



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-05	<b>BOARD MEETING:</b> November 14, 2017	<b>PROJECT NO:</b> 17-032	<b>PROJECT COST:</b>  Original: \$4,116,428
<b>FACILITY NAME:</b> Illini Renal Dialysis		<b>CITY:</b> Champaign	
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> IV

**PROJECT DESCRIPTION:** The Applicants (DaVita Inc. and DVA Renal Healthcare Inc.) are proposing to discontinue a 12-station dialysis facility located at 507 East University Avenue, Champaign, Illinois and establish an 18-station facility at 1004 West Anthony Drive, Champaign, Illinois. The proposed dialysis facility will include a total of 8,432 square feet at a cost of \$4,116,428. The date of completion of the project is May 31, 2019

## **EXECUTIVE SUMMARY**

### **PROJECT DESCRIPTION:**

- The Applicants (DaVita Inc. and DVA Renal Healthcare Inc.) are proposing to discontinue a 12-station dialysis facility located at 507 East University Avenue, Champaign, Illinois and establish an 18-station facility at 1004 West Anthony Drive, Champaign, Illinois. The proposed dialysis facility will include a total of 8,432 square feet at a cost of \$4,116,428. The date of completion of the project is May 31, 2019.

### **WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- The project is before the State Board because the project proposes to discontinue and establish a health care facility.

### **PURPOSE OF PROJECT:**

- The Applicants stated *“the purpose of the relocation is to address the current facilities’ operational inefficiencies and address this growth in the CKD population.”*

### **PUBLIC HEARING/COMMENT:**

- A public hearing was offered in regard to the proposed project, but none was requested. No letters of support or opposition were received by the State Board Staff.

### **SUMMARY:**

- Currently there is a calculated excess of five stations in the HSA IV ESRD Planning Area. The current twelve (12) station ESRD facility is operating at approximately 96%. There is one additional facility within thirty (30) minutes that is operating at approximately seventy-three percent (73%). The Applicants have identified 272 pre-ESRD patients that will need dialysis within 12-24 months after project completion. The existing facility is located within a strip mall and cannot expand its current footprint. The Applicants stated the design and size of the existing facility creates operational and logistical inefficiencies. According to the Applicants the physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

### **SUMMARY:**

- The Applicants have addressed a total of twenty-two (22) criteria and have met them all. At the conclusion with a Map of the State of Illinois to demonstrate the size of the HSA IV ESRD Planning Area.

**STATE BOARD STAFF REPORT**  
**Project #17-032**  
**Illini Renal Dialysis**

<b>APPLICATION/CHRONOLOGY/SUMMARY</b>	
Applicants(s)	DaVita Inc. and DVA Renal Healthcare Inc.
Facility Name	Illini Renal Dialysis
Location	1004 West Anthony Drive, Champaign, Illinois
Permit Holder	DVA Renal Healthcare, Inc.
Operating Entity	DVA Renal Healthcare, Inc.
Owner of Site	Realty Income Corporation
Total GSF	8,432 GSF
Application Received	August 7, 2017
Application Deemed Complete	August 9, 2017
Review Period Ends	December 7, 2017
Financial Commitment Date	May 31, 2019
Project Completion Date	May 31, 2019
Review Period Extended by the State Board Staff?	No
Can the Applicants request a deferral?	Yes
Expedited Review?	Yes

**I. Project Description**

DaVita Inc. and DVA Renal Healthcare Inc. (Applicants) are asking for approval to discontinue a 12-station dialysis facility located at 507 East University Avenue, Champaign, Illinois and establish an 18-station facility at 1004 West Anthony Drive, Champaign, Illinois. The proposed dialysis facility will include a total of 8,432 square feet at a cost of \$4,116,428. The date of completion of the project is May 31, 2019

**II. Summary of Findings**

- A. State Board Staff finds the proposed project appears to be in conformance with the provisions of 77 ILAC 1110 (Part 1110).
- B. State Board Staff finds the proposed project appears to be in conformance with the provisions of 77 ILAC 1120 (Part 1120).

**III. General Information**

The Applicants are DaVita Inc and DVA Renal Healthcare, Inc., LLC. DaVita Inc, a Fortune 500 company, is the parent company of DaVita Kidney Care and HealthCare Partners, a DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. DaVita serves patients with low incomes, racial and ethnic minorities, women, handicapped persons, elderly, and other underserved persons in its facilities. DaVita has one hundred two (102) ESRD facilities in the State of Illinois. DVA Renal Healthcare, Inc, is a subsidiary of DaVita Inc.

Illini Renal Dialysis was approved as Permit #01-068 for an eight (8) station ESRD facility in November of 2001 at a cost of approximately \$1,035,000. Permit #01-068 was completed in July of 2003. The existing ESRD facility is approximately fifteen (15) years old.

**State Board Staff Notes:** Under the ten percent (10%) or three (3) station rule an ESRD facility can add stations of the lesser of 10% of that facilities' total number of stations or three (3) stations every (2) years whichever is less. For example a twelve (12) station facility can add two (2) stations every two (2) years from the date the additional stations become operational.

