POLSINELLI

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

November 18, 2017

Anne M. Cooper
(312) 873-3606
(312) 819-1910 fax
acooper@polsinelli.com

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

17-066

Re: Application for Permit – North Dunes Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Botkins Dialysis LLC (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Waukegan, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for $2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information; and
5. Physician Referral Letter.

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

Attachments

17-066

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

NOV 21 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	North Dunes Dialysis	
Street Address:	3113 North Lewis Avenue	
City and Zip Code:	Waukegan, Illinois 60087	
County: Lake	Health Service Area: 8	Health Planning Area: 8

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

Exact Legal Name:	DaVita Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CEO City and Zip Code:	Denver, CO 80202
CEO Telephone Number:	(303) 405-2100

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Tim Tincknell
Title:	Administrator
Company Name:	DaVita Inc.
Address:	2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

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

Name:	Kelly Ladd
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	720 Cog Circle, Crystal Lake, Illinois 60014
Telephone Number:	815-459-4945
E-mail Address:	kelly.ladd@davita.com
Fax Number:	866-366-1681

61088863.2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	North Dunes Dialysis	
Street Address:	3113 North Lewis Avenue	
City and Zip Code:	Waukegan, Illinois 60087	
County: Lake	Health Service Area: 8	Health Planning Area: 8

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

Exact Legal Name:	Botkins Dialysis LLC
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
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Telephone Number:	815-459-4945
E-mail Address:	kelly.ladd@davita.com
Fax Number:	866-366-1681

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:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli PC
Address:	150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number:	312-873-3639
E-mail Address:	kfriedman@polsinelli.com
Fax Number:	312-873-3793

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Vequity LLC

Address of Site Owner: 400 North State Street, Suite 400, Chicago, Illinois 60654

Street Address or Legal Description of the Site: 3113 North Lewis Avenue, Waukegan, Illinois 60087

Legal Description

LEGAL DESCRIPTION:

LOTS 4 AND 5 IN CITY LIMITS SUBDIVISION OF PARTS OF THE NORTHWEST 1/4 OF SECTION 4 AND THE NORTHEAST 1/4 OF SECTION 5, TOWNSHIP 45 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 19, 1945 AS DOCUMENT 577647, IN BOOK 30 OF PLATS, PAGES 26 AND 27 (EXCEPT THAT PART OF LOT 4 DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 4; THENCE NORTH 89 DEGREES 33 MINUTES 54 SECONDS EAST ALONG THE NORTH LINE OF SAID LOT 4, A DISTANCE OF 280.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 11 SECONDS EAST, 11.00 FEET; THENCE SOUTH 89 DEGREES 34 MINUTES 44 SECONDS WEST 50.47 FEET; THENCE SOUTH 00 DEGREES 25 MINUTES 16 SECONDS EAST, 2.00 FEET; THENCE SOUTH 89 DEGREES 34 MINUTES 44 SECONDS WEST, 171.95 FEET; THENCE NORTH 00 DEGREES 25 MINUTES 16 SECONDS WEST, 5.00 FEET; THENCE SOUTH 89 OEGREES 34 MINUTES 44 SECONDS WEST, 57.50 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 8.00 FEET TO THE POINT OF BEGINNING), IN LAKE COUNTY, ILLINOIS.

CONTAINING 52,755 SQ. FT., 1.211 ACRES, MORE OR LESS.

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: Botkins Dialysis LLC

Address: 2000 16th Street, Denver, CO 80202

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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

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.

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.

DaVita Inc. and Botkins Dialysis LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 3113 North Lewis Avenue, Waukegan, Illinois 60087. The proposed dialysis facility will include a total of approximately 4,680 gross square feet in clinical space and 2,415 gross square feet of non-clinical space for a total of 7,095 gross rentable square feet.

Waukegan is a Federally Designated low income medically underserved area and a health professional shortage area.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$829,084	$427,828	$1,256,912
Contingencies	$82,907	$42,782	$125,689
Architectural/Engineering Fees	$96,000	$25,000	$121,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Movable or Other Equipment (not in construction contracts)	$644,079	$101,022	$745,101
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$718,840	$370,940	$1,089,780
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$2,450,910**	**$977,572**	**$3,428,482**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,732,070	$606,632	$2,338,702
Pledges			
Gifts end Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$718,840	$370,940	$1,089,780
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$2,450,910**	**$977,572**	**$3,428,482**

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

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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

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

Estimated start-up costs and operating deficit cost is $ 2,562,190.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): April 30, 2020

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ 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
☒ 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:
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **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.**

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

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
Arturo Sida	Michael D. Staffieri
PRINTED NAME	PRINTED NAME
Assistant Corporate Secretary	Chief Operating Officer – Kidney Care
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____ See Attached	Notarization: Subscribed and sworn to before me this 9th day of November 2017
Signature of Notary	Signature of Notary
Seal	Seal CONSTANCE L CATHEY NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20024033248 MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Botkins Dialysis, LLC)

Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC
(North Dunes Dialysis)

CERTIFICATION

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

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

SIGNATURE

Arturo Sida

PRINTED NAME

Secretary of Total Renal Care, Inc., Managing Mbr. of Botkins Dialysis, LLC

PRINTED TITLE

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

See Attached

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer of Total Renal Care, Inc., Managing Mbr. of Botkins Dialysis, LLC

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of November 2017

Constance L Cathey

Signature of Notary

Seal

CONSTANCE L CATHEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20024033248
MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

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State of California

County of Los Angeles

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(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

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Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC

(North Dunes Dialysis)

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 standerds 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:

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:

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
☒ **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 <u>ATTACHMENT 24,</u> 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]:**

$2,338,702	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	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.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$1,089,780 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	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;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,428,482	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 Hietorical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Totel 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)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 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 40.

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

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

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 41.

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Botkins Dialysis LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

Botkins Dialysis LLC, is an Illinois limited liability company and will be the operator of the proposed dialysis facility. North Dunes Dialysis is a trade name of Botkins Dialysis LLC.

As the person with final control over the operator, DaVita Inc. is named as an Applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Attachment - 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

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

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

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

Jeffrey W. Bullock, Secretary of State

2391269 8300

SR# 20165704525

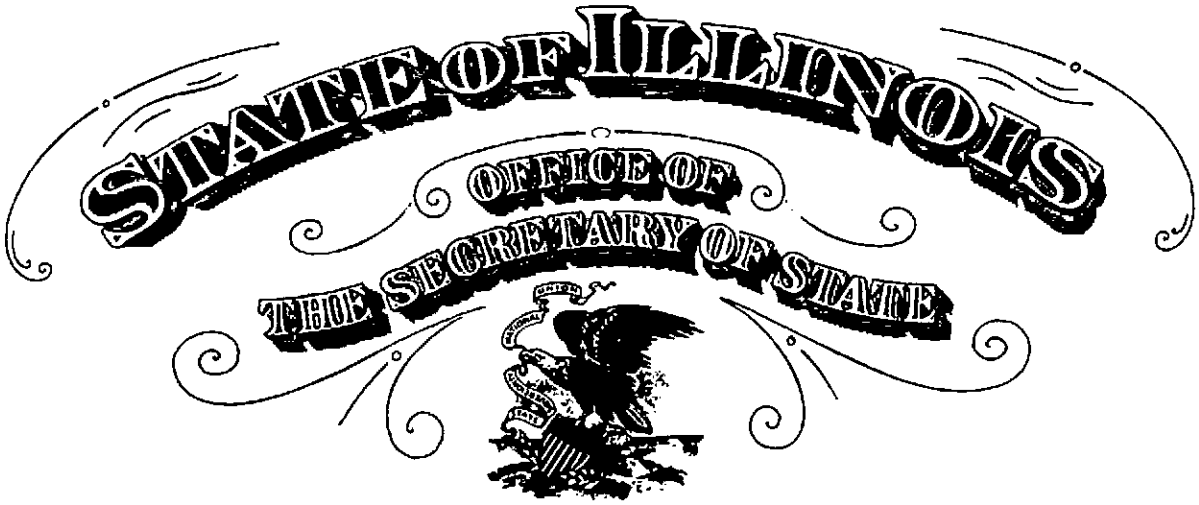
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957561

Date: 09-08-16

Attachment – 1

File Number 0636938-3



To all to whom these Presents Shall Come, Greeting:

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

BOTKINS DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 13, 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 TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* NOVEMBER *A.D.* 2017 .

Authentication #: 1731902478 verifiable until 11/15/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment – 1

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Vequity LLC, as proposed lessor, and Botkins Dialysis LLC, as proposed lessee, to lease the premises located at 3113 North Lewis Avenue, Waukegan, Illinois 60087 is attached at Attachment – 2.

Attachment - 2

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

November 13, 2017

Andrew Cohen
Vequity LLC
400 N State St Suite 400
Chicago, IL 60654

RE: LOI – 3113 N Lewis Ave, Waukegan, IL 60087

Mr. Cohen:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	3113 N Lewis Ave, Waukegan, IL 60087
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	DaVita, Inc corporate guarantee
LANDLORD:	Vequity, LLC
SPACE REQUIREMENTS:	Requirement is for approximately 7,095 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Years 1-5: $22.00/SF NNN Years 6-10: $24.20/SF NNN
ADDITIONAL EXPENSES:	Estimated Tax, CAM, and Insurance is $7.50 psf. Tenant's prorate share of the expenses are estimated to be 56.87% derived from the estimated 7,095 sf of rentable space of the 12,475 sf total building. Landlord estimates the cumulative operating expense costs to $7.50 psf in the first full lease year and no greater than 3% increases annually thereafter.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

Attachment – 2

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Current zoning is B-3 and medical clinics are a permitted use.

PARKING:

Tenant requests:

a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code (currently 63 parking spaces at 5.05/1000)
b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
c) Handicapped stalls located near the front door to the Premises
d) A patient drop off area, preferably covered

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing

or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS: Landlord shall provide $20.00 psf in tenant improvement allowance ("TIA").

Tenant shall have the option to have the TIA paid directly to Tenant's general contractor upon completion of construction and receipt of all final lien waivers. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE: Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease to be further defined in Lease.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Landlord Work items (if any) substantially completed within 90 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage on the existing monument at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week, or per local code requirement.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval provided tenant remains the guarantor and financially liable.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee.

HVAC: Landlord will provide a $12/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

CUSHMAN & WAKEFIELD

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon commencement of rent. Tenant's opening of business. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the property and aforementioned premises.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

Attachment – 2

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **3113 N Lewis Ave, Waukegan, IL 60087**

AGREED TO AND ACCEPTED THIS _16TH_ DAY OF NOVEMBER 2017

By: _____

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

AGREED TO AND ACCEPTED THIS _16th_ DAY OF NOVEMBER 2017

By: _____

Chris Ilekis

("Landlord")

Attachment – 2

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 3113 N Lewis Ave, Waukegan, IL 60087

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes ___X___ No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

___ Yes ___X___ No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes ___X___ No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes ___X___ No

__Vequity, LLC SERIES
(Please add landlord or entity name)

By: _____

Print: Chris Ilekis

Its: Manager

Date: 11/16/2017

Attachment – 2

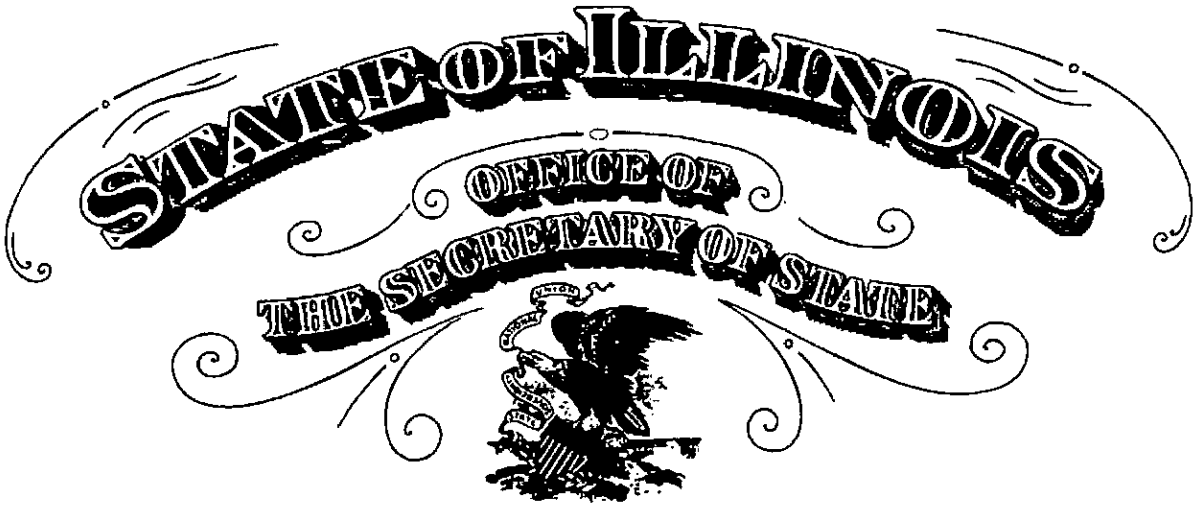
Section I, Identification, General Information, and Certification
Operating Entity/Licensee

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

Name	Address	Ownership Interest
Total Renal Care Inc.	2000 16th Street Denver, Colorado 80202	60%
Omar Dalloul, MD shall indirectly own an interest through Razan, LLC which he wholly owns.	1880 Winchester Court, Suite 106, Libertyville, Illinois 60048	40%

Attachment - 3

File Number 0636938-3



To all to whom these Presents Shall Come, Greeting:

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

BOTKINS DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 13, 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 TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* NOVEMBER *A.D.* 2017 .

Authentication #: 1731902478 verifiable until 11/15/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment – 3

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

The organizational chart for Botkins Dialysis LLC d/b/a North Dunes Dialysis is attached at Attachment – 4.

Attachment - 4

North Dunes Dialysis Organizational Chart

Attachment – 4

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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 3113 North Lewis Avenue, Waukegan, Illinois 60087. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17097C0086K reveals that this area is not included in the flood plain.

Attachment - 5

6620.

MAP SCALE 1" = 500'

0 500 1000 FEET

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0086K

FIRM

FLOOD INSURANCE RATE MAP

LAKE COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 86 OF 295

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
BEACH PARK, VILLAGE OF	171022	0086	K
LAKE COUNTY	170357	0086	K
WAUKEGAN, CITY OF	170397	0086	K
ZION, CITY OF	170399	0086	K

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
17097C0086K

MAP REVISED
SEPTEMBER 18, 2013

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

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

The Applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6. The response to this letter will be submitted to the State Board when it is received.

Timothy V Tincknell, FACHE
(773) 278-4403
timothy.tincknell@davita.com

2484 N Elston Ave
Chicago, IL 60647
Fax: (866) 586-3214
www.davita.com

November 7, 2017

Ms. Rachel Leibowitz, PhD
Deputy State Historic Preservation Officer
Illinois Department of Natural Resources
Illinois State Historic Preservation Office
Attn: Review & Compliance
1 Natural Resources Way
Springfield, Illinois 62702

Re: Historic Preservation Act Determination

Dear Dr. Leibowitz:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita Inc. ("Requestor") seeks a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 12-station dialysis facility at 3113 North Lewis Avenue, Waukegan, Illinois 60087 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

LEGAL DESCRIPTION:

LOTS 4 AND 5 IN CITY LIMITS SUBDIVISION OF PARTS OF THE NORTHWEST 1/4 OF SECTION 4 AND THE NORTHEAST 1/4 OF SECTION 5, TOWNSHIP 45 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 19, 1945 AS DOCUMENT 577647, IN BOOK 30 OF PLATS, PAGES 26 AND 27 (EXCEPT THAT PART OF LOT 4 DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 4; THENCE NORTH 89 DEGREES 33 MINUTES 54 SECONDS EAST ALONG THE NORTH LINE OF SAID LOT 4, A DISTANCE OF 280.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 11 SECONDS EAST, 11.00 FEET; THENCE SOUTH 89 DEGREES 34 MINUTES 44 SECONDS WEST 50.47 FEET; THENCE SOUTH 00 DEGREES 25 MINUTES 16 SECONDS EAST, 2.00 FEET; THENCE SOUTH 89 DEGREES 34 MINUTES 44 SECONDS WEST, 171.95 FEET; THENCE NORTH 00 DEGREES 25 MINUTES 16 SECONDS WEST, 5.00 FEET; THENCE SOUTH 89 DEGREES 34 MINUTES 44 SECONDS WEST, 57.50 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 8.00 FEET TO THE POINT OF BEGINNING), IN LAKE COUNTY, ILLINOIS.

CONTAINING 52,755 SQ. FT., 1.211 ACRES, MORE OR LESS.

Attachment – 6

DaVita.

1. **Project Description and Address**

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 12-station dialysis facility at 3113 North Lewis Avenue, Waukegan, Illinois 60087.

2. **Topographical or Metropolitan Map**

Metropolitan maps showing the location of the Proposed Project are attached at Attachment 1.

3. **Historic Architectural Resources Geographic Information System**

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. **Address for Building/Structure**

The proposed project will be located at 3113 North Lewis Avenue, Waukegan, Illinois 60087.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 773-278-4403 or timothy.tincknell@davita.com.

Sincerely,

Timothy V Tincknell
Administrator

Enclosure

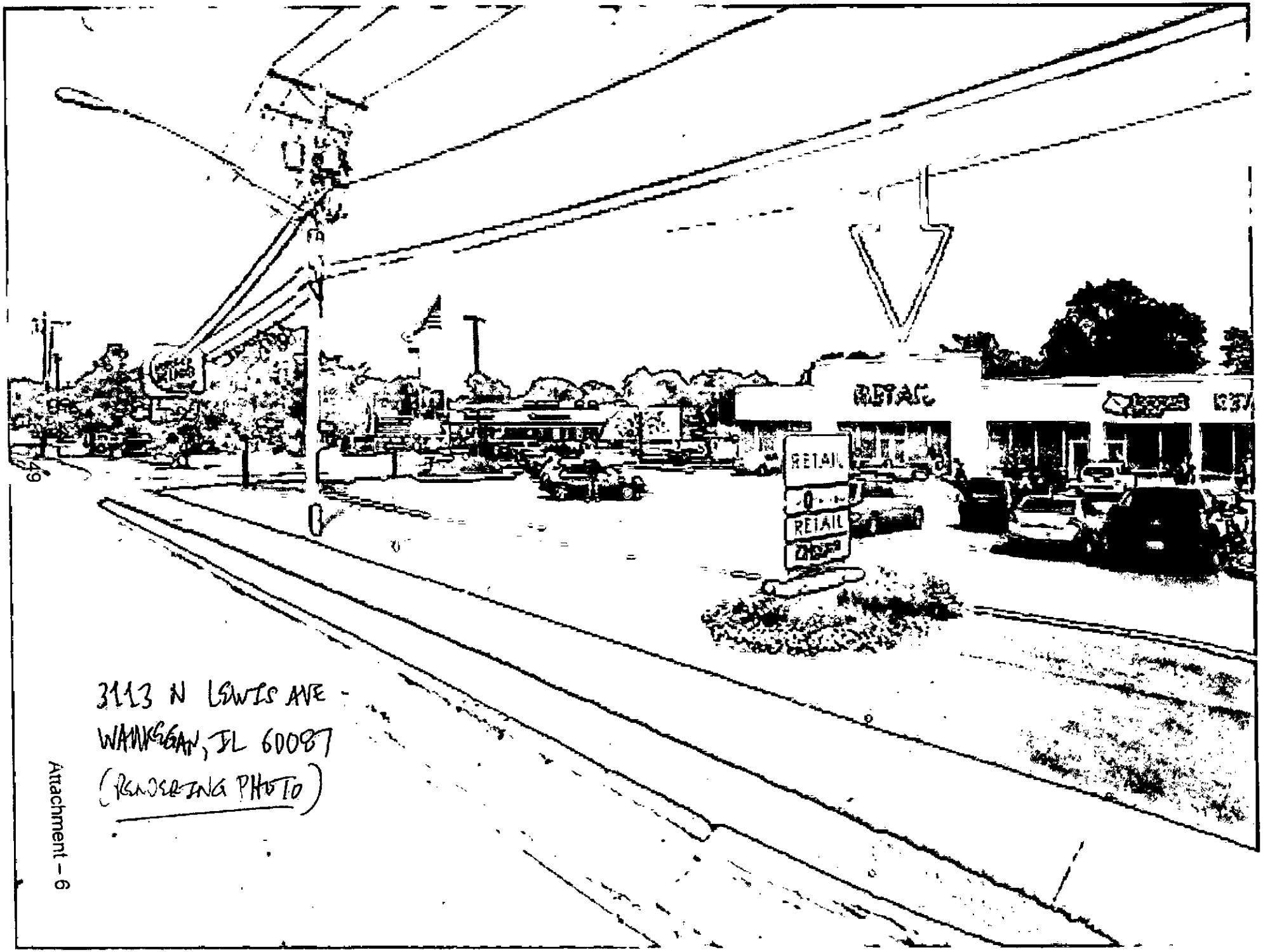
TVT:

