



**FRESENIUS
KIDNEY CARE**

17-065

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

November 13, 2017

RECEIVED

NOV 15 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Re: Fresenius Kidney Care New Lenox

Dear Ms. Avery,

I am submitting the enclosed application for consideration by the Illinois Health Facilities and Services Review Board. Please find the following:

1. An original and 1 copy of an application for permit to establish Fresenius Kidney Care New Lenox; and
2. A filing fee of \$2500.00 payable to the Illinois Department of Public Health.

Upon your staff's initial review of the enclosed application, please notify me of the total fee and the remaining fee due in connection with this application and I will arrange for payment of the remaining balance.

I believe this application conforms with the applicable standards and criteria of Part 1110 and 1120 of the Board's regulations. Please advise me if you require anything further to deem the enclosed application complete.

Sincerely,

Lori Wright
Senior CON Specialist

Enclosures

17-065

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

NOV 15 2017

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Fresenius Kidney Care New Lenox			
Street Address: Lot 10, south side of Cedar Crossing Dr. in Cedar Crossing Development			
City and Zip Code: New Lenox 60451			
County:	Will	Health Service Area	9 Health Planning Area:

Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox	
Street Address: 920 Winter Street	
City and Zip Code: Waltham, MA 02451	
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership of Applicant

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are 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 [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fresenius Medical Care Holdings, Inc.	
Street Address: 920 Winter Street	
City and Zip Code: Waltham, MA 02451	
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership of Co-Applicant

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

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

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

Name:	Teri Gurchick
Title:	Vice President of Operations
Company Name:	Fresenius Kidney Care
Address:	3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number:	630-960-6709
E-mail Address:	teri.gurchiek@fmc-na.com
Fax Number:	630-960-6812

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

Name:	Clare Connor
Title:	Attorney
Company Name:	McDermott, Will & Emory
Address:	444 West Lake Street, Chicago, IL 60606
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312-984-7500

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Meridian Investment Partners, LLC
Address of Site Owner: 812 Campus Drive, Joliet, IL 60435
Street Address or Legal Description of the Site: Lot 10, south side of Cedar Crossing Dr. in Cedar Crossing Development "A portion of the land to be further described as P.I.N. 08-04-400-003, 08-04-400-007, 08,04-400-006, 08-04-300-009, NS-706-008. 1 and NS-706-009. Consisting of approximately 1.78 acres of land."
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox
Address: 920 Winter Street, Waltham, MA 02451
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<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 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.
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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 #2006-5 (<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

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Fresenius Medical Care New Lenox, LLC proposes to establish a 12-station dialysis facility, Fresenius Kidney Care New Lenox, to be located on lot 10, Southside of Cedar Crossing drive in Cedar Crossing Development, New Lenox.

"A portion of the land to be further described as P.I.N. 08-04-400-003, 08-04-400-007, 08,04-400-006, 08-04-300-009, NS-706-008. 1 and NS-706-009. Consisting of approximately 1.78 acres of land."

The facility will be in leased space in a shell building to be built by the developer/landlord with the interior to be built-out by Fresenius.

New Lenox is in HSA 9. As of the September station inventory update there is a determined need for an additional 31 stations in this HSA.

The FKC New Lenox facility will maintain access in an area of high clinic utilization and above average growth in prevalence of ESRD of 6% (the State's average is 3%) in the zip codes in the 30-minute travel radius.

This project is "substantive" under Planning Board rule 1110.40 as it entails the establishment of facility that will provide in-center hemodialysis services.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,095,640	323,960	1,419,600
Contingencies	108,360	32,040	140,400
Architectural/Engineering Fees	119,184	33,616	152,800
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	292,000	76,000	368,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	3,437,340	970,058	4,407,398
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	\$5,052,524	\$1,435,674	\$6,488,198
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,615,184	465,616	2,080,800
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,437,340	970,058	4,407,398
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$5,052,524	\$1,435,674	\$6,488,198
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

The project involves the establishment of a new facility or a new category of service
 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 \$ 201,886.

Project Status and Completion Schedules

For facilities in which prior permits have been issued provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>12/31/2019</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Financial Commitment 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 [Section 1130.620(c)]

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

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	5,052,524		6,020		6,020		
Total Clinical	\$5,052,524		6,020		6,020		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	1,435,674		1,780		1,780		
Total Non-clinical	\$1,435,674		1,780		1,780		
TOTAL	\$6,488,198		7,800		7,800		

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

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Fresenius Medical Care New Lenox, 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 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 fee required for this application is sent herewith or will be paid upon request.

[Signature]
SIGNATURE

Thomas D. Brouillard, Jr.
PRINTED NAME
Assistant Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Bryan Mello
PRINTED NAME
Assistant Treasurer

PRINTED TITLE

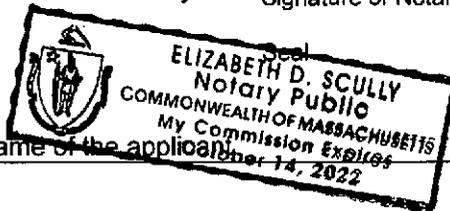
Notarization:
Subscribed and sworn to before me
this 16th day of October 2017

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

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Fresenius Medical Care Holdings, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

[Signature]
SIGNATURE

PRINTED NAME Thomas D. Brouillard, Jr.
Assistant Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

PRINTED NAME Bryan Mello
Assistant Treasurer

PRINTED TITLE

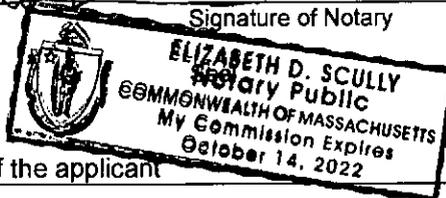
Notarization:
Subscribed and sworn to before me
this 16th day of October 2017

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

[Signature]
Signature of Notary

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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

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

Background

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 that the information was 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.

Criterion 1110.230 – Purpose of the Project, and Alternatives

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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Staff 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 and it shall include the basis used for determining the space and the methodology applied.**
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 and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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	MEET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE:

Submit the following:

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

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

F. Criterion 1110.1430 - In-Center Hemodialysis

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT 24, 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 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

<u>2,080,800</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	<p>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.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>4,407,398</u>	<p>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:</p> <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,

<p style="text-align: center;"><u>N/A</u></p> <p style="text-align: center;"><u>N/A</u></p> <p style="text-align: center;"><u>N/A</u></p>	<p>any capital improvements to the property and provision of capital equipment;</p> <p style="text-align: center;">5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>\$6,488,198</p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, 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				
Net Margin Percentage	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
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.

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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			6,020			1,095,640	1,095,640
Contingency		18.00			6,020			108,360	108,360
Total Clinical		200.00			6,020			1,204,000	1,204,000
Non Clinical		182.00			1,780			323,960	323,960
Contingency		18.00			1,780			32,040	32,040
Total Non		200.00			1,780			356,000	356,000
TOTALS		\$200.00			7,800			\$1,560,000	\$1,560,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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 38.

Safety Net Information per PA 96-0031			
CHARITY CARE* (Self-Pay)			
	2014	2015	2016
Charity (# of patients)	251	195	233
Charity (cost in dollars)	\$5,211,664	\$3,204,986	\$3,269,127
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	\$22,027,882	\$7,310,484	\$4,383,383

*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay.

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

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

SECTION XI. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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 39.

CHARITY CARE* (Self-Pay)			
	2014	2015	2016
Net Patient Revenue	\$411,981,839	\$438,247,352	\$449,611,441
Amount of Charity Care (self-pay charges)	\$5,211,664	\$3,204,986	\$3,269,127
Cost of Charity Care (self-pay)	\$5,211,664	\$3,204,986	\$3,269,127

*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay.

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

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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ATTACHMENT NO.		PAGES
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
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Applicant Identification

Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership – 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Co - Applicant Identification

Exact Legal Name:	Fresenius Medical Care Holdings, Inc.
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership – Co-Applicant

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

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

File Number

0620864-9



To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE NEW LENOX, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON JUNE 02, 2017, 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 TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1716602200 verifiable until 08/15/2018
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 15TH
day of JUNE A.D. 2017 .*

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT 1

Site Ownership

Exact Legal Name of Site Owner: Meridian Investment Partners, LLC
Address of Site Owner: 812 Campus Drive, Joliet, IL 60435
Street Address or Legal Description of the Site: A portion of the land to be further described as P.I.N. 08-04-400-003, 08-04-400-007, 08,04-400-006, 08-04-300-009, NS-706-008. I and NS-706-009. Consisting of approximately 1.78 acres of land.”
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor’s documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

October 16, 2017

Dear Dr. Alausa

Meridian Investment Partners LLC

On behalf Fresenius Medical Care New Lenox, LLC of a wholly owned subsidiary of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America ("FMCNA") we are pleased to present the following Letter of Intent to lease space from your company.

LANDLORD: Meridian Investment Partners, LLC

TENANT: Fresenius Medical Care New Lenox, LLC

LOCATION: A portion of the land to be further described as P.I.N. 08-04-400-003, 08-04-400-007, 08-04-400-006, 08-04-300-009, 08-04-300-010, NS-706-008. I and NS-706-009. Consisting of approximately 1.78 acres of land

DEMISED PREMISES: Approx. 7800 rentable square feet Please see attached Exhibit.

PRIMARY TERM: An initial lease term of 15 years. The lease will commence on upon the Delivery Date of the Premises. 90 days free rent will be provided.

OPTIONS TO RENEW: Three (3) five (5) year options to renew the lease with 10% rent increases for the five years. Second and third options are to be at fair market value. Tenant shall provide sixty (60) days prior written notifications of its desire to exercise its option.

DELIVERY DATE: 150 days from receipt of building permits.

RENTAL RATE: Years 1: \$32.00/SF
Years 2-15: annual 1.6% increases.

LOI for Leased Space
ATTACHMENT 2

LANDLORD IMPROVEMENTS: Landlord is responsible for delivery a shell building in accordance with Tenant's specifications attached as Exhibit A.

ARCHITECTURALS: Landlord shall utilize one of Tenants preferred architects and deliver drawing for approval no later than sixty (60) days from full execution of the lease document. Landlord will construct the facility to the attached specifications.

PUBLIC SEWER: Landlord will confirm the Premises is served by Public Sewer. Minimum requirement per the attached specifications.

COMMON AREA MAINTAINANCE Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises. With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business. Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

REAL ESTATE TAXES

Tenant shall reimburse Landlord for real estate taxes associated with the premises.

PARKING:

Tenant shall require a parking ratio of 4 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. Tenant shall require 4 designated handicap spaces and one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

Landlord shall ensure that all improvements conform to all local building code requirements.

CORPORATE

IDENTIFICATION:

Tenant shall have the right to have signage on the exterior or interior walls, doors, windows of the Premises, and in locations on the Building and /or exterior monuments where other tenant signs are located. In addition, Tenant will be allowed a directional sign in the Common Areas if needed. Please see FFUSI guidelines.

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

ZONING AND

RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for use as an outpatient kidney dialysis clinic

and if there are any restrictive covenants imposed by the development, owner, and/or municipality.

FLOOD PLAIN:

Landlord confirms that the property resides outside a flood plain as defined by the US Army Corps of Engineers.

SECURITY DEPOSIT:

None

EXCLUSIVITY:

The Landlord, its subsidiaries or any other entity which in which any of its partners are connected, shall not lease property to another dialysis clinic within 5 miles of the building.

DRAFT LEASE:

Tenant requires the use of its Standard Form Lease, which shall be provided.

GUARANTOR:

Fresenius Medical Care Holdings

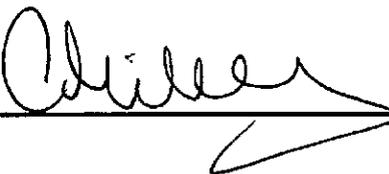
NON-BINDING NATURE:

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

If you are in agreement with these terms, please execute the document below and return a copy for our records. Please provide your response no later than October 22, 2017

Thank you for your time and cooperation in this matter.

Approved and Agreed Upon:


_____ Arthur R. Landlord _____ 10/17/17
Date

Operating Identity/Licensee

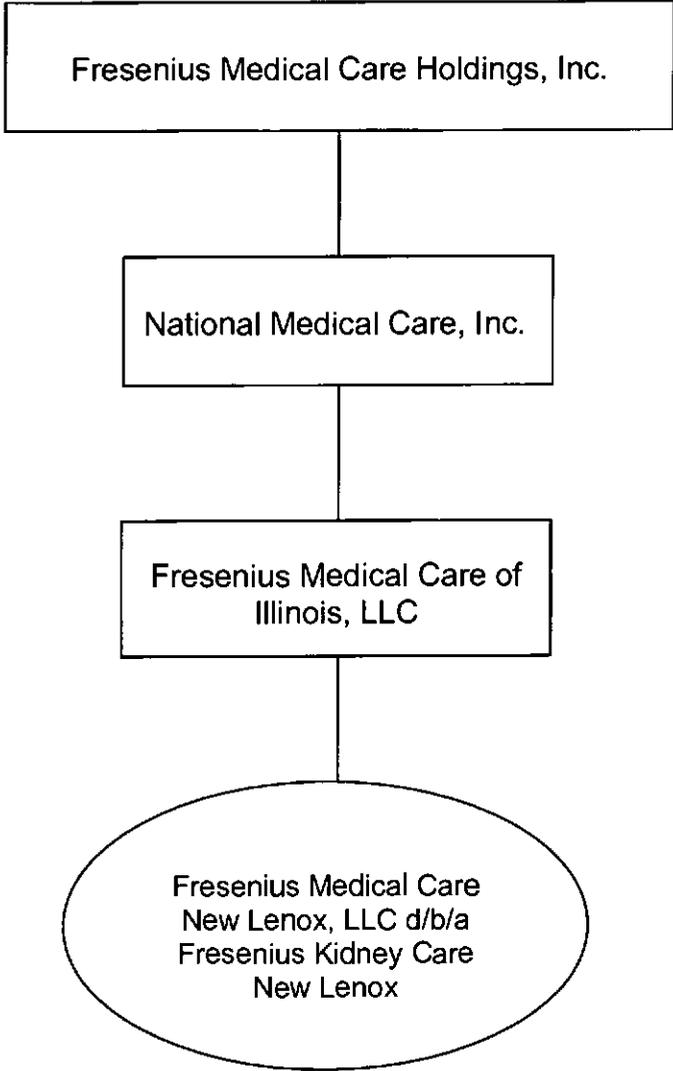
Exact Legal Name <i>Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Bill Valle</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451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

Type of Ownership of Applicant

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

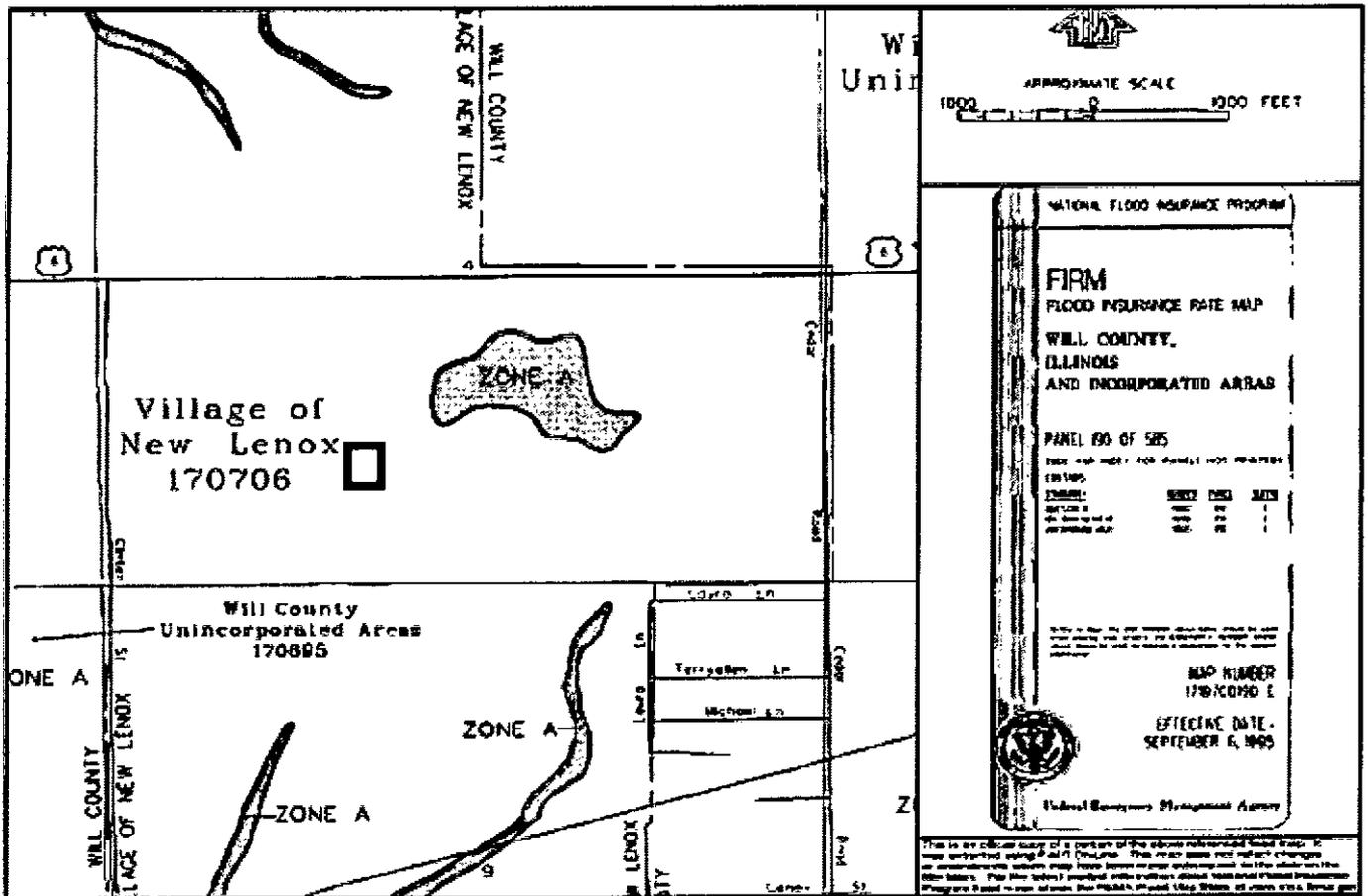
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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



Flood Plain Requirements

The proposed site for Fresenius Kidney Care New Lenox complies with the requirements of Illinois Executive Order #2005-5. The site, Southside of Cedar Crossing Drive, Cedar Crossing Development, New Lenox, is not located in a flood plain.





Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

Will County
New Lenox
Cedar Crossing Drive
IEPA
New construction, medical office building / Fresenius Dialysis - Cedar Crossing Development

PLEASE REFER TO: SHPO LOG #001101817

November 3, 2017

Chad Middendorf
Meridian Investment Partners LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

Dear Mr. Middendorf:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Joe Phillippe at 217/785-1279 or joe.phillippe@illinois.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel".