This project is subject to a Part 1110 and Part 1120 review. This project has been classified as substantive because it involves the establishment of a health care facility. Substantive projects include no more than the following:

1. Projects to construct a new or replacement facility located on a new site; or a replacement facility located on the same site as the original facility and the costs of the replacement facility exceed the capital expenditure minimum.
2. Projects proposing a new service or discontinuation of a service, which shall be reviewed by the Board within 60 days.
3. Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board in the Inventory, whichever is less, over a 2-year period. [20 ILCS 3960/12]

DaVita Inc. has the following projects outstanding:

<b>TABLE ONE</b>			
<b>Outstanding Davita Inc. Projects</b>			
<b>Project Number</b>	<b>Name</b>	<b>Project Type</b>	<b>Completion Date</b>
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	6/30/2018
16-023	Irving Park Dialysis	Establishment	8/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2017
16-036	Springfield Central Dialysis	Relocation	3/31/2019
16-037	Foxpoint Dialysis	Establishment	7/31/2018
16-040	Jerseyville Dialysis	Expansion	7/31/2018
16-041	Taylorville Dialysis	Expansion	7/31/2018
16-051	Whiteside Dialysis	Relocation	3/31/2019

**IV. Project Costs and Sources of Funds**

The project will be funded with cash of \$2,901,176 and the fair market value (FMV) of the lease space of \$1,215,252.

<b>TABLE TWO</b>			
<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>Reviewable</b>	<b>Total</b>	<b>% of Total</b>
Modernization Contracts	\$1,425,770	\$1,425,770	34.64%
Contingencies	\$213,000	\$213,000	5.17%
Architectural/Engineering Fees	\$163,450	\$163,450	3.97%
Consulting and Other Fees	\$133,521	\$133,521	3.24%
Movable or Other Equipment (not in construction contracts)	\$965,435	\$965,435	23.45%
Fair Market Value of Leased Space or Equipment	\$1,215,252	\$1,215,252	29.52%
<b>TOTAL USES OF FUNDS</b>	<b>\$4,116,426</b>	<b>\$4,116,428</b>	<b>100.00%</b>
<b>SOURCE OF FUNDS</b>	<b>Reviewable</b>	<b>Total</b>	<b>% of Total</b>
Cash and Securities	\$2,901,176	\$2,901,176	70.48%
Leases (fair market value)	\$1,215,252	\$1,215,252	29.52%
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$4,116,428</b>	<b>\$4,116,428</b>	<b>100.00%</b>

**V. Health Planning Area**

The proposed facility will be located in the HSA IV ESRD Planning Area that includes the Illinois Counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion. This Planning Area encompasses over 10,000<sup>1</sup> square miles with a population of approximately 831,100 as compared to Cook County with a population of approximately 5.2 million in 946 square miles.

<b>TABLE THREE</b>	
<b>Need Methodology HSA IV ESRD Planning Area</b>	
Planning Area Population – 2015	831,100
In Station ESRD patients -2015	651
Area Use Rate 2015 <sup>(1)</sup>	.759
Planning Area Population – 2020 (Est.)	857,900
Projected Patients – 2020 <sup>(2)</sup>	672.4
Adjustment	1.33x
Patients Adjusted	894
Projected Treatments – 2020 <sup>(3)</sup>	139,506
Existing Stations	191
Stations Needed-2020	186
<b>Number of Stations in Excess</b>	<b>5</b>

<sup>1</sup> National Association of Counties

<b>TABLE THREE</b>	
<b>Need Methodology HSA IV ESRD Planning Area</b>	
1.	Usage rate determined by dividing the number of in-station ESRD patients in the planning area by the 2015 – planning area population per thousand.
2.	Projected patients calculated by taking the 2020 projected population per thousand x the area use rate. Projected patients are increased by 1.33 for the total projected patients.
3.	Projected treatments are the number of patients adjusted x 156 treatments per year per patient

## **VI. Background of the Applicants**

### **A) Criterion 1110.1430 b) 1) 3) – Background of the Applicants**

*An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* To demonstrate compliance with this criterion the applicants must provide

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;**
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;**
- C) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH 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 the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
- D) An attestation that the applicants have has been no *adverse action*<sup>2</sup> taken against the any facility owned or operated by applicants.**

1. The Applicants have attested that there has been no adverse action taken against any of the facilities owned or operated by DaVita, Inc during the three (3) years prior to filing the application. [Application for Permit page 83-84]
2. The Applicants have authorized the Illinois Health Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connections the Applicants' certificate of need to establish a twelve station ESRD facility. The authorization includes, but is not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. [Application for Permit pages 83-84]
3. The site is owned by Realty Income Corporation and evidence of this can be found at page 32-39 of the application for permit in the Letter of Intent to lease the property at 1004 W. Anthony Dr., Champaign, Illinois. **State Board Staff Notes:** To demonstrate site control for a proposed dialysis facility, the State Board accepts clear legal title to the proposed site; a letter of intent to lease the facility that states all terms, conditions and costs; or a legally enforceable agreement to give such title or such lease in the event that the proposed Certificate of Need is issued.

