes in information, modification, and withdrawal, with or without notice.

This proposal is not intended as, and does not constitute, a binding agreement by any party, nor an agreement by any party to enter into a binding agreement, but is merely intended to specify some of the proposed terms and conditions of the transaction contemplated herein. Neither party may claim any legal rights against the other by reason of the signing of this letter or by taking any action in reliance thereon. Each party hereto fully understands that no party shall have any legal obligations to the other, or with respect to the proposed transaction have been negotiated, agreed to by all parties and set forth in a fully executed lease. The only legal obligations, which any party shall have, shall be those contained in such signed and delivered definitive agreement referred to above.

Notwithstanding any provision to the contrary contained herein, this letter shall not constitute an agreement to negotiate and solely constitutes an outline of certain key terms. Landlord and Tenant each acknowledge and agree that each party is proceeding with negotiations relating to the proposed Lease at its sole cost and expense and that either party may terminate negotiations at any time and for any reason without any liability or obligation whatsoever.

Salman, we look forward to working with you towards successfully completing this proposed Lease transaction.

Thank you for your consideration.

Arthur J. Rogers & Co.



Carole Caveney
Vice President-Commercial Properties

AGREED AND ACCEPTED:

Individual
Membership



THIS 20th DAY OF December, 2016.

TENANT:

By: _____

Its: Administrator

LANDLORD:

By: Alie Walliaga

Its: Secretary

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Section VIII. Financial and economic Feasibility
Criterion 1110.310 Financial Waiver

Dialysis Care Center McHenry will be funded entirely with cash and cash equivalents, thereby meeting the criteria for the financial waiver

Financial Waiver
Attachment-37

Section VIII. Financial and economic Feasibility
 Criterion 1120.310 (c) Reasonableness of project and related cost

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		84.00			5000			\$420,000	\$420,000
Contingency		2			5000			\$10,000	\$10,000
TOTALS		86.00			5000			\$430,000	\$430,000

These projected costs are below the State standards.

Section VIII. Financial and economic Feasibility
 Criterion 1120.310 (D) Project Operating cost

Project operating cost, Year 2

Salaries, Benefits, & Medical Supplies: \$598,000.00

Annual treatments 5,200

Operating Cost per treatment \$115.00

Section VIII. Financial and economic Feasibility
 Criterion 1120.310 (e) Total Effect of the project on capital costs

Project operating cost, Year 2

Depreciation/Amortization and interest \$ 72,498

Treatments 5,000

Capital cost per treatment \$13.94

Dialysis Care Center McHenry
 Projected Balance Sheet

	Year 1	Year 2	Year 3
Assets			
Cash	174,258.00	565,956.00	753,136.00
Leasehold Improvements	420,000.00	420,000.00	420,000.00
Equipment	58,000.00	58,000.00	58,000.00
Water Treatment System	110,000.00	110,000.00	110,000.00
Depreciation	(9,800.00)	(9,800.00)	(9,800.00)
Total Assets	<u>752,458.00</u>	<u>1,144,156.00</u>	<u>1,331,336.00</u>
Liabilities			
Lease Payable	(292,000.00)	(292,000.00)	(292,000.00)
Total Liabilities	<u>(292,000.00)</u>	<u>(292,000.00)</u>	<u>(292,000.00)</u>
Shareholders Equity			
Equity - Dialysis Care Center	1,000,000.00	1,000,000.00	1,000,000.00
Net Income (Loss)	(52,892.00)	338,806.00	525,986.00
Total Shareholders Equity	<u>947,108.00</u>	<u>1,338,806.00</u>	<u>1,525,986.00</u>
Total Liabilities and Shareholders Equity	<u>655,108.00</u>	<u>1,046,806.00</u>	<u>1,233,986.00</u>

Dialysis Care Center Holdings
 Projected Balance Sheet

	Year 1	Year 2	Year 3
Assets			
Cash	33,696.16	86,170.36	115,208.22
Investment in DCC Oak Lawn	1,000,000.00	1,000,000.00	1,000,000.00
Investment in DCC Olympia Fields	1,000,000.00	1,000,000.00	1,000,000.00
Investment in DCC McHenry	1,000,000.00	1,000,000.00	1,000,000.00
Total Assets	<u><u>3,033,696.16</u></u>	<u><u>3,086,170.36</u></u>	<u><u>3,115,208.22</u></u>
Liabilities			
Total Liabilities	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>-</u></u>
Shareholders Equity			
Equity - Dr Alausa	1,500,000.00	1,500,000.00	1,500,000.00
Equity - Dr Shafi	1,500,000.00	1,500,000.00	1,500,000.00
Net Income	33,696.16	86,170.36	115,208.22
Total Shareholders Equity	<u><u>3,033,696.16</u></u>	<u><u>3,086,170.36</u></u>	<u><u>3,115,208.22</u></u>
Total Liabilities and Shareholders Equity	<u><u>3,033,696.16</u></u>	<u><u>3,086,170.36</u></u>	<u><u>3,115,208.22</u></u>

129 - A

Dialysis Care Center Holdings
Projected Income Statement

	Year 1	Year 2	Year 3
Revenues			
Management fee revenue	<u>50,544.24</u>	<u>129,255.54</u>	<u>172,812.33</u>
Expenses			
Mangement Fee expense	<u>16,848.08</u>	<u>43,085.18</u>	<u>57,604.11</u>
Net Income(Loss)	<u>33,696.16</u>	<u>86,170.36</u>	<u>115,208.22</u>

129=B

Safety Net Impact statement

The establishment of Dialysis Care Center McHenry will not have any impact on safety net services in the McHenry area. Outpatient dialysis facilities services are not typically considered or viewed as "safety net" services. As a result the presence of Dialysis Care Center McHenry as a provider is not expected to alter the way any other healthcare providers function in the community.

Dialysis Care Center McHenry has no reason to believe that this project would have any adverse impact on any provider or health care system to cross-subsidize safety net services.

Dialysis Care Center McHenry will be committed to providing ESRD services to all patients with or without insurance or patients to no regards for source of payment. Dialysis Care Center McHenry will not refuse any patients. Medicaid patients wishing to be served at Dialysis Care Center McHenry will not be denied services. Because of the Medicare guidelines for qualification for ESRD, a few patients' with ESRD are left uninsured for their care.

Charity Care

The policy of Dialysis Care Center McHenry is to provide services to all patients regardless of race, color, national origin. Dialysis Care Center McHenry will provide services to patients with or without insurance and as well as patients who may require assistance in determining source of payment. Dialysis Care Center will not refuse any patient. Medicaid patients wishing to be served will not be denied services. Through Medicare guidelines, patients who are prequalified for ESRD or for the few that are currently ESRD status and are left uninsured, Dialysis Care Center will be committed to providing continued care.

Dialysis Care Center McHenry will be committed to work with any patient to try and find any sources and qualify for any programs for which they may qualify for.

Dialysis Care Center will be an "open Dialysis unit" meaning through our policy, any nephrologist will be able to refer their patients and apply for privileges to round at the facility, if they desire.

Dialysis Care Center will participate in American Kidney Fund (AKF) to assist patients with insurance premiums which will be at no cost to the patient.

Currently as Dialysis Care Center McHenry will be a new entity there is no current Charity documentation that can be provided to the board, however the Charity policy is attached.

Please find attached our admission policy and Charity policy.

DIALYSIS CARE CENTER McHenry

Admission Policy

- I. Purpose: The purpose of this policy is to define requirements for admission to the Dialysis Care Center (DCC).
- II. Performed by: Medical Director, Program Manager, Program Nurse
- III. Overview: All patients must receive modality education by their referring physician prior to being admitted to the facility. The Program staff will further educate the patient on the modality he/she has chosen. The facility Patient Handbook will also include education on the different treatment modalities and instruct the patient on his/her right to change their treatment modality provided they meet the criteria for that modality and they have discussed this with their physician and the members of the interdisciplinary team (IDT).
- IV. Supplies:
 - A. Assignment of Benefits Form
 - B. Release of information Form
 - C. Admission Agreement
 - D. Consent for Dialysis
 - E. Patient Handbook
- V. Policy:
 - A. All patients referred to DCC will be treated regardless of race, creed, age, sex, color, disability, or national origin.
 - B. In order to develop the admission treatment orders and to identify and address any urgent medical needs prior to the completion of the comprehensive patient assessment by the IDT, the Medical Director, nephrologist or physician extender and the Program Registered Nurse will be responsible for an initial assessment before the initiation of the patient's first dialysis treatment in the facility.
 - C. The initial medical assessment may be completed by review of the patient's medical records or consultation with the referring physician and is not intended to require the medical staff physically see the patient in the facility prior to the first treatment.
 - D. Orders for treatment must be obtained prior to the initial dialysis treatment. The Registered Nurse will meet with the patient new to dialysis to

perform an initial nursing assessment prior to initiation of treatment. The minimum nursing evaluation prior to initiating treatment for a patient new to dialysis will include the following:

- Neurologic: level of alertness, orientation
- Subjective complaints
- Pain status
- Activity: ambulation status, support needs, falls risk
- Access assessment
- Respiratory: description of respirations and lung sounds
- Cardiovascular: heart rate and rhythm, blood pressure, any edema
- Fluid gains
- integumentary: skin color, temperature, and any type/location of wounds

E. All appropriate paperwork must be completed prior to admission and includes receipt of medical and financial record to allow enough time for review by the physician and clinical staff. The following forms must be signed before admission to the facility:

- Assignment of Benefits (AOB)
- Release of Information
- Admission Agreement

F. Hepatitis testing is required prior to admission.

G. Financial approval for the patient's admission will be granted based on the patient's insurance coverage the patient's intent to pursue other assistance programs if indicated. Any individual unable to obtain or ineligible for financial or insurance coverage, or refusing to disclose insurance information will not be granted financial clearance to be admitted to the Program.

H. Copies of insurance coverage are required prior to admission.

I. Prior to initiation of dialysis, a consent form for the specific dialysis treatment modality must be signed by the patient or authorized Caregiver.

VI. Procedure: Please follow the steps in the table below.

1	Review admission policy with appropriate staff to ensure admission process is understood and followed.
2	Obtain and review hepatitis status of patient with the Medical Director, physician or physician extender prior to admission.
3	Obtain patient or authorized caregiver signature on all admission documents including but not limited to the AOB, Release of Information and Consent

4	As certain that the patient has received financial and medical clearance and has been approved for admission to the Program/facility before accepting the patient for treatment.
---	--

VII. References:

- Federal Register (April 2008). Centers for Medicare & Medicaid Services (CMS), Conditions for Coverage, 494.150 Medical Director.

VIII. Associate Policies:

- Hemodialysis Consent Policy

DIALYSIS CARE CENTER McHenry

Charity Policy

- I. Purpose:** The purpose of this policy is to define requirements for admission to the Dialysis Care Center McHenry, LLC (DCC).
- II. Performed by:** Medical Director, Program Manager, Program Nurse
- III. Policy:**
 - A. 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.
 - B. Assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.
 - C. 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.
 - D. Provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Address	City	State	Zip Code	MapQuest		Stations	Patients	Utilization
					Time	Distance			
ARA- McHenry County	4209 West Shamrock Lane	McHenry	IL	60050	1 min.	.77 miles	12	27	37.50%
Fresenius Medical Care of McHenry	4312 W. Elm Street	McHenry	IL	60050	3 min.	2.18 miles	14	35	41.67%
Crystal Spring Dialysis	4900 South Route 31	Crystal Lake	IL	60012	5 min.	4.45 miles	14	60	71.43%
ARA- Crystal Lake Dialysis	6220 Northwest Highway	Crystal Lake	IL	60014	14 min.	9.32 miles	16	31	32.29%
Neomedica Dialysis Ctrs - Round Lake	401 West Nippersink Road	Round Lake	IL	60073	17 min.	11.93 miles	16	76	79.17%
Lake Villa Dialysis	37809 N. Route 59	Lake Villa	IL	60046	19 min.	12.64 miles	12	50	69.44%
Barrington Creek	28214 W Northwest Highway	Lake Barrington	IL	60010	19 min.	13.54 miles	12	27	37.50%
Davita Huntley	10350 Halligus Road	Huntley	IL	60142	21 min.	16.32 miles	12	0	0.00%
Davita Carpentersville	2203 Randall Road	Carpentersville	IL	60110	22 min.	16.84 miles	13	75	96.15%
Fresenius Medical Care-Elgin	2130 Point Blvd.	Elgin	IL	60123	26 min.	19.49 miles	20	77	64.17%
Fresenius Medical Care of Antioch	311 Depot Street	Antioch	IL	60002	28 min.	17.92 miles	12	39	54.17%
Fresenius Medical Care Mundlein	1400 Townline Road	Mundelein	IL	60060	28 min.	19.46 miles	14	58	69.05%
ARA-South Barrington Dialysis	33 W. Higgins Road	S. Barrington	IL	60050	29 min	22.31 miles	14	51	60.71%
Davita Marengo	910 Greenlee Unit #B	Marengo	IL	60152	29 min.	21.69 miles	10	25	41.67%
Fresenius Medical Care Palatine	605-691 East Dundee Road	Palatine	IL	60074	30 min	20.46 miles	14	75	89.29%
Fresenius Medical Care Hoffman Estates	3150 West Higgins Road	Hoffman Estates	IL	60169	30 min	23.25 miles	20	108	90.00%
Cobblestone Dialysis	934 Center Street	Elgin	IL	60120	31 min.	20.58 miles	14	91	108.33%
Lake County Dialysis Ctr	565 Lakeview Parkway	Vernon Hills	IL	60061	31 min.	20.83 miles	16	68	70.83%
Neomedica - Gurnee	40 Tower Court in Gurnee	Gurnee	IL	60031	33 min.	22.21 miles	16	81	84.38%
Neomedica Dialysis Ctrs - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	35 min	23.47 miles	24	104	72.22%
Fresenius Medical Care of Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	35 min.	23.31 miles	16	68	70.83%
Dialysis Center of America - NCDC	3300 Grand Avenue	Waukegan	IL	60085	35 min.	24.08 miles	22	137	103.79%
Fresenius Medical Care Waukegan Harbor	110 N. West Street	Waukegan	IL	60085	38 min.	24.80 miles	21	117	92.86%



Trip to:

4209 W Shamrock Ln

Mchenry, IL 60050-8271

0.77 miles / 1 minute

Notes

ARA- McHenry County

IF YOU OWE LESS THAN \$625K, USE OBAMA'S ONCE-IN-A-LIFETIME MORTGAGE RELIEF PROGRAM



Over 75

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A 612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App

1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. [Map](#)

0.1 Mi
0.1 Mi Total

31 2. Make a U-turn at Bull Valley Rd onto S State Route 31 / IL-31. [Map](#)