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

cc: Lori Wright, Fresenius Kidney Care

Historical Determination
ATTACHMENT - 6

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	70,980
Temp Facilities, Controls, Cleaning, Waste Management	3,549
Concrete	18,171
Masonry	21,578
Metal Fabrications	10,647
Carpentry	124,783
Thermal, Moisture & Fire Protection	25,269
Doors, Frames, Hardware, Glass & Glazing	97,243
Walls, Ceilings, Floors, Painting	229,265
Specialities	17,745
Casework, FI Mats & Window Treatments	8,518
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	454,272
Wiring, Fire Alarm System, Lighting	273,699
Miscellaneous Construction Costs	63,882
Total	1,419,600
Contingencies	\$140,400
Architecture/Engineering Fees	\$152,800
Moveable or Other Equipment	
Dialysis Chairs	30,000
Clinical Furniture & Equipment	32,000
Office Equipment & Other Furniture	32,000
Water Treatment	180,000
TVs & Accessories	30,000
Telephones	20,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	14,000
Total	\$368,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (7,800 GSF)	4,193,848
FMV Leased Dialysis Machines	200,550
FMV Leased Office Equipment	13,000
Total	\$4,407,398
Grand Total	\$6,488,198

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#15-028	Fresenius Kidney Care Schaumburg	Establishment	02/28/2017	Obligated/ Construction End Date 10/2017
#15-036	Fresenius Kidney Care Zion	Establishment	06/30/2017	Obligated/Construction End Date 1/2018
#15-046	Fresenius Kidney Care Beverly Ridge	Establishment	06/30/2017	Obligated/Construction End Date 10/2017
#15-050	Fresenius Kidney Care Chicago Heights	Establishment	12/31/2017	Open
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2017	Obligated/Construction End Date 10/2017
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Obligated/Construction End Date 11/2017
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/ Expansion	12/31/2018	Permitted January 24, 2017
#16-034	Fresenius Kidney Care Woodridge	Establishment	12/31/2017	Obligated/Construction End Date 2/2018
#16-042	Fresenius Kidney Care Paris Community	Establishment	09/30/2018	Permitted March 14, 2017
#16-049	Fresenius Medical Care Macomb	Relocation/ Expansion	12/31/2018	Obligated/Construction End Date 11/2017
#17-004	Fresenius Kidney Care Mount Prospect	Establishment	12/31/2018	Permitted May 2, 2017
#17-033	Fresenius Kidney Care Palatine	Expansion	12/31/2018	Permitted September 26, 2017
#17-023	Fresenius Medical Care Oswego	Expansion	12/31/2018	Permitted September 26, 2017
#17-025	Fresenius Kidney Care Crestwood	Relocation	09/30/2019	Permitted September 26, 2017
#17-027	Fresenius Medical Care Sandwich	Expansion	12/31/2018	Permitted September 26, 2017

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-center Hemodialysis	5,052,524		6,020		6,020		
Total Clinical	\$5,052,524		6,020		6,020		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	1,435,674		1,780		1,780		
Total Non-clinical	\$1,435,674		1,780		1,780		
TOTAL	\$6,488,918		7,800		7,800		

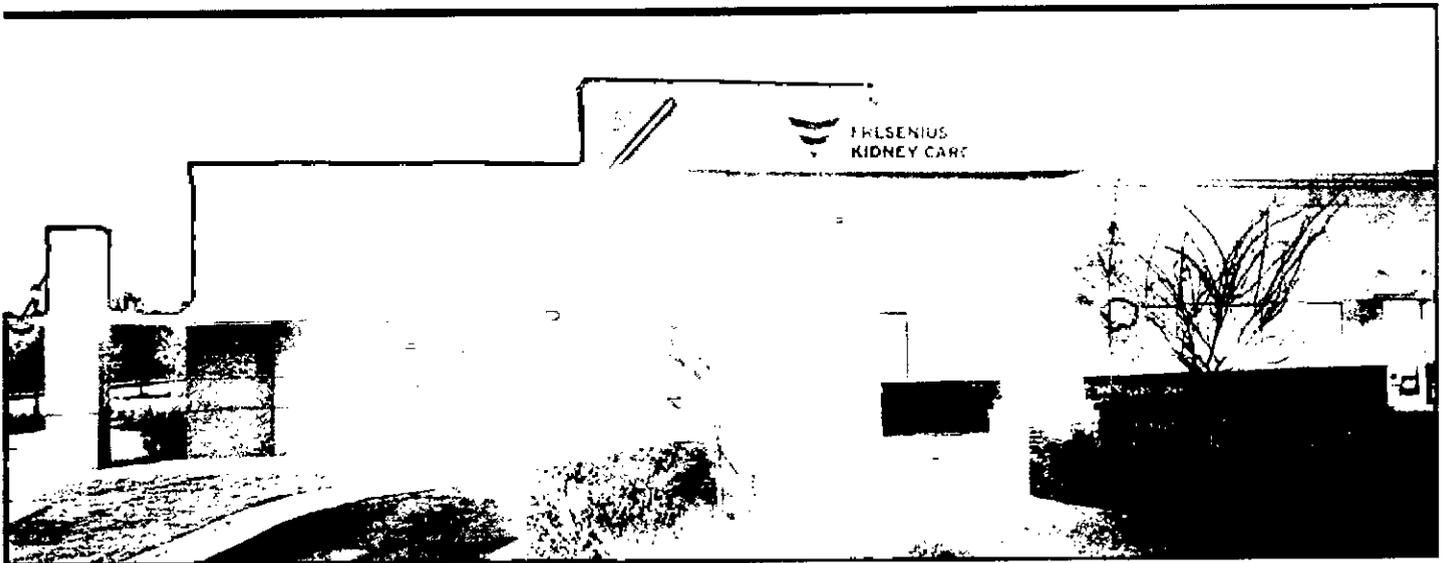


FRESENIUS KIDNEY CARE

About Us

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to nearly 180,000 people with kidney disease at more than 2,300 facilities nationwide. Fresenius Kidney Care patients have access to FMCNA's integrated network of kidney care services ranging from cardiology and vascular care to pharmacy and lab services as well as urgent care centers and the country's largest practice of hospitalist and post-acute providers. The scope and sophistication of this vertically integrated network provides us with seamless oversight of our patients' entire care continuum.

As a leader in renal care technology, innovation and clinical research, FMCNA's more than 67,000 employees are dedicated to the mission of delivering superior care that improves the quality of life for people with kidney disease. Fresenius Kidney Care supports people by helping to address both the physical and emotional aspects of kidney disease through personalized care, education and lifestyle support services so they can lead meaningful and fulfilling lives.



Bringing Our Mission to Life

At Fresenius Kidney Care, we understand that helping people with end stage renal disease (ESRD) live fuller, more active and vibrant lives is about much more than providing them with the best dialysis care. It's about caring for the whole person. That's why we use our vast resources to care for our patients emotional, medical, dietary, financial and well-being needs.

We also provide educational support for people with chronic kidney disease (CKD), including routine classes for people with later stage CKD. Our robust education programs are designed to improve patient outcomes and improve the quality of life for every patient.



- **KidneyCare:365**—A company-wide program designed to educate patients with CKD or ESRD about living with kidney disease. These classes are held routinely at a variety of locations including clinics, hospitals and physician offices. Class topics include understanding CKD, eating well, social support and treatment options.
- **Navigating Dialysis Program** – A patient education and engagement program focused on empowering patients with the knowledge they need to thrive during their first 90 days on dialysis. In-center and at-home patients receive a starter kit and supporting touchpoints from members of their care team covering topics like treatment, access, eating well and thriving.
- **Catheter Reduction Program** – A key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates.

Value Based Care Model

Healthcare is moving toward a value-based system focused on caring for the whole patient, improving efficiencies and reducing costs. One way that FMCNA has demonstrated its commitment is through a significant investment in End Stage Renal Disease Seamless Care Organizations (ESCOs), the nation's first disease-specific shared savings program designed to identify, test and evaluate new ways to improve care for Americans with ESRD.

In January 2017, the Centers for Medicaid and Medicare Services (CMS) awarded 18 new ESCO contracts to FMCNA, which was in addition to the six ESCOs the company was awarded in 2015. FMCNA now operates 24 of the 37 ESCOs awarded by CMS. FMCNA holds two ESCO contracts in Illinois, including Chicago and Bloomington.

Under each ESCO, local nephrologists and dialysis providers partner to develop an innovative care model based on highly coordinated, patient-centered care. By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid hospitalizations and help patients move from high-risk to lower-risk on the health care continuum.

The cornerstone of the ESCO program for FMCNA is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the CNU can anticipate issues before they arise and help patients respond more quickly when they happen. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance we place on patients taking active roles in their own care.

At FMCNA, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for hundreds of thousands of chronically ill people and enhance the lives of those trusted to our care.



Five Star Quality Rated by CMS

Fresenius Kidney Care achieved the largest number of top-rated, Five Star dialysis centers in Illinois in 2016, based on the Dialysis Facility Compare Five Star Quality Rating System issued by CMS. This focus on quality continues to drive Fresenius Kidney Care's success in Illinois.

Overview of Services



Treatment Settings and Options

- ✓ In-center hemodialysis
- ✓ At-home hemodialysis
- ✓ At-home peritoneal dialysis



Patient Support Services

- ✓ Nutritional counseling
- ✓ Social work services
- ✓ Home training program
- ✓ Clinical care
- ✓ Patient travel services
- ✓ Patient education classes
- ✓ Urgent care (acute)



Counseling and Guidance for Non-Dialysis Options

- ✓ Kidney transplant
- ✓ Supportive care without dialysis

Our Local Commitment



Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI). The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Our Fresenius Kidney Care employees in the Chicago area raised over \$25,000 for the NKFI Kidney Walk in downtown Chicago through pledges and t-shirt sales. In addition to the local fundraising efforts, each year Fresenius Kidney Care donates \$25,000 to the NKFI and another \$5,000 in downstate Illinois.



Fresenius Medical Care Achieves Improved Health Outcomes and Savings through National Medicare Demonstration Program

Results of Centers for Medicare & Medicaid Program Administered by Fresenius Medical Care Demonstrate Reduced Readmission and Hospitalization Rates, Significant Savings

Waltham, Mass. – Oct. 30, 2017 – Fresenius Medical Care North America (FMCNA), the country's leading provider of kidney care products and services, announced today the first performance year results from its End Stage Renal Disease Seamless Care Organizations (ESCOs). The results, which cover the period from October 2015 through December 2016, show improved health outcomes for patients receiving care coordination through the ESCOs. This success was validated by an independent report from Lewin Group, which showed a nearly nine percent decrease in hospitalization rates for these patients during the same time. As a result, Fresenius Medical Care ESCOs together generated more than \$43 million in gross savings, with all six of its first-year ESCOs exceeding the shared savings benchmark. Savings generated by the individual ESCOs were as follows:

- Fresenius Seamless Care of Charlotte \$2,402,195
- Fresenius Seamless Care of Chicago \$11,177,183
- Fresenius Seamless Care of Columbia \$4,378,765
- Fresenius Seamless Care of Dallas \$8,163,716
- Fresenius Seamless Care of Philadelphia \$6,867,054
- Fresenius Seamless Care of San Diego \$10,269,857

FMCNA's ESCO programs, known as Fresenius Seamless Care, were established through an agreement with the Centers for Medicare & Medicaid Services (CMS) as part of CMS' Comprehensive End Stage Renal Disease (ESRD) Care (CEC) Demonstration Program, the nation's first disease-specific shared savings program. This program was designed to identify, test and evaluate new ways to improve care for Americans with ESRD. Under each ESCO, local nephrologists and dialysis providers partner to develop innovative care models based on highly coordinated, patient-centered care. Patients retain all of their Medicare benefits and the freedom to choose their providers.

The first-year report covers the period from October 2015 through December 2016 and includes results of FMCNA's first six ESCOs, including Philadelphia, Pa.; Charlotte, N.C.; Dallas, Texas; San Diego, Calif.; Columbia, S.C. and Chicago, Ill. In January 2017, Fresenius Medical Care added 18 new ESCOs for a total of 24, giving the company the largest ESCO presence of any dialysis provider in the nation with approximately 800 physician partners. Including FMCNA, there are currently seven dialysis organizations participating in the program across 37 ESCOs.

"Since the launch of the ESCO program, we've enjoyed a strong working relationship with CMS and have appreciated the opportunity to help shape the future of care for this vulnerable patient population," said William McKinney, president of FMCNA's Integrated Care Group. "The first year results offer validation that our approach to ESRD patient care, placing the patient at the center of an intensely focused, highly collaborative care team, is key to improving patient outcomes, and we're pleased that CMS allowed us to expand our services to cover more patients in 2017."



The success of the Fresenius Seamless Care ESCOs can be largely attributed to the unique structure of the patient care team. It is a collaboration between local care providers and FMCNA's Care Navigation Unit (CNU), a team of specialized dialysis nurses and service coordinators who work together closely to provide around-the-clock care management and patient support. By focusing on the unique clinical and psycho-social needs of each patient, the CNU anticipates issues before they arise and helps patients, their families and their providers respond more quickly.

"We are excited to bring a holistic and high level of care management and quality focus to these cities, states and regions," said Frank Maddux, MD, chief medical officer and executive vice president for clinical and scientific affairs, FMCNA. "The reduction in readmissions and hospitalizations, as well as the cost savings, are only the beginning. We are looking to measure quality outcomes even more closely so we can continue to improve and innovate care models for the betterment of our patients."

Although the first year results focus primarily cost savings, FMCNA also met all other quality reporting requirements. In addition, all of the nephrologists in FMCNA's ESCOs achieved "qualifying provider" status as a result of their participation in this advanced alternative payment model (Advanced APM) and are eligible for a 5% increase in their 2019 Medicare fee schedule. Participation in the ESCO program reinforces FMCNA's support of physicians and the healthcare system to improve care and reduce costs.

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About Fresenius Medical Care North America

Fresenius Medical Care North America is the premier health care company focused on providing the highest quality care to people with renal and other chronic conditions. Through its industry-leading network of dialysis facilities, outpatient cardiac and vascular labs, and urgent care centers, as well as the country's largest practice of hospitalist and post-acute providers, Fresenius Medical Care North America provides coordinated health care services at pivotal care points for hundreds of thousands of chronically ill customers throughout the continent. As the world's largest fully integrated renal company, it offers specialty pharmacy and laboratory services, and manufactures and distributes the most comprehensive line of dialysis equipment, disposable products and renal pharmaceuticals. For more information, visit the FMCNA website at <https://fmcna.com>.

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document.

###

Contact:

Fresenius Medical Care North America
Katherine Dobbs, 781-699-9039
Vice President of Corporate Communications
Katherine.Dobbs@fmc-na.com

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Bolingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Galesburg	14-8628	765 N Kellogg St, Ste 101	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	14-2821	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect	-	1710-1790 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersirk	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neilnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care New Lenox, LLC

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

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

By: [Signature]
ITS: _____
Thomas D. Brouhard, Jr.
Assistant Treasurer

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

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

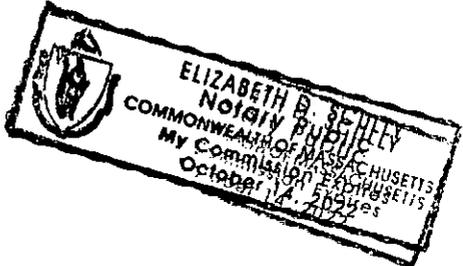
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

[Signature]
Signature of Notary

Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: [Signature]
ITS: Thomas D. Brouillard, Jr.
Assistant Treasurer

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

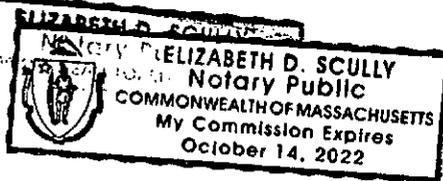
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Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

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Criterion 1110.230 – Purpose of Project

The purpose of this project is to provide access to dialysis services in an area exhibiting high population growth, above average growth of End Stage Renal Disease (ESRD) and ongoing high clinic utilization. There are two clinics that serve the immediate northwest New Lenox and east Joliet area, DaVita New Lenox and Fresenius Joliet. These facilities are operating at a combined average utilization rate of 82% with a total of 174 patients. Access is severely restricted in the area due to a higher than average yearly increase of ESRD. It is our goal to not only maintain access to dialysis services but to provide access to treatment schedule times that will best serve each patient's individual needs, allow for adequate transportation options and to keep up with the significant increase in demand for dialysis services in the New Lenox market.

The proposed clinic will be located in New Lenox which is in Will County, HSA 9. Specifically, it will serve New Lenox and the east side of Joliet as well as outlying communities further south.

High utilization and lack of choice of treatment times create access issues for the immediate New Lenox area. Fresenius Joliet was certified at the end of 2012 with 16 stations and has operated at 80% or just under. It is at 74% as of November 2017. The other facility serving the area, DaVita New Lenox, is near capacity at 91%. Any other facility with capacity is 9-24 miles away which places many of these even further away from where identified patients live. Additional access is needed to prevent patients from having to drive outside of the immediate New Lenox/East Joliet market for services, sacrificing continuity of care and increasing healthcare costs.

Fresenius Kidney Care New Lenox will not only create much needed access but will provide additional favored treatment shift times in this market. Shift choice allows patients more freedom to maintain their lifestyle and/or work schedule along with additional access to transportation services (which often do not operate after 4:00p.m.). Due to the length of time it takes to build a brand-new facility and obtain certification it is imperative that this additional access be granted now to prepare for the continued growth of ESRD in this market.

The goal of Fresenius Kidney Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would maintain the same quality outcomes the Fresenius clinics in Illinois as listed below:

97% of patients had a URR \geq 65%
97% of patients had a Kt/V \geq 1.2

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

Alternatives

1) All Alternatives

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

The only option that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. Not acting on the current utilization and historical 6% growth of ESRD in this area will simply maintain the lack of access to dialysis services in the New Lenox/East Joliet market. There is no cost to this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

The ownership of this facility is structured so that later on if there was the desire to form a joint venture, a partner would be able to invest in the facility. Fresenius Kidney Care, however, always maintains direct control of its facilities.

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

Kidney Care physicians have privileges at and currently refer patients to several area facilities including DaVita New Lenox and FKC Joliet (where they serve as medical director), however the New Lenox facility is near capacity with 104 patients and the FKC Joliet facility is at 74% with 71 patients as of November. Given the 7% yearly average growth of ESRD in the zip codes within 30-minutes travel time, the FKC Joliet facility is expected to be full before the FKC New Lenox facility is operating. There is no cost to this alternative.

D. Reasons why the chosen alternative was selected

The most efficient long-term solution to maintaining access to dialysis services in the New Lenox/East Joliet market is to establish Fresenius Kidney Care New Lenox as area utilization continues to rise. The cost of this project is \$6,488,198. While this is the costliest alternative, the expense is to Fresenius Kidney Care only. Patients will benefit from continued access in New Lenox, choice of preferred treatment times and reduced travel times/expenses while maintaining continuity of care with their nephrologist and other healthcare services.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Loss of access to dialysis services in the New Lenox/East Joliet market of Will County.	Patient clinical quality would remain above standards unless patients miss treatments due to travelling out of their healthcare market for services.	Patients will have higher transportations costs due to travelling out of their healthcare market for services.
Form a Joint Venture	\$6,488,198	Patient access would remain the same whether Joint Venture or not.	Patient quality would remain the same whether Joint Venture or not.	Fresenius Kidney Care, always maintains majority control of its facilities and is able to meet its obligations.
Utilize Area Providers	\$0	Physicians already admit patients to many area clinics. Due to near capacity utilization at DaVita New Lenox and FKC Joliet approaching 80%, patients will have to go outside of market for services creating excessive transportation problems and loss of continuity of care.	Patients may be forced to go to a non-Fresenius clinic where we cannot guarantee quality standards. Fresenius clinics will maintain above standard quality outcomes such as the FKC Joliet facility.	No financial cost to Fresenius Medical Care. Cost of patient's transportation would increase with higher travel times and higher healthcare costs due to inaccessibility to treatment and/or lack of access to favorable treatment times.
Establish Fresenius Kidney Care New Lenox	\$6,488,198	Maintaining access to dialysis treatment for the New Lenox/East Joliet market and improved access to favored treatment times allowing patients adequate transportation options.	Fresenius Medical Care exceeds all quality standards and will offer the same high quality at the New Lenox facility as at all of its facilities.	The cost is to Fresenius Medical Care only.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care Joliet, a 3-star rated facility that serves a medically underserved area, has had above standard quality outcomes. The New Lenox facility is expected to have similar outcomes to Fresenius Illinois clinics as listed below:

- 97% of patients had a URR \geq 65%
- 97% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	6,020 (12 Stations)	5,400 – 7,800 BGSF	None	Yes
Non-clinical	1,780	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 6,020 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services 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		38%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		83%	80%	Yes

After accounting for patient attrition Dr. Awua-Larbi has 60 patients to refer to the facility in the first two years of operation bringing the facility above 80% target utilization thereby meeting this requirement.

Background of the Applicant

Information on Applicant Background is found at Attachment 11.

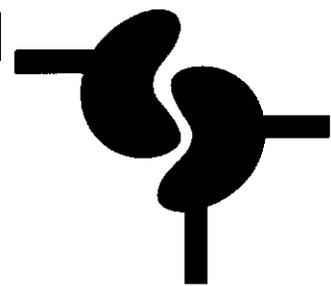
Planning Area Need – Formula Need Calculation:

The proposed Fresenius Kidney Care New Lenox dialysis facility is located in New Lenox in HSA 9. HSA 9 is comprised of suburban Will, Grundy, Kendall and Kankakee Counties. According to the September 2017 Inventory there is A need for an additional 31 stations in this HSA.

Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to residents of HSA 9 in Will County.

County	HSA	Pre-ESRD Patients who will be referred to Fresenius Kidney Care New Lenox
Will	9	56 patients – 93%
Cook	7	4 patients – 7%



KIDNEY CARE CENTER

Your Partners In Health

November 7, 2017

Ms. Kathryn Olson
Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist practicing in Will County in the New Lenox/Joliet/Lemont area with the Kidney Care Center nephrology practice based in Joliet. I serve as Medical Director of the Fresenius Kidney Care Lemont dialysis center. Along with my partners, I refer patients to DaVita New Lenox, West Joliet, Fresenius Medical Care Joliet, Plainfield, Plainfield North, Mokena, Lemont and to Joliet Home Dialysis Network and Sun Health. The Joliet and New Lenox area facilities, serving the heavily populated East Joliet area and north New Lenox, have experienced a continual increase of end stage renal disease (ESRD) patients over the past several years. The two facilities serving this immediate area, DaVita New Lenox and Fresenius Joliet, are operating at high utilization rates. For this reason, I am in full support of the proposed Fresenius Kidney Care New Lenox dialysis clinic to keep access to dialysis in this area.