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<sup>2</sup>Adverse action is defined as a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type "A" and Type "AA" violations." (77 IAC 1130.140)

4. The Applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
5. The proposed location of the ESRD facility is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources (20 ILCS 3420/1).*

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 ILAC 1110.1430 (b) (1) (3))**

**VII. Discontinuation**

**A) Criterion 1110.130 - Discontinuation**

**To demonstrate compliance with this criterion the applicants must document**

1. **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.**

The Applicants are proposing the discontinuation its existing 12-station dialysis facility at 507 East University Avenue, Champaign, Illinois and proposing the establishment an 18-station dialysis facility at 1004 West Anthony Drive, Champaign, Illinois. The new facility will be approximately 3.1 miles, or 10 (ten) minutes, from the existing facility.

The Applicants stated the design and size of the existing facility creates operational and logistical inefficiencies. According to the Applicants the physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors. The existing facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the existing facility will be fully utilized within two (2) years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas. There is a lack of adequate storage for wheelchairs and emergency evacuation kit or crash cart. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The proposed discontinuation will not have an impact on access as the Applicants are proposing to establish a facility within ten (10) minutes of the existing facility. [See Application for Permit pages 52-54]

The facility is approximately fifteen (15) years old and it appears from the documentation provided that the design and size of the facility hinders operations. The footprint of the

facility cannot be expanded to accommodate additional stations. According to the Applicants, it appears that the current location (i.e. strip mall) has resulted in too few handicapped parking spaces and an inadequate number of general parking spaces. From the documentation provided it appears the discontinuation of the facility is warranted.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION DISCONTINUATION (77 ILAC 1110.130)**

**VIII. Purpose of the Project, Safety Net Impact Statement, Alternatives to the Project**

These three (3) criteria are for informational purposes. No determination is made by the State Board Staff.

**A) Criterion 1110.230 – Purpose of the Project**

**To demonstrate compliance with this criterion the applicants must document the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project.**

The Applicants are proposing to discontinue its existing 12-station facility and establish a new 18-station facility 3.1 miles, or 10 minutes away. The existing facility is one (1) of only two (2) facilities in the GSA. According to the Applicants the Champaign County population has grown an estimated 3.6% from April 2010 to July 2016 and this growth along with the rise in chronic renal dialysis warrants additional stations at the new facility. The purpose of the relocation is to address the current facility's operational inefficiencies and address this growth in the CKD population. [Application for Permit pages 104-105]

**B) Criterion 1110.230 (b) - Safety Net Impact Statement**

**To demonstrate compliance with this requirement the applicants must provide a safety net impact statement and three (3) years prior to the filing of the application the amount of Charity Care and Medicaid services provided.**

This project is considered a substantive project and the Applicants have provided the Safety Net Impact Statement and three (3) years of Charity Care and Medicaid services provided. See Appendix I at the end of this report.

**C) Criterion 1110.230 (c) – Alternatives to the Proposed Project**

**To demonstrate compliance with this criterion the applicants must document the alternative considered and why the alternatives were rejected.**

The Applicants considered three options before selecting the option to establish an eighteen (18) station kidney center in Champaign. The Applicants considered the following alternatives:

1. Do Nothing
2. Renovate Existing Facility
3. Utilize Existing Facilities

The three (3) alternatives were rejected because the Applicants are projecting thirty (30) additional patients that will require dialysis within 12 to 24 months after project completion for a total of ninety-two (92) patients that will require dialysis by May of 2021. The

existing 12-station facility is operating at 86.11% and the existing facility’s footprint cannot accommodate additional stations. In addition there is only one (1) other facility within thirty (30) minutes but that facility is currently operating at seventy percent (70%) and cannot accommodate the number of patients expected to require dialysis service. [Application for Permit 109-110]

**IX. Size of the Project, Projected Utilization and Assurances**

**A) Criterion 1110.234 (a) - Size of the Project**

To demonstrate compliance with this criterion the applicants must document that the proposed project must be in compliance with State Board Standards published in Part 1110 Appendix B.

The Applicants are proposing eighteen (18) stations at the new facility in 8,432 gsf of modernized space or 468.5 dgsf per station. The State Board Standard is 520 dgsf. The State Board rules require modernization to include the build out of leased space and shall include the cost of all capital improvements contained in the terms of the lease. [Part 1110 Appendix B]

**State Board Staff Notes:** “For new construction, the standards are based upon the inclusion of all building components and are expressed in building gross square feet (bgsf). For modernization projects, the standards are based upon interior build-out only and are expressed in departmental gross square feet (dgsf). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required for the applicable service areas by the appropriate rules required for IDPH licensure and/or federal certification and any additional spaces required by the applicant's operational program.” [Part 1110 Appendix B]

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION SIZE OF THE PROJECT (77 ILAC 1110.234 (a))**

**B) Criterion 1110.234 (b) – Projected Utilization**

To demonstrate compliance with this criterion the applicants must document that the proposed eighteen station facility will be at target occupancy within two (2) years after project completion.

The existing facility reported as of June 30, 2017 sixty-two (62) patients receiving dialysis treatment for a facility utilization of 86.11%. The Applicants are expecting ninety-two (92) patients to require dialysis treatment at the new facility by 2021 two (2) years after project completion. That is an increase in patients of approximately 48.4% from June 2017 to June 2021.