3113 N LEWIS AVE, WAUKEGAN, IL 60087

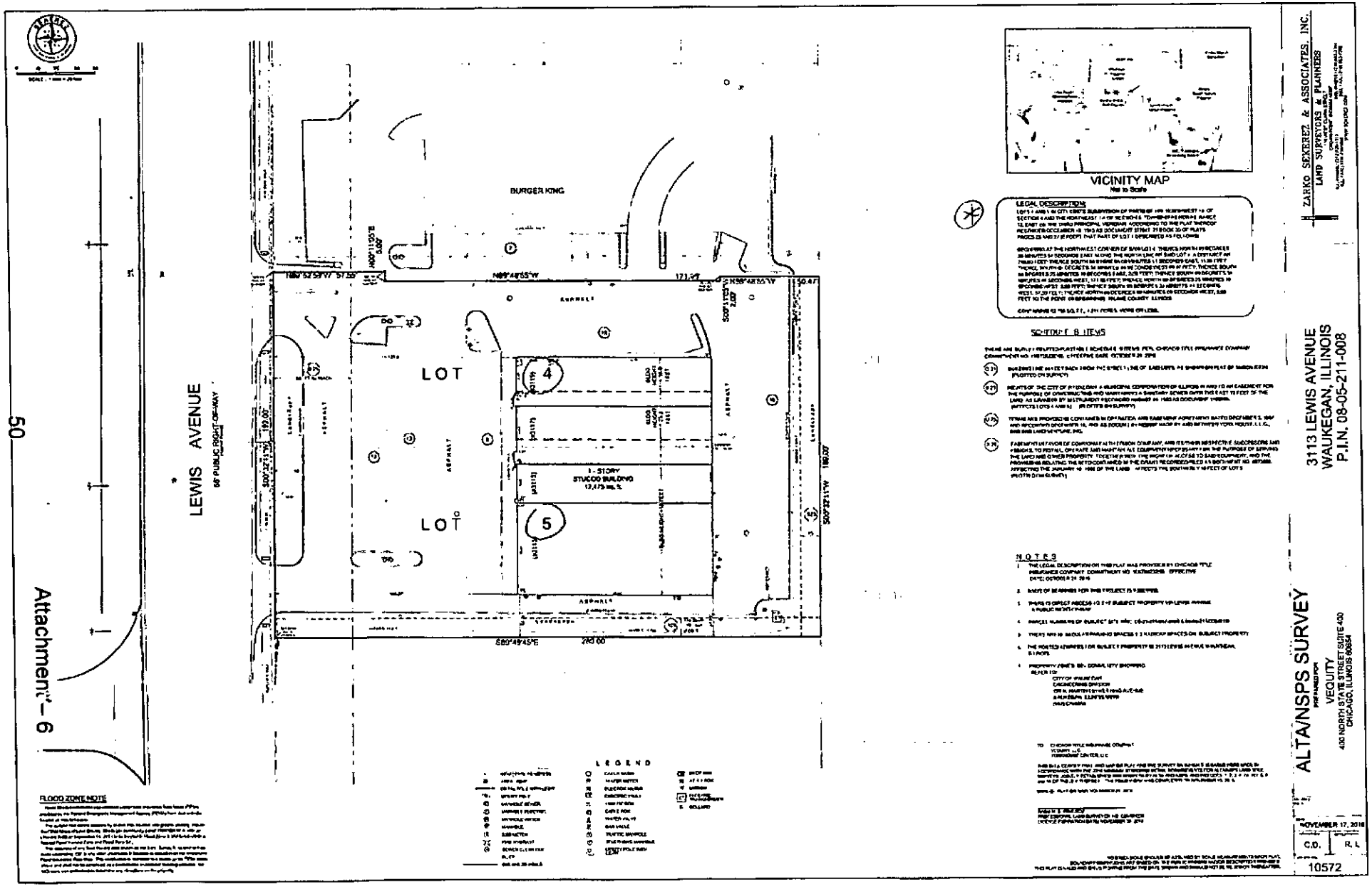
Attachment – 6

3113 N LEWIS AVE, WAUKEGAN, IL 60087

Attachment – 6



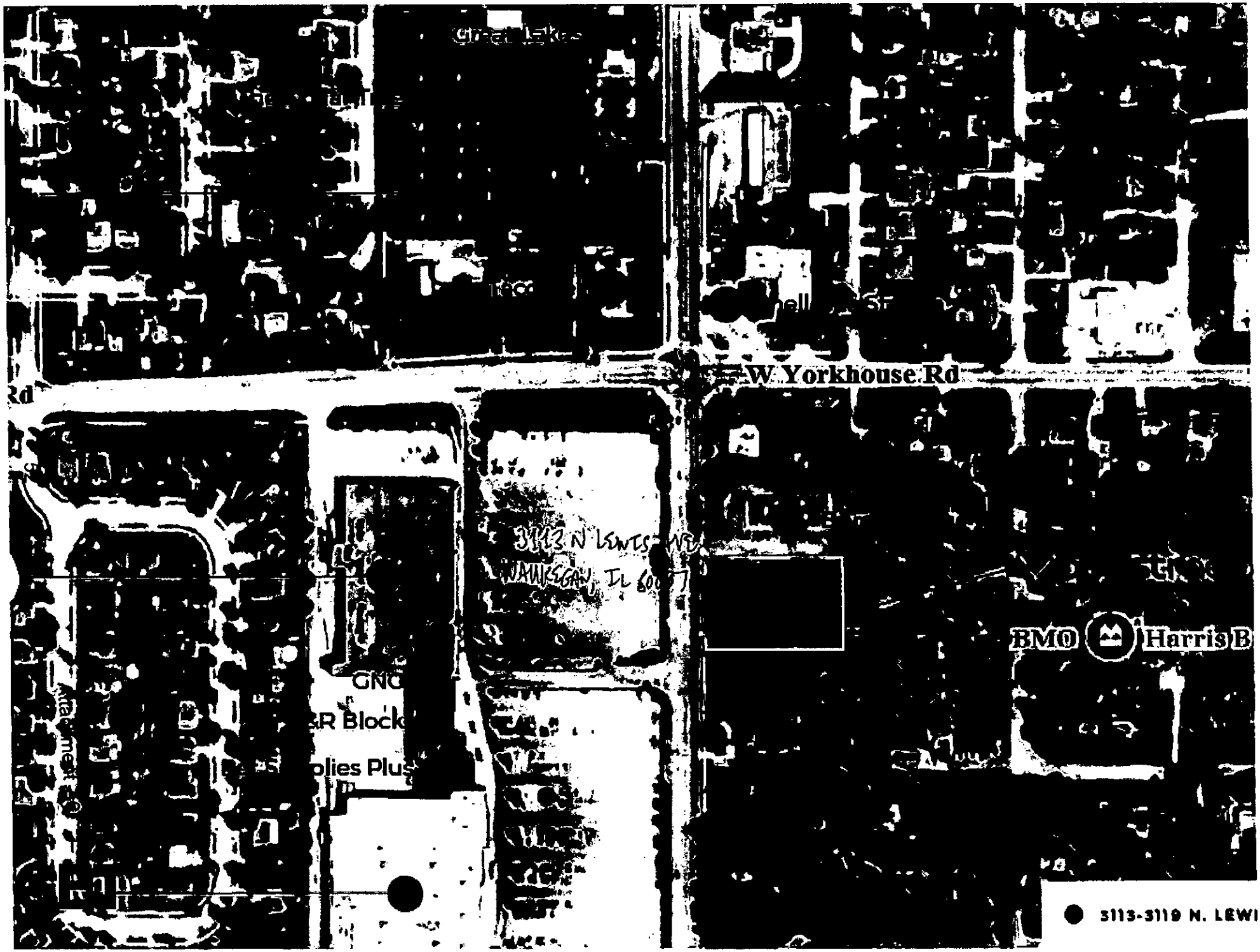
3113 N LEWIS AVE -
WAUKEGAN, IL 60087
(RENDERING PHOTO)



Attachment – 6

05

3113 N LEWIS AVE, WAUKEGAN, IL 60087


W Yorkhouse Rd
3113 N LEWIS AVE
WAUKEGAN, IL 60087
GNC
&R Block
olies Plus
BMO
Harris B
3113-3119 N. LEWI

Google Maps

3113 N Lewis Ave

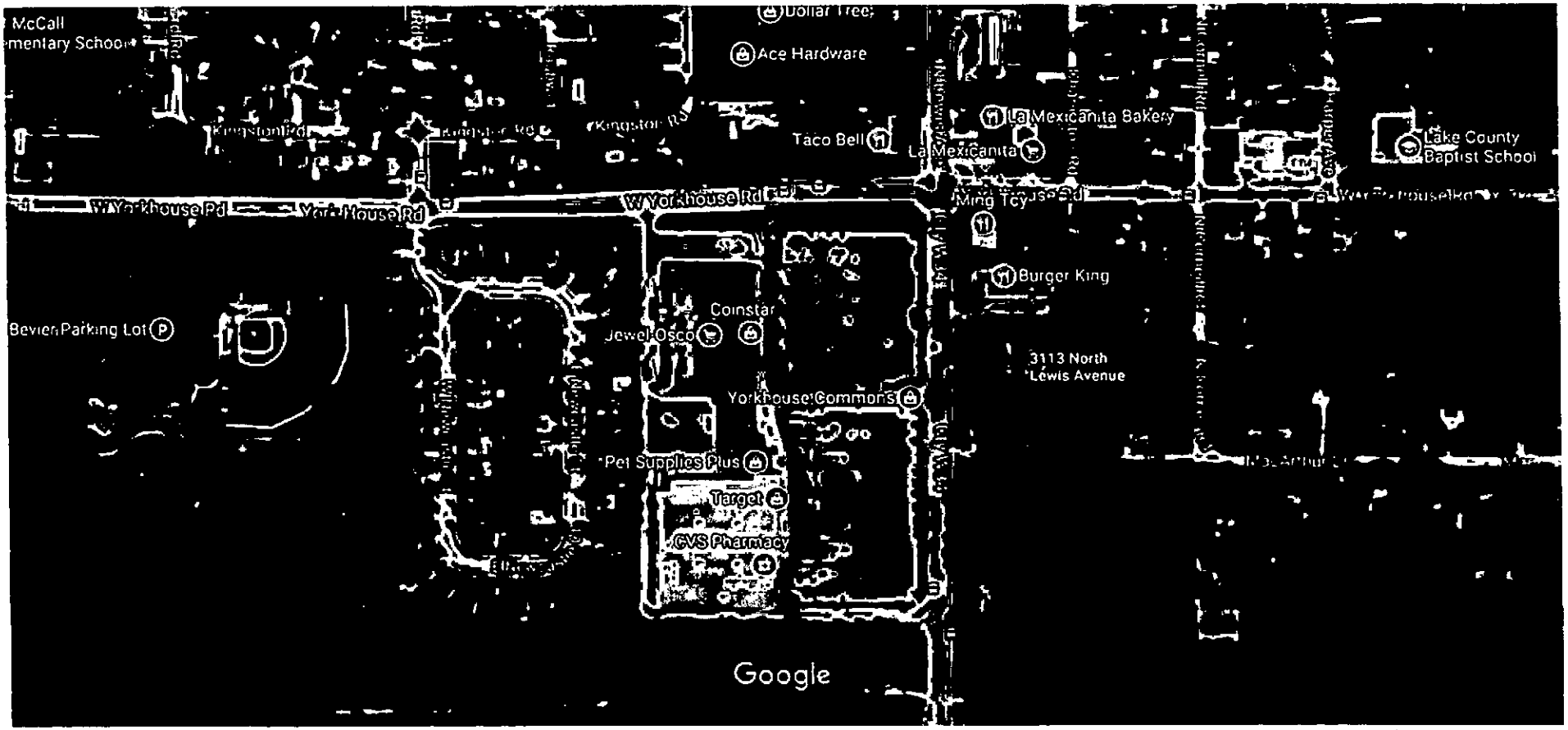
Waukegan, IL 60087 — proposed future site for North Dunes Dialysis

Attachment – 6

Google Maps

3113 N Lewis Ave

Waukegan, IL 60087 --- proposed future site for North Dunes Dialysis



Imagery ©2017 Google, Map data ©2017 Google 200 ft

Attachment – 6

3113_N_Lewis_Ave_Waukegan_IL_60087_HARGIS_Streetmap

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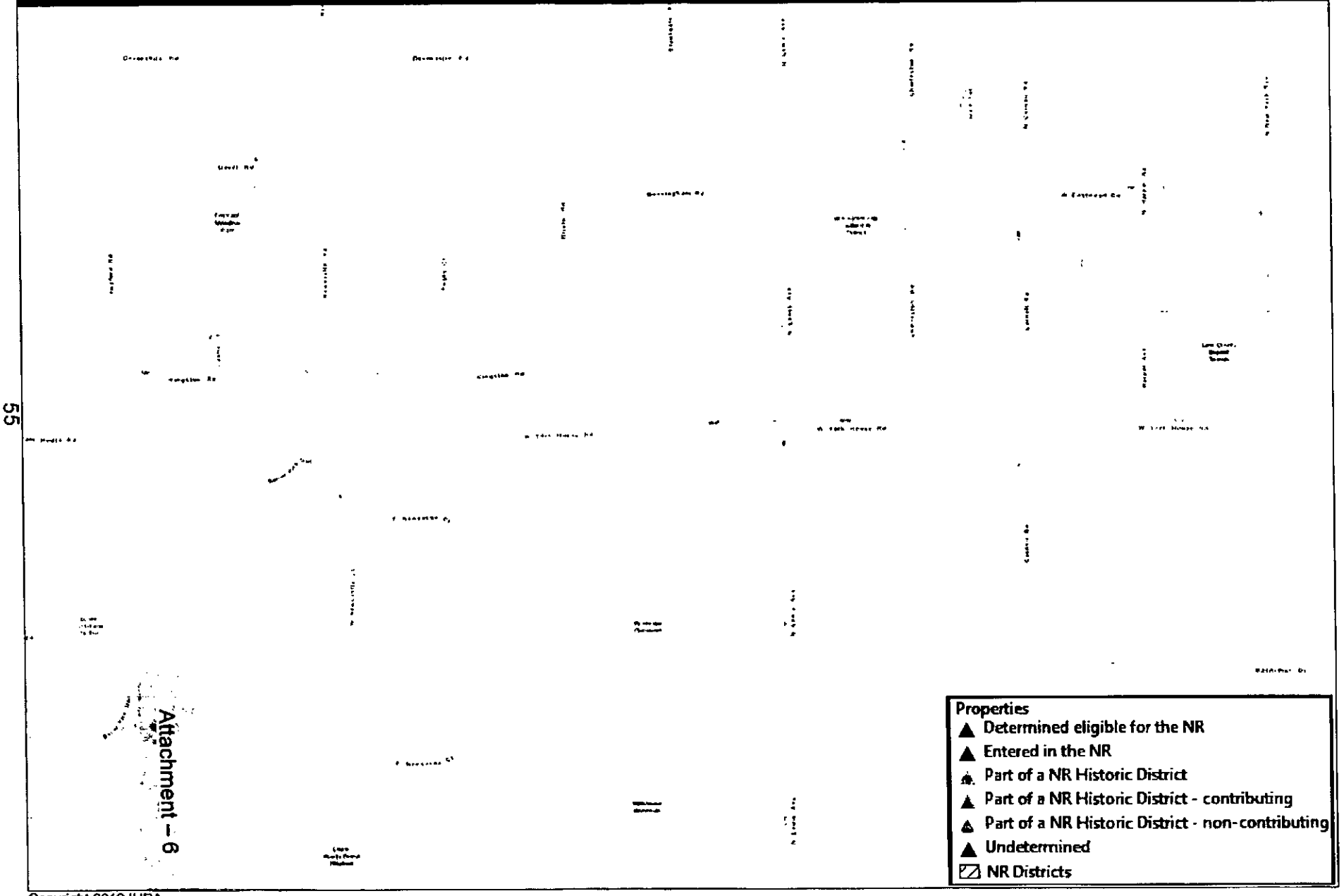
Illinois Historic Preservation Agency



Copyright 2012 IHPA

Attachment – 6

3113_N_Lewis_Ave_Waukegan_IL_60087_HARGIS_Hybrid

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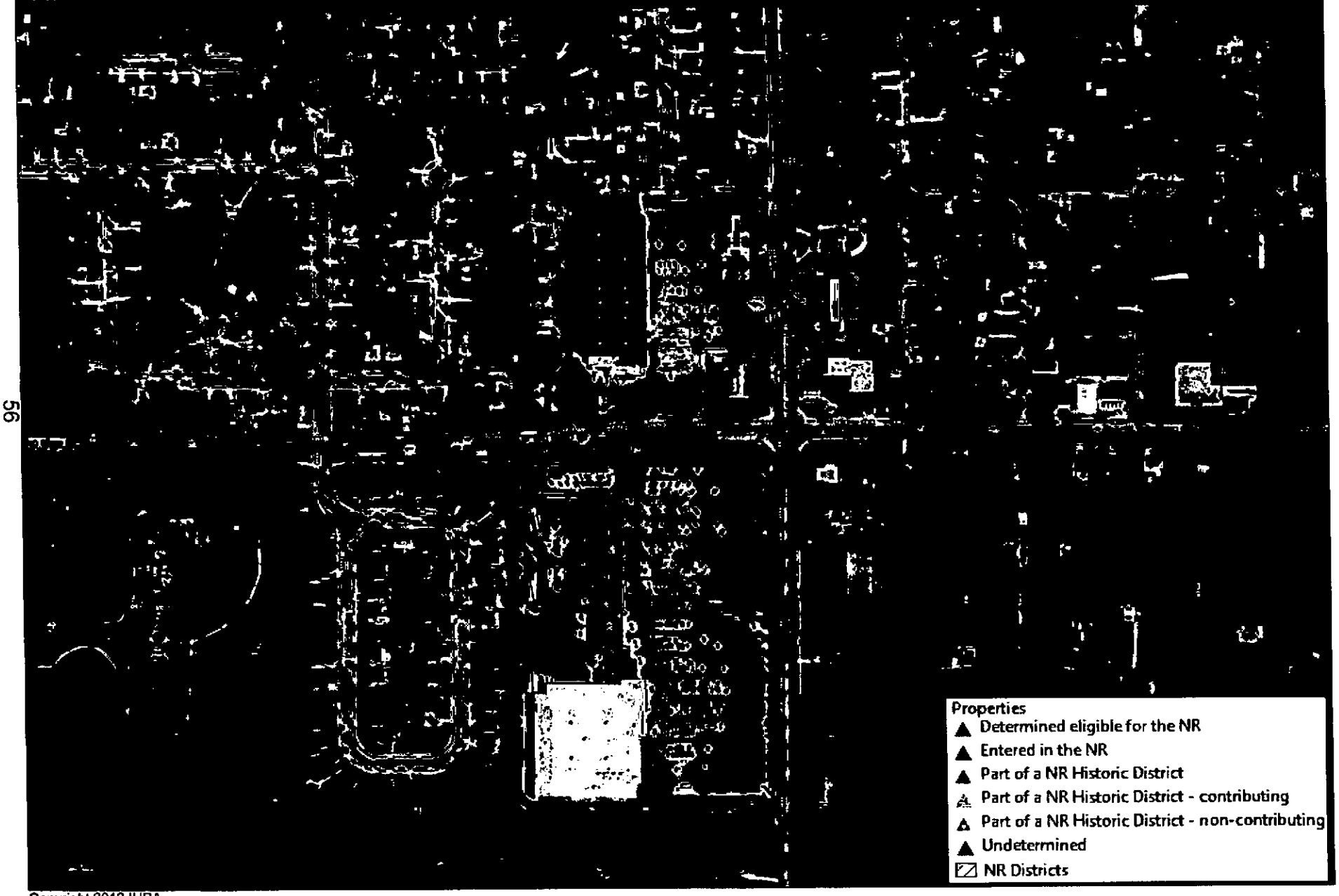
Illinois Historic Preservation Agency



Copyright 2012 IHPA

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

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts			
Modernization Contracts	$829,084	$427,828	$1,256,912
Contingencies	$82,907	$42,782	$125,689
Architectural/Engineering Fees	$96,000	$25,000	$121,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Moveable and Other Equipment			
Communications	$131,636		$131,636
Water Treatment	$190,991		$190,991
Bio-Medical Equipment	$21,943		$21,943
Clinical Equipment	$268,778		$268,778
Clinical Furniture/Fixtures	$30,731		$30,731
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Furniture/Fixtures		$7,362	$7,362
Business Office Fixtures		$38,005	$38,005
General Furniture/Fixtures		$35,500	$35,500
Signage		$16,300	$16,300
Total Moveable and Other Equipment	$644,079	$101,022	$745,101
Fair Market Value of Leased Space	$718,840	$370,940	$1,089,780
Total Project Costs	**$2,450,910**	**$977,572**	**$3,428,482**

Attachment - 7

61088916.4

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

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

Further, although the Real Estate Lease Letter of Intent attached at Attachment – 2 provides for any subsequent lease to be effective and binding only after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of lease commencement being contingent upon permit issuance.

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

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	04/30/2018
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	03/31/2018
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019
17-032	Illini Renal	Relocation/Expansion	05/31/2019

Section i, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As is**	**Vacated Space**
CLINICAL							
ESRD	$2,450,910		4,680		4,680		
Total Clinical	**$2,450,910**		**4,680**		**4,680**		
NON REVIEWABLE							
Administrative	$977,572		2,415		2,415		
Total Non-Reviewable	**$977,572**		**2,415**		**2,415**		
TOTAL	**$3,428,482**		**7,095**		**7,095**		

Attachment – 9

61088916.4

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of North Dunes Dialysis which is planned to be a 12-station in-center hemodialysis facility to be located at 3113 North Lewis Avenue, Waukegan, Illinois 60087.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2016 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in its Illini Renal Dialysis CON application (Proj. No. 17-032). Some key initiatives of DaVita which are covered in that report are also outlined below.

Kidney Disease Statistics

30 million or 15% of U.S. adults are estimated to have CKD.[1] Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.[2]

- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[3]

- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).[4]

- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).[5]

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[6]

- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS

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[1] Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

[2] US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

[3] Id.

[4] Id. at 215.

[5] Id. at 216.

[6] Id at 288.

began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.[7]

DaVita's Quality Recognition and Initiatives

Awards and Recognition

- ESRD Seamless Care Organization ("ESCO"), On October 31, 2017, the Centers for Medicare and Medicaid Services ("CMS") announced results of the first performance year of the first year of the CMS Comprehensive end stage renal disease ("ESRD") Care ("CEC") model as a ESCO. CMS recognizes ESRD patients benefit greatly from integrated care. The CEC model enables dialysis providers to partner with nephrologists to improve clinical outcomes through holistic care coordination. Overall, ESCOs achieved savings of $75 million during the first performance year of the pilot program, suggesting that the renal community is uniquely poised to deliver success on a large scale, which would positively benefit patients, the health care system and participating providers.

  DaVita and its partners currently participate in three ESCOs located in Arizona, Florida and New Jersey/Pennsylvania. DaVita's ESCO model of care leverages the 12-15 hours per week when patients are in a dialysis clinic to address their kidney and non-kidney health care needs. DaVita's in-person, direct patient engagement model of care is designed to yield the best quality and clinical outcomes over the long term.

  All of DaVita's ESCOs achieved the triple aim of improving clinical outcomes, enhancing patient experience and reducing costs. In the first performance year, DaVita's ESCOs provided integrated care and improved clinical outcomes for more than 5,000 patients. This resulted in total average savings of $4,868 per patient. In the fourth quarter of 2016, when compared to the same timeframe in 2015, hospital readmissions were reduced by 13 percent, based on DaVita's internal data analysis. This resulted in patients being able to spend over 2,700 more days at home due to avoided hospitalizations, including Long-Term Acute Care Hospitals (LTACH) and Skilled Nursing Facilities (SNF).

- Disease Management Recertification. DaVita VillageHealth received a three-year recertification award from the National Committee for Quality Assurance ("NCQA") under the Disease Management Certification. The full recertification denotes that as a disease management program, DaVita VillageHealth has passed a voluntary, intense three-year review process where the NCQA examines member and practitioner services, coordination of care, program operations, evidence-based guidelines and measurement and quality improvement. The high standards encourage disease management organizations to continuously enhance the quality of services they deliver, while reducing patient risk. No other comparable evaluation exists for disease management programs.

- Quality Incentive Program. DaVita ranked first in outcomes for the fourth straight year in the CMS ESRD Quality Incentive Program. The ESRD QIP reduces payments to dialysis facilities that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the other ESRD providers in the industry combined with only 11 percent of facilities receiving adjustments versus 23 percent for the rest of the industry.