DaVita New Lenox is almost at capacity and the Fresenius Joliet facility is nearing 80% utilization. With clinics operating at high utilization rates such as these it is especially difficult for a new patient who lives near these facilities to find a treatment time that is suitable without travelling out of the area. Most often they must be placed on the last shift of the day which eliminates nearly all of their transportation options. It is my desire to place patients on an appropriate treatment shift while keeping them near their home due to transportation problems that challenge dialysis patients.

Over the past three years Kidney Care Center was treating 127 hemodialysis patients at the end of 2014, 145 at the end of 2015, 149 at the end of 2016 and 155 as of September 2017, as reported to The Renal Network. As well, over the past twelve months, we have referred 39 hemodialysis patients to those facilities mentioned above. Kidney Care Center is a strong supporter of home dialysis and currently treats 88 home dialysis patients. There are 28 CKD Stage 5 patients who we will likely refer to either the FKC Joliet or DaVita New Lenox facility in the next 1-2 years. There are another 60 Stage 4 patients that we expect to refer to the proposed Fresenius New Lenox location in the first two years it is operating. As well, I will continue to refer patients who live closer to other facilities to those clinics closer to their homes. I will also encourage patients who are good candidates for home dialysis services to that modality.

812 Campus Drive • Joliet, IL 60435
Office: 815.741.6830 • Fax: 815.741.6832
www.kidneycare.com

Physician Referral Letter
ATTACHMENT - 24c - 3

56

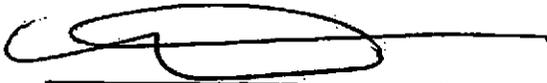
KIDNEY CARE CENTER

Your Partners In Health

I therefore urge the Board to approve the establishment of Fresenius Kidney Care New Lenox to keep access to dialysis treatment available to the patients in this rapidly growing area of Will County. 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,

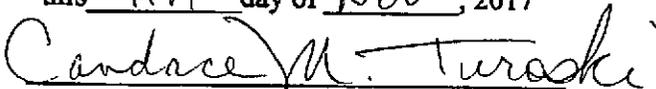


Stella Awua-Larbi, M.D.

Notarization:

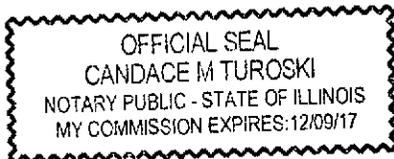
Subscribed and sworn to before me

this 9th day of Nov, 2017



Signature of Notary

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**PRE - ESRD PATIENTS DR. AWUA-LARBI & KIDNEY CARE EXPECT TO REFER TO
FRESENIUS KIDNEY CARE NEW LENOX
IN FIRST 2 YEARS OF OPERATION**

Zip Code	Patients
60421	2
60423	9
60432	7
60433	13
60436	9
60448	7
60451	7
60467	3
60481	2
60487	1
Total	60

**NEW REFERRALS OF DR. AWUA-LARBI AND KIDNEY CARE FOR THE PAST TWELVE
MONTHS – 10/01/2016 THROUGH 09/30/2017**

Zip Code	Fresenius Kidney Care					DaVita	Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	
60403	1				1		2
60410	1				1		2
60423			1				1
60432	4	1					5
60433	2						2
60435	3			1			4
60436	1			1			2
60439		5					5
60440	1						1
60441					1		1
60446				2			2
60448			2				2
60451						1	1
60459	1						1
60477			1				1
60491						1	1
60544				1			1
60545	1						1
60585				1			1
60586				3			3
Total	15	6	4	9	3	2	39

**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2014**

Zip Code	Fresenius Kidney Care					DaVita		Sun Health	Total
	Joliet	Mokena	Morris	Naperville	Plainfield	New Lenox	West Joliet		
60403	1			1	5		1		8
60404					3		1		4
60429					1				1
60431					2				2
60432	16				3		1		20
60433	18				1				19
60434	1								1
60435	10				7		3		20
60436	5				2		3	2	12
60441	3								3
60444			1						1
60446					2				2
60447			2		2				4
60450					1				1
60451	4					1			5
60462		1							1
60467						1			1
60481	1								1
60487		1							1
60491						1	1		2
60544	1				2		1		4
60563	1								1
60585					2				2
60586					10				10
60623					1				1
Total	61	2	3	1	44	3	11	2	127

**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2015**

Zip Code	Fresenius Kidney Care				DaVita		Total
	Joliet	Mokena	Morris	Plainfield	New Lenox	West Joliet	
60403	2			4		1	7
60404				4		1	5
60410	1						1
60423		1					1
60429				1			1
60431	1			3			4
60432	19			3	1		23
60433	15			1			16
60434	1						1
60435	10			8		1	19
60436	8			4	1	1	14
60441	2						2
60446	2			2			4
60447			1	2			3
60448		3					3
60450			1	2			3
60451	4						4
60454				1			1
60462		1					1
60467					1		1
60487		1					1
60491	1				1		2
60544				5			5
60585				1			1
60586				18			18
60610	1						1
60622				1			1
60629				1			1
60638	1						1
Total	68	6	2	61	4	4	145

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**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2016**

Zip Code	Fresenius Kidney Care					DaVita		Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	West Joliet	
60403	2			5			2	9
60404				2			2	4
60410	1							1
60421	1							1
60423			3					3
60429				1				1
60431				4	1			5
60432	17			2		1		20
60433	16			1				17
60434	1							1
60435	12	1		5	1		2	21
60436	11			2			2	15
60439		2						2
60441	3						2	5
60446	1	1		2	1			5
60448			2					2
60450				3				3
60451	3					1		4
60462			1					1
60467			1					1
60491	1					1		2
60544				3	2		1	6
60585				1				1
60586				15				15
60623	1							1
60638	1							1
60643						1		1
61554				1				1
Total	71	4	7	47	5	4	11	149

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**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 9/2017**

Zip Code	Fresenius Kidney Care					DaVita		Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	West Joliet	
60403	3			4	1		2	10
60404		1		3			2	6
60410	1				1			2
60423			3					3
60429				1				1
60431				4	1			5
60432	18	1		2		1		22
60433	13			1				14
60434	1							1
60435	12	1		6	1		2	22
60436	9			2	1		1	13
60439		5						5
60440	1							1
60441	3				1			4
60446		1		3	1			5
60448			4					4
60449			1					1
60450				2				2
60451	2					2		4
60459	1							1
60462			1					1
60467			1					1
60477			2					2
60491	1					1		2
60544				3	2			5
60545	1							1
60585				1				1
60586				14				14
60623				1				1
60638	1							1
Total	67	9	12	47	9	4	7	155

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Service Accessibility – Service Restrictions

The Fresenius Kidney Care New Lenox ESRD facility is being proposed in response to high utilization at clinics in the immediate area of the New Lenox/East Joliet market, high average annual growth rates of market clinic patients, high growth of ESRD in the immediate zip codes and in Will County. These factors are creating a barrier to adequate treatment times in the market and near lack of access at the DaVita New Lenox facility. New Lenox is one of the fastest growing communities in the State with a 25% growth rate from 2000-2010 according to the U.S. Census Bureau.

Facilities within 30 Minutes Travel Time of Fresenius Kidney Care New Lenox

Facility	Address	City	Zip Code	MapQuest		x 1.15 Adj	September 2017			Utilization Op < 2 years
				Miles	Time		Stations	Patients	Utilization	
DaVita New Lenox	1890 Silver Cross Blvd.	New Lenox	60432	0.4	2	2.3	19	104	91.23%	91.23%
FKC Joliet	721 E. Jackson Street	Joliet	60432	4.7	9	10.35	16	68	70.83%	70.83%
FKC Lemont ¹	16177 W 127th Street	Lemont	60439	9.1	10	11.5	12	21	29.17%	-
FKC Mokena ²	8910 W 192nd St	Mokena	60448	9.4	13	14.95	14	55	65.48%	65.48%
FKC Bolingbrook	329 Remington Blvd	Bolingbrook	60440	15.9	17	19.55	24	124	86.11%	86.11%
Sun Health	2121 W Oneida St	Joliet	60435	12	19	21.85	17	54	52.94%	52.94%
FKC Woodridge ³	7550 Janes Avenue	Woodridge	60517	16.2	19	21.85	12	0	0%	-
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	16.3	19	21.85	13	65	83.33%	83.33%
FKC Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	17.6	19	21.85	16	79	82.29%	82.29%
FKC Orland Park	9160 W 159th St	Orland Park	60462	10	20	23	18	66	61.11%	61.11%
DaVita Country Hills	4215 W 167th	Country Club Hills	60478	17.4	20	23	24	100	69.44%	69.44%
FKC Oak Forest	5340 W 159th St	Oak Forest	60452	18	20	23	12	59	81.94%	81.94%
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443	18.6	20	23	27	122	75.31%	75.31%
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429	18.7	21	24.15	20	103	85.83%	85.83%
DaVita Harvey	16657 Halsted St	Harvey	60426	20.5	22	25.3	18	73	67.59%	67.59%
DaVita Tinley Park ⁴	16767 S 80th Avenue	Tinley Park	60477	11.5	23	26.45	12	16	22.22%	-
Concerto ⁵	14255 S. Cicero Ave	Crestwood	60445	19.4	24	27.6	9	-	-	-
USRC Oak Brook	1201 Butterfield Road	Oowners Grove	60515	23.3	24	27.6	13	69	88.46%	88.46%
FKC South Suburban	2601 Lincoln Hwy	Olympia Fields	60461	21.2	25	28.75	27	122	75.31%	75.31%
FKC Downers Grove	3825 Highland Ave	Downers Grove	60515	22.6	25	28.75	16	70	72.92%	72.92%
FKC Alsip	12250 S Cicero Ave	Alsip	60803	23.6	25	28.75	20	90	75%	75.00%
FKC Willowbrook	6300 S Kingery Highway	Willowbrook	60527	20.2	26	29.9	20	78	65%	65.00%
FKC Lombard	1940 Springer Dr	Lombard	60148	23.9	26	29.9	12	49	68.06%	68.06%
Totals & Averages							391	1,587	67%	75%

- 1) FKC Lemont certified November 2016 and is in 2-year ramp up phase.
- 2) FKC Mokena just added 2 stations due to high utilization.
- 3) FKC Woodridge permitted March 2017 is not operating yet.
- 4) DaVita Tinley Park was certified December 2016 and is in 2-year ramp up phase.
- 5) Concerto Dialysis is a nursing home based facility and did not report 3rd quarter census.

Facilities below were found to be over 30-minutes travel time.

Facility	Address	City	Zip Code	Miles	Time	Miles	Time
FKC Blue Island	12200 Western Ave	Blue Island	60406	24.6	27	31.05	28
DaVita West Joliet	1051 Essington Road	Joliet	60435	10.5	27	31.05	29
DCC Olympia Fields	3322 Vollmer Road	Olympia Fields	60461	21.2	27	31.05	11
DaVita South Holland	16100 LaSalle Street	South Holland	60473	22.5	27	31.05	24
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	12.7	29	33.35	12
DaVita Chicago Ridge	10511 S Harlem	Worth	60482	17.1	31	35.65	16
FKC Plainfield North	24024 Riverwalk Court	Plainfield	60544	16.5	33	37.95	10
FKC Plainfield	2320 Michas Drive	Plainfield	60586	14.1	35	40.25	16
FKC Crestwood	4809 W. Midlothian Trpk	Crestwood	60445	17.3	36	41.4	24
USRC Hickory Hills	19528 S. Roberts Road	Hickory Hills	60457	19.1	36	41.4	13

Due to high utilization at the two current facilities serving the New Lenox/East Joliet market, DaVita New Lenox at 91% and FKC Joliet, now at 74%, access to dialysis services is becoming increasingly restricted. It will only take 3 more patients to bring utilization at FKC Joliet above the 80% State utilization standard, and only 10 more patients before DaVita New Lenox is at capacity. It is

imperative not to wait further to maintain access in this market because the FKC New Lenox facility will not be operating for two more years. If we do not act now, there will simply be no access to services in the near future.

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While there may be availability at some facilities within 30-minutes travel time, all but the two closest clinics are between 9 and 24 miles away and many require highway travel to access. This is not ideal for an ill and often elderly dialysis patient. This is especially true of those patients who reside in East Joliet, which is a medically underserved area. As the FKC Joliet facility fills up and DaVita New Lenox is near capacity, these patients will need access near their homes, not further away causing unnecessary transportation problems and loss of continuity of care.

Area Population and ESRD Growth

Contributing to the rising utilization at the DaVita New Lenox/FKC Joliet clinics is the average 7% annual growth rate of these two clinic's census combined. This could be attributed to high population growth, higher than average increase of ESRD in the zip codes within 30 minutes travel time and of Will County as a whole.

Facility	In-Center Patients Dec 31st			
	2013	2014	2015	2016
FKC Joliet	48	66	68	74
DaVita New Lenox	83	84	91	96
Total	131	150	159	170

7%

Area Population Growth

Area	2000	2010	Growth
New Lenox 60451	27,338	34,063	25%
Joliet (City)	106,221	147,433	39%
Will County	502,266	677,560	35%

- New Lenox is one of the fastest growing towns in Illinois. From 2000-2010, according to the U.S. Census Bureau, it experienced a 25% increase in population.

Zip Code	ESRD By Zip Code			
	2013	2014	2015	2016
60421	9	5	5	5
60423	13	9	7	21
60432	50	52	55	55
60433	47	49	48	54
60436	48	58	54	61
60448	11	12	17	26
60451	18	20	23	22
60467	18	14	17	21
60481	12	10	8	11
60487	12	14	20	19
Total	238	243	254	295

- Over the past four years the ESRD population by zip code in the 30-minute travel radius around New Lenox has increased, on average, 6% per year.

Will County	ESRD			
	2013	2014	2015	2016
	698	722	856	905

- Will County, during the same time, experienced an average 7% yearly increase in the ESRD population while the State of Illinois' growth rate was only 3%.

State of Illinois	ESRD			
	2013	2014	2015	2016
	18,134	18,736	19,615	20,276

As part of responsible planning for future patients, as evidenced by historical growth in this area, the proposed Fresenius Kidney Care New Lenox facility will be ready to meet the expected demand for dialysis services in the New Lenox/East Joliet market of Will County.

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES
2011-2015 American Community Survey 5-Year Estimates

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Versions of this table are available for the following years:
 2015
 2014
 2013
 2012
 2011

Subject	ZCTA5 60432			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	20,851	+/-851	20,851	(X)
Male	10,574	+/-645	50.7%	+/-1.8
Female	10,277	+/-475	49.3%	+/-1.8
Under 5 years	1,931	+/-260	9.3%	+/-1.2
5 to 9 years	2,136	+/-301	10.2%	+/-1.3
10 to 14 years	1,823	+/-263	8.7%	+/-1.1
15 to 19 years	1,573	+/-261	7.5%	+/-1.2
20 to 24 years	1,612	+/-234	7.7%	+/-1.1
25 to 34 years	2,947	+/-370	14.1%	+/-1.6
35 to 44 years	3,373	+/-370	16.2%	+/-1.7
45 to 54 years	2,585	+/-267	12.4%	+/-1.3
55 to 59 years	591	+/-153	2.8%	+/-0.7
60 to 64 years	653	+/-118	3.1%	+/-0.6
65 to 74 years	1,014	+/-154	4.9%	+/-0.7
75 to 84 years	442	+/-120	2.1%	+/-0.6
85 years and over	171	+/-79	0.8%	+/-0.4
Median age (years)	30.0	+/-1.3	(X)	(X)
18 years and over	13,986	+/-598	67.1%	+/-1.6
21 years and over	13,124	+/-586	62.9%	+/-1.6
62 years and over	1,956	+/-230	9.4%	+/-1.1
65 years and over	1,627	+/-220	7.8%	+/-1.1
18 years and over	13,986	+/-598	13,986	(X)
Male	6,936	+/-461	49.6%	+/-1.8
Female	7,050	+/-315	50.4%	+/-1.8
65 years and over	1,627	+/-220	1,627	(X)
Male	750	+/-150	46.1%	+/-5.5
Female	877	+/-130	53.9%	+/-5.5
RACE				
Total population	20,851	+/-851	20,851	(X)
One race	20,402	+/-832	97.8%	+/-0.9
Two or more races	449	+/-199	2.2%	+/-0.9
One race	20,402	+/-832	97.8%	+/-0.9

Subject	ZCTA5 60432			
	Estimate	Margin of Error	Percent	Percent Margin of Error
White	10,335	+/-855	49.6%	+/-3.7
Black or African American	4,407	+/-544	21.1%	+/-2.6
American Indian and Alaska Native	66	+/-66	0.3%	+/-0.3
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	291	+/-209	1.4%	+/-1.0
Asian Indian	0	+/-20	0.0%	+/-0.1
Chinese	74	+/-116	0.4%	+/-0.6
Filipino	83	+/-115	0.4%	+/-0.5
Japanese	0	+/-20	0.0%	+/-0.1
Korean	89	+/-74	0.4%	+/-0.4
Vietnamese	0	+/-20	0.0%	+/-0.1
Other Asian	45	+/-84	0.2%	+/-0.4
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	5,303	+/-800	25.4%	+/-3.5
Two or more races	449	+/-199	2.2%	+/-0.9
White and Black or African American	249	+/-157	1.2%	+/-0.7
White and American Indian and Alaska Native	6	+/-11	0.0%	+/-0.1
White and Asian	15	+/-23	0.1%	+/-0.1
Black or African American and American Indian and Alaska Native	0	+/-20	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	20,851	+/-851	20,851	(X)
White	10,728	+/-864	51.5%	+/-3.6
Black or African American	4,712	+/-583	22.6%	+/-2.7
American Indian and Alaska Native	72	+/-68	0.3%	+/-0.3
Asian	306	+/-210	1.5%	+/-1.0
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	5,482	+/-816	26.3%	+/-3.6
HISPANIC OR LATINO AND RACE				
Total population	20,851	+/-851	20,851	(X)
Hispanic or Latino (of any race)	10,966	+/-891	52.6%	+/-3.3
Mexican	10,068	+/-910	48.3%	+/-3.5
Puerto Rican	110	+/-93	0.5%	+/-0.4
Cuban	0	+/-20	0.0%	+/-0.1
Other Hispanic or Latino	788	+/-333	3.8%	+/-1.6
Not Hispanic or Latino	9,885	+/-732	47.4%	+/-3.3
White alone	4,903	+/-577	23.5%	+/-2.7
Black or African American alone	4,396	+/-544	21.1%	+/-2.6
American Indian and Alaska Native alone	49	+/-61	0.2%	+/-0.3
Asian alone	291	+/-209	1.4%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1
Some other race alone	84	+/-142	0.4%	+/-0.7
Two or more races	162	+/-108	0.8%	+/-0.5
Two races including Some other race	0	+/-20	0.0%	+/-0.1

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES
2011-2015 American Community Survey 5-Year Estimates

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Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Subject	ZCTA5 60433			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	17,145	+/-688	17,145	(X)
Male	8,661	+/-473	50.5%	+/-1.5
Female	8,484	+/-392	49.5%	+/-1.5
Under 5 years	1,088	+/-205	6.3%	+/-1.2
5 to 9 years	1,142	+/-210	6.7%	+/-1.2
10 to 14 years	1,173	+/-196	6.8%	+/-1.1
15 to 19 years	1,449	+/-239	8.5%	+/-1.3
20 to 24 years	1,291	+/-245	7.5%	+/-1.4
25 to 34 years	2,561	+/-328	14.9%	+/-1.8
35 to 44 years	2,259	+/-259	13.2%	+/-1.4
45 to 54 years	2,402	+/-276	14.0%	+/-1.6
55 to 59 years	866	+/-164	5.1%	+/-0.9
60 to 64 years	834	+/-132	4.9%	+/-0.8
65 to 74 years	1,077	+/-181	6.3%	+/-1.0
75 to 84 years	630	+/-126	3.7%	+/-0.7
85 years and over	373	+/-96	2.2%	+/-0.6
Median age (years)	34.6	+/-1.5	(X)	(X)
18 years and over	12,850	+/-649	74.9%	+/-1.8
21 years and over	11,973	+/-571	69.8%	+/-1.7
62 years and over	2,562	+/-305	14.9%	+/-1.7
65 years and over	2,080	+/-263	12.1%	+/-1.5
18 years and over	12,850	+/-649	12,850	(X)
Male	6,539	+/-438	50.9%	+/-1.7
Female	6,311	+/-342	49.1%	+/-1.7
65 years and over	2,080	+/-263	2,080	(X)
Male	826	+/-150	39.7%	+/-4.8
Female	1,254	+/-180	60.3%	+/-4.8
RACE				
Total population	17,145	+/-688	17,145	(X)
One race	16,625	+/-692	97.0%	+/-0.8
Two or more races	520	+/-140	3.0%	+/-0.8
One race	16,625	+/-692	97.0%	+/-0.8