0.5 Mi
0.6 Mi Total

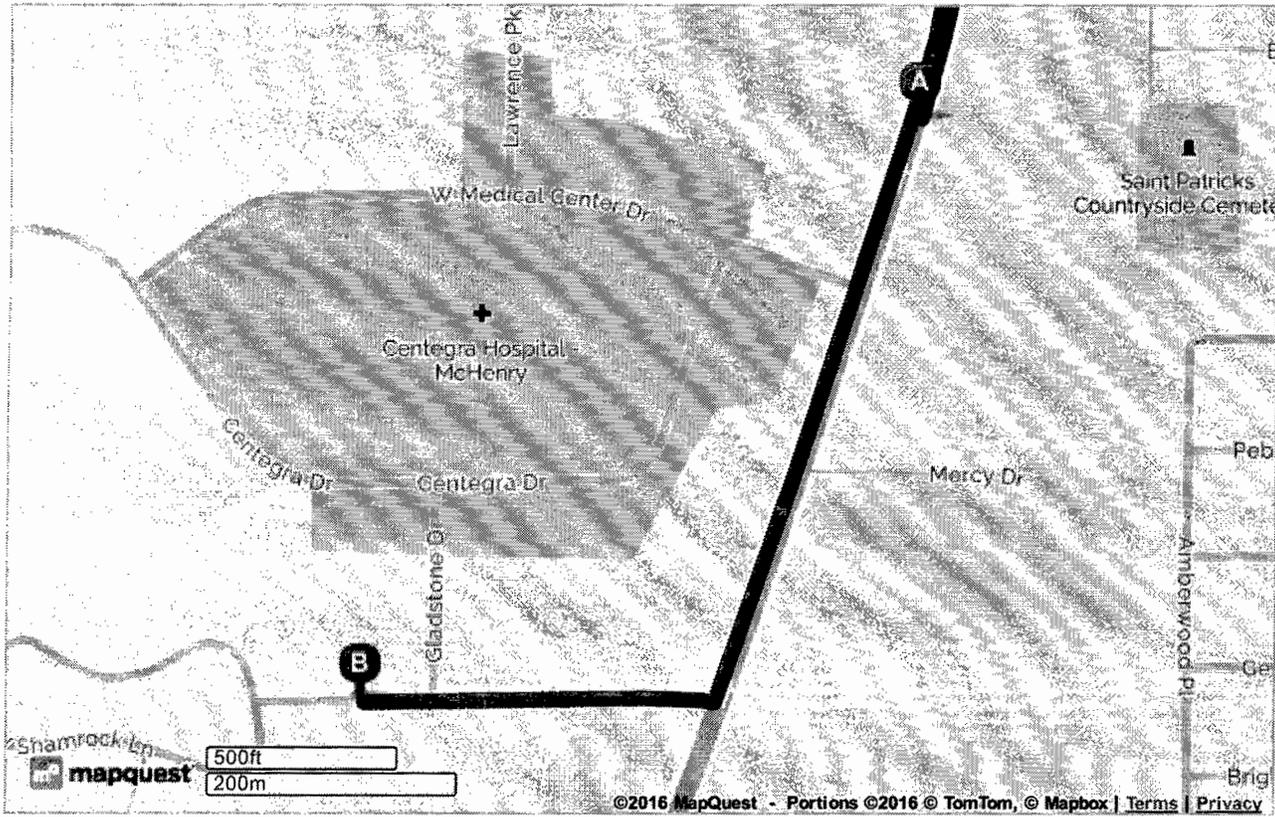
3. Turn right onto W Shamrock Ln. [Map](#)
W Shamrock Ln is 0.1 miles past Mercy Dr
If you reach W Dayton St you've gone about 0.2 miles too far

0.2 Mi
0.8 Mi Total

4. 4209 W SHAMROCK LN. [Map](#)
Your destination is just past Gladstone Dr

B 4209 W Shamrock Ln, Mchenry, IL 60050-8271

Total Travel Estimate: **0.77 miles - about 1 minute**



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Appendix 1



Trip to:

4312 W Elm St

Mchenry, IL 60050-4003

2.18 miles / 3 minutes

Notes

Fresenius Medical Care of Mchenry



612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App



1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd**. Continue to follow **IL-31**. [Map](#)

1.7 Mi
1.7 Mi Total



120

2. Turn **left** onto **W Elm St / IL-120**. [Map](#)

*W Elm St is just past Waukegan Rd
If you reach W Millstream Dr you've gone about 0.1 miles too far*

0.4 Mi
2.2 Mi Total



3. **4312 W ELM ST** is on the **right**. [Map](#)

*Your destination is just past Oak Dr
If you reach Shopping Mall Dr you've gone about 0.1 miles too far*

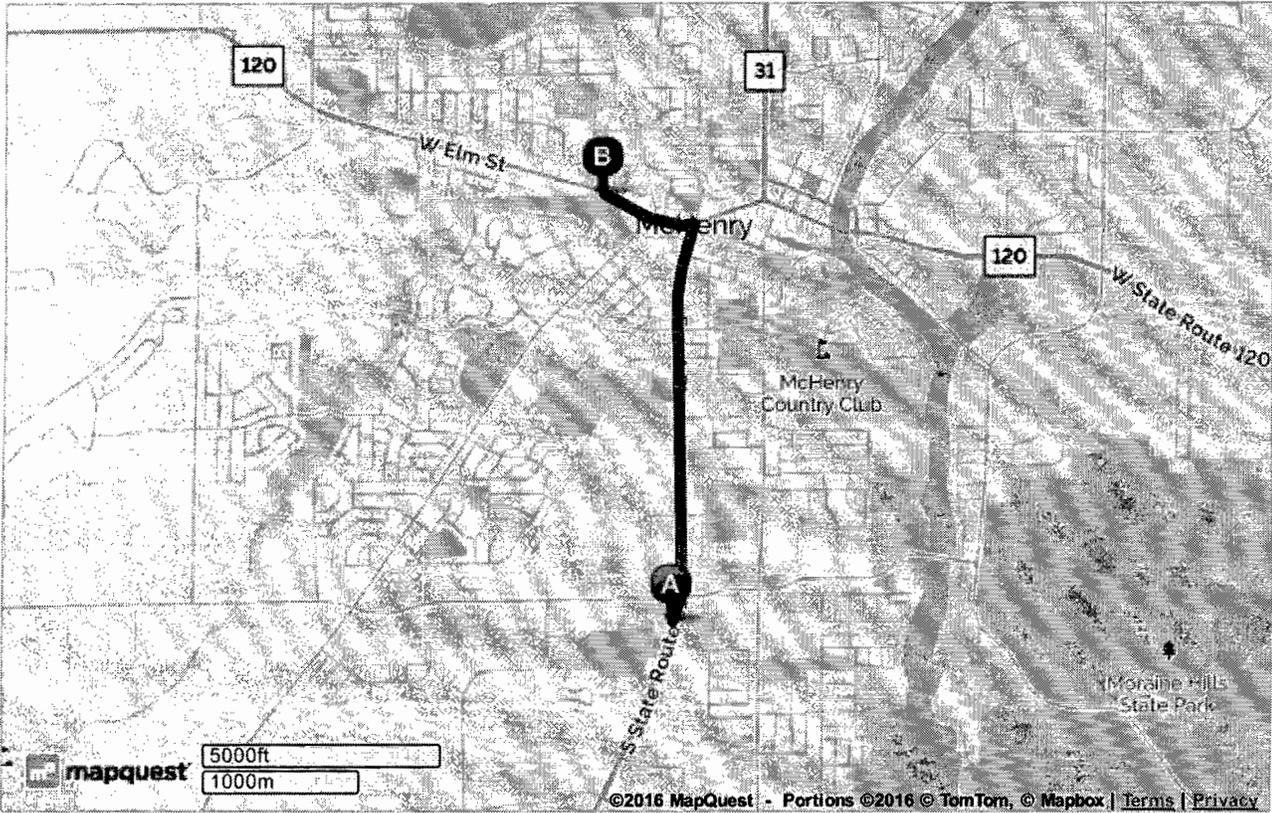


4312 W Elm St, Mchenry, IL 60050-4003

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Appendix 1

Total Travel Estimate: **2.18 miles - about 3 minutes**



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Trip to:

[4778 - 4798] S IL Route 31

Crystal Lake, IL 60012-1408

4.45 miles / 5 minutes

Notes

Crystal Spring Dialysis



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612 S IL Route 31, Mchenry, IL 60050-8244

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1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Make a **U-turn** at **Bull Valley Rd** onto **S State Route 31 / IL-31.** [Map](#)

4.3 Mi

4.4 Mi Total



3. **[4778 - 4798] S IL ROUTE 31.** [Map](#)

*Your destination is 0.1 miles past Shady Oaks Ln
If you reach Drake Dr you've gone a little too far*



[4778 - 4798] S IL Route 31, Crystal Lake, IL 60012-1408

Total Travel Estimate: **4.45 miles - about 5 minutes**



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Appendix 1



Trip to:

ARA Crystal Lake Dialysis LLC
6298 Northwest Hwy

Crystal Lake, IL 60014

(815) 477-0825

9.32 miles / 14 minutes

Notes

ARA - Crystal Lake Dialysis

IF YOU OWE LESS THAN
\$625K, USE OBAMA'S
ONCE-IN-A-LIFETIME
MORTGAGE RELIEF PROGRAM

18-25

46-55

26-35

56-65

36-45

66-75

TAP YOUR AGE

Over 75

Calculate New House Payment

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612 S IL Route 31, Mchenry, IL 60050-8244

Download
Free App



1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Make a **U-turn** at **Bull Valley Rd** onto **S State Route 31 / IL-31.** [Map](#)

6.5 Mi

6.6 Mi Total



3. Take the **US-14** ramp. [Map](#)

0.2 Mi

6.8 Mi Total



4. Turn **right** onto **Northwest Hwy / US-14 W.** Continue to follow **US-14 W.** [Map](#)

2.1 Mi

9.0 Mi Total



5. Turn **right** onto **Keith Ave.** [Map](#)

0.1 Mi

Keith Ave is 0.1 miles past Virginia Rd

9.1 Mi Total

If you are on W Virginia St and reach Coventry Ln you've gone about 0.1 miles too far



6. Turn **right** onto **Harold St.** [Map](#)

0.04 Mi

Harold St is just past Crystal Lake Plz

9.1 Mi Total

If you reach Eugene St you've gone a little too far



7. **Harold St** becomes **Jackman Dr.** [Map](#)

0.1 Mi

9.2 Mi Total



8. Turn **left** onto **Mary Ln.** [Map](#)

0.05 Mi

9.3 Mi Total



9. Take the 1st **right** onto **Gail Ct.** [Map](#)

0.03 Mi

If you reach Union St you've gone a little too far

9.3 Mi Total



10. **6298 NORTHWEST HWY.** [Map](#)

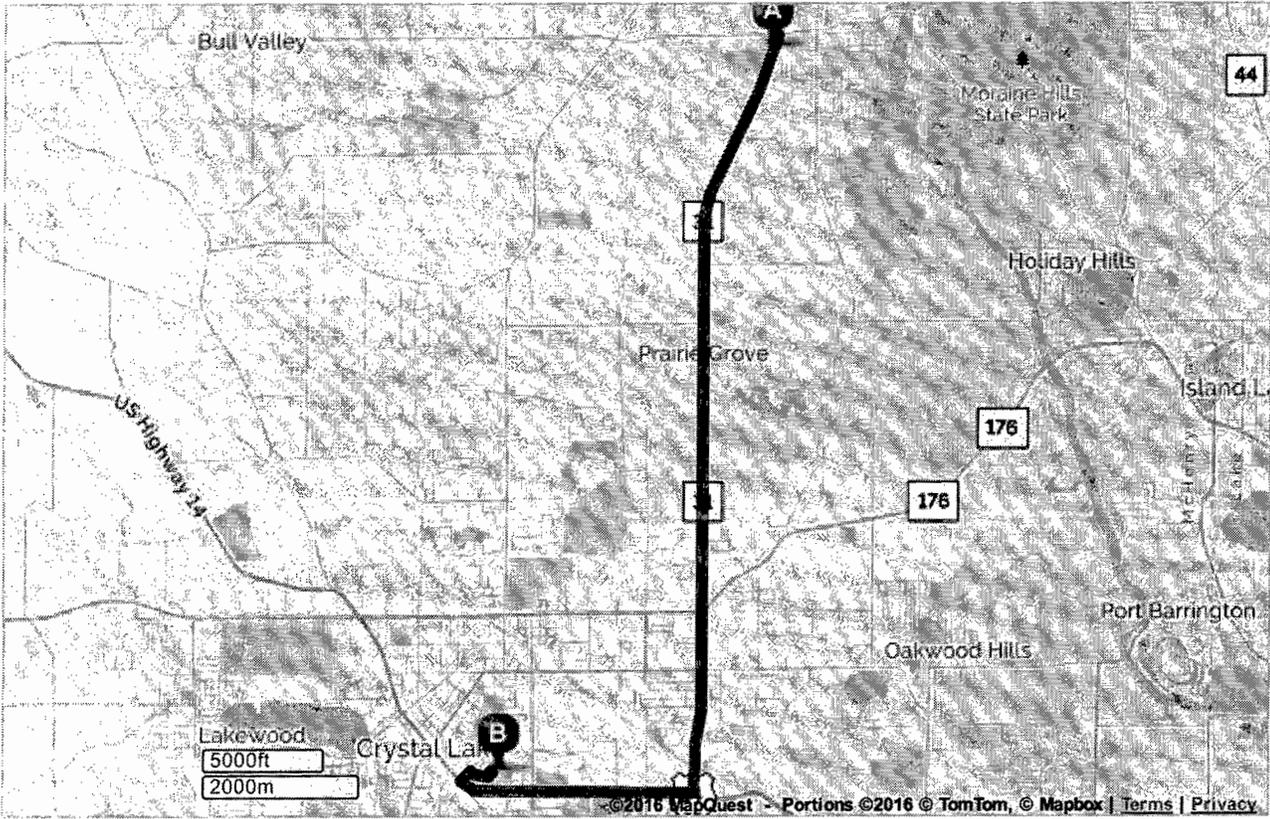
Your destination is at the end of Gail Ct



ARA Crystal Lake Dialysis LLC
6298 Northwest Hwy, Crystal Lake, IL 60014
(815) 477-0825

143

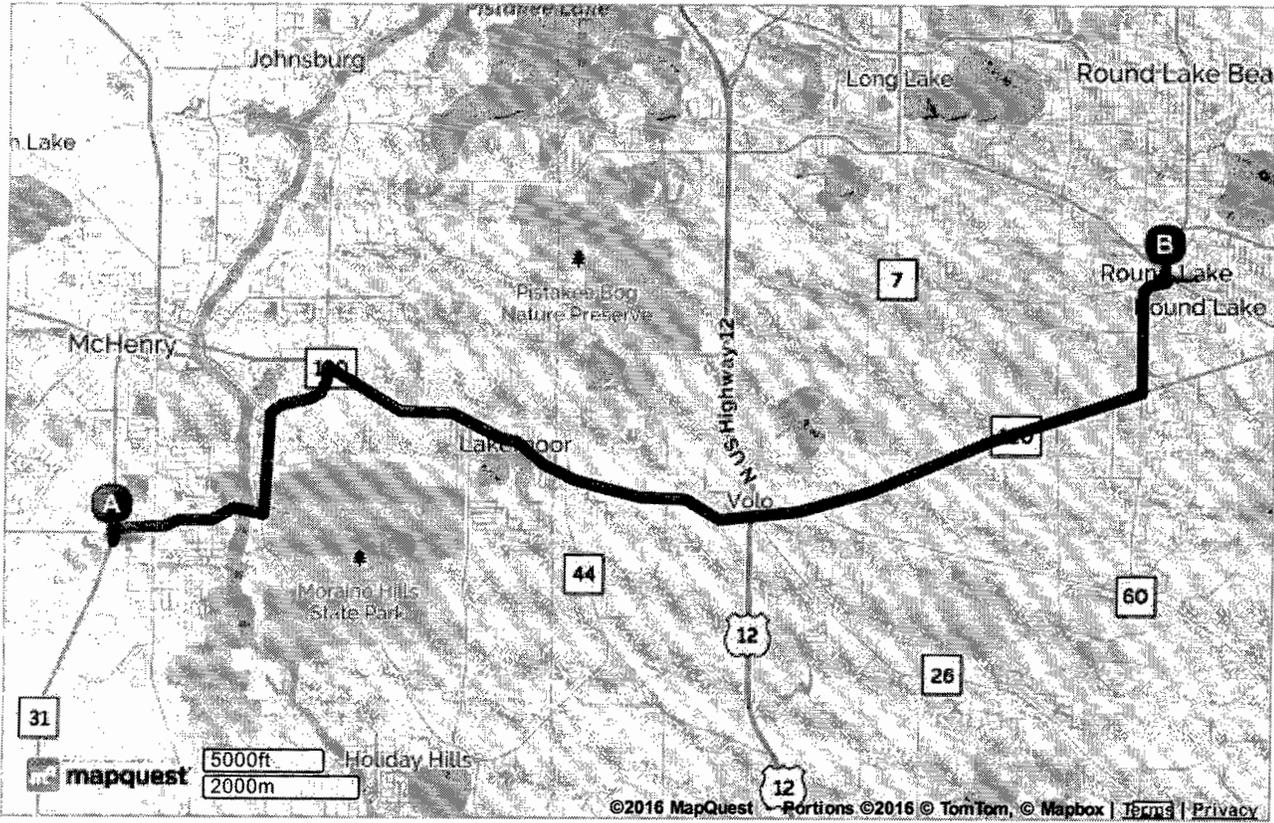
Total Travel Estimate: **9.32 miles - about 14 minutes**