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[7] Id at 292-294.

- Coordination of Care. On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

- Joint Commission Accreditation. In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

- Military Friendly Employer Recognition. DaVita has been repeatedly recognized for its commitment to its employees, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and *Military Spouse Magazine*, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

- Workplace Awards. In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workpleces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

Quality Initiatives

DaVita has undertaken many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. These programs and others are described below.

- On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.

- To improve access to kidney care services, DaVita and Northwell Health in New York have joint ventured to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:

- Physician education and support
- Chronic kidney disease education
- Network of outpatient centers
- Hospital services
- Vascular access
- Integrated care
- Clinical research
- Transplant services

The joint venture will encourage patients to better utilize in-home treatment options.

- DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD as follows:

  (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,

  (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and

  (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

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

- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula

placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.

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

  DaVita currently partners with over 250 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

- Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

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

- Transplant Education. DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

- Dialysis Quality Indicators. In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated

superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

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

Service to the Community

- DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. DaVita Way of Giving program donated $2.2 million in 2016 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. This year, more than 600 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised more $1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. Since 2011, DaVita teammates have donated $9.1 million to thousands of organizations through DaVita Way of Giving.

- DaVita is committed to sustainability and reducing its carbon footprint. It is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Since 2013, DaVita has saved 645 million gallons of water through optimization projects. Through toner and cell phone recycling programs, more than $126,000 has been donated to Bridge of Life. In 2016, Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste.

- DaVita does not limit its community engagement to the U.S. alone. In 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 398 international and domestic medical missions and events in 25 countries. More than 900 DaVita volunteers supported these missions, impacting more than 96,000 men, women and children.

Other Section 1110.230(a) Requirements.

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

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11A. Dialysis facilities are currently not subject to State licensure in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11B.

An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-41S2	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	6000S-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-S939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROA0		CARPENTERSVILLE	KANE	IL	60110-335S	14-2S98
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-212S	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2S7S
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-26S1
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-343S	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	CDOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	91S ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	60S1 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	45578 LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	CODK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

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

Dear Chair Olson:

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

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

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Botkins Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

_____
Notary Public

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

State of California

County of Los Angeles

On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Botkins Dialysis, LLC)

Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC

(North Dunes Dialysis)

Attachment - 11B

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

Purpose of Project

Safety Net Services and Socio-Economic Conditions in Waukegan

The Illinois Health Facilities Planning Act which grants oversight over this proposed project to the State Board, places an emphasis on ensuring the availability of services to low-income and other marginalized individuals and communities. Importantly, the site for the proposed North Dunes Dialysis is located in a Health Professional Shortage Area (HPSA) and a low income Medically Underserved Area (MUA), as designated by the Health Resources & Services Administration (HRSA). .See Attachment – 12A.

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Waukegan, Illinois. Waukegan lies 40 miles north of Chicago and for over a century had a significant presence of manufacturing plants which created a swell in population and economic stability for many years. Over the past 40 years, however, it has seen a sharp decline in its manufacturing sector. In 1972, Waukegan had 10,100 manufacturing jobs; approximately 15.5% of its total work force. By 2002, manufacturing employment numbers had dropped down to 4,780, making up only about 5% of Waukegan's work force. During the 1970s and 1980s, Waukegan experienced a number of plant closures, for example U.S. Steel's mill, which took away a few thousand jobs. Another plant closure was that of Johns-Manville—at the time an asbestos manufacturer. Another local manufacturer, Outboard Marine Corporation (OMC), began downsizing its operations over the past few decades until it filed for bankruptcy in 2000, laying off 7,000 employees from all of its plants. OMC's assets were acquired from the bankruptcy court by Bombardier Corporation which moved manufacturing operations out of state to Pleasant Prairie, Wisconsin.

Such economic changes have meant, not only diminished employment opportunities, but stresses on the local tax base to finance school and municipal services. At the same time, public service requirements have grown along with the city's swelling population. Waukegan's population expanded by 27% in the 1990s decade alone. The most significant change has been the rapid growth of its foreign-born population, which increased 148% between 1990 and 2000. Most of these immigrants are recent arrivals to the U.S. (within the last ten years)

The patient service area for the proposed North Dunes Dialysis is 30% Hispanic. This minority population has a higher incidence and prevalence of chronic kidney disease (CKD) than the general population. Further, the patient service area is an area with many low-income residents. Thirteen percent (13%) of the population of the service area is living below the Federal Poverty Level and 22% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). See Attachments – 12B & 12C. People with low socioeconomic status are subject to health disparities and experience higher rates of death across the spectrum of causes. They also suffer from premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome; both are common among Hispanic individuals.[8]

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[8] Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[9] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

Growth in Demand for In-Center Hemodialysis Services

The North Dunes geographic services area (the "Waukegan GSA") has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion,[10] utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. CKD is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[11] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[12] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. Given the shortage of health care providers in the Waukegan community, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

This planned facility will accommodate the patients of Dr. Omar Dalloul who is currently treating 116 CKD patients, who reside within the ZIP code of the proposed North Dunes Dialysis (60087) and in other nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients.

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9 Id.

10 The FMC Zion facility is currently under construction and is being developed to serve a distinct patient base of Nephrology Associates of Northern Illinois patients who are in the immediate zip codes of Zion

11 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

Access Disparity in Waukegan

There is a disparity in access to hemodialysis services in the Waukegan community. Based on September 2017 data from the Renal Network, 621 ESRD patients (or 3% of Illinois ESRD patients) live within 30 minutes of the proposed facility; however, only 2% of the stations are located within the Waukegan GSA. To ensure sufficient access to dialysis is available, additional stations are warranted.

While FMC Zion is projected to come online by December 2018; this facility is dedicated to the patient base of Nephrology Associates of Northern Illinois and is projected to achieve 80% utilization within two years of project completion. Accordingly, the proposed North Dunes Dialysis is needed to ensure current and future ESRD patients in Waukegan have adequate access to dialysis services that are essential to their survival especially for those who are not eligible for transplants or who have not had success with a donor match.

1. A map of the market area for the proposed North Dunes Dialysis as defined under current State Board rules is attached at Attachment – 12D. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

   - North approximately 13 minutes normal travel time to IL / WI border.
   - Northeast approximately 10 minutes normal travel time to Lake Michigan.
   - East approximately 5 minutes normal travel time to Lake Michigan.
   - Southeast approximately 7 minutes normal travel time to Lake Michigan.
   - South approximately 30 minutes normal travel time to Lake Forest, IL.
   - Southwest approximately 30 minutes normal travel time to Libertyville, IL.
   - West approximately 30 minutes normal travel time to Lake Villa, IL.
   - Northwest approximately 30 minutes normal travel time to Antioch, IL.

   The purpose of this project is to improve access to life sustaining dialysis to residents of Waukegan, Illinois.

2. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed North Dunes Dialysis. Dr. Dalloul expects at least 60 of the current 116 selected CKD patients, all of whom reside within the ZIP code of the proposed facility (60087) and other nearby ZIP codes, will require dialysis within 12 to 24 months of project completion.

3. Source Information

   CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

   US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016) *available at* https://www.usrds.org/2016/view/Default.Aspx (last visited Jul. 20, 2017).

   THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

4. The proposed facility will improve access to dialysis services to the residents of Waukegan, Illinois and the surrounding area. Given the high concentration of ESRD and CKD in the

Waukegan GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.

5. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serva all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

North Dunes Demographic Data

	60087	60099	60085	60083	60031	60048	60046	Total	%
White	9,378	12,749	11,460	6,304	24,429	25,424	29,117	118,861	49.3%
African-American	3,141	8,158	12,011	2,307	2,966	265	887	29,735	12.3%
Hispanic	12,640	8,349	42,504	1,157	5,111	1,273	2,639	73,673	30.5%
American Indian	55	33	69	0	30	0	5	192	0.1%
Asian	559	825	3,652	778	3,857	1,692	1,651	13,014	5.4%
Native Hawaiian	0	16	18	0	0	0	0	34	0.0%
Other	772	1,017	1,337	130	1,407	312	714	5,689	2.4%
Total	**26,545**	**31,147**	**71,051**	**10,676**	**37,800**	**28,966**	**35,013**	**241,198**	**100.0%**

Attachment - 12B

U.S. Census Bureau

AMERICAN FactFinder

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60031			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	37,800	+/-604	37,800	(X)
Male	18,558	+/-576	49.1%	+/-1.2
Female	19,242	+/-495	50.9%	+/-1.2
Under 5 years	1,804	+/-320	4.8%	+/-0.9
5 to 9 years	2,661	+/-273	7.0%	+/-0.7
10 to 14 years	3,215	+/-360	8.5%	+/-0.9
15 to 19 years	3,141	+/-290	8.3%	+/-0.8
20 to 24 years	2,353	+/-314	6.2%	+/-0.8
25 to 34 years	3,582	+/-321	9.5%	+/-0.9
35 to 44 years	5,563	+/-363	14.7%	+/-1.0
45 to 54 years	6,989	+/-432	16.5%	+/-1.1
55 to 59 years	2,701	+/-327	7.1%	+/-0.9
60 to 64 years	1,923	+/-257	5.1%	+/-0.7
65 to 74 years	2,074	+/-273	5.5%	+/-0.7
75 to 84 years	1,161	+/-189	3.1%	+/-0.5
85 years and over	633	+/-149	1.7%	+/-0.4
Median age (years)	38.7	+/-1.1	(X)	(X)
18 years and over	27,912	+/-639	73.8%	+/-1.1
21 years and over	26,581	+/-595	70.3%	+/-1.0
62 years and over	4,939	+/-352	13.1%	+/-0.9
65 years and over	3,868	+/-300	10.2%	+/-0.8
18 years and over	27,912	+/-639	27,912	(X)
Male	13,617	+/-494	48.8%	+/-1.2
Female	14,295	+/-450	51.2%	+/-1.2
65 years and over	3,868	+/-300	3,868	(X)
Male	1,683	+/-193	43.5%	+/-3.5

Subject	ZCTA5 60031 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,185	+/-211	56.5%	+/-3.5
RACE				
Total population	37,800	+/-604	37,800	(X)
One race	36,241	+/-694	95.9%	+/-0.9
Two or more races	1,559	+/-342	4.1%	+/-0.9
One race	36,241	+/-694	95.9%	+/-0.9
White	28,446	+/-782	75.3%	+/-2.0
Black or African American	3,001	+/-625	7.9%	+/-1.7
American Indian and Alaska Native	41	+/-46	0.1%	+/-0.1
Cherokee tribal grouping	5	+/-9	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	3,986	+/-457	10.5%	+/-1.2
Asian Indian	1,274	+/-353	3.4%	+/-0.9
Chinese	780	+/-207	2.1%	+/-0.6
Filipino	1,107	+/-326	2.9%	+/-0.9
Japanese	60	+/-47	0.2%	+/-0.1
Korean	156	+/-145	0.4%	+/-0.4
Vietnamese	52	+/-68	0.1%	+/-0.2
Other Asian	557	+/-258	1.5%	+/-0.7
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	767	+/-362	2.0%	+/-0.9
Two or more races	1,559	+/-342	4.1%	+/-0.9
White and Black or African American	566	+/-225	1.5%	+/-0.6
White and American Indian and Alaska Native	163	+/-93	0.4%	+/-0.2
White and Asian	460	+/-192	1.2%	+/-0.5
Black or African American and American Indian and Aleska Native	38	+/-42	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	37,800	+/-604	37,800	(X)
White	29,807	+/-729	78.9%	+/-1.9
Black or African American	3,704	+/-649	9.8%	+/-1.7
American Indian and Alaska Native	325	+/-163	0.9%	+/-0.4
Asian	4,654	+/-540	12.3%	+/-1.4
Native Hawaiian and Other Pacific Islander	110	+/-120	0.3%	+/-0.3
Some other race	882	+/-371	2.3%	+/-1.0
HISPANIC OR LATINO AND RACE				
Total population	37,800	+/-604	37,800	(X)
Hispanic or Latino (of any race)	5,111	+/-635	13.5%	+/-1.6
Mexican	3,120	+/-641	6.3%	+/-1.7
Puerto Rican	741	+/-270	2.0%	+/-0.7
Cuban	112	+/-86	0.3%	+/-0.2
Other Hispanic or Latino	1,138	+/-371	3.0%	+/-1.0
Not Hispanic or Latino	32,689	+/-701	86.5%	+/-1.6
White alone	24,429	+/-818	64.6%	+/-2.2
Black or African American alone	2,966	+/-621	7.8%	+/-1.6
American Indian and Alaska Native alone	30	+/-41	0.1%	+/-0.1
Asian alone	3,857	+/-471	10.2%	+/-1.2
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1

Subject	ZCTA5 60031			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	38	+/-44	0.1%	+/-0.1
Two or more races	1,369	+/-329	3.6%	+/-0.9
Two races including Some other race	66	+/-79	0.2%	+/-0.2
Two races excluding Some other race, and Three or more races	1,303	+/-331	3.4%	+/-0.9
Total housing units	14,337	+/-333	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	25,736	+/-633	25,736	(X)
Male	12,540	+/-490	48.7%	+/-1.4
Female	13,196	+/-459	51.3%	+/-1.4

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.

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

Explanation of Symbols:

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

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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Subject	ZCTA5 60046			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	35,013	+/-555	35,013	(X)
Male	17,416	+/-544	49.7%	+/-1.3
Female	17,597	+/-501	50.3%	+/-1.3
Under 5 years	2,089	+/-263	6.0%	+/-0.8
5 to 9 years	2,512	+/-213	7.2%	+/-0.6
10 to 14 years	3,029	+/-259	8.7%	+/-0.7
15 to 19 years	2,877	+/-301	8.2%	+/-0.8
20 to 24 years	1,964	+/-242	5.6%	+/-0.7
25 to 34 years	3,683	+/-356	10.5%	+/-1.0
35 to 44 years	4,526	+/-326	12.9%	+/-0.9
45 to 54 years	6,251	+/-408	17.9%	+/-1.2
55 to 59 years	2,520	+/-274	7.2%	+/-0.8
60 to 64 years	1,862	+/-281	5.3%	+/-0.8
65 to 74 years	2,328	+/-274	6.6%	+/-0.8
75 to 84 years	843	+/-164	2.4%	+/-0.5
85 years and over	529	+/-136	1.5%	+/-0.4
Median age (years)	38.8	+/-1.1	(X)	(X)
18 years and over	25,553	+/-492	73.0%	+/-0.9
21 years and over	23,983	+/-512	68.5%	+/-1.1
62 years and over	4,925	+/-360	14.1%	+/-1.0
65 years and over	3,700	+/-258	10.6%	+/-0.7
18 years and over	25,553	+/-492	25,553	(X)
Male	12,639	+/-438	50.2%	+/-1.4
Female	12,714	+/-433	49.8%	+/-1.4
65 years and over	3,700	+/-258	3,700	(X)
Male	1,795	+/-175	48.5%	+/-3.2

Subject	ZCTA5 60046 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,905	+/-177	51.5%	+/-3.2
RACE				
Total population	35,013	+/-555	35,013	(X)
One race	34,175	+/-570	97.6%	+/-0.8
Two or more races	838	+/-267	2.4%	+/-0.8
One race	34,175	+/-570	97.6%	+/-0.8
White	31,210	+/-636	89.1%	+/-1.6
Black or African American	894	+/-305	2.6%	+/-0.9
American Indian and Alaska Native	5	+/-8	0.0%	+/-0.1
Cherokee tribal grouping	0	+/-23	0.0%	+/-0.1
Chippewa tribal grouping	4	+/-7	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	1,651	+/-359	4.7%	+/-1.0
Asian Indian	448	+/-208	1.3%	+/-0.6
Chinese	213	+/-139	0.6%	+/-0.4
Filipino	595	+/-270	1.7%	+/-0.8
Japanese	15	+/-16	0.0%	+/-0.1
Korean	100	+/-78	0.3%	+/-0.2
Vietnamese	0	+/-23	0.0%	+/-0.1
Other Asian	280	+/-164	0.8%	+/-0.5
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	415	+/-170	1.2%	+/-0.5
Two or more races	838	+/-267	2.4%	+/-0.8
White and Black or African American	196	+/-163	0.6%	+/-0.5
White and American Indian and Alaska Native	66	+/-55	0.2%	+/-0.2
White and Asian	394	+/-185	1.1%	+/-0.5
Black or African American and American Indian and Alaska Native	0	+/-23	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	35,013	+/-555	35,013	(X)
White	31,942	+/-635	91.2%	+/-1.4
Black or African American	1,121	+/-368	3.2%	+/-1.0
American Indian and Alaska Native	188	+/-127	0.5%	+/-0.4
Asian	2,151	+/-379	6.1%	+/-1.1
Native Hawaiian and Other Pacific Islander	40	+/-40	0.1%	+/-0.1
Some other race	460	+/-168	1.3%	+/-0.5
HISPANIC OR LATINO AND RACE				
Total population	35,013	+/-555	35,013	(X)
Hispanic or Latino (of any race)	2,639	+/-432	7.5%	+/-1.2
Mexican	1,858	+/-396	5.3%	+/-1.1
Puerto Rican	422	+/-195	1.2%	+/-0.6
Cuban	42	+/-70	0.1%	+/-0.2
Other Hispanic or Latino	317	+/-142	0.9%	+/-0.4
Not Hispanic or Latino	32,374	+/-652	92.5%	+/-1.2
White alone	29,117	+/-740	83.2%	+/-2.0
Black or African American alone	887	+/-304	2.5%	+/-0.9
American Indian and Alaska Native alone	5	+/-8	0.0%	+/-0.1
Asian alone	1,651	+/-359	4.7%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1

Subject	ZCTA5 60046			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	33	+/-36	0.1%	+/-0.1
Two or more races	681	+/-250	1.9%	+/-0.7
Two races including Some other race	9	+/-20	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	672	+/-248	1.9%	+/-0.7
Total housing units	12,815	+/-334	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	24,966	+/-495	24,966	(X)
Male	12,579	+/-461	50.4%	+/-1.5
Female	12,387	+/-418	49.6%	+/-1.5

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Subject	ZCTA5 60048			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	28,966	+/-464	28,966	(X)
Male	14,320	+/-449	49.4%	+/-1.2
Female	14,646	+/-408	50.6%	+/-1.2
Under 5 years	1,182	+/-186	4.1%	+/-0.8
5 to 9 years	1,847	+/-217	6.4%	+/-0.7
10 to 14 years	2,666	+/-209	9.2%	+/-0.7
15 to 19 years	2,358	+/-227	8.1%	+/-0.8
20 to 24 years	1,271	+/-181	4.4%	+/-0.6
25 to 34 years	2,011	+/-297	8.9%	+/-1.0
35 to 44 years	3,182	+/-236	11.0%	+/-0.8
45 to 54 years	5,531	+/-270	19.1%	+/-1.0
55 to 59 years	2,431	+/-296	8.4%	+/-1.0
60 to 64 years	2,235	+/-249	7.7%	+/-0.9
65 to 74 years	2,520	+/-234	8.7%	+/-0.8
75 to 84 years	1,116	+/-222	3.9%	+/-0.8
85 years and over	616	+/-148	2.1%	+/-0.5
Median age (years)	44.9	+/-0.7	(X)	(X)
18 years and over	21,854	+/-423	75.4%	+/-0.9
21 years and over	20,670	+/-381	71.4%	+/-0.9
62 years and over	5,452	+/-338	18.8%	+/-1.2
65 years and over	4,252	+/-234	14.7%	+/-0.8
18 years and over	21,854	+/-423	21,854	(X)
Male	10,776	+/-386	49.3%	+/-1.3
Female	11,078	+/-309	50.7%	+/-1.3
65 years and over	4,252	+/-234	4,252	(X)
Male	1,954	+/-153	46.0%	+/-2.7

Subject	ZCTA5 60048 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,298	+/-174	54.0%	+/-2.7
RACE				
Total population	28,966	+/-464	28,966	(X)
One race	28,539	+/-480	98.5%	+/-0.5
Two or more races	427	+/-151	1.5%	+/-0.5
One race	28,539	+/-480	98.5%	+/-0.5
White	26,392	+/-559	91.1%	+/-1.2
Black or African American	289	+/-117	1.0%	+/-0.4
American Indian and Aleska Native	113	+/-128	0.4%	+/-0.4
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	1,692	+/-275	5.8%	+/-1.0
Asian Indian	624	+/-189	2.2%	+/-0.6
Chinese	405	+/-122	1.4%	+/-0.4
Filipino	45	+/-27	0.2%	+/-0.1
Japanese	92	+/-95	0.3%	+/-0.3
Korean	450	+/-191	1.6%	+/-0.7
Vietnamese	17	+/-27	0.1%	+/-0.1
Other Asian	59	+/-65	0.2%	+/-0.2
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 Islender	0	+/-20	0.0%	+/-0.1
Some other race	53	+/-49	0.2%	+/-0.2
Two or more races	427	+/-151	1.5%	+/-0.5
White and Black or African American	87	+/-89	0.3%	+/-0.2
White and American Indian and Alaska Native	53	+/-58	0.2%	+/-0.2
White end Asian	123	+/-78	0.4%	+/-0.3
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	28,966	+/-464	28,966	(X)
White	26,752	+/-551	92.4%	+/-1.1
Black or African American	423	+/-147	1.5%	+/-0.5
American Indian and Alaska Native	205	+/-148	0.7%	+/-0.5
Asian	1,883	+/-284	6.5%	+/-1.0
Native Hawaiian and Other Pacific Islander	9	+/-14	0.0%	+/-0.1
Some other race	169	+/-79	0.6%	+/-0.3
HISPANIC OR LATINO AND RACE				
Total population	28,966	+/-464	28,966	(X)
Hispanic or Latino (of any race)	1,273	+/-333	4.4%	+/-1.1
Mexican	804	+/-284	2.8%	+/-1.0
Puerto Rican	203	+/-131	0.7%	+/-0.5
Cuban	39	+/-31	0.1%	+/-0.1
Other Hispanic or Latino	227	+/-103	0.6%	+/-0.4
Not Hispanic or Latino	27,693	+/-494	95.6%	+/-1.1
White alone	25,424	+/-528	87.8%	+/-1.3
Black or African American alone	265	+/-114	0.9%	+/-0.4
American Indian and Alaska Netive alone	0	+/-20	0.0%	+/-0.1
Asian alone	1,692	+/-275	5.8%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

Subject	ZCTA5 60048			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	20	+/-32	0.1%	+/-0.1
Two or more races	292	+/-126	1.0%	+/-0.4
Two races including Some other race	50	+/-43	0.2%	+/-0.1
Two races excluding Some other race, and Three or more races	242	+/-102	0.8%	+/-0.4
Total housing units	10,879	+/-223	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	21,143	+/-450	21,143	(X)
Male	10,440	+/-394	49.4%	+/-1.3
Female	10,703	+/-310	50.6%	+/-1.3