Versions of this table are available

for the following years:
2015
2014
2013
2012
2011

Subject	ZCTA5 60433			
	Estimate	Margin of Error	Percent	Percent Margin of Error
White	7,831	+/-716	45.7%	+/-3.7
Black or African American	5,949	+/-510	34.7%	+/-2.7
American Indian and Alaska Native	79	+/-56	0.5%	+/-0.3
Cherokee tribal grouping	9	+/-13	0.1%	+/-0.1
Chippewa tribal grouping	21	+/-28	0.1%	+/-0.2
Navajo tribal grouping	0	+/-17	0.0%	+/-0.2
Sioux tribal grouping	0	+/-17	0.0%	+/-0.2
Asian	187	+/-180	1.1%	+/-1.0
Asian Indian	0	+/-17	0.0%	+/-0.2
Chinese	6	+/-14	0.0%	+/-0.1
Filipino	0	+/-17	0.0%	+/-0.2
Japanese	12	+/-18	0.1%	+/-0.1
Korean	0	+/-17	0.0%	+/-0.2
Vietnamese	164	+/-186	1.0%	+/-1.1
Other Asian	5	+/-10	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-17	0.0%	+/-0.2
Native Hawaiian	0	+/-17	0.0%	+/-0.2
Guamanian or Chamorro	0	+/-17	0.0%	+/-0.2
Samoan	0	+/-17	0.0%	+/-0.2
Other Pacific Islander	0	+/-17	0.0%	+/-0.2
Some other race	2,579	+/-548	15.0%	+/-3.2
Two or more races	520	+/-140	3.0%	+/-0.8
White and Black or African American	237	+/-90	1.4%	+/-0.5
White and American Indian and Alaska Native	89	+/-76	0.5%	+/-0.4
White and Asian	9	+/-13	0.1%	+/-0.1
Black or African American and American Indian and Alaska Native	0	+/-17	0.0%	+/-0.2
Race alone or in combination with one or more other races				
Total population	17,145	+/-688	17,145	(X)
White	8,236	+/-735	48.0%	+/-3.8
Black or African American	6,344	+/-518	37.0%	+/-2.7
American Indian and Alaska Native	225	+/-115	1.3%	+/-0.7
Asian	212	+/-183	1.2%	+/-1.1
Native Hawaiian and Other Pacific Islander	16	+/-25	0.1%	+/-0.1
Some other race	2,697	+/-560	15.7%	+/-3.2
HISPANIC OR LATINO AND RACE				
Total population	17,145	+/-688	17,145	(X)
Hispanic or Latino (of any race)	5,902	+/-526	34.4%	+/-2.6
Mexican	5,344	+/-582	31.2%	+/-2.8
Puerto Rican	229	+/-161	1.3%	+/-1.0
Cuban	71	+/-101	0.4%	+/-0.6
Other Hispanic or Latino	258	+/-148	1.5%	+/-0.9
Not Hispanic or Latino	11,243	+/-594	65.6%	+/-2.6
White alone	4,812	+/-483	28.1%	+/-2.7
Black or African American alone	5,900	+/-506	34.4%	+/-2.6
American Indian and Alaska Native alone	30	+/-32	0.2%	+/-0.2
Asian alone	187	+/-180	1.1%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0.0%	+/-0.2
Some other race alone	0	+/-17	0.0%	+/-0.2
Two or more races	314	+/-128	1.8%	+/-0.7
Two races including Some other race	0	+/-17	0.0%	+/-0.2

Subject	ZCTA5 60433			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Two races excluding Some other race, and Three or more races	314	+/-128	1.8%	+/-0.7
Total housing units	6,288	+/-214	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	11,182	+/-539	11,182	(X)
Male	5,557	+/-369	49.7%	+/-1.8
Female	5,625	+/-301	50.3%	+/-1.8

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.

An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.

An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.

An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

An '(X)' means that the estimate is not applicable or not available.

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

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

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

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



DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60451			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	34,826	+/-629	34,826	(X)
Male	17,099	+/-417	49.1%	+/-1.0
Female	17,727	+/-513	50.9%	+/-1.0
Under 5 years	1,724	+/-269	5.0%	+/-0.8
5 to 9 years	2,590	+/-294	7.4%	+/-0.8
10 to 14 years	3,108	+/-333	8.9%	+/-1.0
15 to 19 years	2,934	+/-379	8.4%	+/-1.0
20 to 24 years	2,019	+/-290	5.8%	+/-0.8
25 to 34 years	3,369	+/-430	9.7%	+/-1.2
35 to 44 years	4,983	+/-370	14.3%	+/-1.1
45 to 54 years	6,339	+/-431	18.2%	+/-1.2
55 to 59 years	2,409	+/-299	6.9%	+/-0.9
60 to 64 years	1,682	+/-260	4.8%	+/-0.8
65 to 74 years	2,290	+/-244	6.6%	+/-0.7
75 to 84 years	1,014	+/-183	2.9%	+/-0.5
85 years and over	365	+/-102	1.0%	+/-0.3
Median age (years)	38.3	+/-1.1	(X)	(X)
18 years and over	25,568	+/-586	73.4%	+/-1.2
21 years and over	24,012	+/-578	68.9%	+/-1.3
62 years and over	4,542	+/-293	13.0%	+/-0.9
65 years and over	3,669	+/-242	10.5%	+/-0.7
18 years and over	25,568	+/-586	25,568	(X)
Male	12,227	+/-389	47.8%	+/-1.2
Female	13,341	+/-442	52.2%	+/-1.2
65 years and over	3,669	+/-242	3,669	(X)
Male	1,691	+/-157	46.1%	+/-3.0



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: ZCTA5 60451

Subject	Number	Percent
SEX AND AGE		
Total population	34,063	100.0
Under 5 years	2,117	6.2
5 to 9 years	2,864	8.4
10 to 14 years	3,108	9.1
15 to 19 years	2,870	8.4
20 to 24 years	1,672	4.9
25 to 29 years	1,535	4.5
30 to 34 years	1,818	5.3
35 to 39 years	2,342	6.9
40 to 44 years	2,987	8.8
45 to 49 years	3,194	9.4
50 to 54 years	2,823	8.3
55 to 59 years	2,133	6.3
60 to 64 years	1,632	4.8
65 to 69 years	1,077	3.2
70 to 74 years	728	2.1
75 to 79 years	489	1.4
80 to 84 years	365	1.1
85 years and over	309	0.9
Median age (years)	37.6	(X)
16 years and over	25,313	74.3
18 years and over	24,053	70.6
21 years and over	22,757	66.8
62 years and over	3,913	11.5
65 years and over	2,968	8.7
Male population		
Under 5 years	1,060	3.1
5 to 9 years	1,508	4.4
10 to 14 years	1,612	4.7
15 to 19 years	1,492	4.4
20 to 24 years	871	2.6
25 to 29 years	753	2.2
30 to 34 years	909	2.7
35 to 39 years	1,129	3.3
40 to 44 years	1,423	4.2
45 to 49 years	1,569	4.6
50 to 54 years	1,376	4.0
55 to 59 years	1,088	3.2
60 to 64 years	821	2.4



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see <http://www.census.gov/prod/cen2000/doc/sf1.pdf>

Subject	CTA5 60451	
	Number	Percent
Total population	27,338	100.0
SEX AND AGE		
Male	13,445	49.2
Female	13,893	50.8
Under 5 years	2,236	8.2
5 to 9 years	2,518	9.2
10 to 14 years	2,512	9.2
15 to 19 years	2,119	7.8
20 to 24 years	1,182	4.3
25 to 34 years	3,452	12.6
35 to 44 years	5,539	20.3
45 to 54 years	3,885	14.2
55 to 59 years	1,265	4.6
60 to 64 years	784	2.9
65 to 74 years	1,099	4.0
75 to 84 years	608	2.2
85 years and over	139	0.5
Median age (years)	34.3	(X)
18 years and over	18,619	68.1
Male	9,109	33.3
Female	9,510	34.8
21 years and over	17,657	64.6
62 years and over	2,289	8.4
65 years and over	1,846	6.8
Male	776	2.8
Female	1,070	3.9
RACE		
One race	27,134	99.3
White	26,677	97.6
Black or African American	89	0.3
American Indian and Alaska Native	27	0.1
Asian	120	0.4
Asian Indian	18	0.1
Chinese	26	0.1
Filipino	20	0.1
Japanese	6	0.0
Korean	33	0.1
Vietnamese	1	0.0
Other Asian [1]	16	0.1
Native Hawaiian and Other Pacific Islander	2	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	2	0.0



PEPANNRES

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016

2016 Population Estimates

Geography	April 1, 2010		Population Estimate (as of July 1)		
	Census	Estimates Base	2010	2011	2012
Will County, Illinois	677,560	677,544	678,914	680,501	682,091

Geography	Population Estimate (as of July 1)			
	2013	2014	2015	2016
Will County, Illinois	683,474	685,109	686,687	689,529

Notes:

The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. See Geographic Terms and Definitions at <http://www.census.gov/programs-surveys/popest/guidance-geographies/terms-and-definitions.html> for a list of the states that are included in each region and division. All geographic boundaries for the 2016 population estimates series except statistical area delineations are as of January 1, 2016. The Office of Management and Budget's statistical area delineations for metropolitan, micropolitan, and combined statistical areas, as well as metropolitan divisions, are those issued by that agency in July 2015. An "(X)" in the 2010 Census field indicates a locality that was formed or incorporated after the 2010 Census. Additional information on these localities can be found in the Geographic Boundary Change Notes (see <http://www.census.gov/geo/reference/boundary-changes.html>). For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

The 6,222 people in Bedford city, Virginia, which was an independent city as of the 2010 Census, are not included in the April 1, 2010 Census enumerated population presented in the county estimates. In July 2013, the legal status of Bedford changed from a city to a town and it became dependent within (or part of) Bedford County, Virginia. This population of Bedford town is now included in the April 1, 2010 estimates base and all July 1 estimates for Bedford County. Because it is no longer an independent city, Bedford town is not listed in this table. As a result, the sum of the April 1, 2010 census values for Virginia counties and independent cities does not equal the 2010 Census count for Virginia, and the sum of April 1, 2010 census values for all counties and independent cities in the United States does not equal the 2010 Census count for the United States. Substantial geographic changes to counties can be found on the Census Bureau website at <http://www.census.gov/geo/reference/county-changes.html>.

Suggested Citation:

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016

Source: U.S. Census Bureau, Population Division

Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2016. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2017. For cities and towns (incorporated places and minor civil divisions), May 2017.

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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: Will County, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	677,560	100.0
Under 5 years	49,045	7.2
5 to 9 years	56,056	8.3
10 to 14 years	57,446	8.5
15 to 19 years	52,585	7.8
20 to 24 years	36,407	5.4
25 to 29 years	38,482	5.7
30 to 34 years	44,481	6.6
35 to 39 years	52,400	7.7
40 to 44 years	55,715	8.2
45 to 49 years	54,969	8.1
50 to 54 years	48,183	7.1
55 to 59 years	38,111	5.6
60 to 64 years	30,866	4.6
65 to 69 years	21,479	3.2
70 to 74 years	14,939	2.2
75 to 79 years	10,822	1.6
80 to 84 years	8,072	1.2
85 years and over	7,502	1.1
Median age (years)	35.4	(X)
16 years and over	503,512	74.3
18 years and over	480,606	70.9
21 years and over	454,661	67.1
62 years and over	80,601	11.9
65 years and over	62,814	9.3
Male population		
Under 5 years	24,973	3.7
5 to 9 years	28,788	4.2
10 to 14 years	29,519	4.4
15 to 19 years	27,232	4.0
20 to 24 years	19,045	2.8
25 to 29 years	19,239	2.8
30 to 34 years	21,674	3.2
35 to 39 years	25,673	3.8
40 to 44 years	27,536	4.1
45 to 49 years	27,591	4.1
50 to 54 years	24,130	3.6
55 to 59 years	18,792	2.8
60 to 64 years	14,979	2.2



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see <http://www.census.gov/prod/cen2000/doc/sf1.pdf>

Subject	Will County, Illinois	
	Number	Percent
Total population	502,266	100.0
SEX AND AGE		
Male	250,832	49.9
Female	251,434	50.1
Under 5 years	42,028	8.4
5 to 9 years	44,189	8.8
10 to 14 years	41,355	8.2
15 to 19 years	36,271	7.2
20 to 24 years	27,713	5.5
25 to 34 years	74,300	14.8
35 to 44 years	91,118	18.1
45 to 54 years	66,286	13.2
55 to 59 years	21,996	4.4
60 to 64 years	15,400	3.1
65 to 74 years	22,690	4.5
75 to 84 years	14,311	2.8
85 years and over	4,609	0.9
Median age (years)	33.3	(X)
18 years and over	351,555	70.0
Male	173,444	34.5
Female	178,111	35.5
21 years and over	332,452	66.2
62 years and over	50,291	10.0
65 years and over	41,610	8.3
Male	17,039	3.4
Female	24,571	4.9
RACE		
One race	494,080	98.4
White	411,027	81.8
Black or African American	52,509	10.5
American Indian and Alaska Native	1,038	0.2
Asian	11,125	2.2
Asian Indian	3,549	0.7
Chinese	1,593	0.3
Filipino	2,973	0.6
Japanese	291	0.1
Korean	919	0.2
Vietnamese	314	0.1
Other Asian [1]	1,486	0.3
Native Hawaiian and Other Pacific Islander	162	0.0
Native Hawaiian	31	0.0
Guamanian or Chamorro	27	0.0



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: Joliet city, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	147,433	100.0
Under 5 years	13,080	8.9
5 to 9 years	13,107	8.9
10 to 14 years	12,175	8.3
15 to 19 years	11,357	7.7
20 to 24 years	9,166	6.2
25 to 29 years	10,758	7.3
30 to 34 years	12,062	8.2
35 to 39 years	12,445	8.4
40 to 44 years	11,301	7.7
45 to 49 years	9,742	6.6
50 to 54 years	8,227	5.6
55 to 59 years	6,504	4.4
60 to 64 years	5,194	3.5
65 to 69 years	3,586	2.4
70 to 74 years	2,624	1.8
75 to 79 years	2,171	1.5
80 to 84 years	1,877	1.3
85 years and over	2,057	1.4
Median age (years)	31.7	(X)
16 years and over	106,698	72.4
18 years and over	101,967	69.2
21 years and over	95,740	64.9
62 years and over	15,285	10.4
65 years and over	12,315	8.4
Male population	72,892	49.4
Under 5 years	6,684	4.5
5 to 9 years	6,638	4.5
10 to 14 years	6,297	4.3
15 to 19 years	5,863	4.0
20 to 24 years	4,668	3.2
25 to 29 years	5,234	3.6
30 to 34 years	5,972	4.1
35 to 39 years	6,211	4.2
40 to 44 years	5,791	3.9
45 to 49 years	4,953	3.4
50 to 54 years	4,083	2.8
55 to 59 years	3,152	2.1
60 to 64 years	2,436	1.7



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see <http://www.census.gov/prod/cen2000/doc/sf1.pdf>

Subject	Joliet city, Illinois	
	Number	Percent
Total population	106,221	100.0
SEX AND AGE		
Male	52,623	49.5
Female	53,598	50.5
Under 5 years	9,868	9.3
5 to 9 years	9,069	8.5
10 to 14 years	7,810	7.4
15 to 19 years	7,754	7.3
20 to 24 years	7,514	7.1
25 to 34 years	18,677	17.6
35 to 44 years	16,504	15.5
45 to 54 years	10,769	10.1
55 to 59 years	3,649	3.4
60 to 64 years	2,898	2.7
65 to 74 years	5,387	5.1
75 to 84 years	4,415	4.2
85 years and over	1,907	1.8
Median age (years)	31.0	(X)
18 years and over	74,934	70.5
Male	36,556	34.4
Female	38,378	36.1
21 years and over	70,153	66.0
62 years and over	13,363	12.6
65 years and over	11,709	11.0
Male	4,273	4.0
Female	7,436	7.0
RACE		
One race	103,997	97.9
White	73,633	69.3
Black or African American	19,294	18.2
American Indian and Alaska Native	301	0.3
Asian	1,215	1.1
Asian Indian	217	0.2
Chinese	94	0.1
Filipino	317	0.3
Japanese	41	0.0
Korean	84	0.1
Vietnamese	78	0.1
Other Asian [1]	384	0.4
Native Hawaiian and Other Pacific Islander	22	0.0
Native Hawaiian	6	0.0
Guamanian or Chamorro	3	0.0



PEPANNRES

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016

2016 Population Estimates

Geography	April 1, 2010		Population Estimate (as of July 1)		
	Census	Estimates Base	2010	2011	2012
Joliet city, Illinois	147,433	147,533	147,786	147,964	148,281

Geography	Population Estimate (as of July 1)			
	2013	2014	2015	2016
Joliet city, Illinois	147,984	147,887	147,801	148,262

Notes:

The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. See Geographic Terms and Definitions at <http://www.census.gov/programs-surveys/popest/guidance-geographies/terms-and-definitions.html> for a list of the states that are included in each region and division. All geographic boundaries for the 2016 population estimates series except statistical area delineations are as of January 1, 2016. The Office of Management and Budget's statistical area delineations for metropolitan, micropolitan, and combined statistical areas, as well as metropolitan divisions, are those issued by that agency in July 2015. An "(X)" in the 2010 Census field indicates a locality that was formed or incorporated after the 2010 Census. Additional information on these localities can be found in the Geographic Boundary Change Notes (see <http://www.census.gov/geo/reference/boundary-changes.html>). For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

The 6,222 people in Bedford city, Virginia, which was an independent city as of the 2010 Census, are not included in the April 1, 2010 Census enumerated population presented in the county estimates. In July 2013, the legal status of Bedford changed from a city to a town and it became dependent within (or part of) Bedford County, Virginia. This population of Bedford town is now included in the April 1, 2010 estimates base and all July 1 estimates for Bedford County. Because it is no longer an independent city, Bedford town is not listed in this table. As a result, the sum of the April 1, 2010 census values for Virginia counties and independent cities does not equal the 2010 Census count for Virginia, and the sum of April 1, 2010 census values for all counties and independent cities in the United States does not equal the 2010 Census count for the United States. Substantial geographic changes to counties can be found on the Census Bureau website at <http://www.census.gov/geo/reference/county-changes.html>.

Suggested Citation:

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016

Source: U.S. Census Bureau, Population Division

Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2016. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2017. For cities and towns (incorporated places and minor civil divisions), May 2017.

Unnecessary Duplication/Maldistribution

ZIP Code	Population
60403	18,415
60404	18,025
60406	25,294
60410	13,045
60421	3,954
60423	30,688
60426	29,693
60428	12,308
60429	15,799
60430	20,181
60431	23,273
60432	20,851
60433	17,145
60435	49,789
60436	18,145
60439	23,139
60440	53,587
60441	35,843
60442	9,983
60443	21,184
60445	26,047
60446	40,135
60448	25,332
60449	9,519
60451	34,826
60452	28,237
60462	39,784
60463	14,440
60464	9,552
60467	26,824
60469	6,298
60477	38,296
60478	17,183
60480	5,171
60487	26,974
60490	20,784
60491	22,479
60515	28,698
60516	27,944
60517	32,333
60525	31,503
60527	28,817
60532	27,268
60540	44,184
60544	25,307
60559	24,958
60561	23,154
60565	41,110
60585	23,306
Total	1,210,804

1. (A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care New Lenox is 1 station per 3,097 residents according to the 2015 American Community Survey. The State ratio is 1 station per 2,818 residents (based on 2015 Illinois census estimates (12,978,800) and the September 2017 Board station inventory (4,606).

According to the ratio of stations to population in the 30-minute travel area there is no surplus of stations as evidenced by the ratio of stations to population when compared to the State of Illinois ratio.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Kidney Care New Lenox will not create a maldistribution of services in regard to there being excess availability. The two clinics that serve the New Lenox/East Joliet market are operating at an average combined utilization rate above 80%, with the DaVita New Lenox facility nearing capacity. Dr. Awua-Larbi needs additional access in New Lenox for her patients who live in this area. Only three patients are needed to bring the Fresenius Joliet facility (at 74% utilization as of November 2017) above 80% and only 10 more patients will put DaVita New Lenox at capacity.

Remaining facilities are 9-24 miles away, many via highway travel. If New Lenox area residents were to be referred to these outlying facilities would experience increased and unnecessary transportation problems and loss of continuity of care.