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Total Travel Estimate: **11.93 miles - about 17 minutes**



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Appendix 1



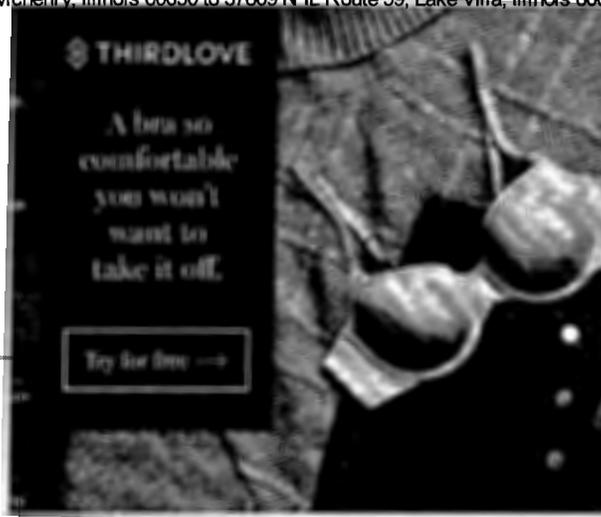
Trip to:
37809 N IL Route 59

Lake Villa, IL 60046-7332

12.64 miles / 19 minutes

Notes

Lake Villa Dialysis



612 S IL Route 31, Mchenry, IL 60050-8244

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Free App

- 1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi

0.1 Mi Total
- 2. Take the 1st **right** onto **Bull Valley Rd.** [Map](#)

0.2 Mi

0.3 Mi Total
- 3. Stay **straight** to go onto **Charles J Miller Rd.** [Map](#)

1.2 Mi

1.5 Mi Total
- 4. Turn **left** onto **S River Rd.** [Map](#)

0.9 Mi

2.3 Mi Total
- 5. Stay **straight** to go onto **N Chapel Hill Rd.** [Map](#)

1.3 Mi

3.7 Mi Total
- 6. Turn **right** onto **W Lincoln Rd.** [Map](#)
*W Lincoln Rd is 0.2 miles past N Fairview Ln
 If you reach Julia Way you've gone about 0.3 miles too far*

1.4 Mi

5.1 Mi Total
- 7. Turn **left** onto **Cuhlman Rd.** [Map](#)
*Cuhlman Rd is 0.3 miles past Cassandra Ln
 If you reach Providence Dr you've gone about 0.5 miles too far*

0.7 Mi

5.8 Mi Total
- 8. Take the 2nd **right** onto **E Bay Rd.** [Map](#)
*E Bay Rd is 0.1 miles past Grand Meadow Ln
 If you reach the end of Cuhlman Rd you've gone about 0.1 miles too far*

0.8 Mi

6.5 Mi Total
- 9. **E Bay Rd** becomes **Big Hollow Rd.** [Map](#)

1.6 Mi

8.2 Mi Total
- 10. Turn **left** onto **N US Highway 12 / US-12 W / IL-59.** Continue to follow **IL-59.** [Map](#)
*IL-59 is 0.1 miles past Frontage Rd
 If you are on W State Route 134 and reach W Nippersink Rd you've gone about 0.1 miles too far*

4.5 Mi

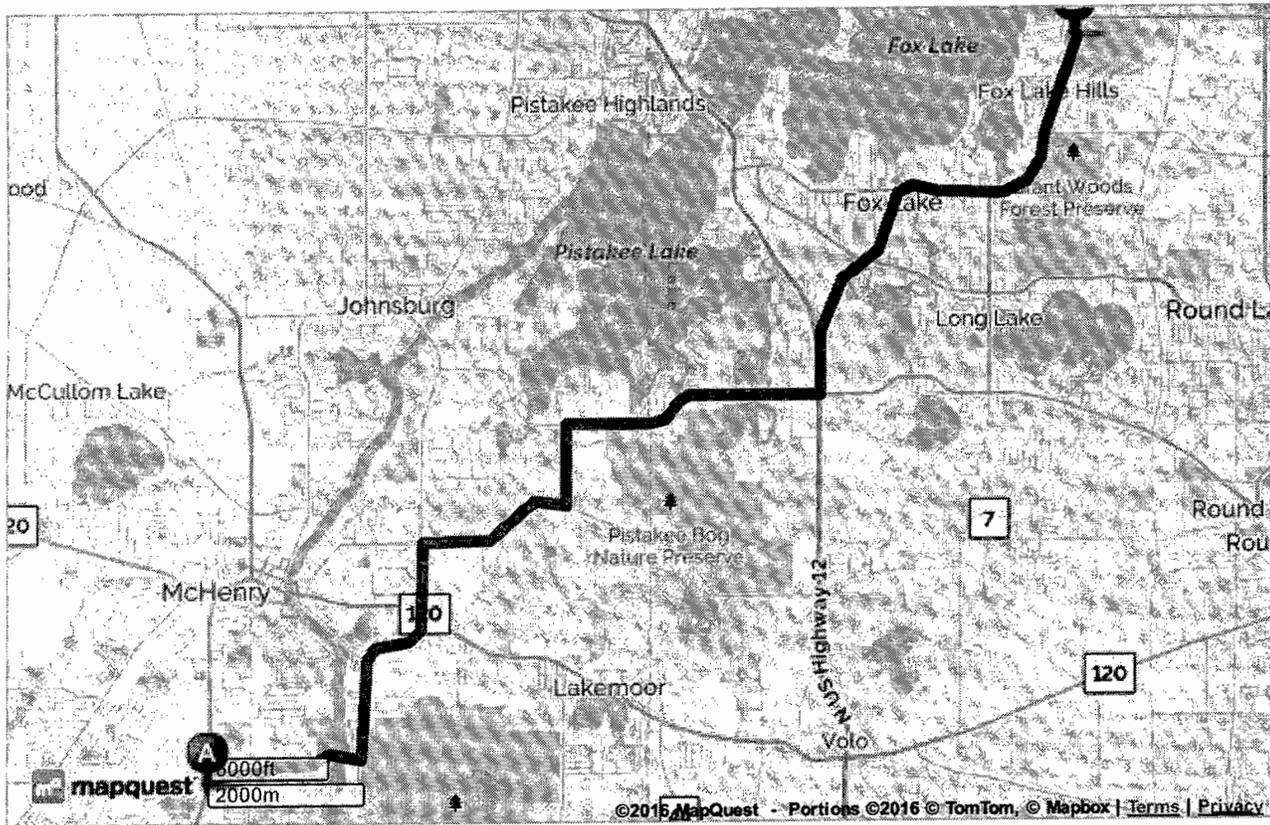
12.6 Mi Total
- 11. **37809 N IL ROUTE 59.** [Map](#)
*Your destination is 0.1 miles past N Amber Way
 If you reach Gavin North Elementary School Rd you've gone a little too far*



37809 N IL Route 59, Lake Villa, IL 60046-7332

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Total Travel Estimate: **12.64 miles - about 19 minutes**



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Trip to:

28214 W Northwest Hwy

Lake Barrington, IL 60010-2324

13.54 miles / 19 minutes

Notes

Barrington Creek

Browse yearbooks:

- 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949
- 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959
- 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969
- 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979
- 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989

Start now



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612 S IL Route 31, Mchenry, IL 60050-8244

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1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi
0.1 Mi Total



2. Make a **U-turn** at **Bull Valley Rd** onto **S State Route 31 / IL-31.** [Map](#)

6.5 Mi
6.6 Mi Total



3. Take the **US-14** ramp. [Map](#)

0.2 Mi
6.8 Mi Total



4. Turn **left** onto **US-14 E / Northwest Hwy.** Continue to follow **US-14 E.** [Map](#)

6.5 Mi
13.4 Mi Total



5. Make a **U-turn** onto **W Northwest Hwy / US-14 W.** [Map](#)
If you reach W Cuba Rd you've gone about 0.3 miles too far

0.2 Mi
13.5 Mi Total



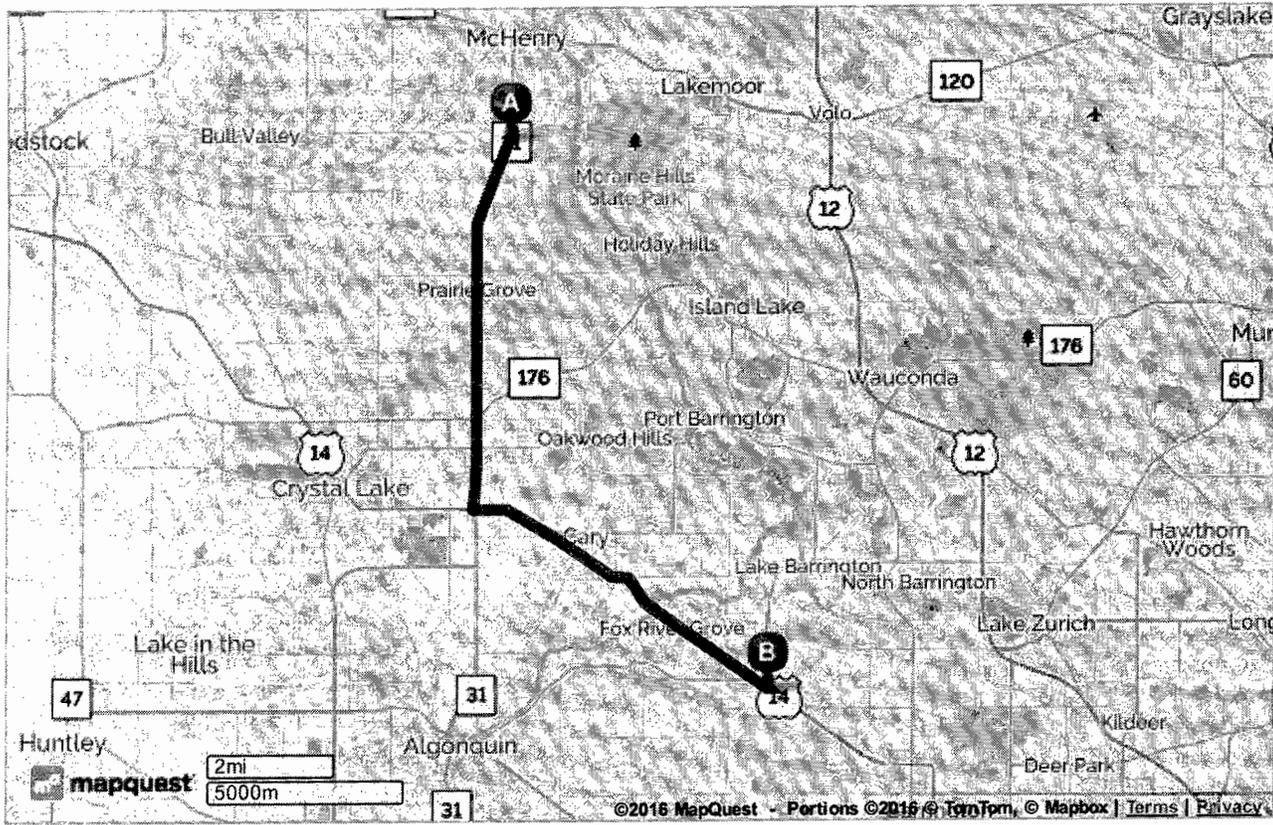
6. **28214 W NORTHWEST HWY** is on the **right.** [Map](#)
If you reach N Pepper Rd you've gone a little too far



28214 W Northwest Hwy, Lake Barrington, IL 60010-2324

150

Total Travel Estimate: **13.54 miles - about 19 minutes**

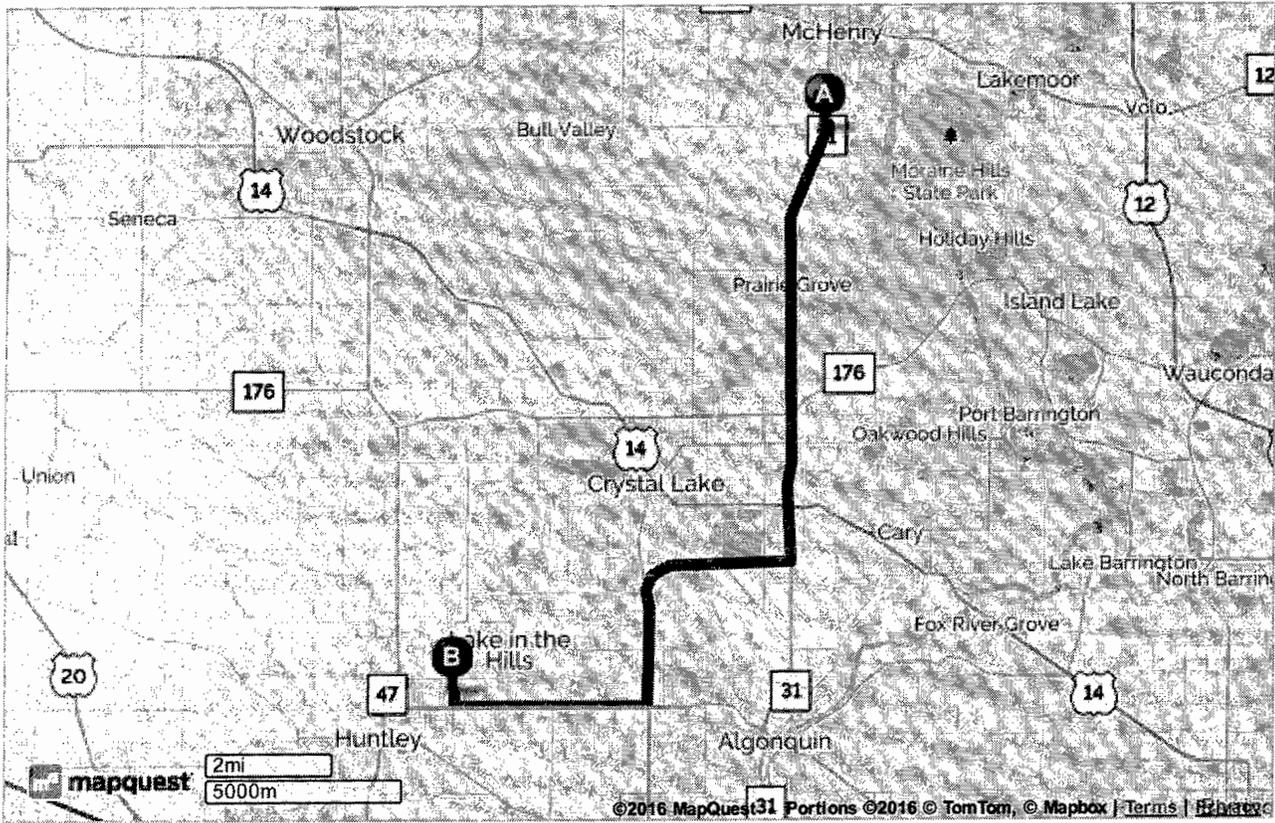


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Appendix 1/22

Total Travel Estimate: **16.32 miles - about 21 minutes**



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K3

Appendix 1



Trip to:

2203 Randall Rd

Carpentersville, IL 60110-3355

16.84 miles / 22 minutes

Notes

Davita Carpentersville



612 S IL Route 31, Mchenry, IL 60050-8244

Download
Free App



1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Make a **U-turn** at **Bull Valley Rd** onto **S State Route 31 / IL-31.** [Map](#)