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

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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Subject	ZCTA5 60083			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	10,676	+/-626	10,676	(X)
Male	5,206	+/-425	48.6%	+/-2.5
Female	5,466	+/-394	51.2%	+/-2.5
Under 5 years	764	+/-244	7.2%	+/-2.1
5 to 9 years	610	+/-209	5.7%	+/-1.9
10 to 14 years	714	+/-198	6.7%	+/-1.8
15 to 19 years	674	+/-157	6.3%	+/-1.6
20 to 24 years	657	+/-169	6.2%	+/-1.8
25 to 34 years	1,239	+/-269	11.6%	+/-2.3
35 to 44 years	1,381	+/-325	12.9%	+/-2.7
45 to 54 years	1,776	+/-246	16.6%	+/-2.6
55 to 59 years	775	+/-202	7.3%	+/-1.8
60 to 64 years	474	+/-110	4.4%	+/-1.0
65 to 74 years	875	+/-205	8.2%	+/-2.0
75 to 84 years	461	+/-160	4.3%	+/-1.5
85 years and over	276	+/-149	2.6%	+/-1.4
Median age (years)	39.8	+/-2.2	(X)	(X)
16 years and over	8,065	+/-442	75.5%	+/-2.4
21 years and over	7,727	+/-461	72.4%	+/-2.2
62 years and over	1,924	+/-249	18.0%	+/-2.3
65 years and over	1,612	+/-247	15.1%	+/-2.3
16 years and over	8,065	+/-442	8,065	(X)
Male	3,907	+/-333	48.4%	+/-2.5
Female	4,158	+/-256	51.6%	+/-2.5
65 years and over	1,612	+/-247	1,612	(X)
Male	695	+/-151	43.1%	+/-5.8

Subject	ZCTA5 60083			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	917	+/-156	56.9%	+/-5.8
RACE				
Total population	10,676	+/-626	10,676	(X)
One race	10,518	+/-624	98.5%	+/-1.3
Two or more races	158	+/-135	1.5%	+/-1.3
One race	10,518	+/-624	98.5%	+/-1.3
White	7,254	+/-685	67.9%	+/-5.9
Black or African American	2,307	+/-675	21.6%	+/-5.9
American Indian and Alaska Native	0	+/-17	0.0%	+/-0.3
Cherokee tribal grouping	0	+/-17	0.0%	+/-0.3
Chippewa tribal grouping	0	+/-17	0.0%	+/-0.3
Navajo tribal grouping	0	+/-17	0.0%	+/-0.3
Sioux tribal grouping	0	+/-17	0.0%	+/-0.3
Asian	778	+/-195	7.3%	+/-1.9
Asian Indian	295	+/-273	2.8%	+/-2.6
Chinese	80	+/-72	0.7%	+/-0.7
Filipino	241	+/-212	2.3%	+/-2.0
Japanese	0	+/-17	0.0%	+/-0.3
Korean	126	+/-142	1.2%	+/-1.3
Vietnamese	0	+/-17	0.0%	+/-0.3
Other Asian	36	+/-56	0.3%	+/-0.5
Native Hawaiian and Other Pacific Islander	0	+/-17	0.0%	+/-0.3
Native Hawaiian	0	+/-17	0.0%	+/-0.3
Guamanian or Chamorro	0	+/-17	0.0%	+/-0.3
Samoan	0	+/-17	0.0%	+/-0.3
Other Pacific Islander	0	+/-17	0.0%	+/-0.3
Some other race	179	+/-170	1.7%	+/-1.6
Two or more races	158	+/-135	1.5%	+/-1.3
White and Black or African American	130	+/-133	1.2%	+/-1.2
White and American Indian and Alaska Native	0	+/-17	0.0%	+/-0.3
White and Asian	0	+/-17	0.0%	+/-0.3
Black or African American and American Indian and Alaska Native	0	+/-17	0.0%	+/-0.3
Race alone or in combination with one or more other races				
Total population	10,676	+/-626	10,676	(X)
White	7,398	+/-706	69.3%	+/-6.0
Black or African American	2,451	+/-668	23.0%	+/-5.8
American Indian and Alaska Native	14	+/-29	0.1%	+/-0.3
Asian	778	+/-195	7.3%	+/-1.9
Native Hawaiian and Other Pacific Islander	0	+/-17	0.0%	+/-0.3
Some other race	207	+/-176	1.9%	+/-1.6
HISPANIC OR LATINO AND RACE				
Total population	10,676	+/-626	10,676	(X)
Hispanic or Latino (of any race)	1,157	+/-344	10.8%	+/-3.0
Mexican	850	+/-281	8.0%	+/-2.5
Puerto Rican	97	+/-92	0.9%	+/-0.9
Cuban	0	+/-17	0.0%	+/-0.3
Other Hispanic or Latino	210	+/-155	2.0%	+/-1.4
Not Hispanic or Latino	9,519	+/-593	89.2%	+/-3.0
White alone	6,304	+/-654	59.0%	+/-5.9
Black or African American alone	2,307	+/-675	21.6%	+/-5.9
American Indian and Alaska Native alone	0	+/-17	0.0%	+/-0.3
Asian alone	778	+/-195	7.3%	+/-1.9
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0.0%	+/-0.3

Subject	ZCTA5 60083			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	0	+/-17	0.0%	+/-0.3
Two or more races	130	+/-133	1.2%	+/-1.2
Two races including Some other race	0	+/-17	0.0%	+/-0.3
Two races excluding Some other race, and Three or more races	130	+/-133	1.2%	+/-1.2
Total housing units	3,845	+/-292	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	7,710	+/-447	7,710	(X)
Male	3,747	+/-327	48.6%	+/-2.6
Female	3,963	+/-270	51.4%	+/-2.6

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Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	71,051	+/-1,165	71,051	(X)
Male	35,456	+/-913	49.9%	+/-1.0
Female	35,595	+/-943	50.1%	+/-1.0
Under 5 years	5,899	+/-398	8.3%	+/-0.6
5 to 9 years	6,588	+/-588	9.3%	+/-0.8
10 to 14 years	5,498	+/-552	7.7%	+/-0.7
15 to 19 years	5,794	+/-589	8.2%	+/-0.8
20 to 24 years	6,304	+/-531	8.9%	+/-0.8
25 to 34 years	11,548	+/-694	16.3%	+/-1.0
35 to 44 years	8,887	+/-500	12.5%	+/-0.7
45 to 54 years	8,485	+/-586	11.9%	+/-0.8
55 to 59 years	3,728	+/-430	5.2%	+/-0.8
60 to 64 years	3,042	+/-394	4.3%	+/-0.6
65 to 74 years	3,228	+/-342	4.5%	+/-0.5
75 to 84 years	1,395	+/-223	2.0%	+/-0.3
85 years and over	655	+/-158	0.9%	+/-0.2
Median age (years)	29.9	+/-0.7	(X)	(X)
18 years and over	49,705	+/-923	70.0%	+/-1.0
21 years and over	46,154	+/-857	65.0%	+/-1.0
62 years and over	7,015	+/-477	9.9%	+/-0.7
65 years and over	5,278	+/-432	7.4%	+/-0.6
18 years and over	49,705	+/-923	49,705	(X)
Male	24,789	+/-740	49.9%	+/-1.1
Female	24,916	+/-655	50.1%	+/-1.1
65 years and over	5,278	+/-432	5,278	(X)
Male	2,174	+/-249	41.2%	+/-3.3

Subject	ZCTA5 60085 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	3,104	+/-305	58.8%	+/-3.3
RACE				
Total population	71,051	+/-1,165	71,051	(X)
One race	68,736	+/-1,315	96.7%	+/-0.9
Two or more races	2,315	+/-656	3.3%	+/-0.9
One race	68,736	+/-1,315	96.7%	+/-0.9
White	47,048	+/-1,371	66.2%	+/-1.7
Black or African American	12,684	+/-893	17.9%	+/-1.2
American Indian and Alaska Native	195	+/-119	0.3%	+/-0.2
Cherokee tribal grouping	6	+/-10	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	3,720	+/-579	5.2%	+/-0.8
Asian indian	1,154	+/-318	1.6%	+/-0.4
Chinese	159	+/-183	0.2%	+/-0.2
Filipino	1,755	+/-462	2.5%	+/-0.6
Japanese	7	+/-12	0.0%	+/-0.1
Korean	209	+/-166	0.3%	+/-0.2
Vietnamese	115	+/-154	0.2%	+/-0.2
Other Asian	321	+/-170	0.5%	+/-0.2
Native Hawaiian and Other Pacific Islander	18	+/-25	0.0%	+/-0.1
Native Hawaiian	18	+/-25	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islandar	0	+/-26	0.0%	+/-0.1
Some other race	5,071	+/-624	7.1%	+/-0.9
Two or more races	2,315	+/-656	3.3%	+/-0.9
White and Black or African American	581	+/-336	0.8%	+/-0.5
White and American Indian and Alaska Native	401	+/-333	0.6%	+/-0.5
White and Asian	123	+/-75	0.2%	+/-0.1
Black or African American and American indian and Alaska Native	100	+/-87	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	71,051	+/-1,165	71,051	(X)
White	48,606	+/-1,311	68.7%	+/-1.6
Black or African American	13,843	+/-1,006	19.5%	+/-1.4
American indian and Alaska Native	637	+/-380	1.2%	+/-0.5
Asian	4,409	+/-675	6.2%	+/-0.9
Native Hawaiian and Other Pacific islander	236	+/-303	0.3%	+/-0.4
Some other race	5,569	+/-660	7.8%	+/-0.9
HISPANIC OR LATINO AND RACE				
Total population	71,051	+/-1,165	71,051	(X)
Hispanic or Latino (of any race)	42,504	+/-1,229	59.8%	+/-1.4
Mexican	36,526	+/-1,266	51.4%	+/-1.6
Puerto Rican	2,291	+/-449	3.2%	+/-0.6
Cuban	59	+/-73	0.1%	+/-0.1
Other Hispanic or Latino	3,628	+/-827	5.1%	+/-1.2
Not Hispanic or Latino	28,547	+/-1,065	40.2%	+/-1.4
White alone	11,460	+/-830	16.1%	+/-1.2
Black or African American alone	12,011	+/-812	16.9%	+/-1.1
American Indian and Alaska Native alone	69	+/-68	0.1%	+/-0.1
Asian alone	3,652	+/-580	5.1%	+/-0.8
Native Hawaiian and Other Pacific islander alone	18	+/-25	0.0%	+/-0.1

Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	162	+/-132	0.2%	+/-0.2
Two or more races	1,175	+/-425	1.7%	+/-0.6
Two races including Some other race	22	+/-37	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	1,153	+/-428	1.6%	+/-0.6
Total housing units	24,989	+/-519	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	32,691	+/-1,032	32,891	(X)
Male	16,511	+/-797	50.2%	+/-1.5
Female	16,380	+/-619	49.8%	+/-1.5

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Subject	ZCTA5 60087			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	26,545	+/-1,214	26,545	(X)
Male	12,946	+/-628	48.8%	+/-1.5
Female	13,599	+/-823	51.2%	+/-1.5
Under 5 years	1,512	+/-306	5.7%	+/-1.1
5 to 9 years	1,900	+/-339	7.2%	+/-1.2
10 to 14 years	2,093	+/-328	7.9%	+/-1.2
15 to 19 years	1,738	+/-276	6.5%	+/-1.0
20 to 24 years	2,218	+/-434	8.4%	+/-1.6
25 to 34 years	3,587	+/-479	13.5%	+/-1.7
35 to 44 years	3,920	+/-486	14.8%	+/-1.7
45 to 54 years	3,662	+/-362	13.8%	+/-1.4
55 to 59 years	1,598	+/-345	6.0%	+/-1.3
60 to 64 years	1,394	+/-271	5.3%	+/-1.0
65 to 74 years	1,603	+/-238	6.0%	+/-0.9
75 to 84 years	946	+/-184	3.6%	+/-0.7
85 years and over	374	+/-162	1.4%	+/-0.6
Median age (years)	35.6	+/-1.3	(X)	(X)
18 years and over	19,928	+/-880	75.1%	+/-1.5
21 years and over	18,776	+/-824	70.7%	+/-1.6
62 years and over	3,588	+/-322	13.5%	+/-1.3
65 years and over	2,923	+/-287	11.0%	+/-1.1
18 years and over	19,928	+/-880	19,928	(X)
Male	9,740	+/-567	48.9%	+/-1.7
Female	10,188	+/-544	51.1%	+/-1.7
65 years and over	2,923	+/-287	2,923	(X)
Male	1,384	+/-212	47.3%	+/-5.1

Subject	ZCTA5 60087 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,539	+/-198	52.7%	+/-5.1
RACE				
Total population	26,545	+/-1,214	26,545	(X)
One race	25,328	+/-1,204	95.4%	+/-1.6
Two or more races	1,217	+/-436	4.6%	+/-1.6
One race	25,328	+/-1,204	95.4%	+/-1.6
White	17,498	+/-1,288	65.9%	+/-4.5
Black or African American	3,195	+/-576	12.0%	+/-2.1
American Indian and Alaska Native	93	+/-73	0.4%	+/-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	559	+/-219	2.1%	+/-0.8
Asian Indian	37	+/-37	0.1%	+/-0.1
Chinese	53	+/-103	0.2%	+/-0.4
Filipino	402	+/-181	1.5%	+/-0.7
Japanese	0	+/-20	0.0%	+/-0.1
Korean	26	+/-24	0.1%	+/-0.1
Vietnamese	0	+/-20	0.0%	+/-0.1
Other Asian	41	+/-51	0.2%	+/-0.2
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	3,983	+/-1,007	15.0%	+/-3.6
Two or more races	1,217	+/-436	4.6%	+/-1.6
White and Black or African American	479	+/-206	1.8%	+/-0.8
White and American Indian and Alaska Native	51	+/-54	0.2%	+/-0.2
White and Asian	300	+/-246	1.1%	+/-0.9
Black or African American and American Indian and Alaska Native	1	+/-4	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	26,545	+/-1,214	26,545	(X)
White	18,639	+/-1,276	70.2%	+/-4.3
Black or African American	3,785	+/-663	14.3%	+/-2.3
American Indian and Alaska Native	192	+/-113	0.7%	+/-0.4
Asian	871	+/-312	3.3%	+/-1.2
Native Hawaiian and Other Pacific Islander	12	+/-20	0.0%	+/-0.1
Some other race	4,310	+/-1,022	16.2%	+/-3.6
HISPANIC OR LATINO AND RACE				
Total population	26,545	+/-1,214	26,545	(X)
Hispanic or Latino (of any race)	12,640	+/-1,187	47.6%	+/-3.4
Mexican	10,435	+/-1,210	39.3%	+/-3.7
Puerto Rican	718	+/-295	2.7%	+/-1.1
Cuban	12	+/-21	0.0%	+/-0.1
Other Hispanic or Latino	1,475	+/-592	5.6%	+/-2.2
Not Hispanic or Latino	13,905	+/-966	52.4%	+/-3.4
White alone	9,378	+/-773	35.3%	+/-3.0
Black or African American alone	3,141	+/-573	11.8%	+/-2.0
American Indian and Alaska Native alone	55	+/-63	0.2%	+/-0.2
Asian alone	559	+/-219	2.1%	+/-0.8
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

Subject	ZCTA5 60087			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	253	+/-274	1.0%	+/-1.0
Two or more races	519	+/-192	2.0%	+/-0.7
Two races including Some other race	39	+/-44	0.1%	+/-0.2
Two races excluding Some other race, and Three or more races	480	+/-181	1.8%	+/-0.7
Total housing units	10,083	+/-376	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	15,866	+/-770	15,866	(X)
Male	7,533	+/-569	47.5%	+/-2.4
Female	8,333	+/-518	52.5%	+/-2.4

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)

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

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

Explanation of Symbols:

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4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

DP05

ACS DEMDGRAPHIC AND HDUSING 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.

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Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60099			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	31,147	+/-572	31.147	(X)
Male	14,946	+/-535	48.0%	+/-1.4
Female	16,201	+/-527	52.0%	+/-1.4
Under 5 years	1,954	+/-316	6.3%	+/-1.0
5 to 9 years	2,350	+/-342	7.5%	+/-1.1
10 to 14 years	2,529	+/-328	6.1%	+/-1.1
15 to 19 years	2,877	+/-460	9.2%	+/-1.5
20 to 24 years	2,295	+/-369	7.4%	+/-1.2
25 to 34 years	4,103	+/-526	13.2%	+/-1.7
35 to 44 years	3,643	+/-315	11.7%	+/-1.0
45 to 54 years	4,430	+/-380	14.2%	+/-1.2
55 to 59 years	2,106	+/-333	6.8%	+/-1.0
60 to 64 years	1,404	+/-235	4.5%	+/-0.7
65 to 74 years	1,778	+/-273	5.7%	+/-0.9
75 to 84 years	1,212	+/-230	3.9%	+/-0.7
85 years and over	466	+/-175	1.5%	+/-0.6
Median age (years)	33.5	+/-1.4	(X)	(X)
18 years and over	22,627	+/-590	72.6%	+/-1.4
21 years and over	20,756	+/-641	66.6%	+/-1.6
62 years and over	4,209	+/-472	13.5%	+/-1.5
65 years and over	3,456	+/-406	11.1%	+/-1.3
18 years and over	22,627	+/-590	22,627	(X)
Male	10,858	+/-530	48.0%	+/-1.8
Female	11,769	+/-480	52.0%	+/-1.8
65 years and over	3,456	+/-406	3,456	(X)
Male	1,506	+/-237	43.6%	+/-3.8

Subject	ZCTA5 60099 Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,948	+/-244	56.4%	+/-3.8
RACE				
Total population	31,147	+/-572	31,147	(X)
One race	29,769	+/-750	95.6%	+/-1.2
Two or more races	1,378	+/-367	4.4%	+/-1.2
One race	29,769	+/-750	95.6%	+/-1.2
White	18,697	+/-1,050	80.0%	+/-2.9
Black or African American	8,527	+/-685	27.4%	+/-2.2
American Indian and Alaska Native	42	+/-53	0.1%	+/-0.2
Cherokee tribal grouping	0	+/-23	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	878	+/-329	2.8%	+/-1.1
Asian Indian	124	+/-120	0.4%	+/-0.4
Chinese	252	+/-271	0.8%	+/-0.9
Filipino	405	+/-152	1.3%	+/-0.5
Japanese	13	+/-19	0.0%	+/-0.1
Korean	14	+/-23	0.0%	+/-0.1
Vietnamese	47	+/-63	0.2%	+/-0.2
Other Asian	23	+/-32	0.1%	+/-0.1
Native Hawaiian and Other Pacific Islander	16	+/-31	0.1%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	16	+/-31	0.1%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	1,609	+/-489	5.2%	+/-1.6
Two or more races	1,378	+/-367	4.4%	+/-1.2
White and Black or African American	500	+/-259	1.6%	+/-0.8
White and American Indian and Alaska Native	113	+/-99	0.4%	+/-0.3
White and Asian	143	+/-91	0.5%	+/-0.3
Black or African American and American Indian and Alaska Native	34	+/-45	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	31,147	+/-572	31,147	(X)
White	19,732	+/-1,013	63.4%	+/-2.8
Black or African American	9,404	+/-649	30.2%	+/-2.2
American Indian and Alaska Native	226	+/-140	0.7%	+/-0.5
Asian	1,194	+/-383	3.8%	+/-1.2
Native Hawaiian and Other Pacific Islander	175	+/-157	0.6%	+/-0.5
Some other race	1,894	+/-552	6.1%	+/-1.8
HISPANIC OR LATINO AND RACE				
Total population	31,147	+/-572	31,147	(X)
Hispanic or Latino (of any race)	8,349	+/-821	26.8%	+/-2.6
Mexican	5,867	+/-821	18.8%	+/-2.6
Puerto Rican	1,544	+/-478	5.0%	+/-1.5
Cuban	43	+/-43	0.1%	+/-0.1
Other Hispanic or Latino	895	+/-397	2.9%	+/-1.3
Not Hispanic or Latino	22,798	+/-873	73.2%	+/-2.8
White alone	12,749	+/-745	40.9%	+/-2.2
Black or African American alone	8,158	+/-648	26.2%	+/-2.1
American Indian and Alaska Native alone	33	+/-47	0.1%	+/-0.2
Asian alone	825	+/-324	2.6%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	16	+/-31	0.1%	+/-0.1

Subject	ZCTA5 60099			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	11	+/-20	0.0%	+/-0.1
Two or more races	1,006	+/-353	3.2%	+/-1.2
Two races including Some other race	8	+/-11	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	998	+/-355	3.2%	+/-1.2
Total housing units	11,894	+/-402	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	20,679	+/-644	20,679	(X)
Male	9,857	+/-460	47.7%	+/-1.7
Female	10,822	+/-504	52.3%	+/-1.7

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

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U.S. Department of Health & Human Services

HRSA Health Resources & Services Administration Data Warehouse

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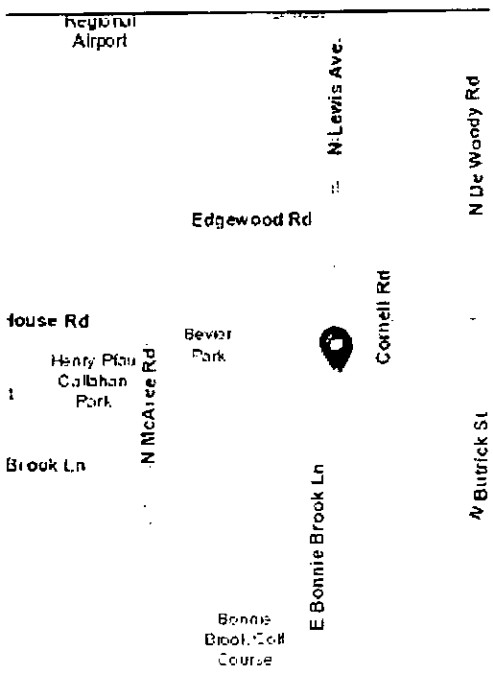
Find Shortage Areas by Address Results

Start Ove

Input address: 3113 north lewis avenue, waukegan, Illinois 60067
Geocoded address: 3113 N Lewis Ave, Waukegan, Illinois, 60087

HPSA Data as of 11/16/2(
MUA Data as of 11/16/2(

[+] More about this address



Click on the image to see an expande

In a Dental Health HPSA: Yes
HPSA Name: Low Income - Waukegan/Zion/Benton
ID: 6171899013
Designation Type: Hpsa Population
Status: Designated
Score: 6
Designation Date: 06/13/2005
Last Update Date: 10/28/2017

In a Mental Health HPSA: No

In a Primary Care HPSA: Yes
HPSA Name: Low Income - Waukegan/Zion/Benton
ID: 1178628313
Designation Type: Hpsa Population
Status: Designated
Score: 12
Designation Date: 11/30/2012
Last Update Date: 10/28/2017

In a MUA/P: Yes
Service Area Name: Low Inc - Waukegan Service Area
ID: 00824
Designation Type: Medically Underserved Area – Governor's Exception

Attachment - 12A

Designation Date: 08/26/1992
Last Update Date: 02/03/1994

Note: The address entered is geocoded and then compared against the HPSA and MUA/P data in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination.