**Facilities Within 30-Minutes Travel Time of
Fresenius Kidney Care New Lenox**

Facility	Address	City	Zip Code	MapQuest		x 1.15 Adj	September 2017			Utilization Op < 2 years
				Miles	Time		Stations	Patients	Utilization	
DaVita New Lenox	1890 Silver Cross Blvd.	New Lenox	60432	0.4	2	2.3	19	104	91.23%	91.23%
FKC Joliet	721 E. Jackson Street	Joliet	60432	4.7	9	10.35	16	68	70.83%	70.83%
FKC Lemont ¹	16177 W 127th Street	Lemont	60439	9.1	10	11.5	12	21	29.17%	-
FKC Mokena ²	8910 W 192nd St	Mokena	60448	9.4	13	14.95	14	55	65.48%	65.48%
FKC Bolingbrook	329 Remington Blvd	Bolingbrook	60440	15.9	17	19.55	24	124	86.11%	86.11%
Sun Health	2121 W Oneida St	Joliet	60435	12	19	21.85	17	54	52.94%	52.94%
FKC Woodridge ³	7550 Janes Avenue	Woodridge	60517	16.2	19	21.85	12	0	0%	-
USRC Bolingbrook	396 Remington Blvd	Bolingbrook	60440	16.3	19	21.85	13	65	83.33%	83.33%
FKC Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	17.6	19	21.85	16	79	82.29%	82.29%
FKC Orland Park	9160 W 159th St	Orland Park	60462	10	20	23	18	66	61.11%	61.11%
DaVita Country Hills	4215 W 167th	Country Club Hills	60478	17.4	20	23	24	100	69.44%	69.44%
FKC Oak Forest	5340 W 159th St	Oak Forest	60452	18	20	23	12	59	81.94%	81.94%
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443	18.6	20	23	27	122	75.31%	75.31%
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429	18.7	21	24.15	20	103	85.83%	85.83%
DaVita Harvey	16657 Halsted St	Harvey	60426	20.5	22	25.3	18	73	67.59%	67.59%
DaVita Tinley Park ⁴	16767 S 80th Avenue	Tinley Park	60477	11.5	23	26.45	12	16	22.22%	-
Concerto ⁵	14255 S. Cicero Ave	Crestwood	60445	19.4	24	27.6	9	-	-	-
USRC Oak Brook	1201 Butterfield Road	Downers Grove	60515	23.3	24	27.6	13	69	88.46%	88.46%
FKC South Suburban	2601 Lincoln Hwy	Olympia Fields	60461	21.2	25	28.75	27	122	75.31%	75.31%
FKC Downers Grove	3825 Highland Ave	Downers Grove	60515	22.6	25	28.75	16	70	72.92%	72.92%
FKC Alsip	12250 S Cicero Ave	Alsip	60803	23.6	25	28.75	20	90	75%	75.00%
FKC Willowbrook	6300 S Kingery Highway	Willowbrook	60527	20.2	26	29.9	20	78	65%	65.00%
FKC Lombard	1940 Springer Dr	Lombard	60148	23.9	26	29.9	12	49	68.06%	68.06%
Totals & Averages							391	1,587	67%	75%

- 1) FKC Lemont certified November 2016 and is in 2-year ramp up phase.
- 2) FKC Mokena just added 2 stations due to high utilization.
- 3) FKC Woodridge permitted March 2017 is not operating yet.
- 4) DaVita Tinley Park was certified December 2016 and is in 2-year ramp up phase.
- 5) Concerto Dialysis is a nursing home based facility and did not report 3rd quarter census.

3. Fresenius Kidney Care New Lenox will not have an adverse effect on any other area ESRD provider in that the new patients identified for this facility are pre-ESRD patients who would otherwise be referred to the FKC Joliet or DaVita New Lenox facility which is nearing capacity. With expected referrals based on historic growth additional access is needed in New Lenox.

B. Not applicable – the applicant is not a hospital; however, the utilization will not be lowered at any other ESRD facility due to the establishment of the New Lenox facility. DaVita New Lenox is 10 patients away from capacity and the FKC Joliet facility is expected to surpass 80% before the New Lenox facility is operating. The impact would be positive in that access would be maintained and patients would have a choice of treatment shift

Criterion 1110.1430 (e)(5) Medical Staff

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

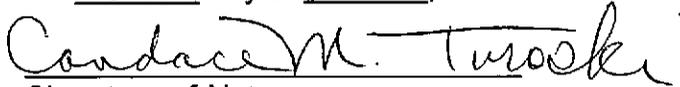
Fresenius Kidney Care New Lenox will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the New Lenox facility, just as they currently are able to at all Fresenius Kidney Care facilities.


Signature

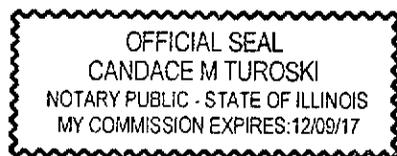
Teri Gurchiek
Printed Name

Vice President of Operations
Title

Subscribed and sworn to before me
this 13th day of Nov, 2017


Signature of Notary

Seal



Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Stella Awua-Larbi is currently the Medical Director for Fresenius Kidney Care Lemont and will also be the Medical Director for the proposed Fresenius Kidney Care New Lenox facility. Attached is her curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

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

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

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

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

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

STELLA AWUA-LARBI, M.D.

NEPHROLOGIST

Great communication skills and interaction with colleagues, nurses, technicians and patients. Able to diagnose and manage an array of renal related diseases. Treatment of routine care and complications related to hemodialysis, peritoneal dialysis and continuous renal replacement therapy. Goal oriented, hardworking and driven individual

EDUCATION

Nephrology Fellowship:

July 2009 to ~~present~~ June 2011
Northwestern University School of Medicine, Chicago, IL

Hand

Internship & Residency:

Board Certified Internist
July 2005 to June 2008
Loyola University Medical Center, Chicago, IL

Medical School:

Doctor of Medicine
September 2001 to May 2005
Medical College of Wisconsin, Milwaukee, WI

Undergraduate:

Bachelor of Science
September 1997 to May 2000
University of Wisconsin-Madison, Madison, WI

EXPERIENCE

Nephrology Fellow:

July 2009 to current
Responsible for the evaluation, work up and management of patients who have acute kidney injury from various etiologies in both outpatient and inpatient setting
Experience with care and management of patients with an array of kidney disease including various glomerulonephritis
Placement of temporary dialysis catheters in patients who require acute dialysis
Management of patients who are initiated on dialysis and those on long term hemodialysis and peritoneal dialysis
Management of catheter related infections in patients on renal replacement therapy

STELLA AWUA-LARBI, M.D.

Management of complications related to kidney disease including but not limited to hypertension, anemia, and renal osteodystrophy

Management of patients in intensive care unit who require continuous renal replacement therapy

Management of recipients of kidney transplants, including routine post-transplant care as well as medical complications associated with kidney transplantations

Hospitalist:

July 2008-2009, Loyola University Medical Center

Worked as an internal medicine hospitalist at a large academic center, responsible for ~10-15 adult patients per day with complicated medical problems

Emergency/Urgent care physician:

July 2008 -2009, Edward Hines Jr Veteran's Affairs Hospital

Worked as a moonlighting physician at a Level III Veterans Affairs' Hospital emergency room

Moonlighter:

July 2007-2009, Good Samaritan Hospital

July 2009, Edward Hospital

Worked as a covering physician at a large community hospital, evaluating patients with acute events, running codes for patients who have arrested

PRESENTATIONS/ABSTRACTS

"Eight cases of Acute Kidney Injury due to Vancomycin Toxicity", National Kidney Foundation Conference, April 2010

"Association between Retinal Vascular Caliber and Urine Albumin Excretion in Non-Diabetics: The Multi-Ethnic Study of Atherosclerosis", American Society of Nephrology Conference, November 2008

Papers for these abstracts are currently being written up for submission for publication

"The L:M cone ratio in males of African descent with normal color vision". Co-author. Published in Journal of Vision, 2008.

PROFESSIONAL AFFILIATIONS

American College of Physicians (ACP)

American Society of Nephrology (ASN)

National Kidney Foundation (NKF)

Criterion 1110.1430 (f) – Support Services

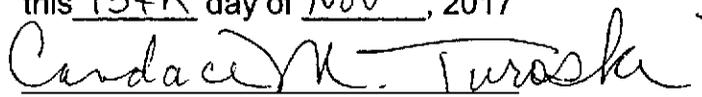
I am the Vice President of Operations at Fresenius Kidney Care who will oversee the Fresenius Kidney Care New Lenox facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

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


Signature

Teri Gurchiek/Vice President of Operations
Name/Title

Subscribed and sworn to before me
this 13th day of Nov, 2017


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

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

**HOSPITAL TRANSFER AGREEMENT
(PRESENCE RECEIVING)**

THIS HOSPITAL TRANSFER AGREEMENT ("Agreement") is entered into and effective Month , Year (the "Effective Date") by and between Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox. ("Transferring Facility"), and Presence Central and Suburban Hospitals Network, an Illinois not-for-profit corporation d/b/a Presence Saint Joseph Medical Center ("Presence Receiving Hospital"). (Transferring Facility and Presence Receiving Hospital may each be referred to herein as a "Party" and collectively as the "Parties").

PURPOSE OF AGREEMENT

1. Transferring Facility provides health care services to the community.
2. Patients/Residents of Transferring Facility ("Patients") may require transfer to a hospital for acute-inpatient or other emergency health care services.
3. Presence Receiving Hospital owns and operates a licensed and Medicare certified acute care hospital in reasonable proximity to Transferring Facility, which has a twenty-four (24) hour emergency room and provides emergency health care services.
4. The Parties desire to establish a transfer arrangement to ensure continuity of care for Patients and to specify the procedure for ensuring the timely transfer of Patients to Presence Receiving Hospital.

NOW, THEREFORE, in consideration of the foregoing, and the terms and conditions set forth herein, the Parties agree as follows:

**ARTICLE 1
TRANSFER OF PATIENTS**

1.1 Recommendation of Transfer. Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, if a Patient needs acute inpatient or emergency care and has either requested to be taken to Presence Receiving Hospital, or is unable to communicate a preference for hospital services at a different Hospital, and a timely transfer to Presence Receiving Hospital would best serve the immediate medical needs of Patient, a designated staff member of Transferring Facility will contact the admitting office or emergency department of Presence Receiving Hospital (the "Emergency Department") to facilitate admission.

1.2 Patient Admitting. Provided Presence Receiving Hospital has the capacity to treat the Patient, Presence Receiving Hospital will accept and, as appropriate, admit a Patient as promptly as possible in accordance with applicable federal, state and local laws, the rules and standards of all applicable accreditation organizations such as The Joint Commission (each, an "Accrediting Organization"), and reasonable policies and procedures of Presence Receiving Hospital.



1.3 **Confirmation of Transfer.** After receiving a transfer request, Presence Receiving Hospital will give prompt confirmation of whether it can provide health care appropriate to the Patient's medical needs. Presence Receiving Hospital's responsibility for patient care will begin when Patient is admitted to Presence Receiving Hospital. Communication and Quality Improvement measures between Transferring Facility and Presence Receiving Hospital will be noted, as related to patient stabilization, treatment prior to and subsequent to transfer and patient outcome.

ARTICLE 2
RESPONSIBILITIES OF TRANSFERRING FACILITY

2.1 **Ambulance Service.** Transferring Facility will arrange and assume all costs for ambulance service to Presence Receiving Hospital.

2.2 **Transfer Coordinator.** Transferring Facility will designate a person who has authority to represent Transferring Facility and coordinate the transfer of Patient to Presence Receiving Hospital.

2.3 **Notice of Transfer.** Transferring Facility will notify Presence Receiving Hospital's designated representative prior to transfer to alert him or her of the impending arrival of Patient and provide information on Patient to the extent allowed pursuant to Article 4. Such notice will be as far in advance as possible and in any event prior to the Patient leaving the Transferring Facility for transport, to allow the Presence Receiving Hospital to determine whether it can provide the necessary Patient care.

2.4 **Notice of Arrival Time.** Transferring Facility will notify Presence Receiving Hospital of the estimated time of arrival of the Patient.

2.5 **Physician's Order to Transfer.** The Patient's medical record will contain a physician's order to transfer the Patient. The attending physician recommending the transfer will communicate directly with Presence Receiving Hospital's patient admissions, or, in the case of an emergency services patient who has been screened and stabilized for transfer, with the Presence Receiving Hospital's Emergency Department.

2.6 **Patient Information.** In addition to a Patient's medical records and the physician's order to transfer, Transferring Facility will provide Presence Receiving Hospital with all information regarding a Patient's medications, and clear direction as to who may make medical decisions on behalf of the Patient, with copies of any power of attorney for medical decision making or, in the absence of such document, a list of next of kin, if feasible, to assist the Presence Receiving Hospital in determining appropriate medical decision makers in the event a Patient is or becomes unable to do so on his or her own behalf.

2.7 **Personal Effects of Patient.** Personal effects of any transferred Patient will be delivered to the transfer team or admissions department of the Presence Receiving Hospital. Personal effects include, but are not limited to money, jewelry, personal papers and articles for personal hygiene.

ARTICLE 3

RESPONSIBILITIES OF PRESENCE RECEIVING HOSPITAL

3.1 Receiving Coordinator. Presence Receiving Hospital will designate a person who has authority to represent and coordinate the transfer and receipt of Patients into the Emergency Department.

3.2 Patient Admitting. Presence Receiving Hospital will timely admit Patient to Presence Receiving Hospital when transfer of Patient is medically appropriate as determined by Presence Receiving Hospital attending physician subject to hospital capacity and patient census issues, provided that all usual conditions of admission to Presence Receiving Hospital are met.

3.3 Billing and Collection. Presence Receiving Hospital will be responsible for the billing and collection of charges for all services provided by Presence Receiving Hospital. Transferring Facility will in no way share in the revenue generated by services delivered to Patients at Presence Receiving Hospital.

ARTICLE 4

PROVISION AND PROTECTION OF PATIENT INFORMATION

4.1 Patient Information. To meet the needs of Patients with respect to timely access to emergency care, Transferring Facility will provide information on Patients to Presence Receiving Hospital, to the extent approved in advance or authorized by law and to the extent Transferring Facility has such information available. Such information may include: Patient Name, Social Security Number, Date of Birth, insurance coverage and/or Medicare beneficiary information (if applicable), known allergies or medical conditions, treating physician, contact person in case of emergency and any other relevant information Patient has provided Transferring Facility in advance, to be given in connection with seeking emergency care.

4.2 Provision of Records. The Transferring Facility will send a copy of all Patient medical records and information set forth in Section 2.6 that are available at the time of transfer to the Presence Receiving Hospital. Other records will be sent as soon as practicable after the transfer. The Patient's medical record will contain evidence that the Patient was transferred promptly, safely and in accordance with all applicable laws and regulations.

4.3 HIPAA Compliance. Each Party will and will cause its employees and agents to protect the confidentiality of all patient information (including, but not limited to, medical records, electronic data, radiology films, laboratory blocks, slides and billing information) in accordance with all applicable state and federal laws, rules and regulations protecting the confidentiality, privacy and/or security of such information, including the Health Insurance Portability and Accountability Act of 1996, and regulations promulgated pursuant thereto ("HIPAA"), each as may be amended.

**ARTICLE 5
COMPLIANCE**

5.1 Regulatory and Accreditation Standards. Each Party will perform its duties under this Agreement in compliance with all applicable federal, state and local laws and the rules and standards of any Accrediting Organization.

5.2 Government Program Participation. Each Party certifies that it has not been excluded from participation in or sanctioned by Medicare, Medicaid or any other federal or state funded health care program. Each Party will promptly deliver to the other Party written notice if it becomes excluded from participation in or sanctioned by Medicare, Medicaid or any other federal or state funded health care program.

5.3 No Referrals Requirement. The Parties agree that nothing contained in this Agreement will require any Party to refer or admit patients to, or order or make arrangements for the ordering of, any goods or services from another Party to this Agreement. Notwithstanding any unanticipated effect of any provision of this Agreement, no Party will knowingly or intentionally conduct its behavior in such a manner as to violate the prohibitions against fraud and abuse in connection with the Medicare and Medicaid programs.

5.4 Non-Exclusivity. This Agreement in no way gives Presence Receiving Hospital an exclusive right of transfer of Patients of Transferring Facility. Transferring Facility may enter into similar agreements with other acute care hospitals, and Patients will continue to have complete autonomy with respect to choice of hospital service providers, as further described in Section 5.5.

5.5 Patient Freedom of Choice. In entering into this Agreement, Transferring Facility is not acting to endorse or promote the services of Presence Receiving Hospital. Rather, Transferring Facility intends to coordinate the timely transfer of Patients for emergency care. Patients are in no way restricted in their choice of emergency care providers.

5.6 Books and Records. Upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States, or any of their duly authorized representatives, each Party will make available to the Secretary or to the Comptroller General those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing its services under this Agreement. Such inspection will be available for up to four (4) years after the rendering of such service. The Parties agree that any attorney-client, accountant-client or other legal privileges will not be deemed waived by virtue of this Agreement.

5.7 Communication and Quality Improvement. Transferring Facility and Presence Receiving Hospital will 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. 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, will be privileged and strictly confidential for use in evaluation and improvement of patient care according to 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

ARTICLE 6
INSURANCE AND INDEMNIFICATION

6.1 Insurance. Both Parties will maintain, at no cost to the other Party, professional liability insurance with limits of at least One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate. Each Party will provide evidence of the coverage required herein to the other Party prior to the commencement of this Agreement and as requested thereafter. A Party will notify the other at least thirty (30) days prior to cancellation, notice of cancellation, reduction, or material change in coverage. In the event of insufficient coverage as required by this Section 6.1, or lapse of coverage, each Party reserves the right to terminate this Agreement immediately.

6.2 Indemnification. Each Party will indemnify, defend and hold harmless the other Party from and against any and all liability, loss, claim, lawsuit, injury, cost, damage or expense whatsoever (including reasonable attorneys' fees and court costs), to the extent arising out of, incident to or in connection with any act or omission of the indemnifying Party in the performance of this Agreement. This Section will survive the expiration or other termination of this Agreement.

ARTICLE 7
TERM AND TERMINATION

7.1 Term. The term of this Agreement will commence on the Effective Date and will continue in effect for one (1) year (the "Initial Term"). Thereafter, this Agreement will automatically renew for successive one (1) year terms unless terminated pursuant to this Section. The Initial Term and all renewal terms will collectively be the "Term" of this Agreement.

7.2 Termination Without Cause. Either Party may terminate this Agreement at any time, without cause or penalty, by providing sixty (60) days' prior written notice of termination to the other Party.

7.3 Immediate Termination. Notwithstanding anything to the contrary herein, this Agreement will be terminated immediately upon the following events:

- (a) the suspension or revocation of a Party's license, certificate or other legal credential necessary to render patient care services and meet the terms and conditions of this Agreement;
- (b) termination of a Party's participation in or exclusion from any federal or state health care program for any reason;

Presence Health

- (c) the cancellation or termination of a Party's insurance required under Article 6 of this Agreement without replacement coverage having been obtained; and/or
- (d) a Party determines that the continuation of this Agreement would endanger Patient care.

7.4 Termination Due to Change in or Violation of Law. Either Party will have the unilateral right to terminate or amend this Agreement, without liability, to the extent necessary to comply with any legal order issued to such Party by a federal or state department, agency or commission, or Accrediting Organization, or if it is reasonably determined that continued participation in this Agreement would jeopardize such Party's status as a Medicare or Medicaid participant or would be inconsistent with its status as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Prior to termination of this Agreement pursuant to this Section, the Parties will first reasonably attempt to amend this Agreement in a manner that will achieve the business purposes hereof. If either Party proposes an amendment to this Agreement in order to comply with applicable law or accreditation standards, and such amendment is unacceptable to the other Party, either Party may choose to terminate this Agreement immediately upon written notice at any time thereafter.

ARTICLE 8 **RELATIONSHIP OF PARTIES**

This Agreement evidences an independent contractor relationship, and nothing in this Agreement is intended nor will be construed to: a) create a partnership or joint venture relationship between Presence Receiving Hospital and Transferring Facility; or b) allow either Party to exercise control or direction over the manner or method by which the other Party and its representatives perform this Agreement. Transferring Facility will neither have nor exercise any direction or control over the methods, techniques or procedures by which Presence Receiving Hospital or its employees, agents or representatives perform their professional responsibilities and functions. The sole interest of Transferring Facility is to coordinate the timely transfer of Patients to Presence Receiving Hospital for emergency care.

ARTICLE 9 **GENERAL PROVISIONS**

9.1 Amendment. This Agreement may be amended only by a writing signed by both Parties.

9.2 Successors and Assigns. The terms of this Agreement will be binding on and inure to the benefit of and be enforceable by the respective successors and permitted assigns of the Parties.

9.3 Assignment. No Party may assign this Agreement or any right or duty hereunder without the prior written consent of the other Party. Any attempt at assignment without such written consent is void. Notwithstanding the foregoing, each Party has the right to assign any

Presence Health

duties, rights and benefits under this Agreement to its successors or affiliates without the written consent of the other Party.