Year	Patients	Treatment Annually	Total Treatments	Stations	Utilization
2017	62	156	9,672	12	86.11%
2021	92	156	14,352	18	85.18%

If the number of patients materializes the Applicants can justify the eighteen (18) stations being requested.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION (77 ILAC 1110.234 (b))**

**C) Criterion 1110.234 (e) – Assurances**

To demonstrate compliance with this criterion the applicants must attest that the proposed facility will be at target occupancy with two (2) years after project completion.

The Applicants have provided the necessary attestation at pages 132-133 of the application for permit. The Applicants have met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 ILAC 1110.234 (e))**

**X. In Center HemoDialysis**

**A) Criterion 1110.1430 (b)(1)(3) - Background of the Applicants**

This criterion was previously addressed in this report.

**B) Criterion 1110.1430 (c) (1) (2) (3) (5) - Planning Area Need**

To demonstrate compliance with this criterion the applicants must document that

1. There is a calculated need in the planning area.
2. The proposed project will provide service to planning area residents.
3. There is demand for the proposed dialysis service.
5. The proposed project will improve service access.

**1. Planning Area Need**

To demonstrate compliance with this sub-criterion the applicants must document that there is a calculated need in the planning area.

There is a calculated excess of five (5) stations in the HSA IV ESRD Planning Area as of September 2017. The proposed facility will increase the number of excess stations to eleven (11) stations should the proposed project be approved.

**2. Service to Planning Area Residents**

To demonstrate compliance with this sub-criterion the applicants must document that the proposed project will provide service to planning area residents.

A review of the zip code information provided by the applicants demonstrated that over ninety-five percent (95%) of the patients reside in the HSA IV ESRD Planning Area.

**3. Demand for the Proposed Service**

To demonstrate compliance with this sub-criterion the applicants must document that there is demand for the proposed project.

Abdel-Moneim, Attia, M.D, the Medical Director of the existing facility has identified 1,696 patients who are suffering from Stage 3, 4, or 5 CKD<sup>3</sup>, who all reside within an approximately thirty (30) minutes of the proposed facility. Two hundred seventy-two (272) of these patients reside within the proposed relocation facility's ZIP code of 61821-Champaign. The Applicants are predicting at least thirty (30) of these patients will initiate dialysis service within 12 to 24 months of the proposed replacement facility becoming operational.

**5. The proposed project will improve service access.**

To demonstrate compliance with this sub-criterion the applicants must document that the proposed project will improve access in the HSA IV ESRD Planning Area.

There is a **calculated excess of five (5) stations** in the HSA IV ESRD Planning and should the proposed project be approved there will be a **calculated excess of eleven stations.**

There is one (1) facility (FMC-Champaign Urbana) within thirty (30) minutes of the site of the proposed facility. As of September 2017, this facility was operating at approximately seventy-three percent (73%) utilization and can accommodate twelve (12) patients before achieving target utilization. \

From the documentation provided (i.e. 272 pre-ESRD patients residing in the Champaign zip code - 61821) it does appear that the proposed facility will serve the residents of the planning area and it does appear there is sufficient demand for the proposed eighteen (18) station facility.

The target population includes current and future residents throughout Champaign County who require chronic dialysis services. Champaign County population is forecast to grow 2015 through 2020 – at an annual rate of 0.83% based upon the 2014 Edition IDPH Population Projections. The number of ESRD patients in the HSA IV ESRD Planning Area has grown at an annual rate of approximately 2.95% for the period 2011 through 2016. At that growth rate (2.95% x 167 patients) there would be an additional twenty-one (21) residents of the planning area in need of dialysis by 2021. The Applicants are projecting thirty (30) patients in need of dialysis by 2021 the second year after project completion.

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<sup>3</sup> Glomerular filtration rate (GFR) is the best measure of kidney function. The GFR is the number used to figure out a person's stage of kidney disease. A math formula using the person's age, race, gender and their serum creatinine is used to calculate a GFR. A doctor will order a blood test to measure the serum creatinine level. Creatinine is a waste product that comes from muscle activity. When kidneys are working well they remove creatinine from the blood. As kidney function slows, blood levels of creatinine rise.

Below shows the five stages of CKD and GFR for each stage:

- **Stage 1** with normal or high GFR (GFR > 90 mL/min)
- **Stage 2** Mild CKD (GFR = 60-89 mL/min)
- **Stage 3A** Moderate CKD (GFR = 45-59 mL/min)
- **Stage 3B** Moderate CKD (GFR = 30-44 mL/min)
- **Stage 4** Severe CKD (GFR = 15-29 mL/min)
- **Stage 5** End Stage CKD (GFR <15 mL/min)

While there is a calculated excess of stations in the planning area the relocation of the existing facility appears reasonable and the additional stations appear needed based upon the number of pre-ESRD patients identified by the Applicants.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 ILAC 1110.1430 (c) (1) (2) (3) and (5))**

**C) Criterion 1110.1430 (d) (1) (2) (3) – Unnecessary Duplication of Service Mal-distribution /Impact on Other Facilities**

To demonstrate compliance with this criterion the applicants must document that the proposed project will not result in