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Attachment - 12A

North Dunes Poverty Statistics

	60087	60099	60085	60083	60031	60048	60046	Total	%
Below FPL	3,838	6,124	17,031	197	2,035	1,150	1,583	31,958	13.4%
50% FPL	1,601	2,441	6,656	114	699	582	800	12,893	5.4%
125 FPL	4,654	6,953	22,869	267	2,959	1,346	2,152	41,200	17.3%
150 FPL	6,083	8,243	28,787	577	4,135	1,625	2,728	52,178	21.9%
185 FPL	8,461	10,691	36,013	843	6,207	2,085	4,158	68,458	28.7%
200 FPL	9,349	12,621	38,628	1,052	6,878	2,206	4,539	75,273	31.6%
300 FPL	15,354	18,582	51,359	2,460	11,451	4,293	9,948	113,447	47.6%
400 FPL	18,533	22,001	59,719	3,958	16,509	7,154	15,247	143,121	60.1%
500 FPL	20,913	24,783	63,245	5,692	21,459	9,805	20,950	166,847	70.0%
Total	**26,305**	**30,645**	**69,451**	**10,676**	**37,655**	**28,607**	**34,897**	**238,236**	**100.0%**

Attachment - 12C

AMERICAN FactFinder

S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60031				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	37,655	+/-596	2,035	+/-438	5.4%
AGE					
Under 18 years	9,769	+/-418	624	+/-198	6.4%
Under 5 years	1,797	+/-318	141	+/-86	7.6%
5 to 17 years	7,972	+/-407	483	+/-146	6.1%
Related children of householder under 18 years	9,712	+/-420	596	+/-201	6.1%
18 to 64 years	24,044	+/-567	1,208	+/-271	5.0%
18 to 34 years	6,868	+/-412	456	+/-143	6.6%
35 to 64 years	17,176	+/-523	752	+/-163	4.4%
60 years and over	5,765	+/-411	220	+/-109	3.8%
65 years and over	3,842	+/-297	203	+/-108	5.3%
SEX					
Male	18,466	+/-575	1,008	+/-265	5.4%
Female	19,187	+/-495	1,029	+/-229	5.4%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	28,353	+/-773	1,250	+/-349	4.4%
Black or African American alone	2,986	+/-622	292	+/-140	9.8%
American Indian and Alaska Native alone	41	+/-46	0	+/-23	0.0%
Asian alone	3,966	+/-457	237	+/-196	5.9%
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0	+/-23	-
Some other race alone	754	+/-361	37	+/-50	4.9%
Two or more races	1,533	+/-340	219	+/-155	14.3%
Hispanic or Latino origin (of any race)	5,038	+/-634	338	+/-223	6.7%
White alone, not Hispanic or Latino	24,409	+/-617	957	+/-272	3.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	24,600	+/-525	1,178	+/-262	4.8%
Less than high school graduate	1,445	+/-245	81	+/-50	5.6%

Subject	ZCTA5 60031				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	4,878	+/-515	463	+/-195	9.5%
Some college, associate's degree	6,890	+/-459	359	+/-117	5.2%
Bachelor's degree or higher	11,387	+/-515	275	+/-98	2.4%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	21,186	+/-604	848	+/-195	4.0%
Employed	19,678	+/-536	576	+/-163	2.9%
Male	10,189	+/-437	303	+/-141	3.0%
Female	9,509	+/-361	273	+/-86	2.9%
Unemployed	1,508	+/-276	272	+/-97	16.0%
Male	813	+/-195	138	+/-72	17.0%
Female	695	+/-147	134	+/-61	19.3%
WORK EXPERIENCE					
Population 16 years and over	29,477	+/-669	1,535	+/-333	5.2%
Worked full-time, year-round in tha past 12 months	13,752	+/-464	121	+/-80	0.9%
Worked part-time or part-year in the past 12 months	7,955	+/-496	625	+/-173	7.9%
Did not work	7,770	+/-506	789	+/-240	10.2%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	699	+/-260	(X)	(X)	(X)
125 percent of poverty level	2,959	+/-541	(X)	(X)	(X)
150 percent of poverty level	4,135	+/-633	(X)	(X)	(X)
185 percent of poverty level	6,207	+/-690	(X)	(X)	(X)
200 percent of poverty level	6,878	+/-693	(X)	(X)	(X)
300 percent of poverty level	11,451	+/-816	(X)	(X)	(X)
400 percent of poverty level	16,509	+/-978	(X)	(X)	(X)
500 percent of poverty level	21,459	+/-1,205	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	5,394	+/-522	619	+/-173	11.5%
Male	2,476	+/-343	235	+/-95	9.5%
Female	2,918	+/-313	384	+/-124	13.2%
15 years	0	+/-23	0	+/-23	-
16 to 17 years	57	+/-57	28	+/-26	49.1%
16 to 24 years	319	+/-130	121	+/-76	37.9%
25 to 34 years	900	+/-205	89	+/-57	9.9%
35 to 44 years	704	+/-228	49	+/-30	7.0%
45 to 54 years	963	+/-231	158	+/-80	16.4%
55 to 64 years	1,000	+/-231	72	+/-55	7.2%
65 to 74 years	570	+/-125	25	+/-19	4.4%
75 years and over	881	+/-163	77	+/-38	8.7%
Mean income deficit for unrelated individuals (dollars)	6,664	+/-1,108	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	2,649	+/-342	43	+/-37	1.6%
Worked less than full-time, year-round in the past 12 months	1,058	+/-235	207	+/-87	19.6%
Did not work	1,687	+/-250	369	+/-120	21.9%

Subject	ZCTA5 60031 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.2
AGE	
Under 18 years	+/-2.0
Under 5 years	+/-4.4
5 to 17 years	+/-1.9
Related children of householder under 18 years	+/-2.1
18 to 64 years	+/-1.1
18 to 34 years	+/-2.1
35 to 64 years	+/-1.0
60 years and over	+/-1.8
65 years and over	+/-2.7
SEX	
Male	+/-1.5
Female	+/-1.2
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.2
Black or African American alone	+/-4.9
American Indian and Alaska Native alone	+/-42.6
Asian alone	+/-4.7
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-7.1
Two or more races	+/-9.7
Hispanic or Latino origin (of any race)	+/-4.3
White alone, not Hispanic or Latino	+/-1.1
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.0
Less than high school graduate	+/-3.3
High school graduate (includes equivalency)	+/-3.8
Some college, associate's degree	+/-1.6
Bachelor's degree or higher	+/-0.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-0.9
Employed	+/-0.8
Male	+/-1.4
Female	+/-0.9
Unemployed	+/-6.0
Male	+/-8.2
Female	+/-6.2
WORK EXPERIENCE	
Population 16 years and over	+/-1.1
Worked full-time, year-round in the past 12 months	+/-0.6
Worked part-time or part-year in the past 12 months	+/-2.1
Did not work	+/-2.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60031 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.8
Male	+/-3.8
Female	+/-3.4
15 years	**
16 to 17 years	+/-45.2
18 to 24 years	+/-18.9
25 to 34 years	+/-6.4
35 to 44 years	+/-4.3
45 to 54 years	+/-7.1
55 to 64 years	+/-5.2
65 to 74 years	+/-3.2
75 years and over	+/-4.5
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.3
Worked less than full-time, year-round in the past 12 months	+/-6.9
Did not work	+/-6.0

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

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U.S. Census Bureau

AMERICAN FactFinder

S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60046				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	34,897	+/-559	1,583	+/-342	4.5%
AGE					
Under 18 years	9,436	+/-359	358	+/-146	3.8%
Under 5 years	2,089	+/-263	56	+/-42	2.7%
5 to 17 years	7,347	+/-395	302	+/-126	4.1%
Related children of householder under 18 years	9,436	+/-359	358	+/-146	3.8%
18 to 64 years	21,831	+/-491	1,031	+/-212	4.7%
18 to 34 years	6,681	+/-424	419	+/-131	6.3%
35 to 64 years	15,150	+/-459	612	+/-144	4.0%
60 years and over	5,488	+/-361	287	+/-106	5.2%
65 years and over	3,630	+/-255	194	+/-95	5.3%
SEX					
Male	17,362	+/-543	660	+/-158	3.8%
Female	17,535	+/-519	923	+/-255	5.3%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	31,115	+/-633	1,365	+/-324	4.4%
Black or African American alone	879	+/-302	76	+/-72	8.6%
American Indian and Alaska Native alone	4	+/-7	0	+/-23	0.0%
Asian alone	1,646	+/-360	75	+/-84	4.6%
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0	+/-23	-
Some other race alone	415	+/-170	38	+/-52	9.2%
Two or more races	838	+/-267	29	+/-35	3.5%
Hispanic or Latino origin (of any race)	2,625	+/-433	173	+/-105	6.6%
White alone, not Hispanic or Latino	29,029	+/-730	1,229	+/-315	4.2%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	22,463	+/-494	1,071	+/-233	4.8%
Less than high school graduate	907	+/-192	85	+/-52	9.4%

Subject	ZCTA5 60046				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	5,226	+/-393	375	+/-130	7.2%
Some college, associate's degree	7,221	+/-484	334	+/-116	4.6%
Bachelor's degree or higher	9,109	+/-439	277	+/-83	3.0%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	18,887	+/-520	607	+/-186	3.2%
Employed	17,196	+/-556	326	+/-97	1.9%
Male	8,893	+/-406	123	+/-60	1.4%
Female	8,303	+/-407	203	+/-73	2.4%
Unemployed	1,691	+/-326	281	+/-140	16.6%
Male	1,093	+/-304	187	+/-106	17.1%
Female	598	+/-138	94	+/-67	15.7%
WORK EXPERIENCE					
Population 16 years and over	26,633	+/-517	1,251	+/-259	4.7%
Worked full-time, year-round in the past 12 months	12,317	+/-487	81	+/-46	0.7%
Worked part-time or part-year in the past 12 months	6,993	+/-430	431	+/-153	6.2%
Did not work	7,323	+/-470	739	+/-193	10.1%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	800	+/-227	(X)	(X)	(X)
125 percent of poverty level	2,152	+/-402	(X)	(X)	(X)
150 percent of poverty level	2,728	+/-459	(X)	(X)	(X)
185 percent of poverty level	4,158	+/-767	(X)	(X)	(X)
200 percent of poverty level	4,539	+/-755	(X)	(X)	(X)
300 percent of poverty level	9,948	+/-964	(X)	(X)	(X)
400 percent of poverty level	15,247	+/-987	(X)	(X)	(X)
500 percent of poverty level	20,950	+/-869	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	3,711	+/-335	689	+/-140	18.6%
Male	1,972	+/-234	379	+/-115	19.2%
Female	1,739	+/-238	310	+/-87	17.8%
15 years	0	+/-23	0	+/-23	-
16 to 17 years	0	+/-23	0	+/-23	-
18 to 24 years	199	+/-94	112	+/-58	56.3%
25 to 34 years	585	+/-141	137	+/-70	23.4%
35 to 44 years	377	+/-111	57	+/-55	15.1%
45 to 54 years	682	+/-171	110	+/-58	16.1%
55 to 64 years	894	+/-167	185	+/-66	20.7%
65 to 74 years	468	+/-136	63	+/-58	13.5%
75 years and over	506	+/-119	25	+/-29	4.9%
Mean income deficit for unrelated individuals (dollars)	7,682	+/-925	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,665	+/-238	41	+/-34	2.5%
Worked less than full-time, year-round in the past 12 months	763	+/-159	261	+/-96	34.2%
Did not work	1,263	+/-204	387	+/-114	30.2%

Subject	ZCTA5 60046 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.0
AGE	
Under 18 years	+/-1.5
Under 5 years	+/-2.0
5 to 17 years	+/-1.7
Related children of householder under 18 years	+/-1.5
18 to 64 years	+/-1.0
18 to 34 years	+/-2.0
35 to 64 years	+/-0.8
60 years and over	+/-1.9
65 years and over	+/-2.6
SEX	
Male	+/-0.9
Female	+/-1.4
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.0
Black or African American alone	+/-8.1
American Indian and Alaska Native alone	+/-100.0
Asian alone	+/-5.4
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-12.4
Two or more races	+/-4.2
Hispanic or Latino origin (of any race)	+/-4.0
White alone, not Hispanic or Latino	+/-1.1
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.0
Less than high school graduate	+/-5.5
High school graduate (includes equivalency)	+/-2.5
Some college, associate's degree	+/-1.6
Bachelor's degree or higher	+/-0.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.0
Employed	+/-0.6
Male	+/-0.7
Female	+/-0.9
Unemployed	+/-8.0
Male	+/-9.7
Female	+/-10.8
WORK EXPERIENCE	
Population 16 years and over	+/-1.0
Worked full-time, year-round in the past 12 months	+/-0.4
Worked part-time or part-year in the past 12 months	+/-2.2
Did not work	+/-2.4
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60046 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-3.4
Male	+/-5.2
Female	+/-4.7
15 years	**
16 to 17 years	**
18 to 24 years	+/-24.2
25 to 34 years	+/-9.2
35 to 44 years	+/-13.2
45 to 54 years	+/-7.5
55 to 64 years	+/-6.5
65 to 74 years	+/-11.9
75 years and over	+/-5.8
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-2.0
Worked less than full-time, year-round in the past 12 months	+/-10.9
Did not work	+/-7.4

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S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60048				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	28,607	+/-482	1,150	+/-346	4.0%
AGE					
Under 18 years	7,063	+/-269	254	+/-145	3.6%
Under 5 years	1,174	+/-185	52	+/-64	4.4%
5 to 17 years	5,889	+/-273	202	+/-94	3.4%
Related children of householder under 18 years	7,040	+/-271	231	+/-144	3.3%
18 to 64 years	17,552	+/-451	772	+/-221	4.4%
18 to 34 years	4,218	+/-416	270	+/-114	6.4%
35 to 64 years	13,334	+/-330	502	+/-152	3.8%
60 years and over	6,221	+/-376	246	+/-82	4.0%
65 years and over	3,992	+/-226	124	+/-56	3.1%
SEX					
Male	14,197	+/-442	501	+/-147	3.5%
Female	14,410	+/-412	649	+/-228	4.5%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	26,061	+/-581	1,032	+/-344	4.0%
Black or African American alone	244	+/-108	51	+/-57	20.9%
American Indian and Alaska Native alone	113	+/-128	0	+/-20	0.0%
Asian alone	1,689	+/-275	52	+/-35	3.1%
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0	+/-20	-
Some other race alone	53	+/-49	0	+/-20	0.0%
Two or more races	427	+/-151	15	+/-21	3.5%
Hispanic or Latino origin (of any race)	1,256	+/-333	35	+/-32	2.8%
White alone, not Hispanic or Latino	25,122	+/-549	997	+/-343	4.0%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	19,332	+/-384	720	+/-157	3.7%
Less than high school graduate	560	+/-143	146	+/-64	26.1%

Subject	ZCTA5 60048				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	2,057	+/-299	166	+/-67	8.1%
Some college, associate's degree	3,619	+/-293	155	+/-74	4.3%
Bachelor's degree or higher	13,096	+/-450	253	+/-100	1.9%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	14,900	+/-502	299	+/-105	2.0%
Employed	14,210	+/-480	253	+/-93	1.8%
Male	8,007	+/-333	147	+/-61	1.8%
Female	6,203	+/-291	106	+/-60	1.7%
Unemployed	690	+/-158	46	+/-46	6.7%
Male	427	+/-121	40	+/-45	9.4%
Female	263	+/-80	6	+/-10	2.3%
WORK EXPERIENCE					
Population 16 years and over	22,595	+/-458	942	+/-232	4.2%
Worked full-time, year-round in the past 12 months	10,024	+/-406	77	+/-55	0.6%
Worked part-time or part-year in the past 12 months	5,813	+/-362	297	+/-115	5.3%
Did not work	6,956	+/-357	568	+/-161	6.2%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	582	+/-156	(X)	(X)	(X)
125 percent of poverty level	1,346	+/-357	(X)	(X)	(X)
150 percent of poverty level	1,625	+/-382	(X)	(X)	(X)
185 percent of poverty level	2,085	+/-399	(X)	(X)	(X)
200 percent of poverty level	2,206	+/-408	(X)	(X)	(X)
300 percent of poverty level	4,293	+/-589	(X)	(X)	(X)
400 percent of poverty level	7,154	+/-686	(X)	(X)	(X)
500 percent of poverty level	9,805	+/-679	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	3,120	+/-300	579	+/-139	18.6%
Male	1,464	+/-240	243	+/-87	16.6%
Female	1,656	+/-226	336	+/-106	20.3%
15 years	13	+/-19	13	+/-19	100.0%
16 to 17 years	10	+/-15	10	+/-15	100.0%
18 to 24 years	249	+/-153	86	+/-67	34.5%
25 to 34 years	363	+/-112	70	+/-43	19.3%
35 to 44 years	223	+/-74	38	+/-23	17.0%
45 to 54 years	585	+/-122	110	+/-62	18.8%
55 to 64 years	667	+/-145	157	+/-81	23.5%
65 to 74 years	477	+/-121	30	+/-29	6.3%
75 years and over	533	+/-107	65	+/-37	12.2%
Mean income deficit for unrelated individuals (dollars)	8,334	+/-984	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,172	+/-204	30	+/-39	2.8%
Worked less than full-time, year-round in the past 12 months	684	+/-228	160	+/-84	23.1%
Did not work	1,254	+/-169	389	+/-110	31.0%

Subject	ZCTA5 60048 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.2
AGE	
Under 18 years	+/-2.0
Under 5 years	+/-5.4
5 to 17 years	+/-1.6
Related children of householder under 18 years	+/-2.0
18 to 64 years	+/-1.3
18 to 34 years	+/-2.7
35 to 64 years	+/-1.1
60 years and over	+/-1.3
65 years and over	+/-1.4
SEX	
Male	+/-1.0
Female	+/-1.6
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.3
Black or African American alone	+/-21.7
American Indian and Alaska Native alone	+/-21.4
Asian alone	+/-2.1
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-37.4
Two or more races	+/-5.1
Hispanic or Latino origin (of any race)	+/-2.6
White alone, not Hispanic or Latino	+/-1.4
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-0.8
Less than high school graduate	+/-10.8
High school graduate (includes equivalency)	+/-3.0
Some college, associate's degree	+/-2.0
Bachelor's degree or higher	+/-0.8
EMPLOYMENT STATUS	
Civilian labor force 18 years and over	+/-0.7
Employed	+/-0.7
Male	+/-0.8
Female	+/-1.0
Unemployed	+/-6.6
Male	+/-10.1
Female	+/-3.7
WORK EXPERIENCE	
Population 16 years and over	+/-1.0
Worked full-time, year-round in the past 12 months	+/-0.5
Worked part-time or part-year in the past 12 months	+/-1.9
Did not work	+/-2.2
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60048 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.0
Male	+/-5.6
Female	+/-5.5
15 years	+/-75.7
16 to 17 years	+/-86.3
18 to 24 years	+/-24.0
25 to 34 years	+/-12.9
35 to 44 years	+/-11.0
45 to 54 years	+/-9.9
55 to 64 years	+/-10.9
65 to 74 years	+/-5.8
75 years and over	+/-6.6
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-3.3
Worked less than full-time, year-round in the past 12 months	+/-8.3
Did not work	+/-6.9

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2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60083				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	10,676	+/-626	197	+/-126	1.8%
AGE					
Under 18 years	2,611	+/-343	32	+/-50	1.2%
Under 5 years	764	+/-244	32	+/-50	4.2%
5 to 17 years	1,847	+/-277	0	+/-17	0.0%
Related children of householder under 18 years	2,611	+/-343	32	+/-50	1.2%
18 to 64 years	6,453	+/-428	100	+/-72	1.5%
18 to 34 years	2,047	+/-309	45	+/-56	2.2%
35 to 64 years	4,406	+/-399	55	+/-43	1.2%
60 years and over	2,086	+/-254	76	+/-55	3.8%
65 years and over	1,612	+/-247	65	+/-52	4.0%
SEX					
Male	5,208	+/-425	93	+/-68	1.6%
Female	5,468	+/-394	104	+/-68	1.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	7,254	+/-685	134	+/-73	1.8%
Black or African American alone	2,307	+/-675	63	+/-101	2.7%
American Indian and Alaska Native alone	0	+/-17	0	+/-17	-
Asian alone	778	+/-195	0	+/-17	0.0%
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0	+/-17	-
Some other race alone	179	+/-170	0	+/-17	0.0%
Two or more races	158	+/-135	0	+/-17	0.0%
Hispanic or Latino origin (of any race)	1,157	+/-344	14	+/-22	1.2%
White alone, not Hispanic or Latino	6,304	+/-654	120	+/-66	1.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	7,257	+/-479	163	+/-90	2.2%
Less than high school graduate	285	+/-125	0	+/-17	0.0%

Subject	ZCTA5 60083				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	1,616	+/-285	70	+/-46	4.3%
Some college, associate's degree	2,235	+/-337	50	+/-50	2.2%
Bachelor's degree or higher	3,121	+/-393	43	+/-40	1.4%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	5,789	+/-431	47	+/-37	0.8%
Employed	5,394	+/-446	34	+/-33	0.6%
Male	2,871	+/-299	25	+/-31	0.9%
Female	2,523	+/-280	9	+/-11	0.4%
Unemployed	395	+/-168	13	+/-17	3.3%
Male	228	+/-109	13	+/-17	5.7%
Female	167	+/-94	0	+/-17	0.0%
WORK EXPERIENCE					
Population 16 years and over	8,413	+/-449	165	+/-90	2.0%
Worked full-time, year-round in the past 12 months	4,003	+/-482	0	+/-17	0.0%
Worked part-time or part-year in the past 12 months	1,858	+/-322	62	+/-60	3.3%
Did not work	2,552	+/-325	103	+/-68	4.0%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	114	+/-109	(X)	(X)	(X)
125 percent of poverty level	287	+/-149	(X)	(X)	(X)
150 percent of poverty level	577	+/-306	(X)	(X)	(X)
185 percent of poverty level	643	+/-353	(X)	(X)	(X)
200 percent of poverty level	1,052	+/-432	(X)	(X)	(X)
300 percent of poverty level	2,460	+/-611	(X)	(X)	(X)
400 percent of poverty level	3,958	+/-826	(X)	(X)	(X)
500 percent of poverty level	5,692	+/-854	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	1,150	+/-316	79	+/-51	6.9%
Male	591	+/-252	31	+/-29	5.2%
Female	559	+/-150	48	+/-37	8.6%
15 years	0	+/-17	0	+/-17	-
16 to 17 years	0	+/-17	0	+/-17	-
18 to 24 years	13	+/-23	0	+/-17	0.0%
25 to 34 years	205	+/-164	12	+/-19	5.9%
35 to 44 years	190	+/-223	0	+/-17	0.0%
45 to 54 years	178	+/-89	8	+/-13	4.5%
55 to 64 years	242	+/-108	19	+/-20	7.9%
65 to 74 years	158	+/-81	26	+/-28	16.5%
75 years and over	164	+/-83	14	+/-23	8.5%
Mean income deficit for unrelated individuals (dollars)	7,749	+/-2,258	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	660	+/-293	0	+/-17	0.0%
Worked less than full-time, year-round in the past 12 months	150	+/-68	28	+/-29	18.7%
Did not work	340	+/-112	51	+/-39	15.0%

Subject	ZCTA5 60083 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.2
AGE	
Under 18 years	+/-1.9
Under 5 years	+/-6.6
5 to 17 years	+/-1.5
Related children of householder under 18 years	+/-1.9
18 to 64 years	+/-1.1
18 to 34 years	+/-2.7
35 to 64 years	+/-1.0
60 years and over	+/-2.6
65 years and over	+/-3.3
SEX	
Male	+/-1.3
Female	+/-1.2
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.0
Black or African American alone	+/-4.6
American Indian and Alaska Native alone	**
Asian alone	+/-3.5
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-14.2
Two or more races	+/-15.9
Hispanic or Latino origin (of any race)	+/-1.8
White alone, not Hispanic or Latino	+/-1.0
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.3
Less than high school graduate	+/-9.2
High school graduate (includes equivalency)	+/-3.0
Some college, associate's degree	+/-2.2
Bachelor's degree or higher	+/-1.3
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-0.6
Employed	+/-0.6
Male	+/-1.1
Female	+/-0.4
Unemployed	+/-4.4
Male	+/-7.5
Female	+/-15.1
WORK EXPERIENCE	
Population 16 years and over	+/-1.1
Worked full-time, year-round in the past 12 months	+/-0.7
Worked part-time or part-year in the past 12 months	+/-3.2
Did not work	+/-2.7
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60083 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.6
Male	+/-5.5
Female	+/-6.3
15 years	**
16 to 17 years	**
18 to 24 years	+/-75.7
25 to 34 years	+/-11.6
35 to 44 years	+/-13.4
45 to 54 years	+/-6.9
55 to 64 years	+/-8.9
65 to 74 years	+/-15.3
75 years and over	+/-13.1
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-4.1
Worked less than full-time, year-round in the past 12 months	+/-18.3
Did not work	+/-9.7

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.