9.4 Third Party Beneficiary. None of the provisions in this Agreement are intended by the Parties, nor will be deemed, to confer any benefit on any person not a party to this Agreement.

9.5 Governing Law and Exclusive Jurisdiction. This Agreement will be governed and interpreted by Illinois law. Any legal action pertaining to this Agreement must be brought in the state or federal courts located in (or closest to) the Illinois county in which the Presence Receiving Hospital is located.

9.6 Severability. The invalidity or unenforceability of any particular provision of this Agreement, or the application of the provision to any party or circumstance, will not affect the other provisions hereof or the applicability of such provision to other persons or circumstances other than those as to whom or which it is held to be invalid or unenforceable, and this Agreement will be construed in all respects as if such invalid or unenforceable provision were omitted.

9.7 Waiver. No term, covenant or condition of this Agreement can be waived, except to the extent set forth in writing by the waiving Party. The subsequent acceptance of performance by a Party will not be deemed to be a waiver of any preceding breach by any other Party of any term, covenant or condition of this Agreement and the waiver of any term, covenant or condition will not be construed as a waiver of any other term, covenant or condition of this Agreement.

9.8 Notices. All notices that may be given under this Agreement will be in writing, addressed to the receiving Party's address set forth below or to such other address as the receiving Party may designate by notice hereunder. Notices will be given: (i) by delivery in person; (ii) by traceable courier delivery (such as Federal Express); (iii) by certified or registered U.S. mail, return receipt requested; or (iv) by electronic mail in accordance with the terms set forth in this Section.

Transferring Facility: Fresenius Medical Care New Lenox, LLC d/b/a Fresenius Kidney Care New Lenox.

Insert Transferring Facility's address

Attn: Name/title of person to whom notice should be directed

**Presence Receiving Hospital: Presence Central and Suburban Hospitals Network
Presence Saint Joseph Medical Center
333 North Madison Street, Joliet, IL 60435
Receiving Hospital's address
Attn: President /CEO**

 Presence Health

Notices will be deemed to have been given as follows: (i) if by hand or traceable courier delivery, at the time of the delivery; (ii) if sent by certified or registered mail, on the second business day after such mailing; or (iii) if sent by electronic mail, upon confirmation of receipt by personal confirmation (i.e. electronic mail or verbal confirmation from recipient).

9.9 **Headings.** The section titles and other headings contained in this Agreement are for reference only and will not in any way affect the meaning or interpretation of this Agreement.

9.10 **Gender, Number.** Whenever the context of the Agreement so requires, the masculine gender will include the feminine or neuter, the singular number will include the plural and reference to one or more Parties will include all successors or assignees of the Party.

9.11 **Entire Agreement.** This Agreement, together with all addenda, attachments, schedules and exhibits hereto, constitutes the entire agreement between the Parties relating to the subject matter hereof, and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, regarding such subject matter.

9.12 **Survival.** Those terms of the Agreement that by their terms are intended to survive termination will survive termination.

9.13 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all such counterparts together will constitute one and the same instrument. Facsimile copies and copies delivered by electronic email in a ".pdf" format data file will be deemed to be originals.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers hereto to be effective as of the Effective Date.

PRESENCE RECEIVING HOSPITAL

Presence Central and Suburban Hospitals Network, an Illinois not-for-profit corporation
d/b/a Presence Saint Joseph Medical Center

By: 

Printed Name: Ann Errichetti, MD

Title: Chief Operations & Academic Officer

TRANSFERRING FACILITY

Franciscus Medical Care New Lenox, LLC d/b/a Presence Kidney Care New Lenox.

By: 

Printed Name: Teri Courchick

Title: Vice President of Operations

Criterion 1110.1430 (j) – Assurances

I am the Vice President of Operations at Fresenius Medical Care who will oversee the New Lenox facility. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Kidney Care New Lenox, I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care New Lenox in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 97% of patients had a URR \geq 65%
 - o 97% of patients had a Kt/V \geq 1.2

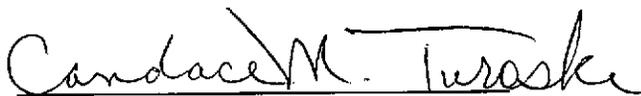
and same or higher is expected for Fresenius Kidney Care New Lenox.



Signature

Teri Gurchiek/Vice President of Operations
Name/Title

Subscribed and sworn to before me
this 13th day of Nov, 2017



Signature of Notary

Seal



October 16, 2017

Dear Dr. Alausa

Meridian Investment Partners LLC

On behalf Fresenius Medical Care New Lenox, LLC of a wholly owned subsidiary of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America ("FMCNA") we are pleased to present the following Letter of Intent to lease space from your company.

LANDLORD: Meridian Investment Partners, LLC

TENANT: Fresenius Medical Care New Lenox, LLC

LOCATION: A portion of the land to be further described as P.I.N. 08-04-400-003, 08-04-400-007, 08-04-400-006, 08-04-300-009, 08-04-300-010, NS-706-008. I and NS-706-009. Consisting of approximately 1.78 acres of land

DEMISED PREMISES: Approx. 7800 rentable square feet Please see attached Exhibit.

PRIMARY TERM: An initial lease term of 15 years. The lease will commence on upon the Delivery Date of the Premises. 90 days free rent will be provided.

OPTIONS TO RENEW: Three (3) five (5) year options to renew the lease with 10% rent increases for the five years. Second and third options are to be at fair market value. Tenant shall provide sixty (60) days prior written notifications of its desire to exercise its option.

DELIVERY DATE: 150 days from receipt of building permits.

RENTAL RATE: Years 1: \$32.00/SF
Years 2-15: annual 1.6% increases.

LANDLORD IMPROVEMENTS: Landlord is responsible for delivery a shell building in accordance with Tenant's specifications attached as Exhibit A.

ARCHITECTURALS: Landlord shall utilize one of Tenants preferred architects and deliver drawing for approval no later than sixty (60) days from full execution of the lease document. Landlord will construct the facility to the attached specifications.

PUBLIC SEWER: Landlord will confirm the Premises is served by Public Sewer. Minimum requirement per the attached specifications.

COMMON AREA MAINTAINANCE Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises. With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business. Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

REAL ESTATE TAXES

Tenant shall reimburse Landlord for real estate taxes associated with the premises.

PARKING:

Tenant shall require a parking ratio of 4 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. Tenant shall require 4 designated handicap spaces and one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

Landlord shall ensure that all improvements conform to all local building code requirements.

CORPORATE

IDENTIFICATION:

Tenant shall have the right to have signage on the exterior or interior walls, doors, windows of the Premises, and in locations on the Building and /or exterior monuments where other tenant signs are located. In addition, Tenant will be allowed a directional sign in the Common Areas if needed. Please see FFUSI guidelines.

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

ZONING AND

RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for use as an outpatient kidney dialysis clinic

and if there are any restrictive covenants imposed by the development, owner, and/or municipality.

FLOOD PLAIN:

Landlord confirms that the property resides outside a flood plain as defined by the US Army Corps of Engineers.

SECURITY DEPOSIT:

None

EXCLUSIVITY:

The Landlord, its subsidiaries or any other entity which in which any of its partners are connected, shall not lease property to another dialysis clinic within 5 miles of the building.

DRAFT LEASE:

Tenant requires the use of its Standard Form Lease, which shall be provided.

GUARANTOR:

Fresenius Medical Care Holdings

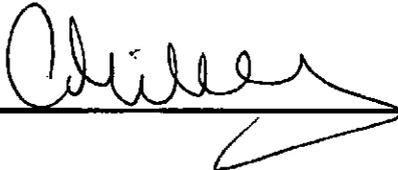
NON-BINDING NATURE:

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

If you are in agreement with these terms, please execute the document below and return a copy for our records. Please provide your response no later than October 22, 2017

Thank you for your time and cooperation in this matter.

Approved and Agreed Upon:

 A. M. R. P. Landlord 10/17/17
Date

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. 2016 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board with #17-027, Fresenius Medical Care Sandwich. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			6,020			1,095,640	1,095,640
Contingency		18.00			6,020			108,360	108,360
Total Clinical		200.00			6,020			1,204,000	1,204,000
Non Clinical		182.00			1,780			323,960	323,960
Contingency		18.00			1,780			32,040	32,040
Total Non		200.00			1,780			356,000	356,000
TOTALS		\$200.00			7,800			\$1,520,000	\$1,520,000

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense:	\$962,150
Estimated Medical Supplies:	\$162,653
Estimated Other Supplies (Exc. Dep/Amort):	\$1,244,160
	<u>\$2,368,964</u>
Estimated Annual Treatments:	8,294
Cost Per Treatment:	\$285.61

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

Year 2019

Depreciation/Amortization:	\$205,000
Interest	<u>\$0</u>
Capital Costs:	\$205,000
Treatments:	8,294
Capital Cost per Treatment	\$24.72

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care New Lenox, LLC

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

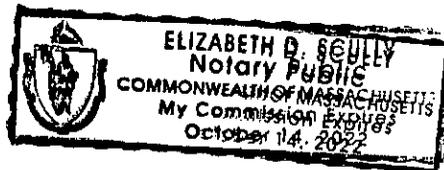
By: *TDJ*
ITS: _____
Thomas D. Brouillard, Jr.
Assistant Treasurer

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

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

Elizabeth D. Scully
Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

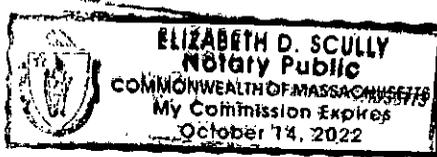
By: [Signature]
Title: Asst. Treasurer

By: [Signature]
Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

[Signature]
Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care New Lenox, LLC

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

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

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

By: *Red J*

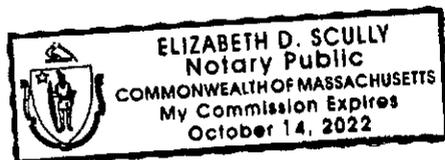
ITS: *Ass? Treasurer*

Notarization:

Subscribed and sworn to before me
this 14th day of September, 2017

Elizabeth D. Scully
Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: [Signature]
ITS: Thomas D. Brouillard, Jr.
Assistant Treasurer

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

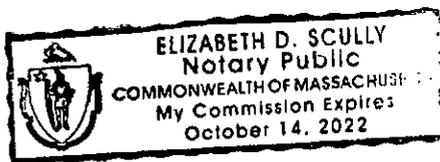
[Signature]
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal



Safety Net Impact Statement

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE* (self-pay)			
	2014	2015	2016
Charity (# of patients)	251	195	233
(self-pay)			
Charity (cost in dollars)	\$5,211,664	\$3,204,986	\$3,269,127
(self-pay)			
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	\$22,027,882	\$7,310,484	\$4,383,383
*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay.			

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

Charity Care Information

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

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

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

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

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE* (self-pay)			
	2014	2015	2016
Net Patient Revenue	\$411,981,839	\$438,247,352	\$449,611,441
Amount of Charity Care (self-pay charges)	\$5,211,664	\$3,204,986	\$3,269,127
Cost of Charity Care (self-pay)	\$5,211,664	\$3,204,986	\$3,269,127
*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay			

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

///

Fresenius Medical Care North America - Community Care

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

American Kidney Fund

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

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

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

Indigent Waiver Program

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

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

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

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

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

IL Medicaid and Undocumented patients

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

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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

YOUR TRIP TO:

1890 Silver Cross Blvd



2 MIN | 0.4 MI

Est. fuel cost: \$0.05

Trip time based on traffic conditions as of 12:18 PM on November 1, 2017. Current Traffic: Light

TO DAVITA NEW LENOX

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **left** onto Silver Crossing Dr.
Then 0.06 miles 0.06 total miles
- 

3. Turn **right**.
Then 0.12 miles 0.18 total miles
- 

4. Take the 1st **left**.
If you reach Silver Cross Blvd you've gone about 0.1 miles too far.
Then 0.02 miles 0.20 total miles
- 

5. Take the 1st **right**.
Then 0.04 miles 0.24 total miles
- 

6. Turn **left**.
Then 0.02 miles 0.26 total miles
- 

7. Turn **right**.
Then 0.00 miles 0.26 total miles
- 

8. Take the 1st **left**.
Then 0.01 miles 0.27 total miles
- 

9. Take the 1st **right**.
Then 0.06 miles 0.33 total miles
- 

10. Take the 1st **left**.
If you reach Silver Cross Blvd you've gone a little too far.
Then 0.08 miles 0.42 total miles
- 

11. 1890 Silver Cross Blvd, New Lenox, IL 60451-9508, 1890 SILVER CROSS BLVD.

114

YOUR TRIP TO:



721 E Jackson St

9 MIN | 4.7 MI

Est. fuel cost: \$0.54

Trip time based on traffic conditions as of 11:38 AM on November 1, 2017. Current Traffic: Moderate

TO FKC JOLIET

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.16 miles 0.17 total miles
- 

4. Take the 1st **left** onto Maple Rd/US-6 W. Continue to follow US-6 W.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 4.56 miles 4.73 total miles
- 

5. 721 E Jackson St, Joliet, IL 60432-2560, 721 E JACKSON ST.
Your destination is 0.2 miles past Ridgewood Ave.

If you reach Abe St you've gone a little too far.

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115

YOUR TRIP TO:

16177 W 127th St



10 MIN | 9.1 MI

Est. fuel cost: \$1.04

Trip time based on traffic conditions as of 12:25 PM on November 1, 2017. Current Traffic: Light

TO FKC LEMONT

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).
Then 8.01 miles 8.60 total miles
- 

6. Take the **127th St** exit.
Then 0.28 miles 8.88 total miles
- 

7. Keep **right** to take the ramp toward **Lemont**.
Then 0.03 miles 8.91 total miles
- 

8. Turn **right** onto W 127th St.
Then 0.18 miles 9.09 total miles
- 

9. 16177 W 127th St, Lemont, IL 60439-7501, 16177 W 127TH ST is on the **left**.
Your destination is just past Timberline Dr.

If you reach Eagle Crest Dr you've gone about 0.2 miles too far.

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116

YOUR TRIP TO:



8910 W 192nd St

13 MIN | 9.4 MI

Est. fuel cost: \$1.07

Trip time based on traffic conditions as of 12:12 PM on November 1, 2017. Current Traffic: Moderate

TO FKC MOKENA

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 6.01 miles 7.33 total miles
- 

6. Take the **US-45** exit, EXIT 145, toward **La Grange Rd**.
Then 0.40 miles 7.73 total miles
- 

7. Merge onto US-45 S/La Grange Rd toward **Mokena/Frankfort**.
Then 0.60 miles 8.33 total miles
- 

8. Turn **left** onto W 191st St/County Hwy-84.
If you are on S La Grange Rd and reach Bormet Dr you've gone about 0.1 miles too far.
Then 0.60 miles 8.94 total miles
- 

9. Turn **right** onto Darwin Dr.
Darvin Dr is 0.1 miles past Jodi Rd.
If you reach 88th Ave you've gone about 0.4 miles too far.
Then 0.23 miles 9.16 total miles
- 

10. Darwin Dr becomes W 192nd St.
Then 0.19 miles 9.35 total miles

117



11. 8910 W 192nd St, Mokena, IL 60448-8109, 8910 W 192ND ST is on the left.

If you reach 88th Ave you've gone about 0.1 miles too far.

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YOUR TRIP TO:



329 Remington Blvd

17 MIN | 15.9 MI

Est. fuel cost: \$1.73

Trip time based on traffic conditions as of 10:12 AM on November 1, 2017. Current Traffic: Light

TO FKC BOLINGBROOK



1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.

Then 0.00 miles 0.00 total miles



2. Take the 1st **right** onto Silver Crossing Dr.

Then 0.01 miles 0.01 total miles



3. Take the 1st **left** onto Cedar Crossings Dr.

Then 0.15 miles 0.16 total miles



4. Take the 1st **right** onto US-6 E/Maple Rd.

If you reach I-355 S you've gone about 0.3 miles too far.

Then 0.44 miles 0.59 total miles



5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).

Then 11.86 miles 12.45 total miles



6. Merge onto I-55 S via EXIT 12B toward **St Louis**.

Then 2.35 miles 14.80 total miles



7. Take the **IL-53** exit, EXIT 267, toward **Bolingbrook**.

Then 0.30 miles 15.11 total miles



8. Merge onto S Bolingbrook Dr/IL-53 toward **Bolingbrook**.

Then 0.16 miles 15.27 total miles



9. Turn **left** onto Remington Blvd.

Remington Blvd is just past E North Frontage Rd.

If you reach Commerce Dr you've gone a little too far.

Then 0.63 miles 15.89 total miles

119



10. Make a **U-turn** onto Remington Blvd.

If you reach Woodcreek Dr you've gone about 0.1 miles too far.

Then 0.04 miles

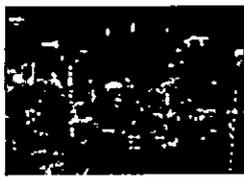
15.93 total miles



11. 329 Remington Blvd, Bolingbrook, IL 60440-4921, 329 REMINGTON BLVD is on the right.

If you reach Quadrangle Dr you've gone a little too far.

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(1-888-461-3625)

120

YOUR TRIP TO:



Sun Health Dialysis

19 MIN | 12.0 MI

Est. fuel cost: \$1.37

Trip time based on traffic conditions as of 1:01 PM on November 1, 2017. Current Traffic: Moderate

TO SUN HEALTH DIALYSIS

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 W via EXIT 0B toward Iowa.
Then 9.14 miles 10.45 total miles
- 

6. Merge onto S Larkin Ave/IL-7 N via EXIT 130B.
Then 0.99 miles 11.44 total miles
- 

7. Turn **left** onto W Jefferson St/US-52 W.
W Jefferson St is 0.5 miles past McDonough St.

If you are on N Larkin Ave and reach Oneida St you've gone about 0.1 miles too far.
Then 0.34 miles 11.79 total miles
- 

8. Turn **right** onto N Hammes Ave.
Then 0.18 miles 11.97 total miles
- 

9. Take the 1st **left** onto Oneida St.
If you reach Glenwood Ave you've gone about 0.3 miles too far.
Then 0.02 miles 11.98 total miles
- 

10. Sun Health Dialysis, 2121 Oneida St, Joliet, IL, 2121 ONEIDA ST STE 104 is on the **right**.
If you reach Uno Cir you've gone a little too far.

121

YOUR TRIP TO:



7550 Janes Ave

19 MIN | 16.2 MI

Est. fuel cost: \$1.75

Trip time based on traffic conditions as of 10:17 AM on November 1, 2017. Current Traffic: Moderate

TO FKC WOODRIDGE

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll).
Then 13.29 miles 13.88 total miles
- 

6. Keep **right** to take I-355 N/Veterans Memorial Tollway N toward **CASH** (Portions toll).
Then 1.38 miles 15.26 total miles
- 

7. Take the **75th St** exit.
Then 0.34 miles 15.60 total miles
- 

8. Keep **left** to take the ramp toward **Woodridge**.
Then 0.02 miles 15.62 total miles
- 

9. Turn **left** onto 75th St.
Then 0.35 miles 15.97 total miles
- 

10. Turn **left** onto Janes Ave.
If you reach Catalpa Ave you've gone about 0.4 miles too far.
Then 0.18 miles 16.15 total miles

122

MapQuest Travel Times
APPENDIX - 1



11. 7550 Janes Ave, Woodridge, IL 60517-2926, 7550 JANES AVE.

Your destination is just past Charmingfare Dr.

If you reach Dalewood Pkwy you've gone a little too far.

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(1-888-461-3625)

123

YOUR TRIP TO:



396 Remington Blvd

19 MIN | 16.3 MI

Est. fuel cost: \$1.77

Trip time based on traffic conditions as of 10:16 AM on November 1, 2017. Current Traffic: Light

TO USRC BOLINGBROOK



1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.

Then 0.00 miles 0.00 total miles



2. Take the 1st **right** onto Silver Crossing Dr.

Then 0.01 miles 0.01 total miles



3. Take the 1st **left** onto Cedar Crossings Dr.

Then 0.15 miles 0.16 total miles



4. Take the 1st **right** onto US-6 E/Maple Rd.

If you reach I-355 S you've gone about 0.3 miles too far.

Then 0.44 miles 0.59 total miles



5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).

Then 11.86 miles 12.45 total miles



6. Merge onto I-55 S via EXIT 12B toward **St Louis**.

Then 2.35 miles 14.80 total miles



7. Take the **IL-53** exit, EXIT 267, toward **Bolingbrook**.

Then 0.30 miles 15.11 total miles



8. Merge onto S Bolingbrook Dr/IL-53 toward **Bolingbrook**.

Then 0.16 miles 15.27 total miles



9. Turn **left** onto Remington Blvd.

Remington Blvd is just past E North Frontage Rd.

If you reach Commerce Dr you've gone a little too far.

Then 0.87 miles 16.14 total miles

124



10. Turn right.

0.1 miles past Woodcreek Dr.