7.7 Mi

7.8 Mi Total



3. Turn **right** onto **James R Rakow Rd.** [Map](#)

2.8 Mi

10.6 Mi Total



4. **James R Rakow Rd** becomes **N Randall Rd.** [Map](#)

6.0 Mi

16.6 Mi Total



5. Make a **U-turn** at **Binnie Rd** onto **Randall Rd / County Hwy-34.** [Map](#)
If you reach Recreation Dr you've gone about 0.6 miles too far

0.2 Mi

16.8 Mi Total



6. **2203 RANDALL RD** is on the **right.** [Map](#)

If you reach Miller Rd you've gone a little too far

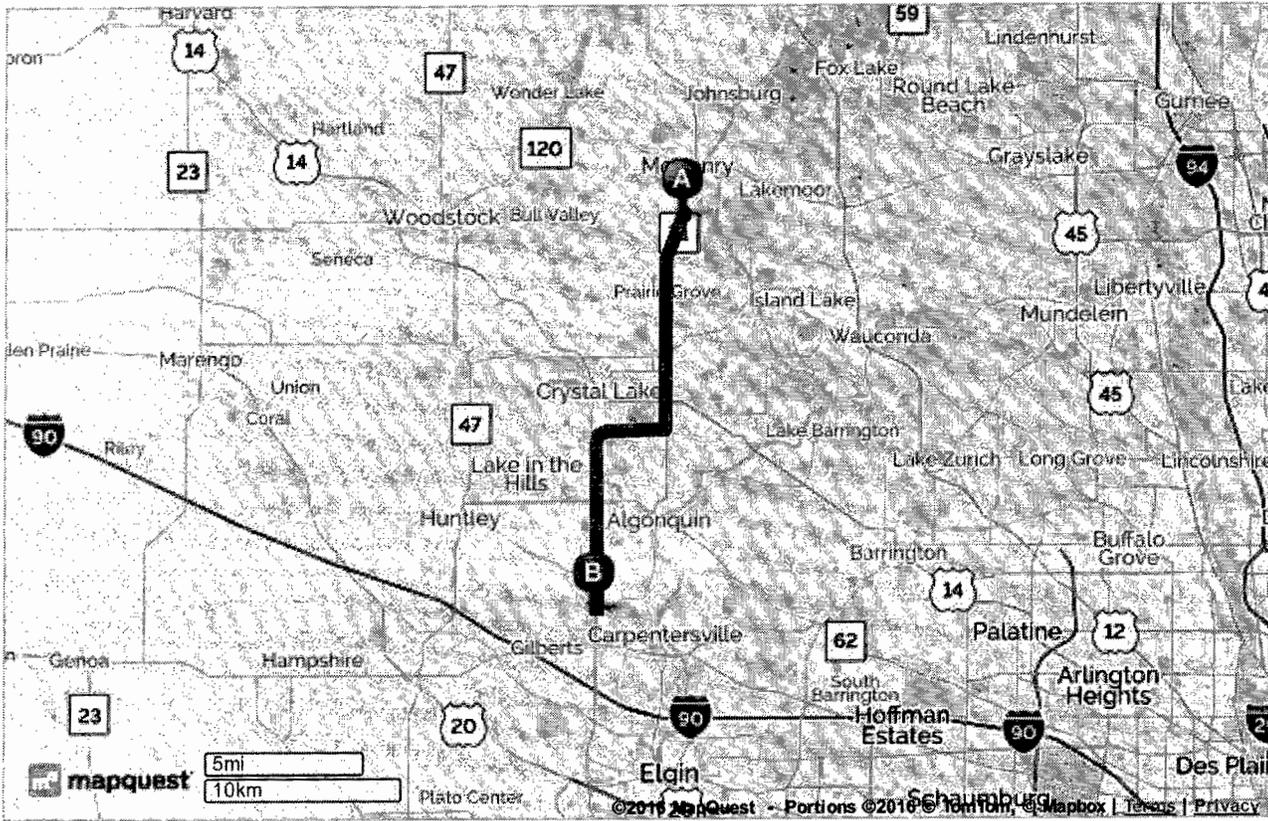


2203 Randall Rd, Carpentersville, IL 60110-3355

154

Appendix 1

Total Travel Estimate: **16.84 miles - about 22 minutes**



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Appendix 1



Trip to:

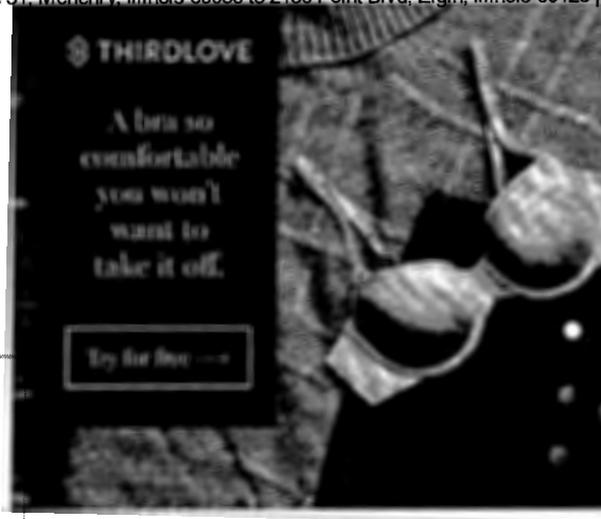
2130 Point Blvd

Elgin, IL 60123-7872

19.49 miles / 26 minutes

Notes

Fresenius Medical Care-Elgin



612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App



1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi
0.1 Mi Total



2. Make a **U-turn** at **Bull Valley Rd** onto **S State Route 31 / IL-31.** [Map](#)

7.7 Mi
7.8 Mi Total



3. Turn **right** onto **James R Rakow Rd.** [Map](#)

2.8 Mi
10.6 Mi Total



4. **James R Rakow Rd** becomes **N Randall Rd.** [Map](#)

8.4 Mi
19.0 Mi Total



5. Turn **left** onto **Point Blvd.** [Map](#)
Point Blvd is 0.1 miles past Saddle Club Pkwy

0.5 Mi
19.5 Mi Total



6. **2130 POINT BLVD** is on the **left.** [Map](#)
Your destination is 0.4 miles past Randall Rd
Your destination is at the end of Point Blvd



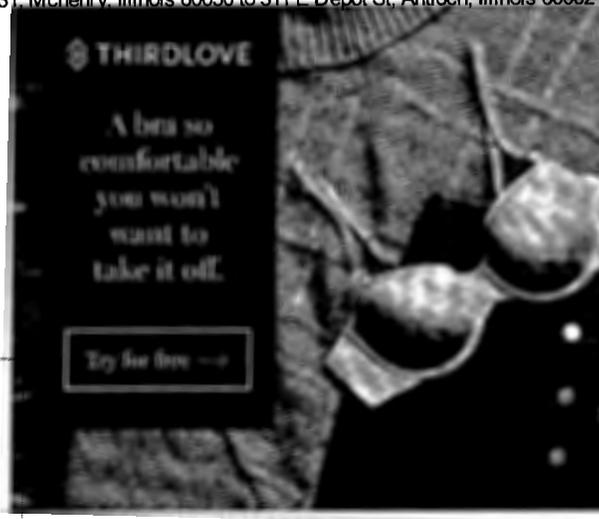
2130 Point Blvd, Elgin, IL 60123-7872



Trip to:
311 E Depot St
 Antioch, IL 60002
 17.92 miles / 28 minutes

Notes

Fresenius Medical Care of Antioch



612 S IL Route 31, Mchenry, IL 60050-8244

Download
Free App

- | | | |
|-----------|--|--------------------------------|
| | 1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. Map | 0.1 Mi
0.1 Mi Total |
| | 2. Take the 1st right onto Bull Valley Rd. Map | 0.2 Mi
0.3 Mi Total |
| | 3. Stay straight to go onto Charles J Miller Rd. Map | 1.2 Mi
1.5 Mi Total |
| | 4. Turn left onto S River Rd. Map | 0.9 Mi
2.3 Mi Total |
| | 5. Stay straight to go onto N Chapel Hill Rd. Map | 1.3 Mi
3.7 Mi Total |
| | 6. Turn right onto W Lincoln Rd. Map
<i>W Lincoln Rd is 0.2 miles past N Fairview Ln
If you reach Julia Way you've gone about 0.3 miles too far</i> | 1.4 Mi
5.1 Mi Total |
| | 7. Turn left onto Cuhlman Rd. Map
<i>Cuhlman Rd is 0.3 miles past Cassandra Ln
If you reach Providence Dr you've gone about 0.5 miles too far</i> | 0.7 Mi
5.8 Mi Total |
| | 8. Take the 2nd right onto E Bay Rd. Map
<i>E Bay Rd is 0.1 miles past Grand Meadow Ln
If you reach the end of Cuhlman Rd you've gone about 0.1 miles too far</i> | 0.8 Mi
6.5 Mi Total |
| | 9. E Bay Rd becomes Big Hollow Rd. Map | 1.6 Mi
8.2 Mi Total |
| 59 | 10. Turn left onto N US Highway 12 / US-12 W / IL-59. Continue to follow IL-59. Map
<i>IL-59 is 0.1 miles past Frontage Rd
If you are on W State Route 134 and reach W Nippersink Rd you've gone about 0.1 miles too far</i> | 9.1 Mi
17.3 Mi Total |
| | 11. Turn slight right onto Lake St. Map
<i>Lake St is 0.1 miles past W State Route 173</i> | 0.4 Mi
17.6 Mi Total |
| 83 | 12. Turn left onto Main St / IL-83. Map | 0.1 Mi
17.8 Mi Total |



13. Take the 1st right onto **Orchard St.** [Map](#)
If you reach E Depot St you've gone a little too far

0.2 Mi
17.9 Mi Total



14. **Orchard St** becomes **E Depot St.** [Map](#)

0.02 Mi
17.9 Mi Total

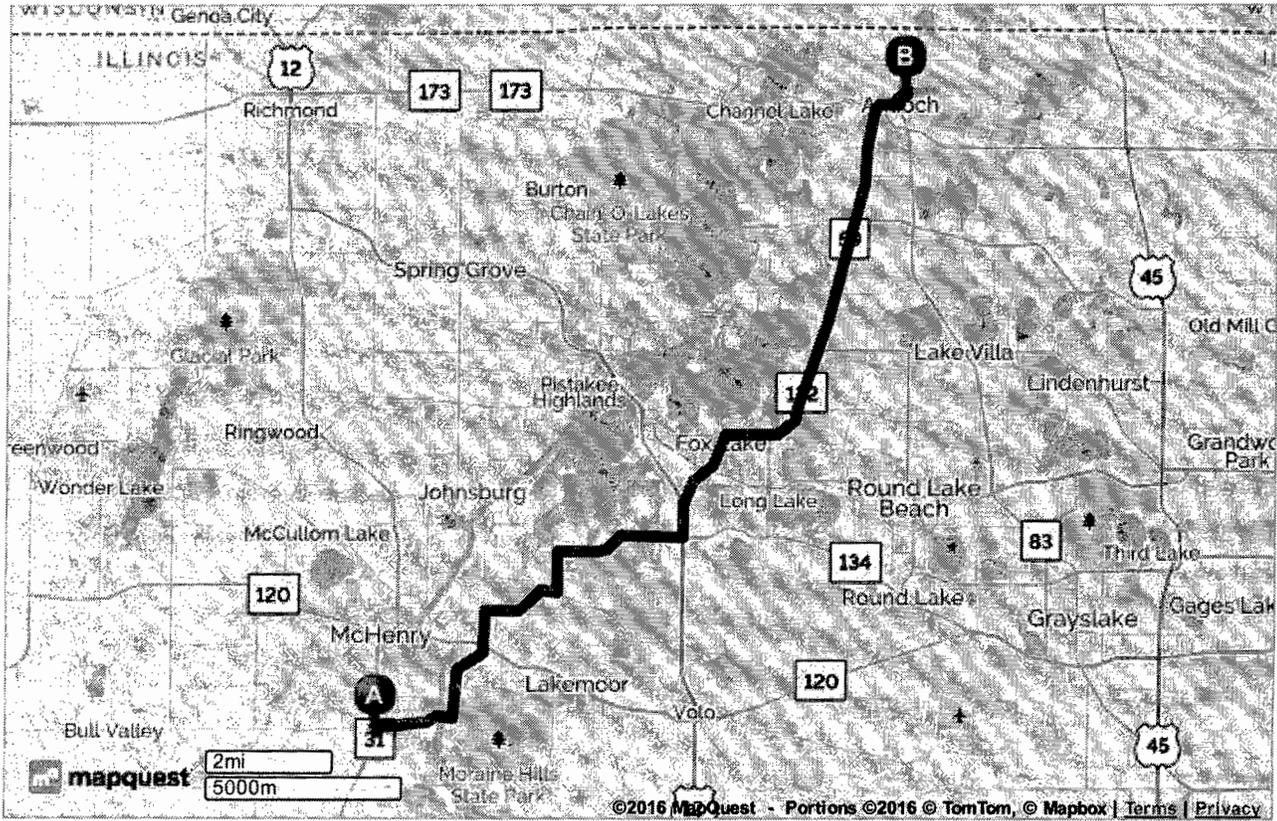


15. **311 E DEPOT ST** is on the left. [Map](#)
If you reach Anita Ave you've gone about 0.1 miles too far



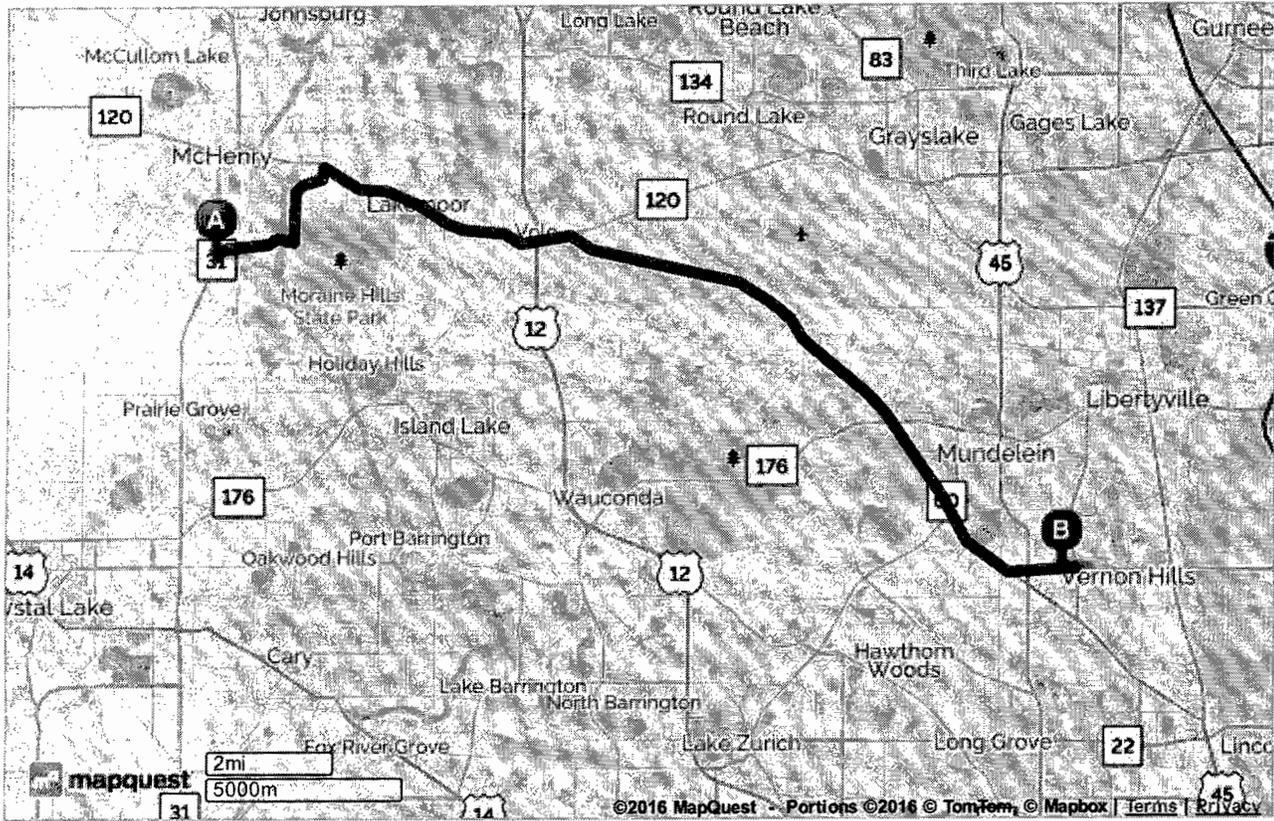
311 E Depot St, Antioch, IL 60002

Total Travel Estimate: 17.92 miles - about 28 minutes



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Total Travel Estimate: **19.46 miles - about 28 minutes**