1. An unnecessary duplication of service
2. A mal-distribution of service
3. An impact on other area providers

1. There is one (1) facility (FMC – Champaign Urban) within thirty (30) minutes of the proposed facility with twenty-five (25) stations operating at approximately seventy-three (73%) utilization.
2. There are thirty-seven (37) ESRD stations (includes the existing twelve (12) station facility) within thirty (30) minutes of the proposed site with a total population within thirty (30) minutes of 210,155 residents. The ratio to stations to population is one (1) station per 5,680 residents compared to the State of Illinois ratio of one (1) station per 2,831 residents. There is no surplus of stations in this thirty (30) minute service area as the ratio of stations is not 1.5 times the State of Illinois ratio.
3. The Applicants stated that the proposed dialysis facility will not have an adverse impact on existing facilities in the geographic service area. All of the identified patients will either transfer from the existing facility or will be referrals of CKD patients. No patients will be transferred from other existing dialysis facilities. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Population within thirty (30) Minutes		
61821	Champaign	30,174
61820	Champaign	36,964
61822	Champaign	21,608
61801	Urbana	30,937
61874	Savoy	7,114
61815	Bondville	228
61802	Urbana	19,052
61875	Seymour	761
61880	Tolono	4,183
61853	Mahomet	13,206
61884	White Heath	1,244
61840	Dewey	709
61878	Thomasboro	1,433
61864	Philo	1,715
61873	Saint Joseph	6,250

Population within thirty (30) Minutes		
61872	Sadorus	760
61843	Fisher	2,363
61866	Rantoul	14,048
61854	Mansfield	1,438
61851	Ivesdale	436
61856	Monticello	7,433
61859	Ogden	1,297
61839	De Land	586
61953	Tuscola	6,216
<b>TOTAL</b>		<b>210,155</b>

Based upon the information provided by the Applicants and documented above, it does not appear that the proposed facility will result in an unnecessary duplication of service or maldistribution or will impact the one (1) ESRD facility in the thirty (30) minute service area.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH UNNECESSARY DUPLICATION OF SERVICE/MALDISTRIBUTION (77 ILAC 1110.1430 (d) (1) (2) (3))**

**D) Criterion 1110.1430 (f) - Staffing**

To demonstrate compliance with this criterion the applicants must document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

The proposed facility will be staffed in accordance with all State and Medicare staffing requirements. Abdel-Moneim, Attia, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Attia's curriculum vitae has been provided.

Should the State Board approve this project all current staff at the discontinued facility will be transferred to the replacement facility. All staff will be trained under the direction of the facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes In-depth theory on the structure and function of the kidneys; including homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment: dialyzers reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment - 24D. The facility will maintain an open medical staff.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 ILAC 1110.1430 (f))**

**E) Criterion 1110.1430 (g) - Support Services**

**To demonstrate compliance with this criterion the applicants must submit a certification from an authorized representative that attests to each of the following:**

- 1) Participation in a dialysis data system;
- 2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
- 3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

The Applicants have provided the necessary attestation as required at pages 131-132 of the application for permit.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SUPPORT SERVICES (77 ILAC 1110.1430 (g))**

**F) Criterion 1110.1430 (h) - Minimum Number of Stations**

**To demonstrate compliance with this criterion the applicants must document that the minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:**

- 1) Four dialysis stations for facilities outside an MSA;
- 2) Eight dialysis stations for a facility within an MSA.

The proposed eighteen (18) station facility will be located in the Champaign-Urbana metropolitan statistical area ("MSA"). The Applicants have met the requirements of this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MINIMUM NUMBER OF STATIONS (77 ILAC 1110.1430 (h))**

**G) Criterion 1110.1430 (i) - Continuity of Care**

**To demonstrate compliance with this criterion the applicants document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements.**

The Applicants have provided the necessary signed transfer agreement with Carle Foundation Hospital as required at pages 135-143 of the application for permit.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CONTINUITY OF CARE (77 ILAC 1110.1430 (i))**

#### **H) Criterion 1110.1430 (j) - Relocation of Facilities**

To demonstrate compliance with this criterion the applicants must document

- 1) That the existing facility has met the utilization targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12-month period for which data is available; and
- 2) That the proposed facility will improve access for care to the existing patient population.

The existing facility has been operating in excess of the target occupancy for the past twelve (12) months. The Applicants are projecting the new facility will need a total of eighteen (18) stations to meet expected demand for dialysis (See 1110.234 (b) above and 1110.1430 (c) (3) Service Demand previously discussed above). It does appear from the documentation provided by the Applicants the relocation of the facility is justified.

#### **STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION RELOCATION OF FACILITIES (77 ILAC 1110.1430 (j))**

#### **I) Criterion 1110.1430 (k) - Assurances**

To demonstrate compliance with this criterion the representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

- 1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and
- 2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:
  - $\geq 85\%$  of hemodialysis patient population achieves urea reduction ratio (URR)  $\geq 65\%$  and
  - $\geq 85\%$  of hemodialysis patient population achieves Kt/V Daugirdas II 1.2.<sup>4</sup>

The necessary attestation has been provided at page 145-147 of the application for permit.

#### **STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 ILAC 1110.1430 (k)) (5))**

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<sup>4</sup> Two methods are generally used to assess dialysis adequacy, URR and Kt/V. These numbers—a URR of 65 percent and a Kt/V of 1.2—have been determined to be benchmarks of dialysis adequacy on the basis of studies in large groups of patients. These studies generally showed that patients with lower Kt/V and/or URR numbers had more health problems and a greater risk of death. [Source: U.S. Department Of Health And Human Services National Institutes of Health]

**XI. Financial Viability**

Purpose of the Act *This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.*

**A) Criterion 1120.20 – Availability of Funds**

To demonstrate compliance with this criterion the applicants must document that the resources are available to fund the project.