If you reach S Schmidt Rd you've gone about 0.4 miles too far.

Then 0.03 miles

16.17 total miles



11. Take the 1st right.

Then 0.11 miles

16.28 total miles



12. Turn slight left.

Then 0.02 miles

16.30 total miles



13. 396 Remington Blvd, Bolingbrook, IL 60440-4302, 396 REMINGTON BLVD.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

125

YOUR TRIP TO:

17524 E Carriageway Dr



19 MIN | 17.6 MI

Est. fuel cost: \$2.01

Trip time based on traffic conditions as of 1:04 PM on November 1, 2017. Current Traffic: Light

TO FKC HAZEL CREST

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 15.03 miles 16.34 total miles
- 

6. Take the **Kedzie Ave** exit, EXIT 154.
Then 0.24 miles 16.59 total miles
- 

7. Turn **slight right** onto Kedzie Ave.
Then 0.70 miles 17.29 total miles
- 

8. Turn **left** onto 175th St.
175th St is 0.2 miles past 173rd St.

If you reach Hawthorne Ln you've gone about 0.1 miles too far.

Then 0.21 miles 17.50 total miles
- 

9. Turn **right** onto E Carriageway Dr.
E Carriageway Dr is just past Longfellow Ave.

If you reach Holmas Ave you've gone a little too far.

Then 0.09 miles 17.59 total miles

126



10. 17524 E Carriageway Dr, Hazel Crest, IL 60429-2006, 17524 E

CARRIAGEWAY DR is on the right.

If you reach Coach Ln you've gone a little too far.

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Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:



9160 W 159th St

20 MIN | 10.0 MI

Est. fuel cost: \$1.14

Trip time based on traffic conditions as of 12:09 PM on November 1, 2017. Current Traffic: Heavy

TO FKC ORLAND PARK

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 5.25 miles 5.41 total miles
- 

5. Turn **left** onto Wolf Rd/US-6 E.
Then 1.87 miles 7.28 total miles
- 

6. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.4 miles past Karen Dr.
If you reach 158th St you've gone about 0.1 miles too far.
Then 2.65 miles 9.93 total miles
- 

7. Make a **U-turn** at Parkhill Dr onto W 159th St/US-6 W.
If you reach Haven Ave you've gone about 0.1 miles too far.
Then 0.09 miles 10.01 total miles
- 

8. 9160 W 159th St, Orland Park, IL 60462-5648, 9160 W 159TH ST is on the right.
If you reach Orland Towne Ctr you've gone about 0.1 miles too far.

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128

YOUR TRIP TO:

Country Club Hills



20 MIN | 17.4 MI

Est. fuel cost: \$1.99

Trip time based on traffic conditions as of 12:49 PM on November 1, 2017. Current Traffic: Light

TO DAVITA COUNTRY HILLS

-  1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
-  2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
-  3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
-  4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
-  5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 12.22 miles 13.53 total miles
-  6. Merge onto I-57 N via EXIT 151B on the **left** toward **Chicago**.
Then 1.56 miles 15.10 total miles
-  7. Take the **167th St** exit, EXIT 346.
Then 0.20 miles 15.29 total miles
-  8. Keep **right** to take the **167th St E** ramp.
Then 0.45 miles 15.74 total miles
-  9. Merge onto 167th St.
Then 0.44 miles 16.18 total miles
-  10. Turn **right** onto Crawford Ave.
Crawford Ave is 0.2 miles past Kilbourne Ave.

If you are on W 167th St and reach Briargate Dr you've gone about 0.1 miles too far.

Then 1.24 miles 17.43 total miles

129

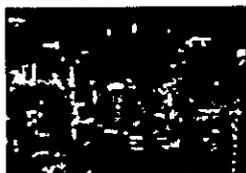


11. Country Club Hills, IL, You have arrived at your destination.

Your destination is 0.2 miles past 175th St.

If you reach 178th Pl you've gone about 0.2 miles too far.

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(1-888-461-3625)

130

YOUR TRIP TO:

5340 159th St



20 MIN | 18.0 MI

Est. fuel cost: \$2.06

Trip time based on traffic conditions as of 12:44 PM on November 1, 2017. Current Traffic: Light

TO FKC OAK FOREST

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 12.22 miles 13.53 total miles
- 

6. Merge onto I-57 N via EXIT 151B on the **left** toward **Chicago**.
Then 1.56 miles 15.10 total miles
- 

7. Take the **167th St W** exit, EXIT 346, toward **IL-50/Cicero Ave**.
Then 0.72 miles 15.82 total miles
- 

8. Merge onto 167th St.
Then 0.49 miles 16.31 total miles
- 

9. Turn **right** onto Cicero Ave/IL-50.
Then 1.02 miles 17.33 total miles
- 

10. Turn **left** onto 159th St/US-6 W.
159th St is 0.1 miles past 160th St.

If you reach 157th St you've gone about 0.2 miles too far.

Then 0.70 miles 18.03 total miles

131



11. 5340 159th St, Oak Forest, IL 60452-4703, 5340 159TH ST is on the right.

Your destination is just past Lockwood Ave.

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

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(1-888-461-3625)

132

YOUR TRIP TO:

4557 Lincoln Hwy



20 MIN | 18.6 MI

Est. fuel cost: \$2.12

Trip time based on traffic conditions as of 1:00 PM on November 1, 2017. Current Traffic: Light

TO DAVITA OLYMPIA FIELDS

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 11.92 miles 13.24 total miles
- 

6. Merge onto I-57 S via EXIT 151A toward **Memphis**.
Then 4.20 miles 17.44 total miles
- 

7. Merge onto US-30 E/Lincoln Hwy via EXIT 340A.
Then 1.16 miles 18.60 total miles
- 

8. 4557 Lincoln Hwy, Matteson, IL 60443-2318, 4557 LINCOLN HWY is on the **right**.
Your destination is just past Lincoln Mall Dr.

If you reach Kostner Ave you've gone about 0.2 miles too far.

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133

YOUR TRIP TO:



3470 183rd St

21 MIN | 18.7 MI

Est. fuel cost: \$2.14

Trip time based on traffic conditions as of 1:03 PM on November 1, 2017. Current Traffic: Light

TO DAVITA HAZEL CREST

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 15.03 miles 16.34 total miles
- 

6. Take the **Kedzie Ave** exit, EXIT 154.
Then 0.24 miles 16.59 total miles
- 

7. Turn **slight right** onto Kedzie Ave.
Then 1.70 miles 18.29 total miles
- 

8. Turn **right** onto 183rd St.
183rd St is 0.1 miles past Olive Rd.

If you reach 184th St you've gone about 0.1 miles too far.

Then 0.41 miles 18.70 total miles
- 

9. 3470 183rd St, Hazel Crest, IL 60429-2428, 3470 183RD ST is on the **right**.
Your destination is just past Village West Dr.

If you reach Fountainbleau Dr you've gone a little too far.

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134

YOUR TRIP TO:

16657 Halsted St



22 MIN | 20.5 MI

Est. fuel cost: \$1.68

Trip time based on traffic conditions as of 12:36 PM on November 1, 2017. Current Traffic: Light

TO DAVITA COMMUNITY DIALYSIS HARVEY

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana** (Portions toll).
Then 17.85 miles 19.17 total miles
- 

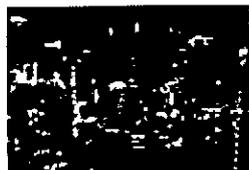
6. Take the **IL-1 S/Halsted St** exit.
Then 0.20 miles 19.37 total miles
- 

7. Merge onto IL-1 N/Halsted St via the ramp on the **left**.
Then 1.17 miles 20.54 total miles
- 

8. 16657 Halsted St, Harvey, IL 60426-6112, 16657 HALSTED ST is on the **right**.
Your destination is just past E 167th St.

If you reach E 166th St you've gone a little too far.

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MapQuest Travel Times

APPENDIX - 1

135

YOUR TRIP TO:



161st St & 80th Ave

23 MIN | 11.5 MI

Est. fuel cost: \$1.32

Trip time based on traffic conditions as of 11:48 AM on November 1, 2017. Current Traffic: Heavy

TO DAVITA TINLEY PARK

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.
If you reach I-355 S you've gone about 0.3 miles too far.

Then 5.25 miles 5.41 total miles
- 

5. Turn **left** onto Wolf Rd/US-6 E.
Then 1.87 miles 7.28 total miles
- 

6. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.4 miles past Karen Dr.

If you reach 158th St you've gone about 0.1 miles too far.

Then 4.03 miles 11.31 total miles
- 

7. Turn **right** onto 80th Ave.
80th Ave is 0.5 miles past 84th Ave.

If you reach 78th Ave you've gone about 0.2 miles too far.

Then 0.21 miles 11.52 total miles
- 

8. Turn **left** onto 161st St.
161st St is just past 160th St.

If you reach 161st Pl you've gone a little too far.

Then 0.01 miles 11.53 total miles

136



9. 161st St & 80th Ave, 161ST ST & 80TH AVE.

If you reach Princeton Ave you've gone a little too far.

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**Car trouble mid-trip?
MapQuest Roadside
Assistance is here:**

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137

YOUR TRIP TO:

Symphony Of Crestwood



24 MIN | 19.4 MI

Est. fuel cost: \$2.22

Trip time based on traffic conditions as of 12:38 PM on November 1, 2017. Current Traffic: Light

TO CONCERTO DIALYSIS

- 1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 12.22 miles 13.53 total miles
- 6. Merge onto I-57 N via EXIT 151B on the **left** toward **Chicago**.
Then 1.56 miles 15.10 total miles
- 7. Take the **167th St W** exit, EXIT 346, toward **IL-50/Cicero Ave**.
Then 0.72 miles 15.82 total miles
- 8. Merge onto 167th St.
Then 0.49 miles 16.31 total miles
- 9. Turn **right** onto Cicero Ave/IL-50.
Then 3.10 miles 19.41 total miles
- 10. Symphony Of Crestwood, 14255 CICERO AVE is on the **right**.
Your destination is just past 143rd St.

If you reach 142nd St you've gone a little too far.

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138

YOUR TRIP TO:

1201 Butterfield Rd



24 MIN | 23.3 MI

Est. fuel cost: \$1.90

Trip time based on traffic conditions as of 11:41 AM on November 1, 2017. Current Traffic: Light

TO USRC OAK BROOK

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).
Then 13.28 miles 13.88 total miles
- 

6. Keep **right** to take I-355 N/Veterans Memorial Tollway N toward **CASH** (Portions toll).
Then 8.10 miles 21.98 total miles
- 

7. Take the **IL-56/Butterfield Rd** exit.
Then 0.64 miles 22.62 total miles
- 

8. Merge onto Butterfield Rd/IL-56 toward **Oak Brook**.
Then 0.40 miles 23.01 total miles
- 

9. Turn **right** onto Downers Dr.
Downers Dr is 0.2 miles past Finley Rd.
Then 0.04 miles 23.06 total miles
- 

10. Turn **left** onto Butterfield Rd.
Then 0.20 miles 23.25 total miles

139



11. 1201 Butterfield Rd, Downers Grove, IL 60515-1032, 1201 BUTTERFIELD RD is on the right.

If you reach Highland Ave you've gone about 0.3 miles too far.

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YOUR TRIP TO:



2601 Lincoln Hwy, Olympia Fields, IL, 60461-1801

25 MIN | 21.2 MI

Est. fuel cost: \$1.73

Trip time based on traffic conditions as of 12:58 PM on November 1, 2017. Current Traffic: Light

TO FKC SOUTH SUBURBAN

- 
 1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
 Then 0.00 miles 0.00 total miles
- 
 2. Take the 1st **right** onto Silver Crossing Dr.
 Then 0.01 miles 0.01 total miles
- 
 3. Take the 1st **left** onto Cedar Crossings Dr.
 Then 0.55 miles 0.56 total miles
- 
 4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
 Then 0.76 miles 1.32 total miles
- 
 5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
 Then 11.92 miles 13.24 total miles
- 
 6. Merge onto I-57 S via EXIT 151A toward **Memphis**.
 Then 4.20 miles 17.44 total miles
- 
 7. Merge onto US-30 E/Lincoln Hwy via EXIT 340A.
 Then 3.69 miles 21.13 total miles
- 
 8. Make a **U-turn** onto Lincoln Hwy/US-30 W.
If you reach Washington Dr you've gone a little too far.
 Then 0.07 miles 21.20 total miles
- 
 9. 2601 Lincoln Hwy, Olympia Fields, IL 60461-1801, 2601 LINCOLN HWY is on the **right**.
If you reach Orchard Dr you've gone about 0.4 miles too far.

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141

YOUR TRIP TO:

3825 Highland Ave



25 MIN | 22.6 MI

Est. fuel cost: \$1.85

Trip time based on traffic conditions as of 12:26 PM on November 1, 2017. Current Traffic: Light

TO FKC DOWNERS GROVE

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).
Then 13.28 miles 13.88 total miles
- 

6. Keep **right** to take I-355 N/Veterans Memorial Tollway N toward **CASH** (Portions toll).
Then 5.38 miles 19.26 total miles
- 

7. Take the **US-34/Ogden Ave** exit, EXIT 20B.
Then 0.33 miles 19.59 total miles
- 

8. Merge onto US-34 E/Ogden Ave toward **Downers Grove/TOLLWAY ADM STATE POLICE/BUSINESS CENTER**.
Then 2.30 miles 21.89 total miles
- 

9. Turn **left** onto Main St/County Hwy-9. Continue to follow County Hwy-9.
County Hwy-9 is just past Forest Ave.
If you are on Ogden Ave and reach Highland Ave you've gone a little too far.
Then 0.69 miles 22.58 total miles

142



10. 3825 Highland Ave, Downers Grove, IL 60515, 3825 HIGHLAND AVE is on the **right**.

Your destination is just past Good Samaritan Hospital.

If you reach Black Oak Dr you've gone a little too far.

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143

YOUR TRIP TO:

12250 S Cicero Ave



25 MIN | 23.6 MI

Est. fuel cost: \$1.93

Trip time based on traffic conditions as of 12:13 PM on November 1, 2017. Current Traffic: Light

TO FKC ALSIP

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the **exit** on the **left** toward **Indiana**.
Then 12.22 miles 13.53 total miles
- 

6. Merge onto I-57 N via EXIT 151B on the **left** toward **Chicago**.
Then 4.24 miles 17.77 total miles
- 

7. Merge onto I-294 N/Tri State Tollway N via EXIT 349 toward **Wisconsin**
(Portions toll) (Electronic toll collection only).
Then 4.94 miles 22.72 total miles
- 

8. Merge onto S Cicero Ave/IL-50 N.
Then 0.77 miles 23.49 total miles
- 

9. Turn **left** onto W 123rd St.
W 123rd St is just past W 123rd Pl.

If you reach W 122nd St you've gone about 0.1 miles too far.

Then 0.02 miles 23.51 total miles
- 

10. Take the 1st **right**.
If you reach S Lamon Ave you've gone about 0.1 miles too far.

Then 0.03 miles 23.54 total miles

144

MapQuest Travel Times
APPENDIX - 1



11. Turn left.

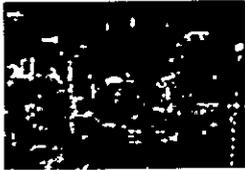
Then 0.06 miles

23.60 total miles



12. 12250 S Cicero Ave, Alsip, IL 60803-2907, 12250 S CICERO AVE.

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145

YOUR TRIP TO:



6300 Kingery Hwy

26 MIN | 20.2 MI

Est. fuel cost: \$1.65

Trip time based on traffic conditions as of 12:48 PM on November 1, 2017. Current Traffic: Moderate

TO FKC WILLOWBROOK

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll).
Then 11.48 miles 12.08 total miles
- 

6. Merge onto I-55 N via EXIT 12A toward **Chicago**.
Then 5.07 miles 17.14 total miles
- 

7. Take the **IL-83/Kingery Rd** exit, EXIT 274.
Then 0.15 miles 17.29 total miles
- 

8. Keep **left** at the fork in the ramp.
Then 0.22 miles 17.52 total miles
- 

9. Merge onto IL-83 N/Kingery Hwy.
Then 2.57 miles 20.09 total miles
- 

10. Make a **U-turn** at 63rd St onto Kingery Hwy/IL-83.
Then 0.10 miles 20.19 total miles

146

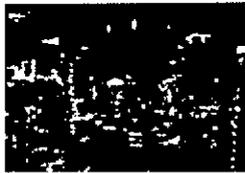


11. 6300 Kingery Hwy, Willowbrook, IL 60527-2203, 6300 KINGERY HWY.

Your destination is just past 63rd St.

If you reach Lake Hinsdale Dr you've gone a little too far.

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**Car trouble mid-trip?
MapQuest Roadside
Assistance is here:**

(1-888-461-3625)

147

YOUR TRIP TO:

1940 Springer Dr, Lombard, IL, 60148-6417



26 MIN | 23.9 MI

Est. fuel cost: \$1.96

Trip time based on traffic conditions as of 1:44 PM on November 1, 2017. Current Traffic: Light

TO FKC LOMBARD

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll) (Electronic toll collection only).
Then 13.28 miles 13.88 total miles
- 

6. Keep **right** to take I-355 N/Veterans Memorial Tollway N toward **CASH** (Portions toll).
Then 8.10 miles 21.98 total miles
- 

7. Take the **IL-56/Butterfield Rd** exit.
Then 0.64 miles 22.62 total miles
- 

8. Merge onto Butterfield Rd/IL-56 toward **Oak Brook**.
Then 0.15 miles 22.77 total miles
- 

9. Turn **left** onto Finley Rd.
If you are on IL-56 and reach Downers Dr you've gone about 0.2 miles too far.
Then 0.92 miles 23.68 total miles

148



10. Turn **left** onto Foxworth Blvd.

Foxworth Blvd is 0.1 miles past W 22nd St.

If you reach Oak Creek Dr you've gone about 0.2 miles too far.

Then 0.15 miles

23.83 total miles



11. Turn **right** onto Springer Dr.

Then 0.11 miles

23.94 total miles



12. 1940 Springer Dr, Lombard, IL 60148-6417, 1940 SPRINGER DR is on the left.

If you reach Oak Creek Dr you've gone about 0.1 miles too far.

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YOUR TRIP TO:

12200 Western Ave

27 MIN | 24.6 MI

Est. fuel cost: \$2.01

Trip time based on traffic conditions as of 11:51 AM on November 1, 2017. Current Traffic: Light

TO FKC BLUE ISLAND - OVER 30 MINUTES

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 12.22 miles 13.53 total miles
- 

6. Merge onto I-57 N via EXIT 151B on the **left** toward **Chicago**.
Then 9.32 miles 22.85 total miles
- 

7. Take EXIT 354 toward **119th St**.
Then 0.27 miles 23.12 total miles
- 

8. Merge onto S Ashland Ave.
Then 0.05 miles 23.18 total miles
- 

9. Take the 1st **left** onto W 119th St.
If you reach W 118th St you've gone about 0.1 miles too far.
Then 1.01 miles 24.18 total miles
- 

10. Turn **left** onto Western Ave.
Western Ave is just past S Oakley Ave.
If you reach Artesian Ave you've gone a little too far.
Then 0.45 miles 24.64 total miles

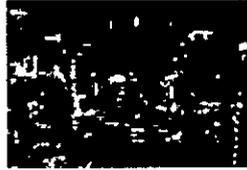
150



11. 12200 Western Ave, Blue Island, IL 60406-1330, 12200 WESTERN AVE is on the right.

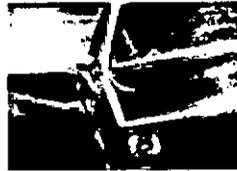
If you reach 123rd St you've gone a little too far.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:



1051 Essington Rd

27 MIN | 10.5 MI

Est. fuel cost: \$1.14

Trip time based on traffic conditions as of 10:08 AM on November 1, 2017. Current Traffic: Heavy

TO DAVITA WEST JOLIET - OVER 30 MINUTES

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.16 miles 0.17 total miles
- 

4. Take the 1st **left** onto Maple Rd/US-6 W. Continue to follow US-6 W.
If you reach I-355 S you've gone about 0.3 miles too far.

Then 5.14 miles 5.31 total miles
- 

5. Stay **straight** to go onto E Jackson St.
Then 0.40 miles 5.71 total miles
- 

6. Turn **right** onto N Scott St/IL-53.
N Scott St is 0.1 miles past State St.

If you reach N Chicago St you've gone a little too far.