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Appendix 1



mapquest

Trip to:

South Barrington Dialysis Center
33 W Higgins Rd, Ste 5020

South Barrington, IL 60010

(847) 783-4700

22.31 miles / 29 minutes

Notes

ARA South Barrington Dialysis Center

Find yearbook photos from:

1940	1950	1960	1970	1980
1941	1951	1961	1971	1981
1942	1952	1962	1972	1982
1943	1953	1963	1973	1983
1944	1954	1964	1974	1984
1945	1955	1965	1975	1985
1946	1956	1966	1976	1986
1947	1957	1967	1977	1987
1948	1958	1968	1978	1988
1949	1959	1969	1979	



Start over



612 S IL Route 31, Mchenry, IL 60050-8244

Download
Free App



1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. [Map](#)

0.1 Mi

0.1 Mi Total



31

2. Make a U-turn at Bull Valley Rd onto S State Route 31 / IL-31. [Map](#)

10.1 Mi

10.2 Mi Total



3. Turn left onto N Main St. [Map](#)

0.8 Mi

N Main St is just past Elmwood Ct

11.0 Mi Total



4. Turn left onto W Algonquin Rd / IL-62. Continue to follow W Algonquin Rd. [Map](#)

1.8 Mi

W Algonquin Rd is just past Front St

12.8 Mi Total

If you are on S Main St and reach Washington St you've gone about 0.1 miles too far



62

5. W Algonquin Rd becomes IL-62. [Map](#)

5.3 Mi

18.1 Mi Total



59

6. Turn right onto New Sutton Rd / IL-59. Continue to follow IL-59. [Map](#)

2.9 Mi

IL-59 is 0.2 miles past Dundee Rd

21.0 Mi Total



7. Turn left onto Higgins Rd / IL-72. Continue to follow Higgins Rd. [Map](#)

1.3 Mi

22.3 Mi Total



8. 33 W HIGGINS RD, STE 5020 is on the right. [Map](#)

Your destination is 0.2 miles past W Mundhank Rd



South Barrington Dialysis Center

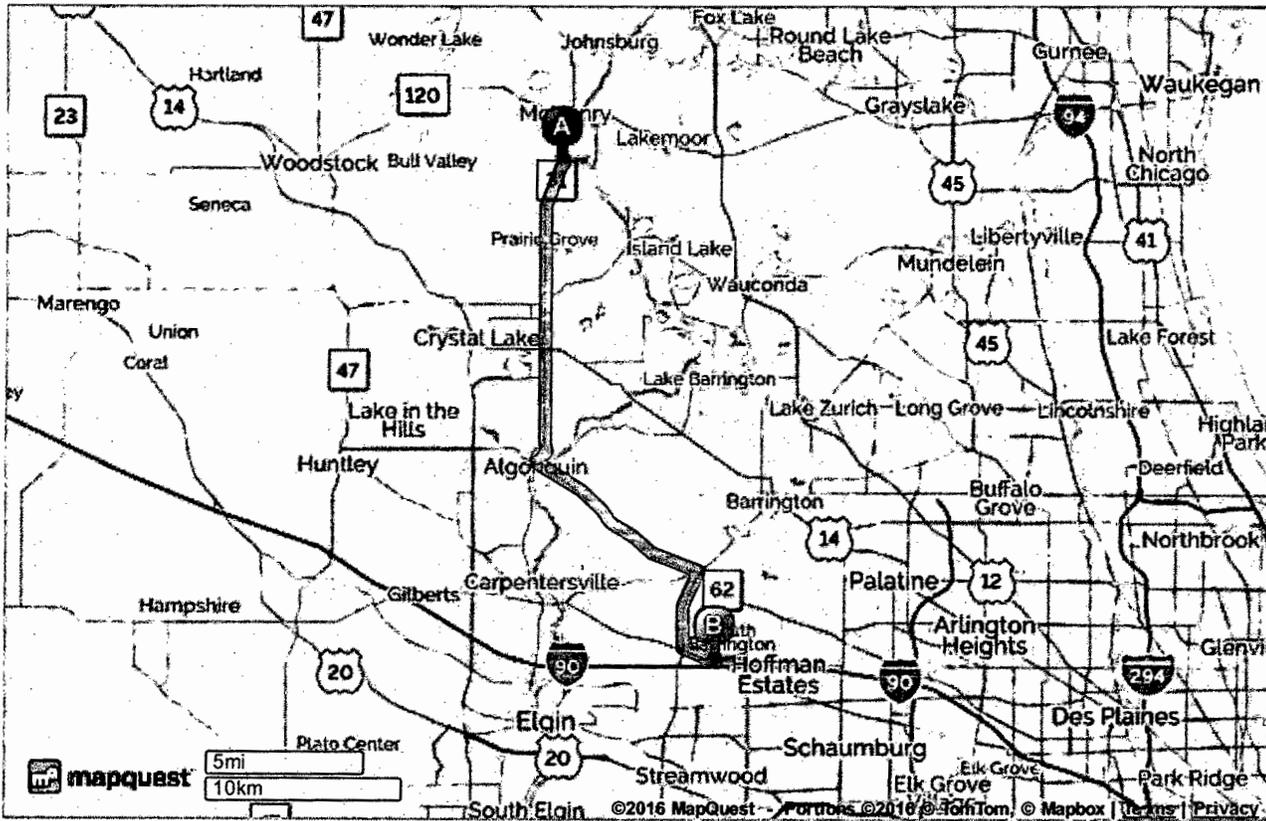
33 W Higgins Rd, Ste 5020, South Barrington, IL 60010

(847) 783-4700

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Appendix 1

Total Travel Estimate: 22.31 miles - about 29 minutes



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Appendix 1



Trip to:

910 Greenlee St

Marengo, IL 60152-8289

21.69 miles / 29 minutes

Notes

Davita Marengo



A 612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App

- 

1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#) **0.1 Mi**
0.1 Mi Total

- 

2. Take the 1st **left** onto **Bull Valley Rd.** [Map](#) **1.5 Mi**
1.6 Mi Total

- 

3. Turn **left** onto **S Crystal Lake Rd.** [Map](#) **2.3 Mi**
3.9 Mi Total
*S Crystal Lake Rd is 0.5 miles past Kresswood Dr
If you reach Brookwood Ter you've gone about 0.1 miles too far*

- 

4. **S Crystal Lake Rd** becomes **Walkup Rd.** [Map](#) **3.0 Mi**
6.9 Mi Total

- 

 5. Turn **right** onto **W Terra Cotta Ave / IL-176.** Continue to follow **IL-176.** [Map](#) **5.3 Mi**
12.1 Mi Total
*IL-176 is just past Crystal Ridge Dr
If you are on N Walkup Ave and reach Gates St you've gone a little too far*

- 

 6. Turn **right** onto **S State Route 47 / IL-47 / IL-176.** [Map](#) **0.9 Mi**
13.0 Mi Total
S State Route 47 is 0.7 miles past Bryn Mawr Ln

- 

 7. Turn **left** onto **IL-176.** [Map](#) **8.4 Mi**
21.4 Mi Total
IL-176 is 0.7 miles past Pleasant Valley Rd

- 

8. Turn **left** onto **N Prospect St.** [Map](#) **0.3 Mi**
21.7 Mi Total
*N Prospect St is 0.2 miles past Center Dr
If you reach Grace St you've gone about 0.2 miles too far*

- 

9. Take the 1st **left** onto **Greenlee St.** [Map](#) **0.01 Mi**
21.7 Mi Total
If you are on S Prospect St and reach E Prairie St you've gone about 0.2 miles too far

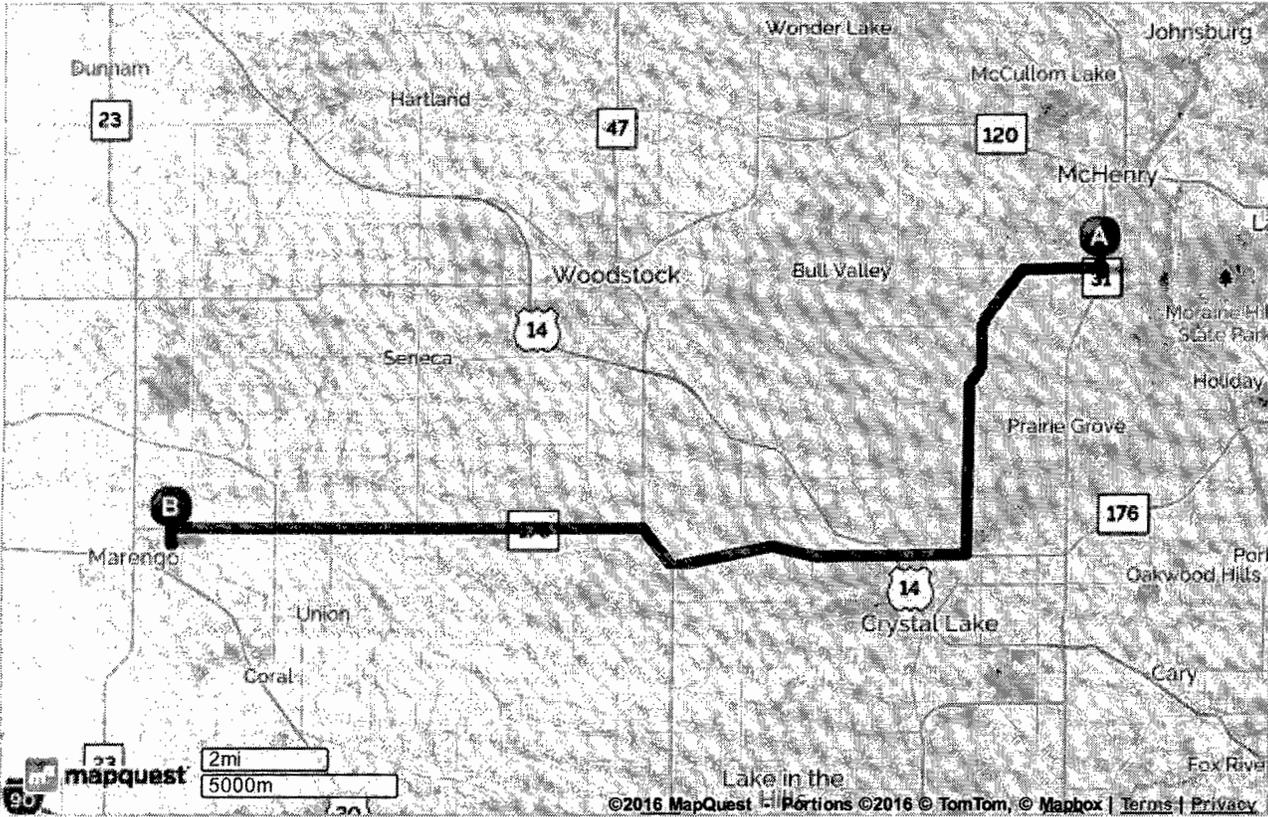
- 

10. **910 GREENLEE ST** is on the **right.** [Map](#)
If you reach the end of Greenlee St you've gone about 0.4 miles too far

B 910 Greenlee St, Marengo, IL 60152-8289

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Total Travel Estimate: **21.69 miles - about 29 minutes**



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Appendix 1



Trip to:

605 E Dundee Rd, #691

Palatine, IL 60074-2817

20.46 miles / 30 minutes

Notes

FMC - Palatine



612 S IL Route 31, Mchenry, IL 60050-8244

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1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi
0.1 Mi Total



2. Take the 1st right onto **Bull Valley Rd.** [Map](#)

0.2 Mi
0.3 Mi Total



3. Stay straight to go onto **Charles J Miller Rd.** [Map](#)

1.2 Mi
1.5 Mi Total



4. Turn right onto **S River Rd.** [Map](#)
If you are on S River Rd and reach Ford Rd you've gone about 0.1 miles too far

3.8 Mi
5.3 Mi Total



5. Turn left onto **W State Rd / IL-176.** Continue to follow **IL-176.** [Map](#)

3.4 Mi
8.6 Mi Total



6. Merge onto **US-12 E.** [Map](#)
If you are on IL-176 and reach Slocum Lake Rd you've gone about 0.1 miles too far

5.3 Mi
13.9 Mi Total



7. **US-12 E** becomes **N Rand Rd.** [Map](#)

5.6 Mi
19.5 Mi Total



8. Turn right onto **N Hicks Rd.** [Map](#)
*N Hicks Rd is 0.1 miles past Oak Ridge Rd
If you reach E Rand Rd you've gone about 0.1 miles too far*

0.7 Mi
20.2 Mi Total



9. Turn left onto **E Dundee Rd / IL-68.** [Map](#)
*E Dundee Rd is 0.4 miles past E Forest Knoll Dr
If you reach E Garden Ave you've gone about 0.1 miles too far*

0.3 Mi
20.5 Mi Total



10. **605 E DUNDEE RD, #691** is on the right. [Map](#)
*Your destination is just past N Denise Ave
If you reach E Lynda Dr you've gone about 0.1 miles too far*

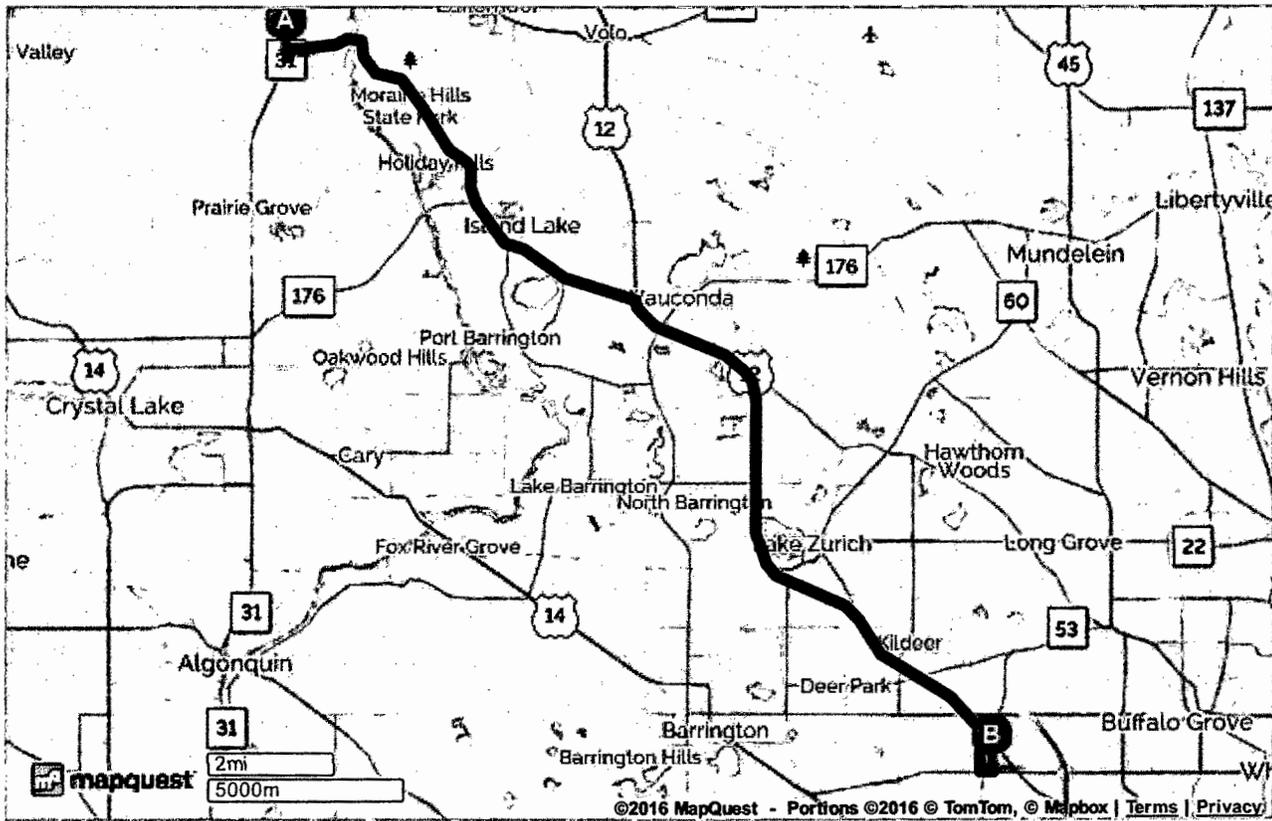


605 E Dundee Rd, #691, Palatine, IL 60074-2817

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Appendix 1

Total Travel Estimate: 20.46 miles - about 30 minutes



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Appendix 1



Trip to:

3150 W Higgins Rd

Hoffman Estates, IL 60169-2084

23.25 miles / 30 minutes

Notes

FMC - Hoffman Estates



A 612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App

1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. [Map](#) **0.1 Mi**
0.1 Mi Total

31 2. Make a U-turn at Bull Valley Rd onto S State Route 31 / IL-31. [Map](#) **10.1 Mi**
10.2 Mi Total

3. Turn left onto N Main St. [Map](#) **0.8 Mi**
N Main St is just past Elmwood Ct 11.0 Mi Total

4. Turn left onto W Algonquin Rd / IL-62. Continue to follow W Algonquin Rd. [Map](#) **1.8 Mi**
W Algonquin Rd is just past Front St
If you are on S Main St and reach Washington St you've gone about 0.1 miles too far 12.8 Mi Total

62 5. W Algonquin Rd becomes IL-62. [Map](#) **5.3 Mi**
18.1 Mi Total

59 6. Turn right onto New Sutton Rd / IL-59. Continue to follow IL-59. [Map](#) **2.9 Mi**
IL-59 is 0.2 miles past Dundee Rd 21.0 Mi Total

7. Turn left onto Higgins Rd / IL-72. Continue to follow Higgins Rd. [Map](#) **2.1 Mi**
23.1 Mi Total

72 8. Make a U-turn onto W Higgins Rd / IL-72. [Map](#) **0.2 Mi**
If you reach Shoe Factory Rd you've gone about 0.1 miles too far 23.3 Mi Total

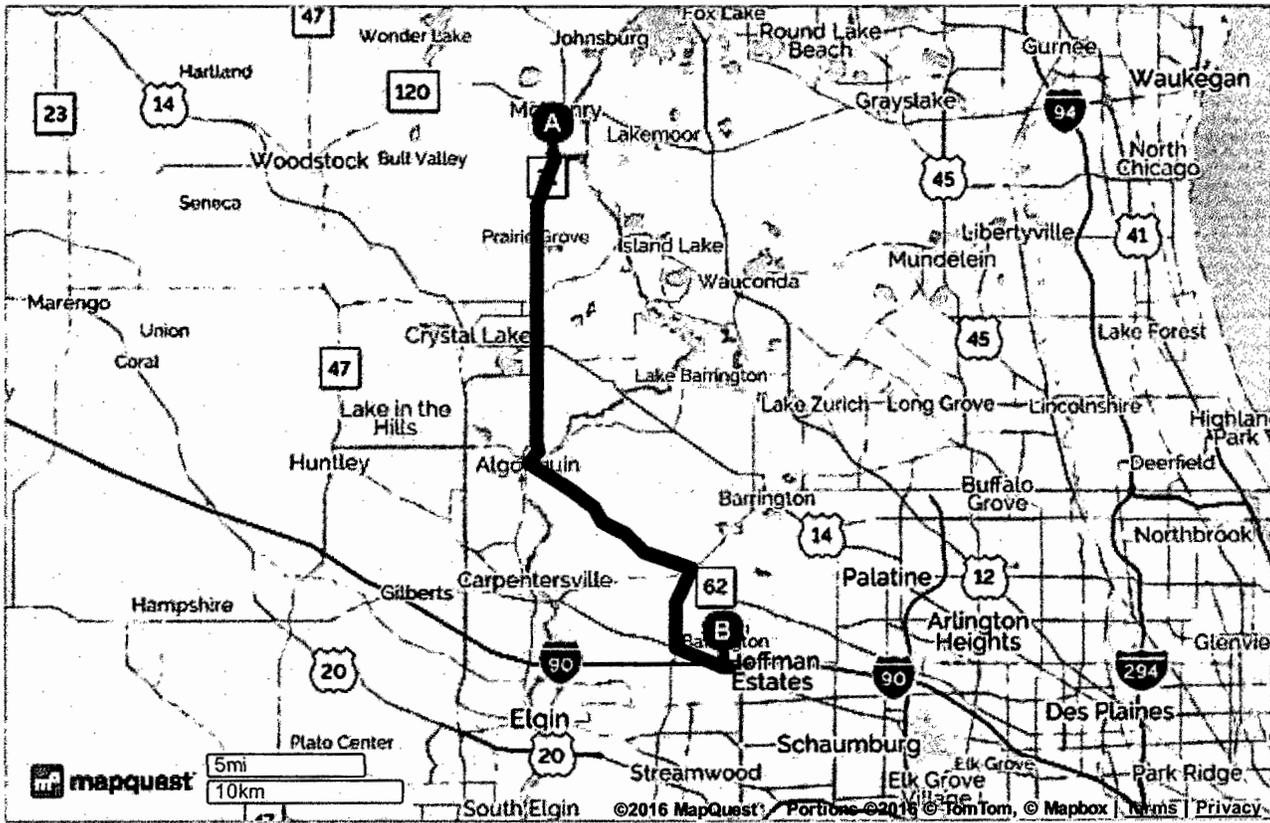
9. 3150 W HIGGINS RD is on the right. [Map](#)
Your destination is just past Greenspoint Pkwy

B 3150 W Higgins Rd, Hoffman Estates, IL 60169-2084

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Appendix 1

Total Travel Estimate: 23.25 miles - about 30 minutes



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Amendix 1



Trip to:
612 S IL Route 31
Mchenry, IL 60050-8244
20.45 miles / 31 minutes

Notes
Cobblestone Dialysis

Find yearbook photos from:

1940	1950	1960	1970	1980
1941	1951	1961	1971	1981
1942	1952	1962	1972	1982
1943	1953	1963	1973	1983
1944	1954	1964	1974	1984
1945	1955	1965	1975	1985
1946	1956	1966	1976	1986
1947	1957	1967	1977	1987
1948	1958	1968	1978	1988
1949	1959	1969	1979	



Start now

A 934 Center St, Elgin, IL 60120-2125

Download Free App

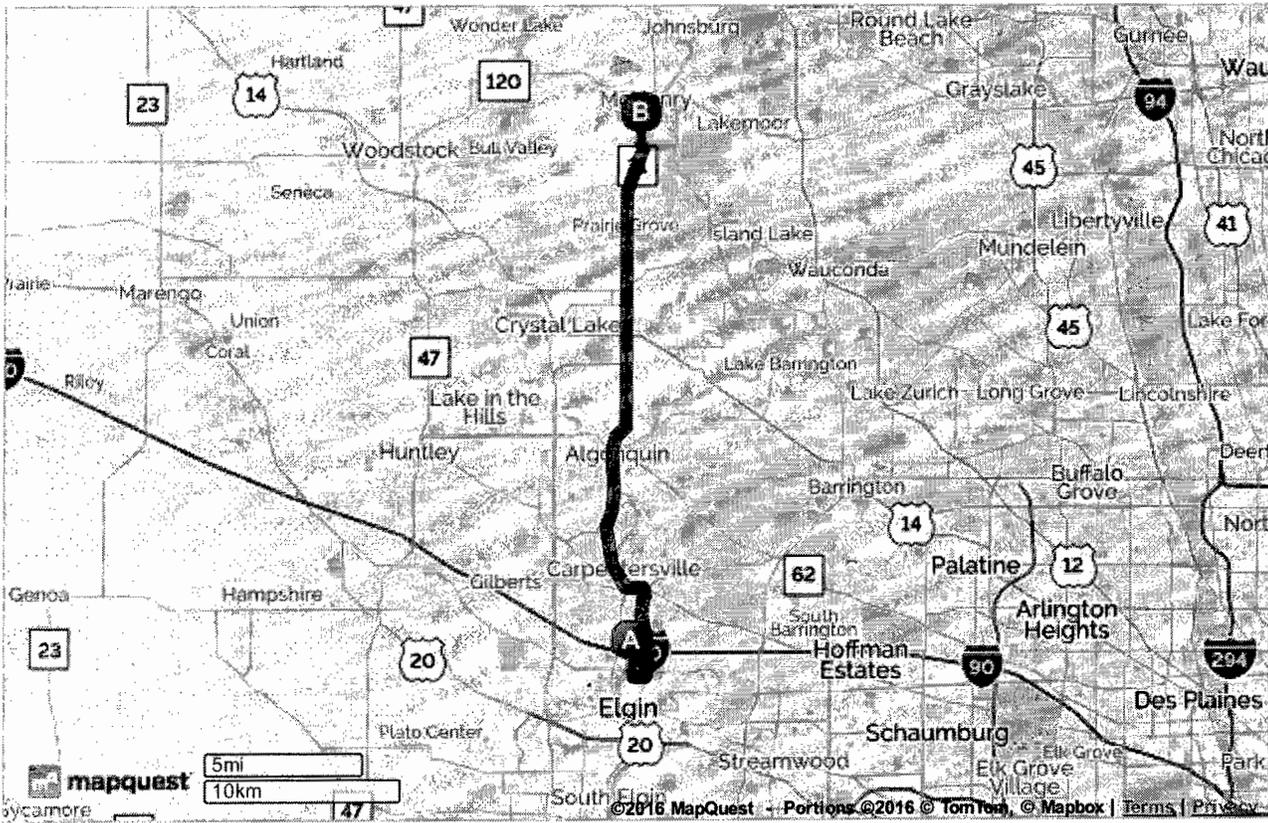
- 1. Start out going **south** on **Center St** toward **Slade Ave.** [Map](#) 0.03 Mi
0.03 Mi Total
- 2. Take the 1st **left** onto **Slade Ave.** [Map](#) 0.5 Mi
0.5 Mi Total
If you reach Lincoln Ave you've gone about 0.1 miles too far
- 3. Turn **left** onto **Duncan Ave.** [Map](#) 0.9 Mi
1.4 Mi Total
*Duncan Ave is just past Bellevue Ave
If you reach Dundee Ave you've gone a little too far*
- 4. **Duncan Ave** becomes **County Hwy-66 / Elgin Ave.** [Map](#) 2.0 Mi
3.4 Mi Total
- 5. Turn **right** onto **Williams Pl.** [Map](#) 0.04 Mi
3.5 Mi Total
- 6. Take the 1st **left** onto **S Van Buren St.** [Map](#) 0.3 Mi
3.7 Mi Total
If you reach Regan Dr you've gone a little too far
- 7. Take the 3rd **left** onto **E Main St / IL-72.** [Map](#) 0.7 Mi
4.5 Mi Total
*E Main St is just past Johnson St
If you are on N Van Buren St and reach Jackson St you've gone a little too far*
- 8. Turn **right** onto **N 8th St / IL-31.** Continue to follow **IL-31.** [Map](#) 16.0 Mi
20.5 Mi Total
*IL-31 is just past N 7th St
If you reach Spring Hill Mall you've gone about 0.1 miles too far*
- 9. **612 S IL ROUTE 31.** [Map](#) 0.7 Mi
21.2 Mi Total
*Your destination is just past W Medical Center Dr
If you reach Bull Valley Rd you've gone about 0.1 miles too far*

B 612 S IL Route 31, Mchenry, IL 60050-8244

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Appendix 1

Total Travel Estimate: **20.45 miles - about 31 minutes**



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Appendix 1



Trip to:

565 Lakeview Pkwy

Vernon Hills, IL 60061-1822

20.83 miles / 31 minutes

Notes

Lake County Dialysis Ctr

Find yearbook photos from:

1940	1950	1960	1970	1980
1941	1951	1961	1971	1981
1942	1952	1962	1972	1982
1943	1953	1963	1973	1983
1944	1954	1964	1974	1984
1945	1955	1965	1975	1985
1946	1956	1966	1976	1986
1947	1957	1967	1977	1987
1948	1958	1968	1978	1988
1949	1959	1969	1979	



Start now

A 612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App

- 1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. [Map](#) 0.1 Mi
0.1 Mi Total

- 2. Take the 1st right onto Bull Valley Rd. [Map](#) 0.2 Mi
0.3 Mi Total

- 3. Stay straight to go onto Charles J Miller Rd. [Map](#) 1.2 Mi
1.5 Mi Total

- 4. Turn left onto S River Rd. [Map](#) 0.9 Mi
2.3 Mi Total

- 5. Stay straight to go onto N Chapel Hill Rd. [Map](#) 0.7 Mi
3.1 Mi Total

- 6. Take the 1st right onto W State Route 120 / IL-120. Continue to follow IL-120. [Map](#) 4.7 Mi
7.8 Mi Total
If you reach Country Ln you've gone about 0.1 miles too far

- 7. Turn right onto E State Route 60 / IL-60. Continue to follow IL-60. [Map](#) 10.2 Mi
18.0 Mi Total
IL-60 is 0.2 miles past Ellis Dr

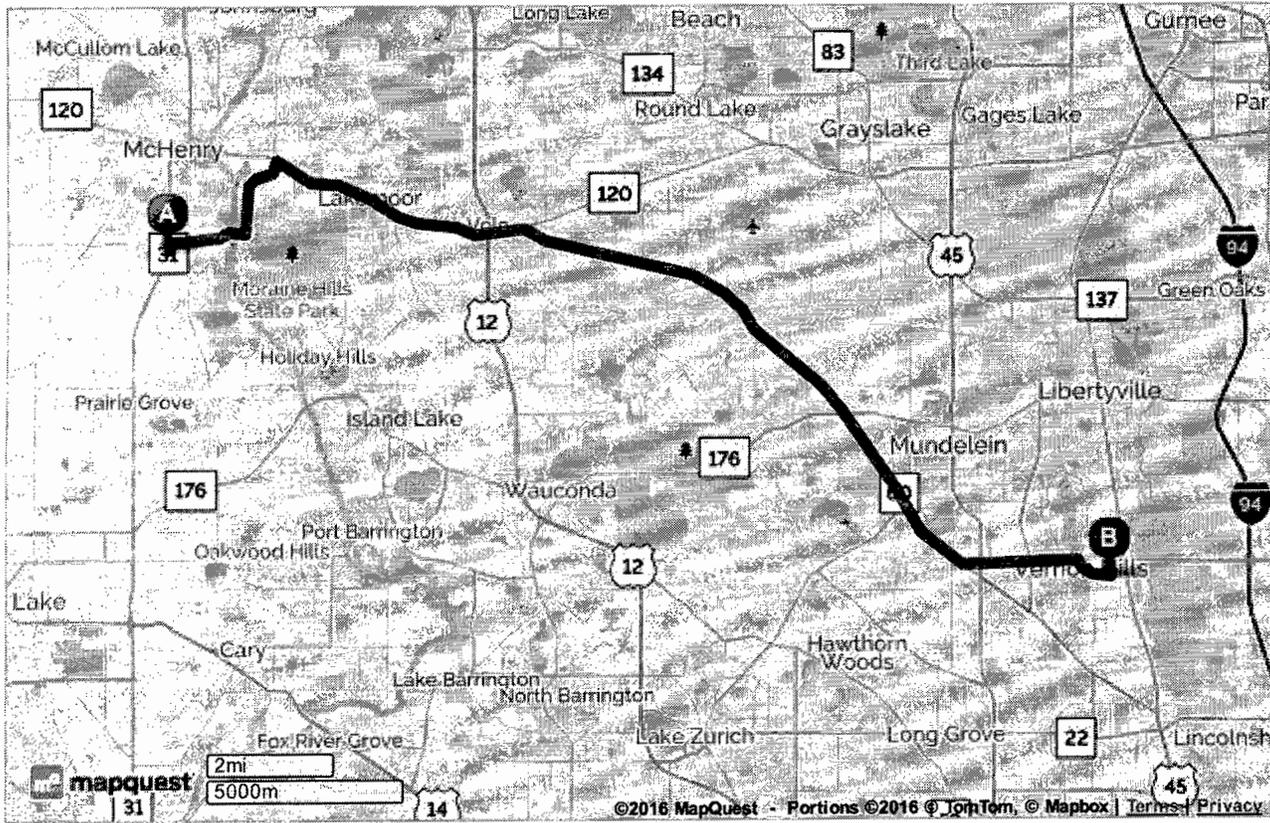
- 8. Turn left onto IL-60 / Townline Rd. [Map](#) 2.1 Mi
20.1 Mi Total
IL-60 is 0.2 miles past N Diamond Lake Rd