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.

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

Explanation of Symbols:

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

U.S. Census Bureau

FactFinder

S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60085				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	69,451	+/-1,138	17,031	+/-1,188	24.5%
AGE					
Under 18 years	21,073	+/-692	7,471	+/-649	35.5%
Under 5 years	5,825	+/-392	2,421	+/-318	41.6%
5 to 17 years	15,248	+/-840	5,050	+/-602	33.1%
Related children of householder under 18 years	20,893	+/-906	7,321	+/-656	35.0%
18 to 64 years	43,518	+/-865	8,799	+/-771	20.2%
18 to 34 years	19,787	+/-762	4,506	+/-620	22.8%
35 to 64 years	23,731	+/-791	4,293	+/-506	18.1%
60 years and over	7,838	+/-542	1,365	+/-258	17.4%
65 years and over	4,860	+/-411	761	+/-194	15.7%
SEX					
Male	34,274	+/-883	7,946	+/-691	23.2%
Female	35,177	+/-918	9,065	+/-766	25.8%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	45,951	+/-1,335	10,287	+/-1,100	22.4%
Black or African American alone	12,258	+/-861	5,014	+/-595	40.9%
American Indian and Alaska Native alone	194	+/-119	16	+/-18	8.2%
Asian alone	3,715	+/-578	329	+/-211	8.9%
Native Hawaiian and Other Pacific Islander alone	13	+/-25	0	+/-26	0.0%
Some other race alone	5,025	+/-625	1,079	+/-313	21.5%
Two or more races	2,295	+/-655	306	+/-160	13.3%
Hispanic or Latino origin (of any race)	42,092	+/-1,237	10,228	+/-1,034	24.3%
White alone, not Hispanic or Latino	10,728	+/-823	1,608	+/-465	16.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	39,881	+/-862	7,646	+/-601	19.2%
Less than high school graduate	13,289	+/-725	3,450	+/-439	26.0%

Subject	ZCTA5 60085				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	12,375	+/-710	2,358	+/-383	19.1%
Some college, associate's degree	8,754	+/-613	1,477	+/-308	16.9%
Bachelor's degree or higher	5,463	+/-485	361	+/-121	6.6%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	36,302	+/-930	5,600	+/-598	15.4%
Employed	32,033	+/-903	3,919	+/-524	12.2%
Male	17,319	+/-646	1,658	+/-364	10.7%
Female	14,714	+/-667	2,061	+/-325	14.0%
Unemployed	4,269	+/-428	1,681	+/-268	39.4%
Male	2,324	+/-363	851	+/-215	36.6%
Female	1,945	+/-255	830	+/-198	42.7%
WORK EXPERIENCE					
Population 18 years and over	50,553	+/-986	10,225	+/-822	20.2%
Worked full-time, year-round in the past 12 months	21,487	+/-803	1,298	+/-252	6.0%
Worked part-time or part-year in the past 12 months	14,164	+/-955	3,421	+/-538	24.2%
Did not work	14,902	+/-807	5,506	+/-523	36.9%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	6,656	+/-866	(X)	(X)	(X)
125 percent of poverty level	22,869	+/-1,453	(X)	(X)	(X)
150 percent of poverty level	28,787	+/-1,564	(X)	(X)	(X)
185 percent of poverty level	36,013	+/-1,823	(X)	(X)	(X)
200 percent of poverty level	38,628	+/-1,790	(X)	(X)	(X)
300 percent of poverty level	51,359	+/-1,510	(X)	(X)	(X)
400 percent of poverty level	59,719	+/-1,360	(X)	(X)	(X)
500 percent of poverty level	63,245	+/-1,341	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	11,213	+/-694	3,069	+/-390	27.4%
Male	6,689	+/-614	1,659	+/-336	24.8%
Female	4,524	+/-411	1,410	+/-223	31.2%
15 years	8	+/-12	8	+/-12	100.0%
16 to 17 years	114	+/-114	84	+/-73	73.7%
18 to 24 years	1,479	+/-295	369	+/-146	24.9%
25 to 34 years	2,439	+/-425	603	+/-196	24.7%
35 to 44 years	1,593	+/-309	443	+/-146	27.8%
45 to 54 years	1,844	+/-328	619	+/-209	33.6%
55 to 64 years	2,114	+/-331	550	+/-148	26.0%
65 to 74 years	1,028	+/-180	290	+/-119	28.2%
75 years and over	594	+/-120	103	+/-57	17.3%
Mean income deficit for unrelated individuals (dollars)	7,168	+/-563	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	5,048	+/-535	117	+/-84	2.3%
Worked less than full-time, year-round in the past 12 months	2,685	+/-332	966	+/-275	36.0%
Did not work	3,480	+/-315	1,986	+/-290	57.1%

Subject	ZCTA5 60085 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.7
AGE	
Under 18 years	+/-3.0
Under 5 years	+/-5.0
5 to 17 years	+/-3.7
Related children of householder under 18 years	+/-3.0
18 to 64 years	+/-1.8
18 to 34 years	+/-2.9
35 to 64 years	+/-2.0
60 years and over	+/-2.8
65 years and over	+/-3.5
SEX	
Male	+/-2.0
Female	+/-2.1
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.3
Black or African American alone	+/-4.4
American Indian and Alaska Native alone	+/-9.9
Asian alone	+/-5.8
Native Hawaiian and Other Pacific Islander alone	+/-75.7
Some other race alone	+/-6.0
Two or more races	+/-6.5
Hispanic or Latino origin (of any race)	+/-2.4
White alone, not Hispanic or Latino	+/-4.0
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.5
Less than high school graduate	+/-2.9
High school graduate (includes equivalency)	+/-3.0
Some college, associate's degree	+/-3.5
Bachelor's degree or higher	+/-2.2
EMPLOYMENT STATUS	
Civilian labor force 18 years and over	+/-1.6
Employed	+/-1.6
Male	+/-2.1
Female	+/-2.0
Unemployed	+/-5.3
Male	+/-7.7
Female	+/-7.6
WORK EXPERIENCE	
Population 16 years and over	+/-1.6
Worked full-time, year-round in the past 12 months	+/-1.2
Worked part-time or part-year in the past 12 months	+/-3.3
Did not work	+/-2.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of povarty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60085 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.9
Male	+/-4.2
Female	+/-3.9
15 years	+/-96.4
16 to 17 years	+/-16.1
18 to 24 years	+/-8.8
25 to 34 years	+/-6.9
35 to 44 years	+/-7.7
45 to 54 years	+/-6.8
55 to 64 years	+/-6.1
65 to 74 years	+/-9.2
75 years and over	+/-8.2
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.6
Worked less than full-time, year-round in the past 12 months	+/-8.0
Did not work	+/-5.1

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S1701

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Subject	ZCTA5 60087				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	26,305	+/-1,224	3,838	+/-844	14.6%
AGE					
Under 18 years	6,505	+/-581	1,540	+/-496	23.7%
Under 5 years	1,475	+/-299	424	+/-181	28.7%
5 to 17 years	5,030	+/-516	1,116	+/-399	22.2%
Related children of householder under 18 years	6,505	+/-581	1,540	+/-496	23.7%
18 to 64 years	16,963	+/-850	2,056	+/-439	12.1%
18 to 34 years	6,426	+/-592	913	+/-280	14.2%
35 to 64 years	10,537	+/-585	1,143	+/-298	10.8%
60 years and over	4,221	+/-353	328	+/-148	7.8%
65 years and over	2,837	+/-273	242	+/-132	8.5%
SEX					
Male	12,833	+/-825	1,826	+/-473	14.2%
Female	13,472	+/-640	2,012	+/-507	14.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	17,324	+/-1,265	2,295	+/-868	13.2%
Black or African American alone	3,174	+/-577	860	+/-309	20.8%
American Indian and Alaska Native alone	93	+/-73	0	+/-20	0.0%
Asian alone	548	+/-217	105	+/-128	19.2%
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0	+/-20	-
Some other race alone	3,949	+/-1,012	555	+/-369	14.1%
Two or more races	1,217	+/-436	223	+/-157	18.3%
Hispanic or Latino origin (of any race)	12,532	+/-1,192	2,382	+/-737	19.0%
White alone, not Hispanic or Latino	9,278	+/-764	641	+/-254	6.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	18,961	+/-782	1,798	+/-403	10.6%
Less than high school graduate	3,654	+/-494	701	+/-249	19.2%

Subject	ZCTA5 60087 Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	5,471	+/-529	667	+/-224	12.2%
Some college, associate's degree	4,749	+/-461	364	+/-154	7.7%
Bachelor's degree or higher	3,087	+/-444	66	+/-51	2.1%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	14,400	+/-784	1,434	+/-344	10.0%
Employed	13,045	+/-786	1,059	+/-281	8.1%
Male	6,815	+/-495	581	+/-232	8.5%
Female	6,230	+/-464	478	+/-164	7.7%
Unemployed	1,355	+/-276	375	+/-171	27.7%
Male	582	+/-144	95	+/-79	16.3%
Female	773	+/-236	280	+/-150	36.2%
WORK EXPERIENCE					
Population 16 years and over	20,565	+/-893	2,406	+/-506	11.7%
Worked full-time, year-round in the past 12 months	9,228	+/-711	300	+/-143	3.3%
Worked part-time or part-year in the past 12 months	4,922	+/-516	827	+/-267	16.8%
Did not work	6,415	+/-491	1,279	+/-327	19.9%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	1,601	+/-547	(X)	(X)	(X)
125 percent of poverty level	4,654	+/-875	(X)	(X)	(X)
150 percent of poverty level	6,083	+/-959	(X)	(X)	(X)
185 percent of poverty level	8,461	+/-1,232	(X)	(X)	(X)
200 percent of poverty level	9,349	+/-1,275	(X)	(X)	(X)
300 percent of poverty level	15,354	+/-1,231	(X)	(X)	(X)
400 percent of poverty level	18,533	+/-1,270	(X)	(X)	(X)
500 percent of poverty level	20,913	+/-1,292	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	4,460	+/-669	1,114	+/-390	25.0%
Male	2,460	+/-539	587	+/-309	23.9%
Female	2,000	+/-322	527	+/-251	26.4%
15 years	0	+/-20	0	+/-20	
16 to 17 years	0	+/-20	0	+/-20	
18 to 24 years	560	+/-283	325	+/-223	58.0%
25 to 34 years	913	+/-325	92	+/-94	10.1%
35 to 44 years	860	+/-277	304	+/-173	35.3%
45 to 54 years	809	+/-195	133	+/-92	21.8%
55 to 64 years	663	+/-159	121	+/-79	18.3%
65 to 74 years	540	+/-167	101	+/-100	18.7%
75 years and over	315	+/-97	38	+/-35	12.1%
Mean income deficit for unrelated individuals (dollars)	7,467	+/-1,162	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	2,174	+/-437	80	+/-84	3.7%
Worked less than full-time, year-round in the past 12 months	873	+/-280	434	+/-205	49.7%
Did not work	1,413	+/-317	800	+/-250	42.5%

Subject	ZCTA5 60087 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-3.2
AGE	
Under 18 years	+/-7.1
Under 5 years	+/-10.8
5 to 17 years	+/-7.3
Related children of householder under 18 years	+/-7.1
18 to 64 years	+/-2.6
18 to 34 years	+/-4.1
35 to 64 years	+/-2.8
60 years and over	+/-3.4
65 years and over	+/-4.4
SEX	
Male	+/-3.5
Female	+/-3.8
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-3.4
Black or African American alone	+/-8.2
American Indian and Alaska Native alone	+/-25.2
Asian alone	+/-22.1
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-9.5
Two or more races	+/-13.3
Hispanic or Latino origin (of any race)	+/-5.7
White alone, not Hispanic or Latino	+/-2.7
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-2.4
Less than high school graduate	+/-6.3
High school graduate (includes equivalency)	+/-3.7
Some college, associate's degree	+/-3.0
Bachelor's degree or higher	+/-1.6
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-2.4
Employed	+/-2.2
Male	+/-3.3
Female	+/-2.7
Unemployed	+/-10.2
Male	+/-12.7
Female	+/-14.0
WORK EXPERIENCE	
Population 16 years and over	+/-2.5
Worked full-time, year-round in the past 12 months	+/-1.5
Worked part-time or part-year in the past 12 months	+/-4.9
Did not work	+/-4.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60087 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-6.9
Male	+/-9.9
Female	+/-10.4
15 years	**
16 to 17 years	**
18 to 24 years	+/-21.5
25 to 34 years	+/-9.6
35 to 44 years	+/-14.5
45 to 54 years	+/-13.6
55 to 64 years	+/-11.0
65 to 74 years	+/-17.1
75 years and over	+/-10.7
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-3.6
Worked less than full-time, year-round in the past 12 months	+/-16.8
Did not work	+/-11.5

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.

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.

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

Explanation of Symbols:

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

S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

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.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60099				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	30,645	+/-578	5,124	+/-848	16.7%
AGE					
Under 18 years	8,382	+/-491	2,021	+/-436	24.1%
Under 5 years	1,902	+/-317	445	+/-158	23.4%
5 to 17 years	6,480	+/-397	1,576	+/-342	24.3%
Related children of householder under 18 years	8,342	+/-494	1,981	+/-429	23.7%
18 to 64 years	19,050	+/-602	2,899	+/-539	15.2%
18 to 34 years	7,582	+/-470	1,391	+/-318	18.3%
35 to 64 years	11,468	+/-532	1,508	+/-335	13.1%
60 years and over	4,603	+/-475	328	+/-113	7.1%
65 years and over	3,213	+/-385	204	+/-85	6.3%
SEX					
Male	14,721	+/-529	2,382	+/-435	16.2%
Female	15,924	+/-535	2,742	+/-510	17.2%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	18,360	+/-1,045	2,046	+/-490	11.1%
Black or African American alone	8,382	+/-688	2,698	+/-715	32.2%
American Indian and Alaska Native alone	42	+/-53	9	+/-18	21.4%
Asian alone	874	+/-329	34	+/-42	3.9%
Native Hawaiian and Other Pacific Islander alone	16	+/-31	0	+/-23	0.0%
Some other race alone	1,604	+/-489	62	+/-71	3.9%
Two or more races	1,367	+/-359	275	+/-183	20.1%
Hispanic or Latino origin (of any race)	8,310	+/-814	1,274	+/-508	15.3%
White alone, not Hispanic or Latino	12,446	+/-728	1,097	+/-298	8.8%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	18,778	+/-598	2,453	+/-426	13.1%
Less than high school graduate	3,168	+/-473	754	+/-250	23.8%

Subject	ZCTA5 60099				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	6,365	+/-511	1,000	+/-275	15.7%
Some college, associate's degree	6,093	+/-462	554	+/-161	9.1%
Bachelor's degree or higher	3,152	+/-408	145	+/-105	4.6%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	15,769	+/-633	1,672	+/-365	10.6%
Employed	13,592	+/-617	848	+/-238	6.2%
Male	7,094	+/-553	406	+/-145	5.7%
Female	6,498	+/-471	442	+/-202	6.8%
Unemployed	2,177	+/-318	824	+/-218	37.9%
Male	1,126	+/-223	337	+/-116	29.9%
Female	1,051	+/-220	487	+/-153	46.3%
WORK EXPERIENCE					
Population 16 years and over	23,271	+/-653	3,363	+/-586	14.5%
Worked full-time, year-round in the past 12 months	9,462	+/-524	245	+/-97	2.6%
Worked part-time or part-year in the past 12 months	5,862	+/-431	997	+/-282	17.0%
Did not work	7,947	+/-641	2,121	+/-457	26.7%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	2,441	+/-578	(X)	(X)	(X)
125 percent of poverty level	6,953	+/-895	(X)	(X)	(X)
150 percent of poverty level	8,243	+/-966	(X)	(X)	(X)
185 percent of poverty level	10,691	+/-1,183	(X)	(X)	(X)
200 percent of poverty level	12,621	+/-1,363	(X)	(X)	(X)
300 percent of poverty level	18,582	+/-1,214	(X)	(X)	(X)
400 percent of poverty level	22,001	+/-1,146	(X)	(X)	(X)
500 percent of poverty level	24,783	+/-924	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	4,737	+/-589	1,295	+/-328	27.3%
Male	2,470	+/-445	677	+/-194	27.4%
Female	2,267	+/-333	618	+/-222	27.3%
15 years	20	+/-32	20	+/-32	100.0%
16 to 17 years	20	+/-33	20	+/-33	100.0%
18 to 24 years	307	+/-146	109	+/-94	35.5%
25 to 34 years	1,072	+/-371	170	+/-115	15.9%
35 to 44 years	380	+/-133	179	+/-99	47.1%
45 to 54 years	976	+/-257	302	+/-146	30.9%
55 to 64 years	862	+/-220	314	+/-117	36.4%
65 to 74 years	461	+/-134	100	+/-60	20.8%
75 years and over	619	+/-150	81	+/-47	13.1%
Mean income deficit for unrelated individuals (dollars)	7,370	+/-926	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,662	+/-342	63	+/-45	3.8%
Worked less than full-time, year-round in the past 12 months	1,254	+/-272	340	+/-150	27.1%
Did not work	1,821	+/-383	892	+/-272	49.0%

Subject	ZCTA5 60099 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-2.7
AGE	
Under 18 years	+/-4.7
Under 5 years	+/-6.9
5 to 17 years	+/-5.0
Related children of householder under 18 years	+/-4.6
18 to 64 years	+/-2.7
18 to 34 years	+/-4.1
35 to 64 years	+/-2.7
60 years and over	+/-2.5
65 years and over	+/-2.7
SEX	
Male	+/-2.8
Female	+/-3.1
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.6
Black or African American alone	+/-6.2
American Indian and Alaska Native alone	+/-48.8
Asian alone	+/-4.7
Native Hawaiian and Other Pacific Islander alone	+/-68.2
Some other race alone	+/-4.4
Two or more races	+/-12.3
Hispanic or Latino origin (of any race)	+/-5.7
White alone, not Hispanic or Latino	+/-2.3
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-2.2
Less than high school graduate	+/-7.6
High school graduate (includes equivalency)	+/-3.8
Some college, associate's degree	+/-2.6
Bachelor's degree or higher	+/-3.3
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-2.3
Employed	+/-1.8
Male	+/-2.0
Female	+/-3.0
Unemployed	+/-8.2
Male	+/-9.0
Female	+/-10.7
WORK EXPERIENCE	
Population 16 years and over	+/-2.4
Worked full-time, year-round in the past 12 months	+/-1.1
Worked part-time or part-year in the past 12 months	+/-4.4
Did not work	+/-4.7
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60099 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-5.9
Male	+/-8.1
Female	+/-8.0
15 years	+/-61.0
16 to 17 years	+/-61.0
18 to 24 years	+/-24.5
25 to 34 years	+/-11.5
35 to 44 years	+/-16.5
45 to 54 years	+/-10.7
55 to 64 years	+/-9.6
65 to 74 years	+/-10.7
75 years and over	+/-7.2
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-2.7
Worked less than full-time, year-round in the past 12 months	+/-11.2
Did not work	+/-6.6

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

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

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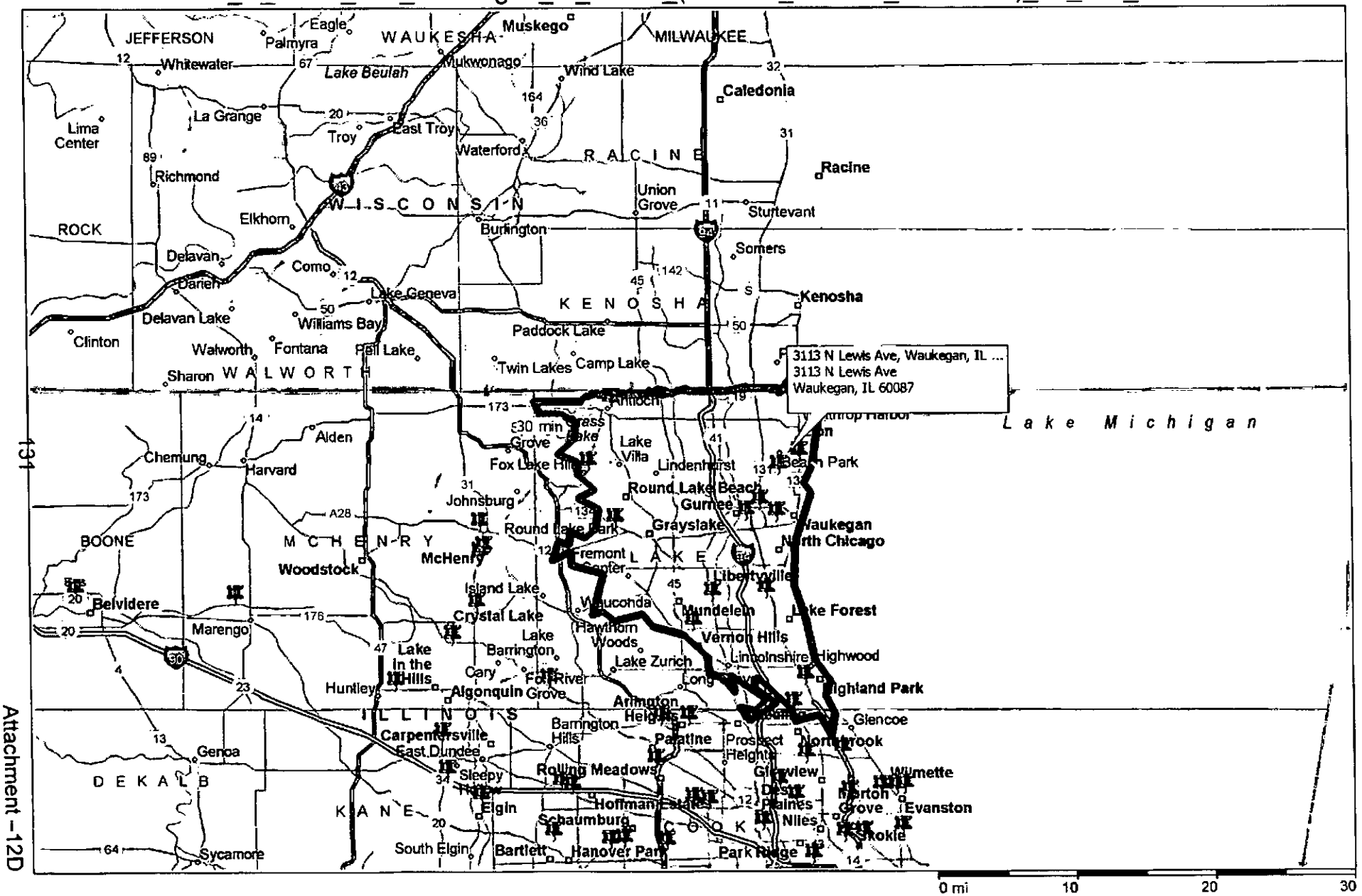
3113_N_Lewis_Ave_Waukegan_IL_60087_(NORTH_DUNES_DIALYSIS)_30_Min_GSA



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

Alternatives

The Applicants considered three options prior to determining to establish a 12-station dialysis facility. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Facilities.

3. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 12-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Maintain the Status Quo/Do Nothing

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Waukegan, Illinois which is a Health Professional Shortage Area and Medically Underserved Area. The patient service area for the proposed facility is 30% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Thirteen percent (13%) of the population of the service area is living below the Federal Poverty Level and 22% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[13]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[14] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

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[13] Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

[14] Id.

The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[15] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[16] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, Dr. Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and other nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Utilize Existing Facilities

The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017. Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[17] and 1.5 million Medicaid beneficiaries transition from traditional fee for service

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[15] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

[17] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

Medicaid to Medicaid managed care,[18] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Dr. Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and other nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients.

Based on September 2017 data from the Renal Network, 621 ESRD patients (or 3% of Illinois ESRD patients) live within 30 minutes of the proposed facility; however, only 2% of the stations are located within the Waukegan GSA. To ensure sufficient access to dialysis is available, additional stations are warranted. While FMC Zion is projected to come online by December 2018; this facility is dedicated to a different patient base (CKD patients of Nephrology Associates of Northern Illinois) and is projected to achieve 80% utilization within two years of project completion. Based upon historical utilization trends, the existing facilities will not have adequate capacity to treat Dr. Dalloul's projected patients. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Waukegan, Illinois and the surrounding area. The patient service area for the proposed North Dunes Dialysis is 30% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Thirteen percent (13%) of the population of the service area is living below the Federal Poverty Level and 22% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Importantly, the site for the proposed North Dunes Dialysis is located in a HPSA and a low income MUA. People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[18]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There

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

[19] Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[20] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[21] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[22] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will requira dialysis in the next two years.

Further, Dr. Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients.

Based on September 2017 data from the Renal Network, 621 ESRD patients (or 3% of Illinois ESRD patients) live within 30 minutes of the proposed facility; however, only 2% of the stations are located within the Waukegan GSA. To ensure sufficient access to dialysis is available, additional stations are warranted. While FMC Zion is projected to come online by December 2018; this facility is dedicated to a different patient base (CKD patients of Nephrology Associates of Northern Illinois) and is projected to achieve 80% utilization within two years of project completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the Waukegan GSA will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients. The proposed North Dunes Dialysis is needed to ensure ESRD patients in the greater Waukegan area have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

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20 Id.

21 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

The cost of this alternative is **$3,428,482**.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed North Dunes Dialysis is 4,680 of clinical gross square feet (or 390 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	4,680	4,320 – 6,240	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Dalloul is currently treating 116 selected CKD patients who all reside within the ZIP code of the proposed facility (60087) or nearby ZIP codes, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Waukegan GSA, it is estimated that 60 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b) Utilization					
	Dept./ Service	**Historical Utilization (Treatments)**	**Projected Utilization**	**State Standard**	**Met Standard?**
Year 2	ESRD	N/A	9,360	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Waukegan, Illinois which is a HPSA and a low income MUA. Waukegan lies 40 miles north of Chicago, in Lake County. Lake County is part of a three county planning area, Health Service Area 8. These three counties combined have the third highest population of all of the HSAs. In 2015, there were 1,540,100 people residing in Kane, McHenry and Lake Counties. By 2020, that figure is expected to rise by 10% based on the HFSRB population projections. This is five times faster than the population of the State of Illinois is expected to increase during that time as HFSRB projections show the entire State population growing by 2% from 2015 to 2020. Further, the combined size of the HSA is large – 1,579 square miles. Compare this size to HSA 7 (Suburban Cook and DuPage County) which has 1,038 square miles of land and a population of 3,466,200. Simply looking at the supply of dialysis stations to residents between HSA 6 and HSA 7, there is disproportionate access to hemodialysis services. In the subject HSA (8), there is only 1 station for every 3,524 residents but in HSA 7, there is 1 station for every 2,514 residents.

While it may not be the largest HSA, it is the most complex due to its combined size and population. This creates certain health planning complexities in placing services where they are needed the most. This project helps to address that issue. One can see a maldistribution of stations exists between Lake County which needs more stations and certain parts of McHenry County that has excess capacity. It would not be expected for Waukegan patients to travel to McHenry County facilities that have capacity, even under the current rules, which define a GSA of a facility too broadly in the metropolitan Chicago area, to provide appropriate access to dialysis patients who must make 156 round trips a year to a dialysis facility for hemodialysis services.

This project will improve access to Waukegan residents. As described in other sections of this application, the Applicants have demonstrated that Waukegan is a community in need of safety net services and additional dialysis services are one of the warranted services.

Over the past 40 years, Waukegan has seen a sharp decline in its manufacturing sector. In 1972, Waukegan had 10,100 manufacturing jobs. By 2002, manufacturing employment numbers had dropped down to 4,780. During the 1970s and 1980s, Waukegan experienced a number of plant closures, for example U.S. Steel's mill, which resulted in the loss of thousands of jobs. Another plant closure was that of Johns-Manville—at the time an asbestos manufacturer. Another local manufacturer, Outboard Marine Corporation (OMC), began downsizing its operations over the past few decades until it filed for bankruptcy in 2000, laying off 7,000 employees from all of its plants. OMC's assets were acquired from the bankruptcy court by Bombardier Corporation which moved manufacturing operations out of state to Pleasant Prairie, Wisconsin.

Such economic changes have meant, not only diminished employment opportunities, but stresses on the local tax base to finance school and municipal services. At the same time, public service requirements have grown along with the city's swelling population. Waukegan's population expanded by 27% in the 1990s decade alone. The most significant change has been the rapid growth of its foreign-born population, which increased 148% between 1990 and 2000. Most of these immigrants are recent arrivals to the U.S. (within the last ten years).

The patient service area for the proposed North Dunes Dialysis is 30% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Thirteen percent (13%) of the population of the service area is living below the Federal Poverty Level and 22% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Importantly, the site for the proposed

North Dunes Dialysis is located in a HPSA and a low income MUA. People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[23]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[24] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[25] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[26] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Dr. Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of

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23 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

24 Id.

25 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients.

Based on September 2017 data from the Renal Network, 621 ESRD patients (or 3% of Illinois ESRD patients) live within 30 minutes of the proposed facility; however, only 2% of the stations are located within the Waukegan GSA. To ensure sufficient access to dialysis is available, additional stations are warranted. While FMC Zion is projected to come online by December 2018; this facility is dedicated to a different patient base (CKD patients of Nephrology Associates of Northern Illinois) and is projected to achieve 80% utilization within two years of project completion. Accordingly, the proposed North Dunes Dialysis is needed to ensure current and future ESRD patients in the greater Waukegan area have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the greater Waukegan, Illinois area. As evidenced in the physician referral letter attached at Appendix - 1, 116 pre-ESRD patients reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. All 116 pre-ESRD patients reside under 30 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Dalloul and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(c)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60087	14
60099	14
60085	33
60083	15
60031	14
60048	15
60046	11
Total	**116**

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of Waukegan, Illinois and the immediately surrounding area. The patient service area for the proposed North Dunes Dialysis is 30% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Thirteen percent (13%) of the population of the service area is living below the Federal Poverty Level and 22% of the population

lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Importantly, the site for the proposed North Dunes Dialysis is located in a HPSA and a low income MUA. People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[27]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[28] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

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Dr, Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due

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27 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

28 Id.

29 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Dalloul's projected ESRD patients.

Based on September 2017 data from the Renal Network, 621 ESRD patients (or 3% of Illinois ESRD patients) live within 30 minutes of the proposed facility; however, only 2% of the stations are located within the Waukegan GSA. To ensure sufficient access to dialysis is available, additional stations are warranted. While FMC Zion is projected to come online by December 2018; this facility is dedicated to a different patient base (CKD patients of Nephrology Associates of Northern Illinois) and is projected to achieve 80% utilization within two years of project completion. Accordingly, the proposed North Dunes Dialysis is needed to ensure current and future ESRD patients in the greater Waukegan area have adequate access to dialysis services that are essential to their well-being.

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

1. Unnecessary Duplication of Services

a. The proposed dialysis facility will be located at 3113 North Lewis Avenue, Waukegan, Illinois 60087. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
60087	WAUKEGAN	26,978
60099	ZION	31,104
60085	WAUKEGAN	71,714
60083	WAOSWORTH	9,838
60096	WINTHROP HARBOR	6,897
60031	GURNEE	37,947
60064	NORTH CHICAGO	15,407
60088	GREAT LAKES	15,761
60044	LAKE BLUFF	9,792
60046	LAKE VILLA	35,111
60030	GRAYSLAKE	36,056
60048	LIBERTYVILLE	29,095
60045	LAKE FOREST	20,925
60002	ANTIOCH	24,299
Total		**370,924**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (last visited November 6, 2017).

b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services.[31] In fact, this facility will improve distribution of services to provide access to services to a safety net community in a HPSA

[31] A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

and low income MUA which does not have appropriate access to these services. Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 72.72% of the State Average.

Table 1110.1430(c)(2)(A)
Ratio of Stations to Population

	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	370,924	97	1:3,824	Yes
State	12,830,632	4,613	1:2,781	

b. Historic Utilization of Existing Facilities

The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[32] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[33] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While FMC Zion is projected to come online by December 2018; this facility is dedicated to a different patient base (CKD patients of Nephrology Associates of Northern Illinois) and is projected to achieve 80% utilization within two years of project completion. Further, as stated in the physician referral letter, the referring physician projects to refer a sufficient number of

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

patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed North Dunes Dialysis will not adversely affect FMC Zion.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Dr Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the North Dunes GSA. Currently, there are five existing or approved dialysis facilities within the North Dunes GSA.

1. DaVita's existing Waukegan dialysis facility was operating at over 101% utilization as of September 30, 2017.

   FMC Waukegan Harbor was operating at 94% utilization as of September 30, 2017.

2. FMC Gurnee, which was operating at 68% utilization as of September 30, 2017, was recently approved to add 8 stations. FMC justified this facility with a supporting referral letter from Dr. Rakhi Khanna who indicated that he would send his 53 CKD patients, who live in Gurnee (60031 zip code), of 113 total CKD patients in his practice to this facility. These additional stations came online in July 2017. FMC Gurnee has averaged 7% growth annually for the past three years, and from September 30, 2016 to September 30, 2017, its patient census increased 18% (or by 15 patients). Based upon this recent extraordinary growth trend and taking Dr. Khanna's CKD patients into account, FMC Gurnee will achieve 80% utilization prior to the proposed North Dunes Dialysis becoming operational.

3. FMC Lake Bluff was operating at 76% as of September 30, 2017. Its utilization has been fairly stable over the past three years, averaging 75% utilization. FMC Lake Bluff is nearly 30 minutes from the site of the proposed North Dunes Dialysis. Further, as shown in Dr. Dalloul's referral letter, no projected North Dunes patients reside in Lake Bluff.

4. FMC Zion which is currently under construction and projected to open in December 2018, will serve distinct identified patients who live in the immediate zip codes of Zion. As stated in the physician referral letter for this facility, the referring physician projects to refer a sufficient number of kidney patients (69 of 164 CKD patients in the Zion community) to achieve 80% utilization by the second year after project completion.

Based on the foregoing, the proposed North Dunes Dialysis will not have an adverse impact on existing facilities in the North Dunes GSA nor will it duplicate any services as facilities that are ramping up are dedicated to the patients of other nephrologists.

b. The proposed dialysis facility will not lower the utilization of other area facilities that are currently operating below State Board standards. Currently, there are five existing or approved dialysis facilities within the North Dunes GSA.

1. DaVita's existing Waukegan dialysis facility was operating at over 101% utilization as of September 30, 2017.

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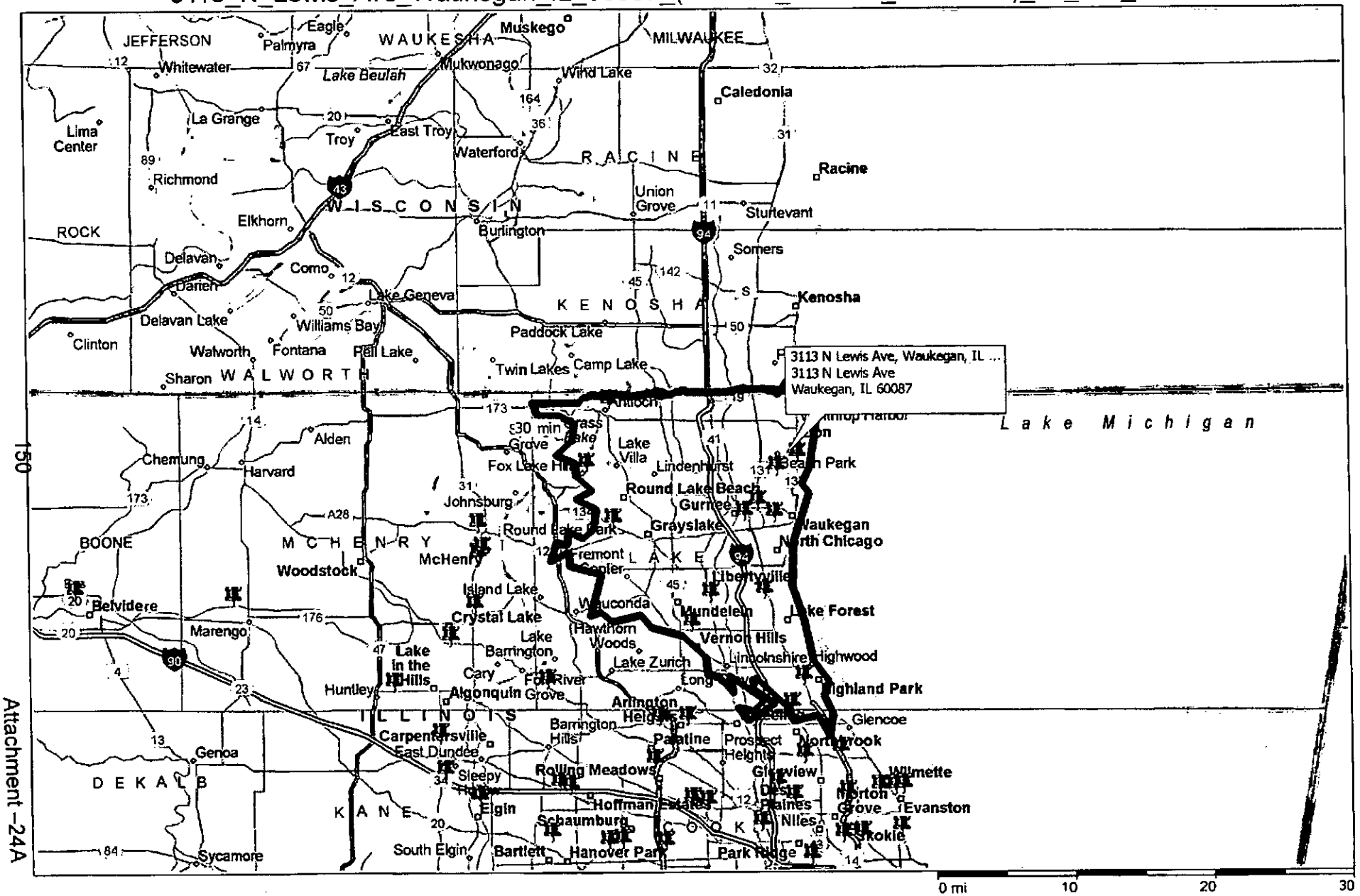
3113_N_Lewis_Ave_Waukegan_IL_60087_(NORTH_DUNES_DIALYSIS)_30_Min_GSA



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Facility	Ownership	Address	City	HSA	Distance	Time	Adjusted Time	Number of Stations 09/30/17	Number Patients 9/30/17	Utilization % 9/30/2017
FMC Zion	Fresenius	1920 North Sheridan	Zion	8	3.0	5.0	5.8	12	0	0.00%
Dialysis Center of America - NCDC	Davita	1616 North Grand Avenue	Waukegan	8	5.0	5.0	5.8	24	145	100.69%
Fresenius Medical Care Waukegan Harbor	Fresenius	110 N. West Street	Waukegan	8	4.0	11.0	12.7	21	118	93.65%
Neomedica - Gurnee	Fresenius	40 Tower Court in Gurnee	Gurnee	8	6.5	16.0	18.4	24	98	68.06%
Fresenius Medical Care of Lake Bluff	Fresenius	101 Waukegan Road	Lake Bluff	8	11.4	24.0	27.6	16	73	76.04%
Total								97	434	74.57%

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

   a. Medical Director: Omar Dalloul, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Dalloul's curriculum vitae is attached at Attachment – 24C.

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

      Administrator (1.04 FTE)
      Registered Nurse (4.52 FTE)
      Patient Care Technician (4.53 FTE)
      Biomedical Technician (0.34 FTE)
      Social Worker (0.57 FTE)
      Registered Dietitian (0.58 FTE)
      Administrative Assistant (0.83 FTE)

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

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

   d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Botkins Dialysis LLC, attached at Attachment – 24E, North Dunes Dialysis will maintain an open medical staff.

OMAR DALLOUL, MD

PHONE: 847-247-1010
FAX: 847-247-1011
MOBILE: 224-715-1677
E-MAIL: odalloul@sbcglobal.net

OFFICE :

1880 WINCHESTER RD
S# 106
LIBERTYVILE IL 60048

DATE OF BIRTH

March 17th, 1957

PLACE OF BIRTH

Damascus, Syria

CITIZENSHIP

USA

MARITAL STATUS

Married : Razan Khattab (Dental Assistant)
Children: (Son) Remy and Tamer
(Daughter) Sheza and Rama

EDUCATION:

American Board of Nephrology—1999 (Northwestern University, Chicago)
American Board of Internal Medicine 1996 (Mercy Medical Center, Chicago)
Residency in Surgery Urology—Paris, France — 1991 D.I.S./Urology
(Pierre & Marie Curie University)
European Board of Urology—1996

GRADUATE MEDICAL EDUCATION

POSITION	INSTITUTION	SPECIALTY	DATE
Medical director	Lake Villa dialysis Center	Nephrology	2003-→
Attend	North Shore Nephrology	Private Practice	Sept '98 →

Attachment –24C

Attend	Northwestern Suburban Clinic	Acute Care Clinic	1998-1999
Medical director	Lake Villa dialysis center	Nephroogy	2003→
Fellow	Northwestern University	Nephrology	1995-1997
Resident	Mercy Hospital	Medicine	1992-1995
Resident	Pierre & Marie Curie University	Urology	1985-1992
Intern	Mantes la Jolie Hospital—Paris	Orthopedics	1984-1985
Intern	Henri Mondor Hospital—Paris	General Surgery	1983-1984
Resident	Harasta Military Hospital—Syria	General Surgery	1981-1983

RESEARCH:

Bladder tumors and intravesical chemotherapy

LH-RH agonsit treatment in advanced prostatic cancer

Dialyzer comparison study

Bicarbonate negative clearance and acidosis

LPL activity and the modality of heparin administration in HD

Biocompatibility of HD membrane compared to peritoneal dialysis

POST DOCTORAL APPOINTMENTS:

Urologist, St. Michel Hospital, Paris, France—1990-1992

EXAMINATIONS

AMERICAN BOARD OF NEPHROLOGY 1999

American Board of Internal Medicine—1996

European Board of Urology—1996

Diploma Inter universitaire de Urology—1990

WORK EXPERIENCE

North Suburban Medical Center, Acute Care Clinic, June 1998-June 1999

Attachment –24C

Emergency Room Moonlighting (Spectrum, N.E.S.) July1994-1999

Culbertson Memorial Hospital, Rushville, IL 1994-1997 (

Hillsboro Hospital, Hillsboro, IL 1994-1995

Mason District Hospital, Havana, IL 1994-1995

Fayette County Hospital, Vandalia, IL 1994-1996 (Spectrum) Tel: 618-283-2273

Shelby Memorial Hospital, IL 1994-1996 (Spectrum) Tel: 217-774-3961

Highland Hospital, Belvidere, IL 1994-1998 (N.E.S.) Tel: 815-547-5441

Galena-Stauss Hospital, IL July 1997-1998 (N.E.S.) Tel: 81S-777-1340

EXTRACURRICULAR ACTIVITIES

Damascus Swimming Championship, 1972

University Swimming Championship, Paris 1984

Jogging 20Km of Paris, 1985, 1986, 1987

REFERENCES:

UPON DEMAND

LANGUAGES

English, French, Arabic

Attachment –24C

TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM OVERVIEW

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

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

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

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

I. Program Overview (TR1-01-01)
II. Program Description (TR1-01-02)
- Basic Training Class ICHD Outline (TR1-01-02A)
- Basic Training Nursing Fundamentals ICHD Class Outline (TR1-01-02B)
- DVU2069 Enrollment Request (TR1-01-02C)

III. Education Enrollment Information (TR1-01-03)
IV. Education Standards (TR1-01-04)
V. Verification of Competency
- New teammate without prior experience (TR1-01-05)
- New teammate with prior experience (TR1-01-06)
- Medical Director Approval Form (TR1-01-07)

VI. Evaluation of Education Program
- Basic Training Classroom Evaluation (Online)
- Basic Training Nursing Fundamentals ICHD Classroom Evaluation (Online)

VII. Additional Educational Forms
- New Teammate Weekly Progress Report for the PCT (TR1-01-09)
- New Teammate Weekly Progress Report for Nurses (TR1-01-10)
- Training hours tracking form (TR1-01-11)

VIII. Initial and Annual Training Requirements for Water and Dialysate Concentrate (TR1-01-12)

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TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

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

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

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

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

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous incenter hemodialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.
- A DaVita patient care teammate with experience in a different treatment modality who transfers to in-center hemodialysis. Examples of different treatment modalities include acute dialysis, home hemodialysis, peritoneal dialysis, and pediatric dialysis.