The Applicants are funding this project with cash in the amount of \$2,901,176 and a lease with a FMV of \$1,215,252. The Applicants attested that the total estimated project costs and related costs will be funded in total with cash and cash equivalents. A summary of the financial statements of the Applicants is provided below.

<b>TABLE NINE Davita Inc. December 31, Audited (in thousands)</b>		
	<b>2016</b>	<b>2015</b>
Cash	\$913,187	\$1,499,116
Current Assets	\$3,980,228	\$4,503,280
Total Assets	\$18,741,257	\$18,514,875
Current Liabilities	\$2,696,445	\$2,399,138
LTD	\$8,947,327	\$9,001,308
Patient Service Revenue	\$10,354,161	\$9,480,279
Total Net Revenues	\$14,745,105	\$13,781,837
Total Operating Expenses	\$12,850,562	\$12,611,142
Operating Income	\$1,894,543	\$1,170,695
Net Income	\$1,033,082	\$427,440

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 ILAC 1120.120)**

**B) Criterion 1120.130 - Financial Viability**

To document compliance with this criterion the applicants must document that they have a Bond Rating of “A” or better, they meet the State Board’s financial ratio standards for the past three (3) fiscal years or the project will be funded from internal resources.

The Applicants are funding this project with cash in the amount of \$2,901,176 and a lease with a FMV of \$1,215,252. The Applicants have qualified for the financial waiver.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 ILAC 1120.130)**

**XII. Economic Feasibility**

**A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements**

**B) Criterion 1120.140 (b) – Terms of Debt Financing**

To demonstrate compliance with these criteria the applicants must document that leasing of the space is reasonable. The State Board considers the leasing of space as debt financing.

The State Board considers lease financing as debt financing (see 77 ILAC 1120.10 (b)). The project is being funded with approximately 70% cash and the remainder with an operating lease<sup>5</sup> with a fair market value of \$1,215,252.

The lease is for fifteen (15) years at a base rent of \$126,650 NNN with an annual 2% increase. The table below shows the calculation of the FMV of the lease space of using an eight percent (8%) discount factor. It appears the lease is reasonable when compared to previously approved projects.

<b>TABLE TEN</b>			
<b>FMV of Lease</b>			
	PV of 8%	Total	PV of Total Space Lease
Year		Base Rent	
1	0.92593	\$126,650	\$117,269.03
2	0.85734	\$129,183	\$110,753.75
3	0.79383	\$131,767	\$104,600.33
4	0.73503	\$134,402	\$98,789.50
5	0.68058	\$137,090	\$93,300.73
6	0.63017	\$139,832	\$88,117.83
7	0.58349	\$142,628	\$83,222.29
8	0.54027	\$145,481	\$78,599.04
9	0.50025	\$148,391	\$74,232.43
10	0.46319	\$151,358	\$70,107.73
11	0.42888	\$154,386	\$66,212.91
12	0.39711	\$157,473	\$62,534.24
13	0.3677	\$160,623	\$59,061.01
14	0.34046	\$163,835	\$55,779.36
15	0.31524	\$167,112	\$52,680.38
<b>Total</b>			<b>\$1,215,260.57</b>

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 ILAC 1120.140 (a) (b))**

<sup>5</sup> An operating lease is a contract that allows for the use of an asset, but does not convey rights of ownership of the asset. An operating lease represents an off-balance sheet financing of assets, where a leased asset and associated liabilities of future rent payments are not included on the balance sheet of a company.

**C) Criterion 1120.140 (c) – Reasonableness of Project Costs**

To demonstrate compliance with this criterion the applicants must document that the project costs are reasonable by the meeting the State Board Standards in Part 1120 Appendix A.

As shown in the table below the Applicants have met all of the State Board Standards published in Part 1120, Appendix A.

TABLE ELEVEN Reasonableness of Project Costs					
Project Costs		State Standard		Project Costs	Met Standard?
		Cost GSF%/Station	Total		
Modernization Contracts and Contingencies	\$1,638,770	\$194.87gsf	\$1,643,144	\$194.35	Yes
Contingencies	\$213,000	15%	\$245,816	14.94%	Yes
Architectural/Engineering Fees	\$163,450	11.45%	\$187,639	9.97%	Yes
Movable or Other Equipment (not in construction contracts)	\$965,435	\$53,683/station	\$966,294	\$53,635/station	Yes
Consulting and Other Fees	\$133,521				
Fair Market Value of Leased Space or Equipment	\$1,215,252		Not Applicable		

Total Moveable and Other Equipment	
Communications	\$96,786
Water Treatment	\$185,660
Bio-Medical Equipment	\$14,187
Clinical Equipment	\$531,044
Clinical Furniture/Fixtures	\$33,590
Lounge Furniture/Fixtures	\$6,175
Storage Furniture/Fixtures	\$7,093
Business Office Fixtures	\$35,905
General Furniture/Fixtures	\$43,000
Signage	\$12,000
<b>Total Moveable and Other Equipment</b>	<b>\$965,435</b>

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 ILAC 1120.140 (c))**

**D) Criterion 1120.140 (d) – Projected Operating Costs**

To demonstrate compliance with this criterion the applicants must document that the projected direct annual operating costs for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The Applicants are projecting \$227.11 operating expense per treatment.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 ILAC 1120.140 (d))**

**E) Criterion 1120.140 (e) – Total Effect of the Project on Capital Costs**

To demonstrate compliance with this criterion the applicants must provide the total projected annual capital costs for the first full fiscal year at target utilization but no more than two years following project completion. Capital costs are defined as depreciation, amortization and interest expense.