- 9. Turn right onto Lakeview Pkwy. [Map](#) 0.7 Mi
20.8 Mi Total
Lakeview Pkwy is 0.2 miles past N Deerpath Dr

- 10. 565 LAKEVIEW PKWY is on the left. [Map](#)
If you reach Executive Way you've gone about 0.1 miles too far

B 565 Lakeview Pkwy, Vernon Hills, IL 60061-1822

Total Travel Estimate: **20.83 miles - about 31 minutes**



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Appendix 1



Trip to:

40 Tower Ct, IN

Gurnee, IL 60031-3376

22.21 miles / 33 minutes

Notes

Neomedica - Gurnee



612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App



1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Take the 1st **right** onto **Bull Valley Rd.** [Map](#)

0.2 Mi

0.3 Mi Total



3. Stay **straight** to go onto **Charles J Miller Rd.** [Map](#)

1.2 Mi

1.5 Mi Total



4. Turn **left** onto **S River Rd.** [Map](#)

0.9 Mi

2.3 Mi Total



5. Stay **straight** to go onto **N Chapel Hill Rd.** [Map](#)

0.7 Mi

3.1 Mi Total



6. Take the 1st **right** onto **W State Route 120 / IL-120**. Continue to follow **IL-120**. [Map](#)
If you reach Country Ln you've gone about 0.1 miles too far

14.6 Mi

17.7 Mi Total



7. Stay **straight** to go onto **Belvidere Rd / IL-120**. [Map](#)

2.9 Mi

20.6 Mi Total



8. Take the **Lakehurst Rd / Greenleaf St** ramp toward **IL-43 S**. [Map](#)

0.4 Mi

21.1 Mi Total



9. Turn **left** onto **County Hwy-72 / County Hwy-W27 / Greenleaf Ave**. Continue to follow **County Hwy-72**. [Map](#)

0.9 Mi

22.0 Mi Total



10. Turn **right** onto **Washington St / County Hwy-A22**. [Map](#)

0.1 Mi

*Washington St is 0.1 miles past Oglesby Ave
If you are on N Greenleaf St and reach Stoney Island Ave you've gone about 0.1 miles too far*

22.1 Mi Total



11. Take the 1st **right** onto **Tower Ct**. [Map](#)

0.1 Mi

If you reach N Frontage Rd you've gone a little too far

22.2 Mi Total



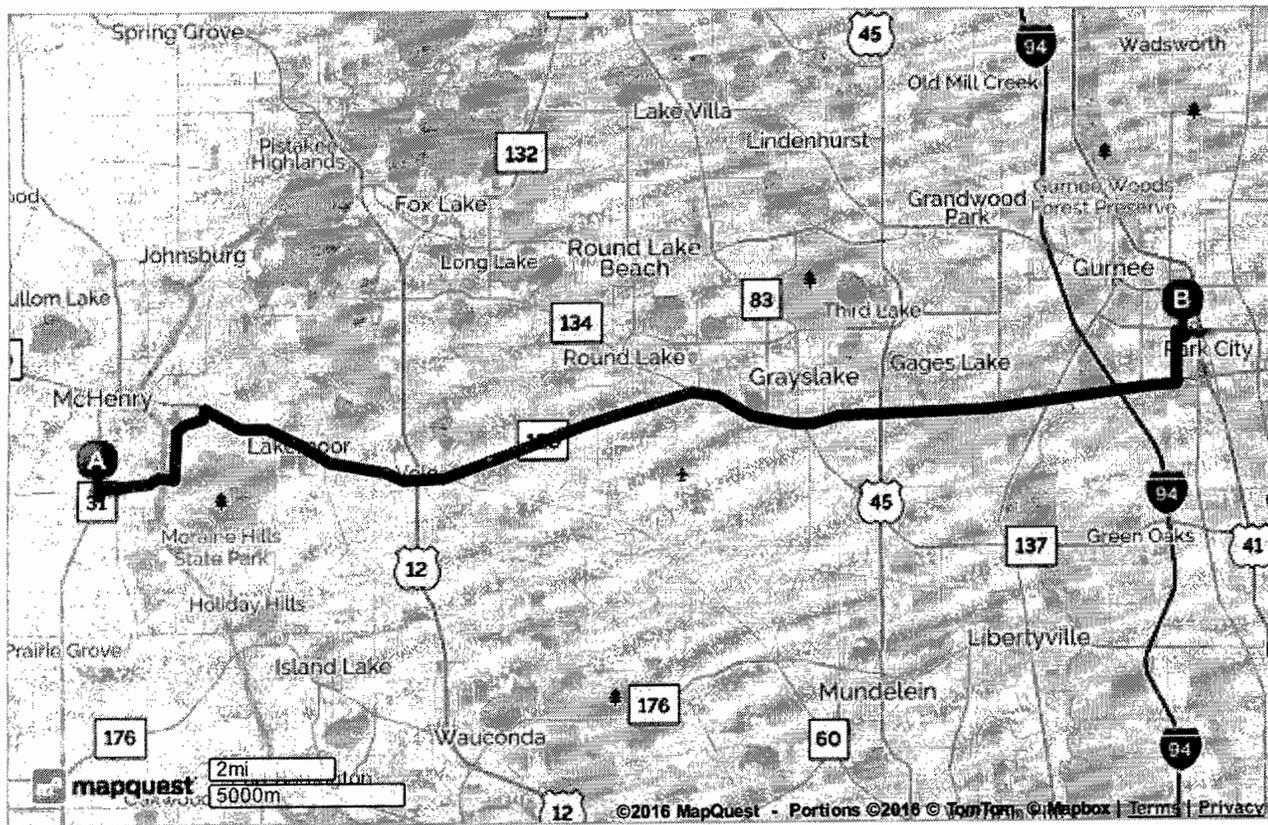
12. **40 TOWER CT, IN** is on the **right**. [Map](#)

If you reach the end of Tower Ct you've gone about 0.1 miles too far



40 Tower Ct, IN, Gurnee, IL 60031-3376

Total Travel Estimate: 22.21 miles - about 33 minutes



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Appendix 1



Trip to:

4180 Winnetka Ave

Rolling Meadows, IL 60008-1375

23.47 miles / 35 minutes

Notes

FMC - Neomedica Rolling Meadows



612 S IL Route 31, Mchenry, IL 60050-8244

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1. Start out going north on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi
0.1 Mi Total



2. Take the 1st right onto **Bull Valley Rd.** [Map](#)

0.2 Mi
0.3 Mi Total



3. Stay straight to go onto **Charles J Miller Rd.** [Map](#)

1.2 Mi
1.5 Mi Total



4. Turn right onto **S River Rd.** [Map](#)

If you are on S River Rd and reach Ford Rd you've gone about 0.1 miles too far

3.8 Mi
5.3 Mi Total



5. Turn left onto **W State Rd / IL-176.** Continue to follow **IL-176.** [Map](#)

3.4 Mi
8.6 Mi Total



6. Merge onto **US-12 E.** [Map](#)

If you are on IL-176 and reach Slocum Lake Rd you've gone about 0.1 miles too far

5.3 Mi
13.9 Mi Total



7. **US-12 E** becomes **N Rand Rd.** [Map](#)

5.6 Mi
19.5 Mi Total



8. Turn right onto **N Hicks Rd.** [Map](#)

*N Hicks Rd is 0.1 miles past Oak Ridge Rd
If you reach E Rand Rd you've gone about 0.1 miles too far*

2.1 Mi
21.6 Mi Total



9. Turn left onto **N Northwest Hwy / US-14 E.** [Map](#)

N Northwest Hwy is 0.1 miles past N 1st Bank Dr

0.9 Mi
22.5 Mi Total



10. Turn right onto **S Hicks Rd.** [Map](#)

*S Hicks Rd is just past E Kenilworth Rd
If you are on E Northwest Hwy and reach S Ashland Ave you've gone about 0.1 miles too far*

0.9 Mi
23.4 Mi Total



11. Turn left onto **Winnetka Ave.** [Map](#)

*Winnetka Ave is just past Wilmette Ave
If you reach Lincoln Ave you've gone about 0.1 miles too far*

0.05 Mi
23.5 Mi Total



12. **4180 WINNETKA AVE** is on the left. [Map](#)

If you reach Winnetka Cir you've gone a little too far

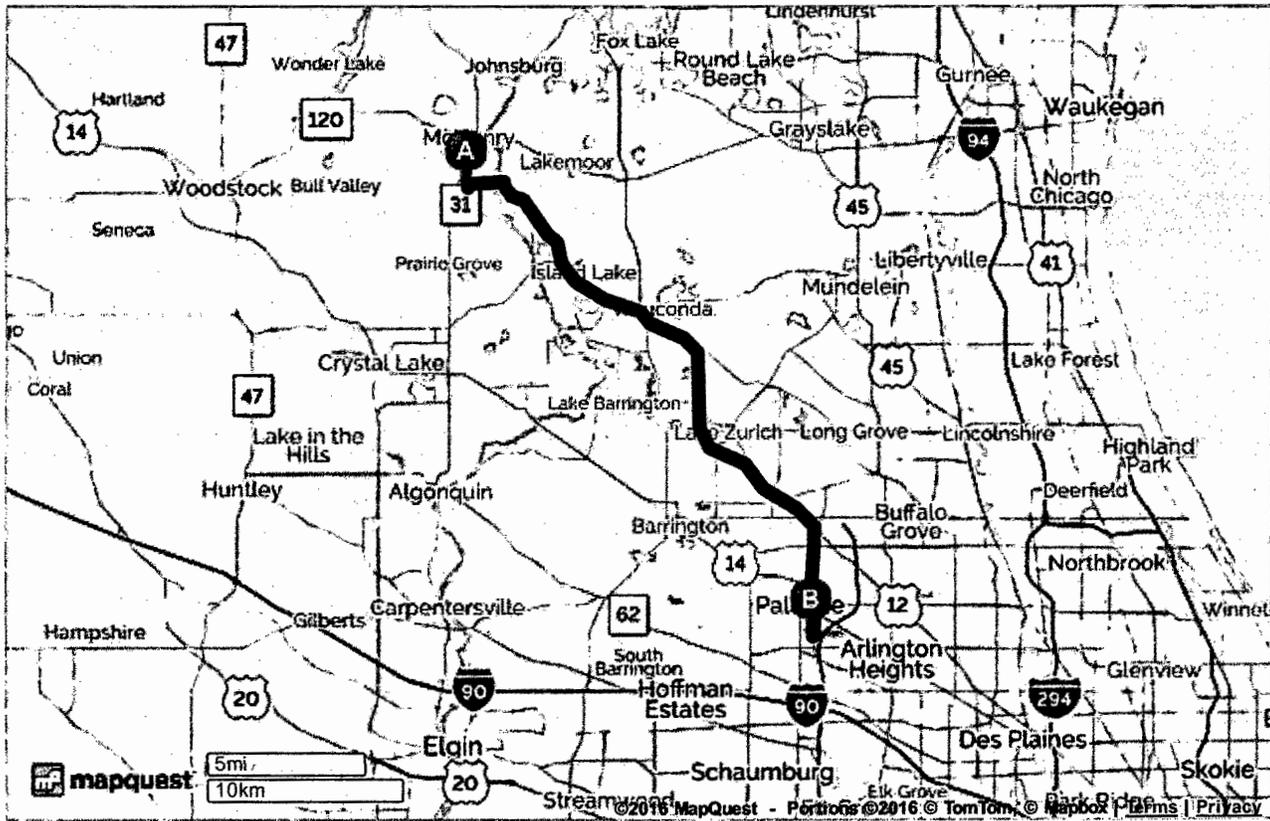


4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

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Appendix 1

Total Travel Estimate: 23.47 miles - about 35 minutes



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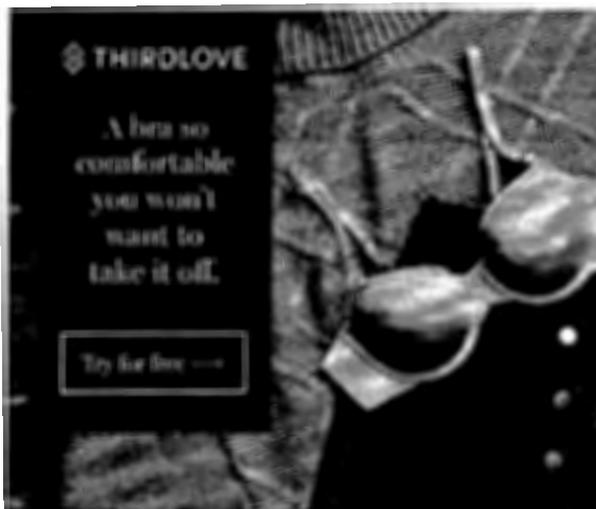
Appendix 1



Trip to:
101 Waukegan Rd
Lake Bluff, IL 60044
23.31 miles / 35 minutes

Notes

Fresenius Medical Care of Lake Bluff



A 612 S IL Route 31, Mchenry, IL 60050-8244

Download Free App

- 

1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd**. [Map](#) **0.1 Mi**
0.1 Mi Total

- 

2. Take the 1st **right** onto **Bull Valley Rd**. [Map](#) **0.2 Mi**
0.3 Mi Total

- 

3. Stay **straight** to go onto **Charles J Miller Rd**. [Map](#) **1.2 Mi**
1.5 Mi Total

- 

4. Turn **left** onto **S River Rd**. [Map](#) **0.9 Mi**
2.3 Mi Total

- 

5. Stay **straight** to go onto **N Chapel Hill Rd**. [Map](#) **0.7 Mi**
3.1 Mi Total

- 

120 6. Take the 1st **right** onto **W State Route 120 / IL-120**. Continue to follow **IL-120**. [Map](#) **4.7 Mi**
7.8 Mi Total
If you reach Country Ln you've gone about 0.1 miles too far

- 

60 7. Turn **right** onto **E State Route 60 / IL-60**. [Map](#) **6.9 Mi**
14.7 Mi Total
E State Route 60 is 0.2 miles past Ellis Dr

- 

176 8. Turn **left** onto **W State Route 176 / IL-176**. Continue to follow **IL-176**. [Map](#) **8.6 Mi**
23.2 Mi Total
IL-176 is 0.1 miles past N State Route 83
If you reach Nelson C White Pkwy you've gone about 0.1 miles too far