Then 0.33 miles 6.04 total miles
- 

7. Turn **left** onto IL-53/Columbia St.
Then 0.04 miles 6.08 total miles
- 

8. Keep **right** at the fork to go on IL-53.
Then 0.23 miles 6.31 total miles
- 

9. Stay **straight** to go onto Ruby St.
Then 0.83 miles 7.14 total miles
- 

10. Ruby St becomes Black Rd.
Then 3.05 miles 10.20 total miles

152



11. Turn **right** onto Essington Rd.
Essington Rd is just past Murphy Dr.

Then 0.34 miles

10.54 total miles

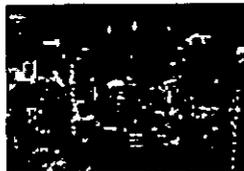


12. 1051 Essington Rd, Joliet, IL 60435-2801, 1051 ESSINGTON RD is on the left.

Your destination is just past Executive Dr.

If you reach Ingalls Ave you've gone about 0.1 miles too far.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)



YOUR TRIP TO:

3322 Vollmer Rd

27 MIN | 21.2 MI

Est. fuel cost: \$1.73

Trip time based on traffic conditions as of 12:57 PM on November 1, 2017. Current Traffic: Moderate

TO DCC OLYMPIA FIELDS

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 

4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 

5. Merge onto I-80 E via the exit on the **left** toward **Indiana**.
Then 11.92 miles 13.24 total miles
- 

6. Merge onto I-57 S via EXIT 151A toward **Memphis**.
Then 4.20 miles 17.44 total miles
- 

7. Merge onto US-30 E/Lincoln Hwy via EXIT 340A.
Then 1.88 miles 19.32 total miles
- 

8. Turn **left** onto Crawford Ave.
Crawford Ave is 0.2 miles past Keeler Ave.

If you reach Roslyn Rd you've gone about 0.1 miles too far.

Then 0.10 miles 19.42 total miles
- 

9. Turn **right** onto Governors Hwy.
If you reach Lindenwood Dr you've gone about 0.1 miles too far.

Then 1.60 miles 21.02 total miles
- 

10. Turn **right** onto Vollmer Rd.
Vollmer Rd is 0.1 miles past Governors Dr.

Then 0.14 miles 21.16 total miles

154

21.16 total miles
MapQuest Travel Times

APPENDIX - 1



11. 3322 Vollmer Rd, Olympia Fields, IL 60461-1179, 3322 VOLLMER RD is on the right.

If you reach Kedzie Ave you've gone about 0.1 miles too far.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

155

YOUR TRIP TO:



16100 La Salle St, South Holland, IL, 60473

27 MIN | 22.5 MI

Est. fuel cost: \$1.83

Trip time based on traffic conditions as of 12:20 PM on November 1, 2017. Current Traffic: Light

TO DAVITA SOUTH HOLLAND

- 1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.55 miles 0.56 total miles
- 4. Stay **straight** to go onto I-355 S/Veterans Memorial Tollway S (Portions toll).
Then 0.76 miles 1.32 total miles
- 5. Merge onto I-80 E via the exit on the **left** toward Indiana (Portions toll).
Then 17.85 miles 19.17 total miles
- 6. Take the **IL-1 S/Halsted St** exit.
Then 0.20 miles 19.37 total miles
- 7. Merge onto IL-1 N/Halsted St via the ramp on the **left**.
Then 2.12 miles 21.49 total miles
- 8. Turn **right** onto E 159th St/US-6 E. Continue to follow US-6 E.
US-6 E is 0.1 miles past E 160th St.

If you reach E 158th St you've gone about 0.1 miles too far.

Then 0.85 miles 22.34 total miles
- 9. Turn **left** onto La Salle St.
La Salle St is 0.1 miles past Suntone Dr.

If you reach State St you've gone about 0.1 miles too far.

Then 0.13 miles 22.47 total miles

156



10. 16100 La Salle St, South Holland, IL 60473, 16100 LA SALLE ST is on the left.

If you reach 161st St you've gone a little too far.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

157

YOUR TRIP TO:



13155 S La Grange Rd, Orland Park, IL, 60462-1162

29 MIN | 12.7 MI

Est. fuel cost: \$1.45

Trip time based on traffic conditions as of 12:22 PM on November 1, 2017. Current Traffic: Heavy

TO DAVITA PALOS PARK

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 5.25 miles 5.41 total miles
- 

5. Turn **left** onto Wolf Rd/US-6 E.
Then 1.87 miles 7.28 total miles
- 

6. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.4 miles past Karen Dr.
If you reach 158th St you've gone about 0.1 miles too far.
Then 2.01 miles 9.29 total miles
- 

7. Turn **left** onto S La Grange Rd/US-45 N.
S La Grange Rd is 0.3 miles past Ravinia Ave.
If you reach S 94th Ave you've gone about 0.2 miles too far.
Then 3.41 miles 12.70 total miles
- 

8. 13155 S La Grange Rd, Orland Park, IL 60462-1162, 13155 S LA GRANGE RD
is on the right.
Your destination is just past Southmoor Dr.
If you reach W 131st St you've gone about 0.1 miles too far.

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158

APPENDIX - 1

YOUR TRIP TO:



10511 S Harlem Ave

31 MIN | 17.1 MI

Est. fuel cost: \$1.85

Trip time based on traffic conditions as of 10:18 AM on November 1, 2017. Current Traffic: Heavy

TO DAVITA CHICAGO RIDGE - OVER 30 MINUTES



1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.

Then 0.00 miles 0.00 total miles



2. Take the 1st **right** onto Silver Crossing Dr.

Then 0.01 miles 0.01 total miles



3. Take the 1st **left** onto Cedar Crossings Dr.

Then 0.15 miles 0.16 total miles



4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.

If you reach I-355 S you've gone about 0.3 miles too far.

Then 5.25 miles 5.41 total miles



5. Turn **left** onto Wolf Rd/US-6 E. Continue to follow Wolf Rd.

Then 3.88 miles 9.29 total miles



6. Turn **right** onto W 143rd St/IL-7.

W 143rd St is 0.1 miles past Alexis Ln.

Then 1.65 miles 10.94 total miles



7. Turn **left** onto Southwest Hwy/IL-7.

Southwest Hwy is just past S Union Ave.

If you reach Beacon Ave you've gone a little too far.

Then 5.98 miles 16.92 total miles



8. Turn **left** onto S Harlem Ave/IL-43.

S Harlem Ave is 0.1 miles past S Oak Tree Dr.

If you reach S Depot St you've gone about 0.1 miles too far.

Then 0.17 miles 17.09 total miles

159



9. 10511 S Harlem Ave, Chicago Ridge, IL 60415-1291, 10511 S HARLEM AVE is on the right.

If you reach W 105th St you've gone a little too far.

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Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

YOUR TRIP TO:



24024 W Riverwalk Ct

33 MIN | 16.5 MI

Est. fuel cost: \$1.79

Trip time based on traffic conditions as of 10:09 AM on November 1, 2017. Current Traffic: Heavy

TO FKC PLAINFIELD NORTH OVER 30 MINUTES

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 0.44 miles 0.59 total miles
- 

5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll).
Then 3.96 miles 4.55 total miles
- 

6. Take the **IL-7/159th Street** exit, EXIT 4.
Then 0.25 miles 4.80 total miles
- 

7. Keep **left** to take the ramp toward **Lockport**.
Then 0.03 miles 4.83 total miles
- 

8. Turn **left** onto W 159th St/IL-7. Continue to follow IL-7 (Portions toll).
Then 3.76 miles 8.59 total miles
- 

9. IL-7 becomes Renwick Rd/County Hwy-36.
Then 5.87 miles 14.46 total miles
- 

10. Turn **right** onto S Joliet Rd/US-30 W. Continue to follow US-30 W.
US-30 W is 0.2 miles past Waterfront Cir.
If you reach S Peerless Dr you've gone a little too far.
Then 2.03 miles 16.48 total miles

MapQuest Travel Times

APPENDIX - 1

161



11. Turn left onto W Riverwalk Ct.

W Riverwalk Ct is 0.3 miles past S Naperville Rd.

If you reach W 143rd St you've gone about 0.2 miles too far.

Then 0.05 miles

16.53 total miles



12. 24024 W Riverwalk Ct, Plainfield, IL 60544, 24024 W RIVERWALK CT is on the right.

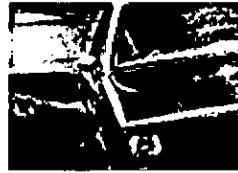
If you reach the end of W Riverwalk Ct you've gone about 0.1 miles too far.

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(1-877-577-5766)



Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

162

YOUR TRIP TO:



2320 Michas Dr, Plainfield, IL, 60586-5045

35 MIN | 14.1 MI

Est. fuel cost: \$1.53

Trip time based on traffic conditions as of 10:07 AM on November 1, 2017. Current Traffic: Heavy

TO FKC PLAINFIELD - OVER 30 MINUTES

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.16 miles 0.17 total miles
- 

4. Take the 1st **left** onto Maple Rd/US-6 W. Continue to follow US-6 W.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 5.14 miles 5.31 total miles
- 

5. Stay **straight** to go onto E Jackson St.
Then 0.58 miles 5.89 total miles
- 

6. E Jackson St becomes Bridge St.
Then 0.42 miles 6.32 total miles
- 

7. Turn **left** onto N Center St.
Then 0.11 miles 6.42 total miles
- 

8. Turn **right** onto Plainfield Rd/US-30 W.
Then 3.51 miles 9.93 total miles
- 

9. Turn **left** onto Caton Farm Rd.
Caton Farm Rd is 0.1 miles past Sycamore St.
Then 4.13 miles 14.06 total miles
- 

10. Turn **left** onto Michas Dr.
If you reach S Ann Dr you've gone a little too far.
Then 0.06 miles 14.12 total miles

163



11. 2320 Michas Dr, Plainfield, IL 60586-5045, 2320 MICHAS DR is on the **left**.

If you reach the end of Michas Dr you've gone a little too far.

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**Car trouble mid-trip?
MapQuest Roadside
Assistance is here:**

(1-888-461-3625)

164



YOUR TRIP TO:

4809 Midlothian Tpke

36 MIN | 17.3 MI

Est. fuel cost: \$1.88

Trip time based on traffic conditions as of 10:20 AM on November 1, 2017. Current Traffic: Heavy

TO FKC CRESTWOOD - OVER 30 MINUTES

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.
If you reach I-355 S you've gone about 0.3 miles too far.
Then 5.25 miles 5.41 total miles
- 

5. Turn **left** onto Wolf Rd/US-6 E.
Then 1.87 miles 7.28 total miles
- 

6. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.4 miles past Karen Dr.
If you reach 158th St you've gone about 0.1 miles too far.
Then 5.05 miles 12.33 total miles
- 

7. Turn **left** onto S Harlem Ave/IL-43.
If you reach 71st Ct you've gone about 0.1 miles too far.
Then 2.04 miles 14.37 total miles
- 

8. Turn **right** onto 143rd St.
If you reach 137th St you've gone about 0.7 miles too far.
Then 1.44 miles 15.81 total miles
- 

9. 143rd St becomes Midlothian Turnpike.
Then 1.51 miles 17.32 total miles

165



10. 4809 Midlothian Tpke, Crestwood, IL 60445-2131, 4809 MIDLOTHIAN TPKE.
Your destination is just past Lamon Ave.

If you reach Cicero Ave you've gone a little too far.

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Car trouble mid-trip?
MapQuest Roadside
Assistance is here:
(1-888-461-3625)

166

YOUR TRIP TO:



9528 S Roberts Rd, Hickory Hills, IL, 60457-2239

36 MIN | 19.1 MI

Est. fuel cost: \$2.19

Trip time based on traffic conditions as of 11:53 AM on November 1, 2017. Current Traffic: Heavy

TO DCC HICKORY HILLS

- 

1. Start out going **north** on Cedar Crossings Dr toward Silver Crossing Dr.
Then 0.00 miles 0.00 total miles
- 

2. Take the 1st **right** onto Silver Crossing Dr.
Then 0.01 miles 0.01 total miles
- 

3. Take the 1st **left** onto Cedar Crossings Dr.
Then 0.15 miles 0.16 total miles
- 

4. Take the 1st **right** onto US-6 E/Maple Rd. Continue to follow US-6 E.
If you reach I-355 S you've gone about 0.3 miles too far.

Then 5.25 miles 5.41 total miles
- 

5. Turn **left** onto Wolf Rd/US-6 E.
Then 1.87 miles 7.28 total miles
- 

6. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.4 miles past Karen Dr.

If you reach 158th St you've gone about 0.1 miles too far.

Then 2.01 miles 9.29 total miles
- 

7. Turn **left** onto S La Grange Rd/US-45 N.
S La Grange Rd is 0.3 miles past Ravinia Ave.

If you reach S 94th Ave you've gone about 0.2 miles too far.

Then 8.13 miles 17.42 total miles
- 

8. Turn **right** onto W 95th St/US-20 E/US-12 E.
Then 1.65 miles 19.07 total miles

167



9. Turn right onto Hickory Palos Sq.
Hickory Palos Sq is just past S 81st Ct.

If you reach S Roberts Rd you've gone a little too far.

Then 0.07 miles

19.14 total miles



10. 9528 S Roberts Rd, Hickory Hills, IL 60457-2239, 9528 S ROBERTS RD.
If you reach S Roberts Rd you've gone about 0.1 miles too far.

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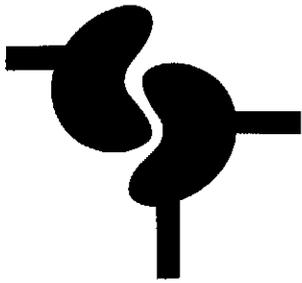


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(1-877-577-5766)



**Car trouble mid-trip?
MapQuest Roadside
Assistance is here:**
(1-888-461-3625)

168



KIDNEY CARE CENTER

Your Partners In Health

November 7, 2017

Ms. Kathryn Olson
Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist practicing in Will County in the New Lenox/Joliet/Lemont area with the Kidney Care Center nephrology practice based in Joliet. I serve as Medical Director of the Fresenius Kidney Care Lemont dialysis center. Along with my partners, I refer patients to DaVita New Lenox, West Joliet, Fresenius Medical Care Joliet, Plainfield, Plainfield North, Mokena, Lemont and to Joliet Home Dialysis Network and Sun Health. The Joliet and New Lenox area facilities, serving the heavily populated East Joliet area and north New Lenox, have experienced a continual increase of end stage renal disease (ESRD) patients over the past several years. The two facilities serving this immediate area, DaVita New Lenox and Fresenius Joliet, are operating at high utilization rates. For this reason, I am in full support of the proposed Fresenius Kidney Care New Lenox dialysis clinic to keep access to dialysis in this area.

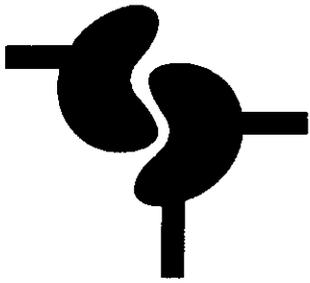
DaVita New Lenox is almost at capacity and the Fresenius Joliet facility is nearing 80% utilization. With clinics operating at high utilization rates such as these it is especially difficult for a new patient who lives near these facilities to find a treatment time that is suitable without travelling out of the area. Most often they must be placed on the last shift of the day which eliminates nearly all of their transportation options. It is my desire to place patients on an appropriate treatment shift while keeping them near their home due to transportation problems that challenge dialysis patients.

Over the past three years Kidney Care Center was treating 127 hemodialysis patients at the end of 2014, 145 at the end of 2015, 149 at the end of 2016 and 155 as of September 2017, as reported to The Renal Network. As well, over the past twelve months, we have referred 39 hemodialysis patients to those facilities mentioned above. Kidney Care Center is a strong supporter of home dialysis and currently treats 88 home dialysis patients. There are 28 CKD Stage 5 patients who we will likely refer to either the FKC Joliet or DaVita New Lenox facility in the next 1-2 years. There are another 60 Stage 4 patients that we expect to refer to the proposed Fresenius New Lenox location in the first two years it is operating. As well, I will continue to refer patients who live closer to other facilities to those clinics closer to their homes. I will also encourage patients who are good candidates for home dialysis services to that modality.

812 Campus Drive • Joliet, IL 60435
Office: 815.741.6830 • Fax: 815.741.6832
www.kidneycares.com

Physician Referral Letter
APPENDIX - 2

169



KIDNEY CARE CENTER

Your Partners In Health

I therefore urge the Board to approve the establishment of Fresenius Kidney Care New Lenox to keep access to dialysis treatment available to the patients in this rapidly growing area of Will County. 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,

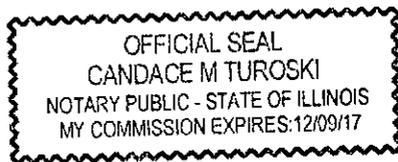
Stella Awua-Larbi, M.D.

Notarization:

Subscribed and sworn to before me
this 9th day of Nov, 2017

Signature of Notary

Seal



**PRE - ESRD PATIENTS DR. AWUA-LARBI & KIDNEY CARE EXPECT TO REFER TO
FRESENIUS KIDNEY CARE NEW LENOX
IN FIRST 2 YEARS OF OPERATION**

Zip Code	Patients
60421	2
60423	9
60432	7
60433	13
60436	9
60448	7
60451	7
60467	3
60481	2
60487	1
Total	60

**NEW REFERRALS OF DR. AWUA-LARBI AND KIDNEY CARE FOR THE PAST TWELVE
MONTHS - 10/01/2016 THROUGH 09/30/2017**

Zip Code	Fresenius Kidney Care					DaVita	Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	
60403	1				1		2
60410	1				1		2
60423			1				1
60432	4	1					5
60433	2						2
60435	3			1			4
60436	1			1			2
60439		5					5
60440	1						1
60441					1		1
60446				2			2
60448			2				2
60451						1	1
60459	1						1
60477			1				1
60491						1	1
60544				1			1
60545	1						1
60585				1			1
60586				3			3
Total	15	6	4	9	3	2	39

**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2014**

Zip Code	Fresenius Kidney Care					DaVita		Sun Health	Total
	Joliet	Mokena	Morris	Naperville	Plainfield	New Lenox	West Joliet		
60403	1			1	5		1		8
60404					3		1		4
60429					1				1
60431					2				2
60432	16				3		1		20
60433	18				1				19
60434	1								1
60435	10				7		3		20
60436	5				2		3	2	12
60441	3								3
60444			1						1
60446					2				2
60447			2		2				4
60450					1				1
60451	4					1			5
60462		1							1
60467						1			1
60481	1								1
60487		1							1
60491						1	1		2
60544	1				2		1		4
60563	1								1
60585					2				2
60586					10				10
60623					1				1
Total	61	2	3	1	44	3	11	2	127

**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2015**

Zip Code	Fresenius Kidney Care				DaVita		Total
	Joliet	Mokena	Morris	Plainfield	New Lenox	West Joliet	
60403	2			4		1	7
60404				4		1	5
60410	1						1
60423		1					1
60429				1			1
60431	1			3			4
60432	19			3	1		23
60433	15			1			16
60434	1						1
60435	10			8		1	19
60436	8			4	1	1	14
60441	2						2
60446	2			2			4
60447			1	2			3
60448		3					3
60450			1	2			3
60451	4						4
60454				1			1
60462		1					1
60467					1		1
60487		1					1
60491	1				1		2
60544				5			5
60585				1			1
60586				18			18
60610	1						1
60622				1			1
60629				1			1
60638	1						1
Total	68	6	2	61	4	4	145

**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 2016**

Zip Code	Fresenius Kidney Care					DaVita		Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	West Joliet	
60403	2			5			2	9
60404				2			2	4
60410	1							1
60421	1							1
60423			3					3
60429				1				1
60431				4	1			5
60432	17			2		1		20
60433	16			1				17
60434	1							1
60435	12	1		5	1		2	21
60436	11			2			2	15
60439		2						2
60441	3						2	5
60446	1	1		2	1			5
60448			2					2
60450				3				3
60451	3					1		4
60462			1					1
60467			1					1
60491	1					1		2
60544				3	2		1	6
60585				1				1
60586				15				15
60623	1							1
60638	1							1
60643						1		1
61554				1				1
Total	71	4	7	47	5	4	11	149

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**IN-CENTER HEMODIALYSIS PATIENTS OF DR. AWUA-LARBI
& KIDNEY CARE 9/2017**

Zip Code	Fresenius Kidney Care					DaVita		Total
	Joliet	Lemont	Mokena	Plainfield	Plainfield North	New Lenox	West Joliet	
60403	3			4	1		2	10
60404		1		3			2	6
60410	1				1			2
60423			3					3
60429				1				1
60431				4	1			5
60432	18	1		2		1		22
60433	13			1				14
60434	1							1
60435	12	1		6	1		2	22
60436	9			2	1		1	13
60439		5						5
60440	1							1
60441	3				1			4
60446		1		3	1			5
60448			4					4
60449			1					1
60450				2				2
60451	2					2		4
60459	1							1
60462			1					1
60467			1					1
60477			2					2
60491	1					1		2
60544				3	2			5
60545	1							1
60585				1				1
60586				14				14
60623				1				1
60638	1							1
Total	67	9	12	47	9	4	7	155

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