The Applicants are projecting capital costs of \$22.80 per treatment.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 ILAC 1120.140 (e))**

**Appendix I**  
**Safety Net Impact Statement**  
**(provided by the Applicants)**

This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safely net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, is included as part of this application. As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties, DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula<sup>6</sup> use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent, its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

DaVita accepts and dialyzes patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care,

The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational,

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<sup>6</sup> The National Kidney Foundation (NKF), and Centers for Medicare and Medicaid Services (CMS), and other organizations and experts generally agree that fistulas are the best type of vascular access. Low rates of complications, clotting and infection all contribute to the fistula's reputation as the "gold standard" of vascular access. Dialysis experts also generally agree that the safest and longest lasting of the access types is the AV fistula. Because a fistula is made by connecting a vein to an artery, the vein becomes bigger allowing for increased blood flow. The fistula is created from natural parts of the body and can be repeatedly "stuck" to perform hemodialysis treatments.

A fistula is the "gold standard" because:

- It has a lower risk of infection than grafts or catheters
- It has a lower tendency to clot than grafts or catheters
- It allows for greater blood flow, increasing the effectiveness of hemodialysis as well as reducing treatment time
- It stays functional for longer than other access types; in some cases a well-formed fistula can last for decades
- Fistulas are usually less expensive to maintain than synthetic accesses

**Appendix I**  
**Safety Net Impact Statement**  
**(provided by the Applicants)**

As of March 31, 2017, the existing facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the replacement facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed replacement facility, with 272 patients residing in the zip code of the proposed replacement facility. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the replacement facility will treat 92 patients (85.2% utilization) within 24 months of project completion. [Application for Permit page 165-167]

<b>DaVita, Inc.</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
Net Patient Revenue	\$266,319,949	\$311,351,089	\$353,226,322
Amt of Charity Care (charges)	\$2,477,363	\$2,791,566	\$2,400,299
Cost of Charity Care	\$2,477,363	\$2,791,566	\$2,400,299
% of Charity Care/Net Patient Revenue	0.93%	0.90%	0.68%
Number of Charity Care Patients	146	109	110
Number of Medicaid Patients	708	422	297
Medicaid Revenue	\$8,603,971	\$7,361,390	\$4,692,716
% of Medicaid to Net Patient Revenue	3.23%	2.36%	1.33%

Appendix II  
Facilities within the HSA IV ESRD Planning Area

Facilities	Ownership	City	Stations (1)	June 2017 Patients (2)	Utilization (3)	Star Rating (4)
Davita - Macon County	Davita	Decatur	23	73	52.90%	4
Davita - Mattoon	Davita	Mattoon	16	58	60.42%	3
Davita - East Wood Street	Davita	Decatur	18	63	58.33%	4
Davita - Champaign	Davita	Champaign	12	62	86.11%	2
Vermillion County Dialysis	Davita	Danville	8	19	39.58%	NA
Mclean County	Fresenius	Bloomington	20	86	71.67%	3
Champaign-Urbana Dialysis Center	Fresenius	Urbana	25	105	70.00%	2
Renal Care Group - Decatur	Fresenius	Decatur	12	50	69.44%	5
Renal Care Group - Pontiac	Fresenius	Pontiac	9	31	57.41%	2
Fresenius Medical Care Normal	Fresenius	Normal	12	43	59.72%	5
Fresenius Medical Care Paris	Fresenius	Paris	8	0	0.00%	NA
Shelbyville Community Dialysis		Shelbyville	9	25	46.30%	1
Danville Dialysis Services LLC		Danville	19	77	67.54%	3
<b>Total</b>			<b>191</b>	<b>692</b>	<b>56.88%</b>	
1. Stations as of September 2017 2. Patients as of June 30, 2017 3. Utilization June 30, 2017 4. Star Rating taken from Medicare Compare Website [ <a href="https://www.medicare.gov/dialysisfacilitycompare/">https://www.medicare.gov/dialysisfacilitycompare/</a> ] See below						

## Star Rating System

### Centers for Medicare & Medicaid Services (CMS) Star Ratings

*“The star ratings are part of Medicare's efforts to make data on dialysis centers easier to understand and use. The star ratings show whether your dialysis center provides quality dialysis care - that is, care known to get the best results for most dialysis patients. The rating ranges from 1 to 5 stars. A facility with a 5-star rating has quality of care that is considered 'much above average' compared to other dialysis facilities. A 1- or 2- star rating does not mean that you will receive poor care from a facility. It only indicates that measured outcomes were below average compared to those for other facilities. Star ratings on Dialysis Facility Compare are updated annually to align with the annual updates of the standardized measures.”*

CMS assigns a one to five ‘star rating’ in two separate categories: best treatment practices and hospitalizations and deaths. The more stars, the better the rating. Below is a summary of the data within the two categories.