- 

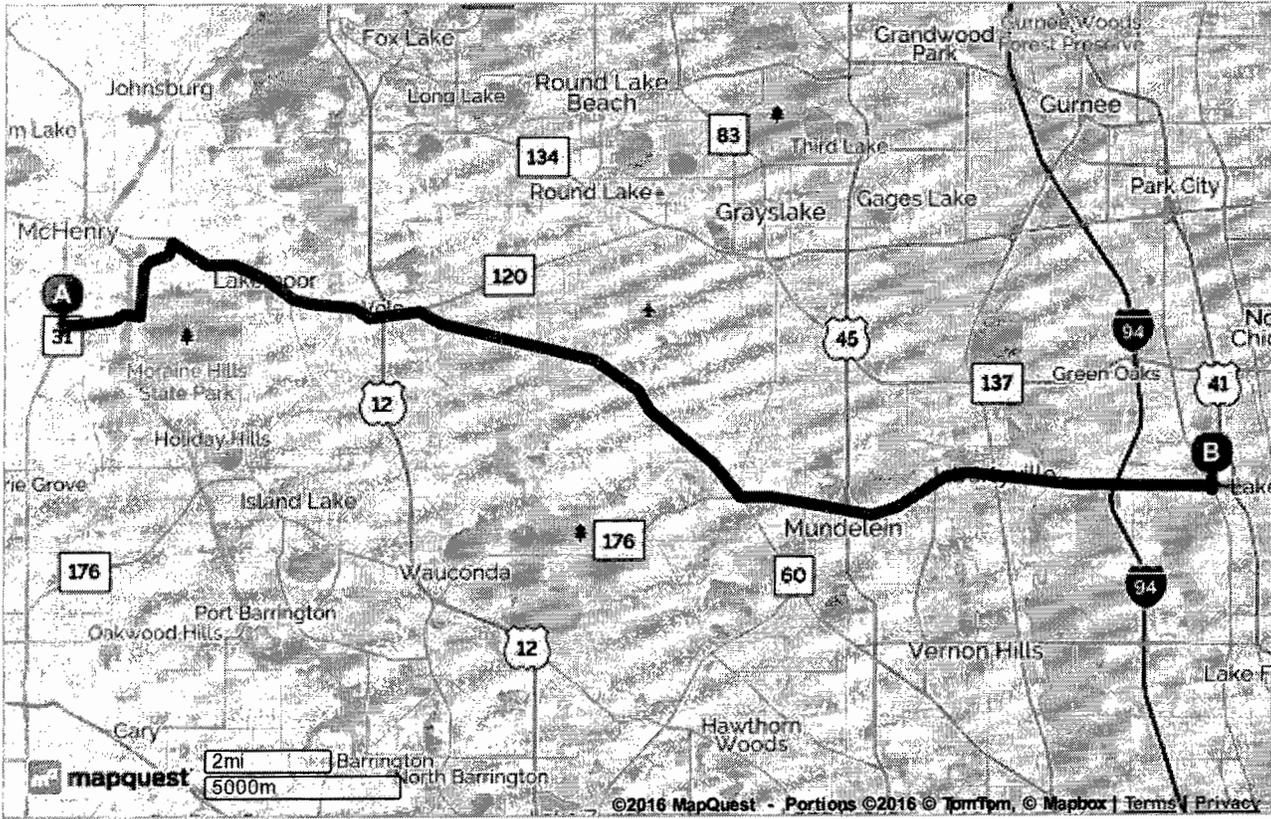
43 9. Turn **right** onto **Waukegan Rd / IL-43**. [Map](#) **0.08 Mi**
23.3 Mi Total
Waukegan Rd is 0.1 miles past Adelpia Ave
If you reach Thorntree Ln you've gone about 0.1 miles too far

- 

10. **101 WAUKEGAN RD** is on the **left**. [Map](#)
Your destination is just past Knollwood Rd
If you reach Carriage Park Ln you've gone a little too far

B 101 Waukegan Rd, Lake Bluff, IL 60044

Total Travel Estimate: **23.31 miles - about 35 minutes**

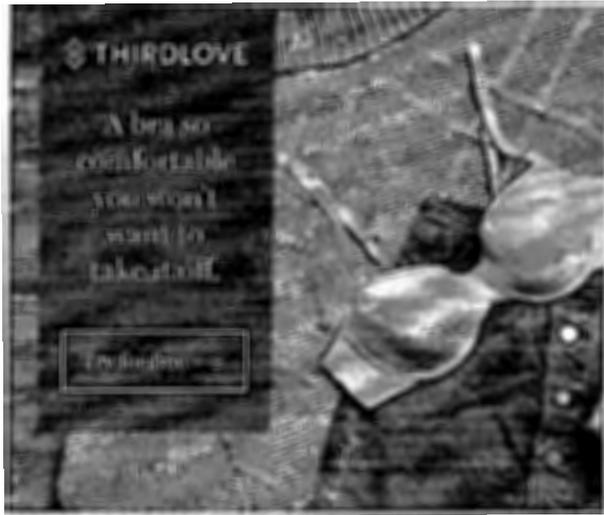


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Trip to:
3300 Grand Ave
Waukegan, IL 60085-2206
24.08 miles / 35 minutes

Notes
Dialysis Center of America - NCDC

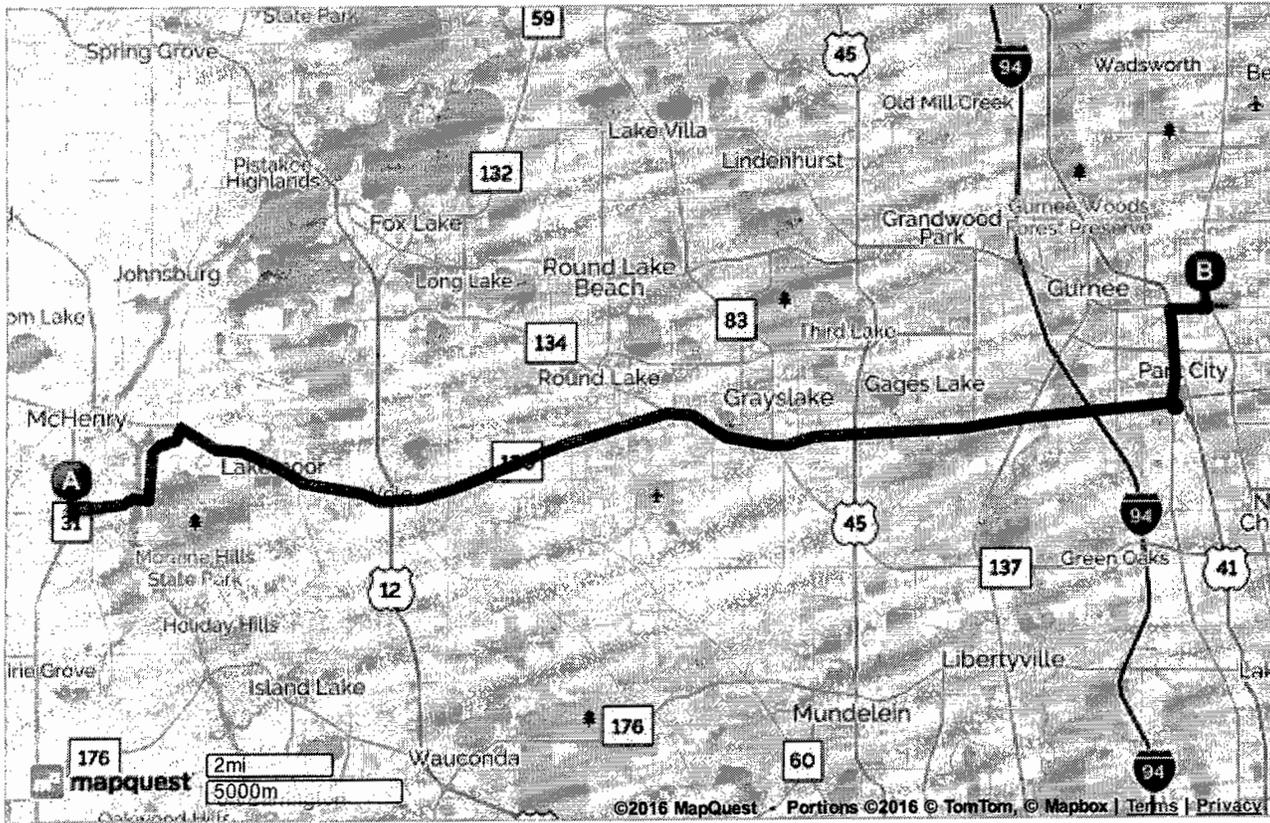


- | | | Download Free App |
|--|--|---------------------------------|
| | 612 S IL Route 31, Mchenry, IL 60050-8244 | |
| | 1. Start out going north on S State Route 31 / IL-31 toward Bull Valley Rd. Map | 0.1 Mi
0.1 Mi Total |
| | 2. Take the 1st right onto Bull Valley Rd. Map | 0.2 Mi
0.3 Mi Total |
| | 3. Stay straight to go onto Charles J Miller Rd. Map | 1.2 Mi
1.5 Mi Total |
| | 4. Turn left onto S River Rd. Map | 0.9 Mi
2.3 Mi Total |
| | 5. Stay straight to go onto N Chapel Hill Rd. Map | 0.7 Mi
3.1 Mi Total |
| | 6. Take the 1st right onto W State Route 120 / IL-120 . Continue to follow IL-120 . Map
<i>If you reach Country Ln you've gone about 0.1 miles too far</i> | 14.6 Mi
17.7 Mi Total |
| | 7. Stay straight to go onto Belvidere Rd / IL-120 . Map | 3.4 Mi
21.1 Mi Total |
| | 8. Take the ramp toward US-41 / Chicago / Milwaukee . Map | 0.3 Mi
21.4 Mi Total |
| | 9. Merge onto IL-43 / Waukegan Rd. Map | 0.9 Mi
22.3 Mi Total |
| | 10. Turn slight left onto US-41 N / Skokie Hwy. Map | 1.0 Mi
23.3 Mi Total |
| | 11. Take the IL-132 / Grand Ave ramp. Map | 0.2 Mi
23.4 Mi Total |
| | 12. Turn right onto Grand Ave / IL-132 . Map
<i>If you reach Grandville Ave you've gone about 0.2 miles too far</i> | 0.6 Mi
24.1 Mi Total |
| | 13. 3300 GRAND AVE is on the left . Map
<i>Your destination is just past N Oakwood Ave</i>
<i>If you reach N Green Bay Rd you've gone a little too far</i> | |



3300 Grand Ave, Waukegan, IL 60085-2206

Total Travel Estimate: **24.08 miles - about 35 minutes**



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Trip to:
Waukegan, IL
24.80 miles / 38 minutes

Notes

Fresenius Medical Care Waukegan Harbor



612 S IL Route 31, Mchenry, IL 60050-8244

Download
Free App



1. Start out going **north** on **S State Route 31 / IL-31** toward **Bull Valley Rd.** [Map](#)

0.1 Mi
0.1 Mi Total



2. Take the **1st right** onto **Bull Valley Rd.** [Map](#)

0.2 Mi
0.3 Mi Total



3. Stay **straight** to go onto **Charles J Miller Rd.** [Map](#)

1.2 Mi
1.5 Mi Total



4. Turn **left** onto **S River Rd.** [Map](#)

0.9 Mi
2.3 Mi Total



5. Stay **straight** to go onto **N Chapel Hill Rd.** [Map](#)

0.7 Mi
3.1 Mi Total



6. Take the **1st right** onto **W State Route 120 / IL-120**. Continue to follow **IL-120**. [Map](#)
If you reach Country Ln you've gone about 0.1 miles too far

14.6 Mi
17.7 Mi Total



7. Stay **straight** to go onto **Belvidere Rd / IL-120**. Continue to follow **Belvidere Rd.** [Map](#)

6.0 Mi
23.7 Mi Total



8. Turn **slight left** onto **Glen Rock Ave.** [Map](#)
*Glen Rock Ave is just past Washington Park
If you reach Benny Ave you've gone a little too far*

0.9 Mi
24.6 Mi Total



9. Turn **right** onto **Washington St / County Hwy-A22.** [Map](#)

0.2 Mi
24.8 Mi Total



10. Welcome to **WAUKEGAN, IL.** [Map](#)
*Your destination is just past S West St
If you reach N County St you've gone a little too far*

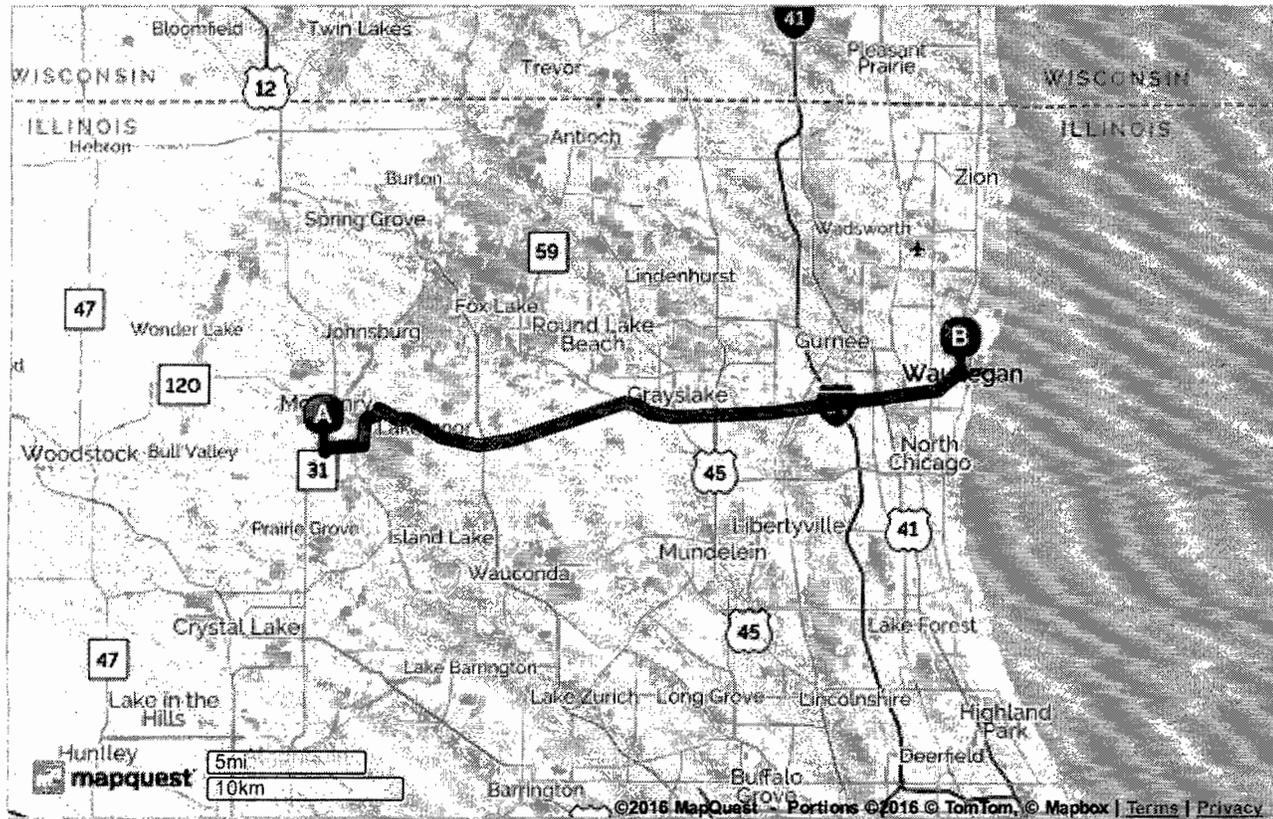


Waukegan, IL

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Appendix 1

Total Travel Estimate: **24.80 miles - about 38 minutes**



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Appendix 1

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