#### ➤ Best Treatment Practices

This is a measure of the facility’s treatment practices in the areas of anemia management; dialysis adequacy, vascular access, and mineral & bone disorder. This category reviews both adult and child dialysis patients.

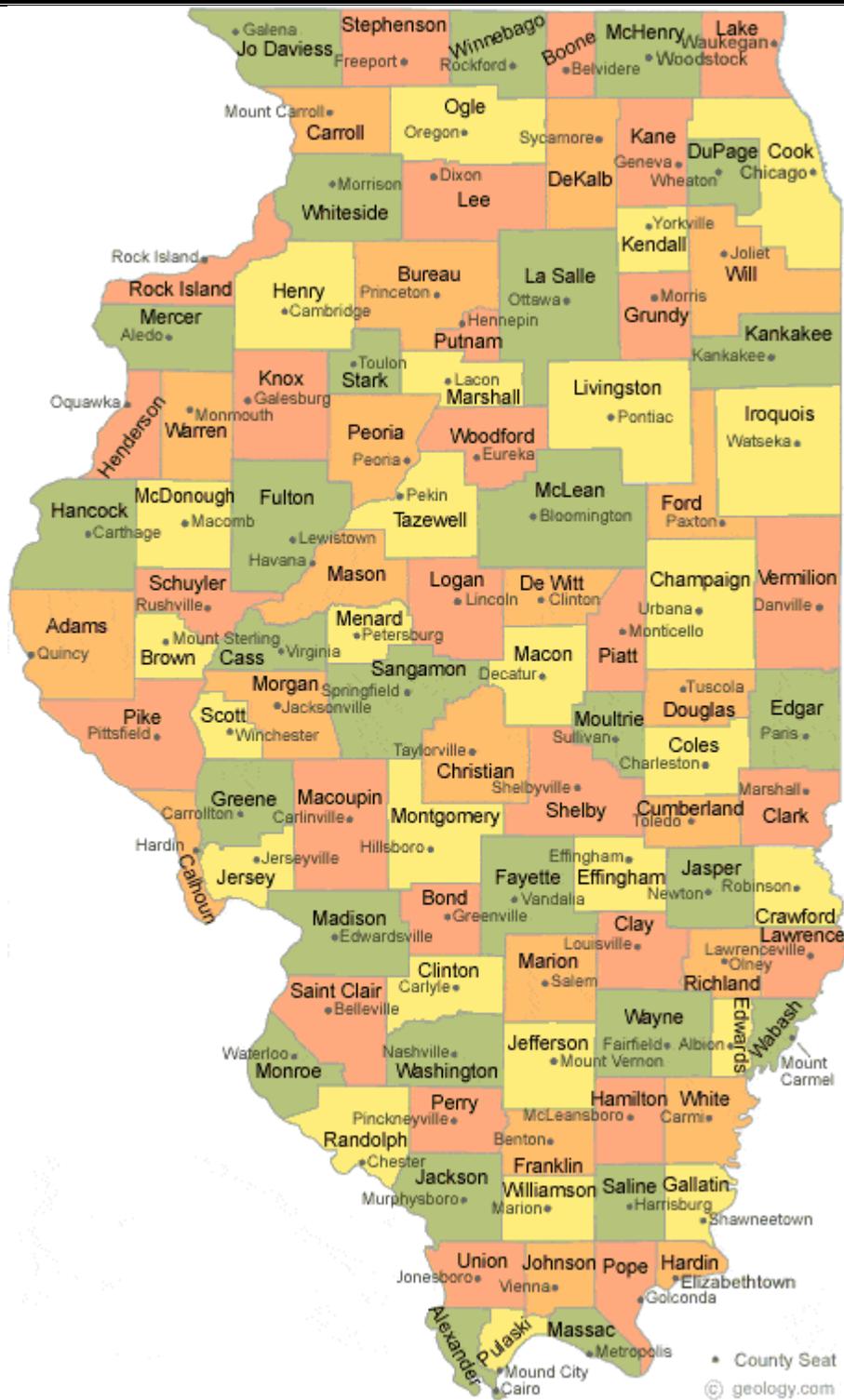
#### ➤ Hospitalization and Deaths

This measure takes a facility's expected total number of hospital admissions and compares it to the actual total number of hospital admissions among its Medicare dialysis patients. It also takes a facility's expected patient death ratio and compares it to the actual patient death ratio taking into consideration the patient’s age, race, sex, diabetes, years on dialysis, and any co-morbidity.

The Dialysis Facility Compare website currently reports on 9 measures of quality of care for facilities. These measures are used to develop the star rating. Based on the star rating in each of the two categories, CMS then compiles an ‘overall rating’ for the facility. As with the separate categories: the more stars, the better the rating. The star rating is based on data collected from January 1, 2012 through December 31, 2015.

Appendix III

County Map of Illinois



**HSA IV ESRD Planning Area**

Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion

# 17-032 DaVita Renal Dialysis - Champaign