An **experienced teammate** is defined as:

- A newly hired or rehired teammate who is either certified in hemodialysis under a State certification program or a national commercially available certification program, or can show proof of completing an in-center hemodialysis training program,
- And has provided at least 3 months of hands on in-center hemodialysis care to patients within the past 12 months.

Note:

Experienced teammates who are rehired outside of a 90 day window must complete the required training as outlined in this policy.

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

- Acute Kidney Injury vs. Chronic Renal Failure
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Conflict Resolution
- Data Collection and Assessment
- Documentation & Flow Sheet Review
- Fluid Management
- Importance of P&P
- Infection Control
- Laboratory
- Manifestations of Chronic Renal Failure
- Motivational Interviewing
- Normal Kidney Function vs. Hemodialysis
- Patient Self-management
- Pharmacology
- Renal Nutrition
- Role of the Renal Social Worker
- Survey Savvy for Teammates
- The DaVita Quality Index
- The Hemodialysis Delivery System
- Vascular Access
- Water Treatment

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

Theory class concludes with the *DaVita Basic Training Final Exam.* A comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase.

The *DaVita Basic Training Final Exam* can be administered as a paper-based exam by the instructor in a classroom setting, or be completed online (DVU2069-EXAM) either in the classroom or in the facility. If the exam is completed in the facility, the new teammate's preceptor will proctor the online exam.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in the classroom setting, or be completed online.

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Only the new teammate's manager will be able to enroll the new teammate in the online exam. The CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in DVU2069-EXAM. To protect the integrity of the online exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored

Note:

- FA teammate enrollment in DVU2069-EXAM is limited to one time.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. The enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

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

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

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

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

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic

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Training Workbook for In-center Hemodialysis and progress at his/her own pace under the guidance of the facility's preceptor. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

As with new teammates without previous experience, the **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate the skills required to perform the in-center hemodialysis procedures in a safe and effective manner and a *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training.

Ideally teammates with previous experience will also attend Basic Training Class, however, they may opt-out of class by successfully passing the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources reading assignments to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the in-center hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care.

After the new teammate with experience has sufficiently prepared for the *DaVita Basic Training Final Exam,* the teammate's manager will enroll him/her in the online exam. To protect the integrity of the exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored by the preceptor.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam,* this teammate will be required to attend Basic Training Class. After conclusion of class, the teammate will then receive a second attempt to pass the Final Exam either as a paper-based exam or online as chosen by the Basic Training instructor and outlined in the section for inexperienced teammates of this policy.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. This enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

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

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P

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- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
    - Culture of Safety, Conducting a Homeroom Meeting
    - Nurse Responsibilities, Time Management
    - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
    - Surfing the VillageWeb – Important sites and departments, finding information

Independent Care Assignments
Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.
Note:
Completion of the skills checklist is indicated by the new teammate in the LMS
(RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

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

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

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Process of Program Evaluation

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

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

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Botkins Dialysis LLC attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

Re: Certification of Support Services

Dear Chair Olson:

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

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

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

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Botkins Dialysis, LLC

Subscribed and sworn to
This ___ day of _____, 2017

See Attached

_____
Notary Public

2000 16th Street, Denver, CO 80202 P (303) 876-6000 F (310) 536-2675 DaVita.com

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

State of California

County of Los Angeles

On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Botkins Dialysis, LLC)

Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC

(North Dunes Dialysis)

Attachment –24E

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

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

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

DaVita Inc. has an agreement with Vista Medical Center East to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

PATIENT TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT (the "Agreement") is made as of 10/4/2017, by and between Waukegan Illinois Hospital Company, LLC doing business as Vista Medical Center East and Total Renal Care Inc., d/b/a North Dunes Dialysis, a subsidiary of DaVita Inc. each individually referred to herein as "Transferring Facility" if transferring a patient, or "Receiving Facility" if receiving a patient, pursuant to the terms and provisions of the Agreement, and collectively as "facilities."

WITNESSETH:

WHEREAS, the parties hereto desire to enter into the Agreement governing the transfer of patients between the two facilities; and,

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

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties agree as follows:

1. TRANSFER OF PATIENTS. In the event any patient of either facility is deemed by Transferring Facility as requiring the services of Receiving Facility and the transfer is deemed medically appropriate, a member of the nursing staff of Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department, whichever is applicable, of Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to Receiving Facility.

2. RESPONSIBILITIES OF TRANSFERRING FACILITY. Transferring Facility shall be responsible for performing or ensuring performance of the following:

(A) Provide, within its capabilities, stabilizing treatment of the patient prior to transfer;

(B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;

(C) Designate a person who has authority to represent Transferring Facility and coordinate the transfer of the patient from the facility;

(D) Notify Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;

(E) Prior to patient transfer, if for direct admission, the transferring physician shall contact and secure a receiving physician at Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;

(F) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;

(G) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;

(H) Forward to the receiving physician and Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tasts, and a copy of the patient's executed Advance Directives. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by Transferring Facility as soon as possible;

(I) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;

(J) Notify Receiving Facility of the estimated time of arrival of the patient;

(K) Provide Receiving Facility any information available about the patient's coverage under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing;

(N) Recognize the right of a patient to refuse to consent to treatment or transfer;

(O) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law and (ii) for the inventory and safekeeping of any patient valuables sant with the patient to Receiving Facility; and,

(P) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

3. RESPONSIBILITIES OF RECEIVING FACILITY. Receiving Facility shall be responsible for performing or ensuring performance of the following:
(A) Provide, as promptly as possible, confirmation to Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that Receiving Facility has agreed to accept transfer of the patient. Receiving Facility shall respond to Transferring Facility promptly after receipt of the request to transfer a patient with an emergency medical condition or in active labor;

(B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of tha patient transferred, maintain a call roster of physicians at Receiving Facility and provide, on request, the names of on-call physicians to Transferring Facility;

(C) Reserve beds, facilities, and services as appropriate for patients being transferred from Transferring Facility who have been accepted by Receiving Facility and a receiving physician, if deemed necessary by a transferring physician unless such are needed by Receiving Facility for an emergency;

(D) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility;

(E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician;

(F) Upon discharge of the patient back to Transferring Facility, provide Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department;

(G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law;

(H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into its facility, and (iii) for tha acknowledgment and inventory of any patient valuables transported with the patient;

(I) Provide for the return transfer of the patients to Transferring Facility when requested by the patient or Transferring Facility and ordered by the patient's attending/transferring physician, if Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to Transferring Facility, provida the items and services required of a Transferring Facility in Section 2 of the Agreement.

(J) Provide Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;

(K) Upon request, provide current information concerning its eligibility standards and payment practices to Transferring Facility and patient;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

4. BILLING. All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to the Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Madicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.

5. TRANSFER BACK; DISCHARGE; POLICIES. At such time as the patient is ready for transfer back to Transferring Facility or another health care facility or discharge from Receiving Facility, in accordance with the direction from the responsible physician in Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to

the agreed upon location. If the patient is to be transferred back to Transferring Facility, Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to Transferring Facility. In the event the "transferring facility" transfers a resident with a documented chronic antibiotic resistant infection to the "hospital," the "transferring facility" agrees to re-accept this resident upon discharge from the acute "hospital" provided all other transfer and admission criteria is met. Any return transfer must meet acute care admission criteria and be approved by Receiving Facility's case management nurse.

6. COMPLIANCE WITH LAW. Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

7. INDEMNIFICATION; INSURANCE. The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents, and shall indemnify and hold harmless the other party from and against any and all claims, liabilities, causes of action, losses, costs, damages and expenses (including reasonable attorney's fees) incurred by the other party as a result of such acts and omissions. In addition, each party shall maintain, throughout the term of the Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts not less than One Million ($1,000,000.00) per occurrence and Three Million ($3,000,000.00) in the aggregate, and shall provide evidence of such coverage upon request.

8. TERM; TERMINATION. The term of the Agreement shall be 36 months, commencing on the last date of signature, unless sooner terminated as provided herein. Either party may terminate the Agreement without cause upon 90 days advance written notice to the other party. Either party may terminate the Agreement upon breach by the other party of any material provision of the Agreement, provided such breach continues for five (5) days after receipt by the breaching party of written notice of such breach from the non-breaching party. The Agreement may be terminated immediately upon the occurrence of any of the following events:

(A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or

(B) Either facility loses its license, or Medicare certification.

9. ENTIRE AGREEMENT; MODIFICATION. The Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. The Agreement may not be amended or modified except by mutual written agreement.

10. GOVERNING LAW. The Agreement shall be construed in accordance with the laws of the state in which Transferring Facility is located.

11. PARTIAL INVALIDITY. If any provision of the Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of the Agreement.

12. NOTICES. All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to:	Total Renal Care c/o: DaVita, Inc. 5200 Virginia Way Brentwood, TN 37027 Attn: Group General Counsel
With Copy to:	North Dunes Dialysis c/o: DaVita, Inc. 39197 N. Sheridan Road Beach Park, IL 60099 Attn: Facility Administrator
If to:	Vista Medical Center East 1324 N. Sheridan Road Waukegan, IL 60085 Attention: Chief Executive Officer

or to such other persons or places as either party may from time to time designate by written notice to the other.

13. WAIVER. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

14. ASSIGNMENT; BINDING EFFECT. Facilities shall not assign or transfer, in whole or in part, the Agreement or any of Facilities' rights, duties or obligations under the Agreement without the prior written consent of the other Facility, and any assignment or transfer by either Facility without such consent shall be null and void. The Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

15. CHANGE IN LAW. Notwithstanding any other provision of the Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while the Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under the Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend the Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If the Agreement is not so amended in writing within three (3) days after said notice was given, the Agreement shall terminate as of midnight local time on the third (3rd) day after said notice was given.

16. EXECUTION OF AGREEMENT. The Agreement shall not become effective or in force until all of the below named parties have fully executed the Agreement.

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

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

FACILITY: Total Renal Care, Inc.
d/b/a North Dunes Dialysis

By: Kelly Ladd
Name: Kelly Ladd
Title: Regional Operations Dir
Date: October 16, 2017

Vista Medical Center East

By: [signature]
Name: NORMAN STEPHENS
Title: Hospital CEO
Date: 10-13-17

APPROVED AS TO FORM ONLY:
DAVITA INC.

By: Kanika Rankin
Name: Kanika M. Rankin
Title: Senior Corporate Counsel - Operations

Attachment –24F

DocuSign SECURED

Certificate Of Completion

Envelope Id: 5BCC9460C87B441EA4434DCBED073FA2

Subject: Please DocuSign: iL - DaVita Inc North Dunes Pt Transfer.pdf

Source Envelope:

Document Pages: 6

Certificate Pages: 5

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 2

Initials: 0

Status: Completed

Envelope Originator:
Jennifer Schroeder
2000 16th Street
Denver, CO 80202
jennifer.schroeder@davita.com
IP Address: 70.231.38.98

Record Tracking

Status: Original
10/16/2017 6:54:56 AM

Holder: Jennifer Schroeder
jennifer.schroeder@davita.com

Location: DocuSign

Signer Events	Signature	Timestamp
Kelly Ladd Kelly.Ladd@davita.com ROD Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/21/2017 9:11:33 AM ID: b83c4c34-b398-4f63-9eb5-ec3e40f3b1ec	DocuSigned by: Kelly Ladd 0970D83843054E8 Using IP Address: 71.13.240.130	Sent: 10/16/2017 6:56:20 AM Viewed: 10/16/2017 6:59:32 AM Signed: 10/16/2017 7:00:53 AM
Kanika Rankin Kanika.Rankin@davita.com Senior Corporate Counsel Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/16/2017 7:02:46 AM ID: 8e245afa-4a80-479f-9a6d-ee0e37892bd1	DocuSigned by: Kanika Rankin 3558B8701D484B4... Using IP Address: 174.195.145.112 Signed using mobile	Sent: 10/16/2017 7:00:53 AM Viewed: 10/16/2017 7:02:48 AM Signed: 10/16/2017 7:02:58 AM

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/16/2017 7:00:53 AM
Certified Delivered	Security Checked	10/16/2017 7:02:46 AM
Signing Complete	Security Checked	10/16/2017 7:02:58 AM
Completed	Security Checked	10/16/2017 7:02:58 AM

Payment Events	Status	Timestamps

Attachment –24F

Electronic Record and Signature Disclosure

Attachment –24F

SKYLINE REGION 1
c/o DaVita Inc.
5623 W. TOUHY AVENUE
NILES, ILLINOIS 60714
(P): 847-647-2008
(F): 866-770-2748

November 3, 2017

VIA U.S. MAIL
Vista Medical Center East
1324 N. Sheridan Road
Waukegan, IL 60085
Attention: Chief Executive Officer

Re: Notification of Change of Address for North Dunes Dialysis

To Whom It May Concern:

This letter is to notify Vista Medical Center East of North Dunes Dialysis change of address. The new address will be 3113 N. Lewis Avenue, Waukegan, IL 60087. The effective date of this change will be November 3, 2017. Should you have any questions or need anything further, please do not hesitate to contact me at the telephone number listed above.

Warm Regards,

Kelly B Ladd Digitally signed by Kelly B Ladd
DN: cn=Kelly B Ladd, o=DaVita, ou=Skyline, email=kelly.ladd@davita.com, c=US
Date: 2017.11.03 15:42:46 -05'00'

Kelly Ladd
Regional Operations Director
DaVita Inc.

Attachment –24F

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

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

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

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

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

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Botkins Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

_____
Notary Public

2000 16th Street, Denver, CO 80202 P (303) 876-6000 F (310) 536-2675 DaVita.com

Attachment –24G

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

State of California

County of Los Angeles

On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Botkins Dialysis, LLC)

Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC
(North Dunes Dialysis)

Attachment –24G

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Vequity LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017. A letter of intent to lease the facility is attached at Attachment – 34.

Attachment – 34

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

November 13, 2017

Andrew Cohen
Vequity LLC
400 N State St Suite 400
Chicago, IL 60654

RE: LOI – 3113 N Lewis Ave, Waukegan, IL 60087

Mr. Cohen:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	3113 N Lewis Ave, Waukegan, IL 60087
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	DaVita, Inc corporate guarantee
LANDLORD:	Vequity, LLC
SPACE REQUIREMENTS:	Requirement is for approximately 7,095 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Years 1-5: $22.00/SF NNN Years 6-10: $24.20/SF NNN
ADDITIONAL EXPENSES:	Estimated Tax, CAM, and Insurance is $7.50 psf. Tenant's prorate share of the expenses are estimated to be 56.87% derived from the estimated 7,095 sf of rentable space of the 12,475 sf total building. Landlord estimates the cumulative operating expense costs to $7.50 psf in the first full lease year and no greater than 3% increases annually thereafter.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

Attachment –34

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Current zoning is B-3 and medical clinics are a permitted use.

PARKING:

Tenant requests:

a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code (currently 63 parking spaces at 5.05/1000)
b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
c) Handicapped stalls located near the front door to the Premises
d) A patient drop off area, preferably covered

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing

or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS: Landlord shall provide $20.00 psf in tenant improvement allowance ("TIA").

Tenant shall have the option to have the TIA paid directly to Tenant's general contractor upon completion of construction and receipt of all final lien waivers. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE: Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease to be further defined in Lease.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Landlord Work items (if any) substantially completed within 90 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage on the existing monument at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week, or per local code requirement.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval provided tenant remains the guarantor and financially liable.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee.

HVAC: Landlord will provide a $12/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

CUSHMAN & WAKEFIELD

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon commencement of rent. Tenant's opening of business. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the property and aforementioned premises.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **3113 N Lewis Ave, Waukegan, IL 60087**

AGREED TO AND ACCEPTED THIS _16TH_ DAY OF NOVEMBER 2017

By: _____

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

AGREED TO AND ACCEPTED THIS _16th_ DAY OF NOVEMBER 2017

By: _____

Chris Ilekis

("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 3113 N Lewis Ave, Waukegan, IL 60087

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes ___X___ No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

___ Yes ___X___ No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes ___X___ No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes ___X___ No

__Vequity, LLC SELLER
(Please add landlord or entity name)

By: _____

Print: Chris Ilekis

Its: Manager

Date: 11/16/2017

Attachment –34

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017.

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

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 37A

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

Further, the project involves the leasing of a facility. The expenses incurred with leasing the facility are less costly than constructing a new facility.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Botkins Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

_____
Notary Public

2000 16th Street, Denver, CO 80202 | P (303) 876-6000 | F (310) 536-2675 | DaVita.com

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

State of California

County of Los Angeles

On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Botkins Dialysis, LLC)

Document Date: November 15, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Botkins Dialysis, LLC
(North Dunes Dialysis)

Attachment –37A

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

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the project involves the leasing of facilities and that the expenses incurred with leasing a facility is less costly than constructing a new facility.

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD		$177.15			4,680		$829,084		$829,084
Contingency		$17.72			4,680		$82,907		$82,907
TOTAL CLINICAL		**$194.87**			**4,680**		**$911,991**		**$911,991**
NON-CLINICAL									
Admin		$174.07			2,415		$420,388		$427,828
Contingency		$17.41			2,415		$42,038		$42,782
TOTAL NON-CLINICAL		**$191.48**			**2,415**		**$462,426**		**$470,610**
TOTAL		**$194.87**			**7,095**		**$1,382,601**		**$1,382,601**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$911,991	$194.87 x 4,680 GSF = $911,992	Meets State Standard
Contingencies	$82,907	10% - 15% of Modernization Construction Contracts 10% - 15% x $829,084 = $82,908 - $124,363	Below State Standard
Architectural/Engineering Fees	$91,000	7.18% - 10.78% of Modernization Construction Contracts + Contingencies) = 7.08% - 10.62% x ($829,084 + $82,907) =	Meets State Standard

Attachment – 37C

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		7.08% - 10.62% x $911,991 = $64,569 - $96,853	
Consulting and Other Fees	$80,000	No State Standard	No State Standard
Moveable Equipment	$644,079	$53,682.74 per station x 12 stations $53,682.74 x 12 = $644,192	Meets State Standard
Fair Market Value of Leased Space or Equipment	$718,840	No State Standard	No State Standard

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

Operating Expenses: $2,562,190

Treatments: 9,360

Operating Expense per Treatment: $273.74

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

Capital Costs:

Depreciation:	$212,997
Amortization:	$10,728
Total Capital Costs:	$223,725

Treatments: 9,360

Capital Costs per Treatment: $23.90

Attachment – 37E

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of its Illini Renal CON application (Proj. No. 17-032). As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

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

2. The proposed North Dunes Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The Waukegan GSA has experienced explosive growth over the past three years, with patient census increasing 7% annually (or total increase of 21% from September 2014 to September 2017). Excluding FMC Zion, which is currently under construction and is being developed to serve a distinct patient base (CKD patients of Nephrology Associates of Northern Illinois), utilization of area dialysis facilities is 85%, as of September 30, 2017. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

   Further, Dr. Dalloul is currently treating 116 CKD patients, who reside within the ZIP code of the proposed facility (60087) and nearby ZIP codes. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Dalloul anticipates that at least 60 of these 116 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed North Dunes Dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

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

4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided on the following page

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	$2,477,363	$2,791,566	$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	$6,603,971	$7,381,390	$4,692,716

Attachment – 38

Section XII, Charity Care Information

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

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	**$266,319,949**	**$311,351,089**	**$353,226,322**
Amount of Charity Care (charges)	$2,477,363	$2,791,566	$2,400,299
Cost of Charity Care	$2,477,363	$2,791,566	$2,400,299

Attachment – 39

61088916.4

Appendix i – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Omar Dalloul projecting 60 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Omar Dalloul, M.D.
1880 Winchester Road, Suite 106
Libertyville, Illinois 60048

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

Dear Chair Olson:

I am a nephrologist in private practice in Libertyville, Illinois. I am writing in support of DaVita's establishment of North Dunes Dialysis, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility, to be located in Waukegan, Illinois 60087 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in a Medically Underserved Area, as designated by the Health Resources & Services Administration (HRSA), of the 60087 ZIP code within Waukegan. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstate 94 and Route 41 (I-94 and Rte-41) and will provide better access to patients residing in the upper northeast area of Lake County. Utilization of facilities in operation for more than two years within the 30 minute Geographic Service Area of the proposed facility was 93.94%, according to September 30, 2017 reported census data.

I have identified 116 patients from my practice who are suffering from CKD, who all reside within either the ZIP code of the proposed facility (60087) or 6 other nearby ZIP codes. Conservatively, I predict at least 60 of the 116 CKD patients will progress to dialysis within 12 to 24 months of completion of North Dunes Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing DaVita facilities in the area over the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients have referred for in-center hemodialysis at DaVita facilities for the past year and most recent quarter is provided at Attachment – 2. The list of zip codes for the 116 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

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

Sincerely,

Omar Dalloul, M.D.
Nephrologist
1880 Winchester Road, Suite 106
Libertyville, Illinois 60048

Subscribed and sworn to me
This 10 day of NOV, 2017

Notary Public:

"OFFICIAL SEAL"
REBECCA S KASKADDEN
Notary Public - State of Illinois
My Commission Expires December 13, 2020

Attachment 1
Historical Patient Utilization

Lake Villa Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60002	3	60002	3	60002	1	60087
1	53105	1	53105	1	60063	10	60073
2	60030	1	60083	5	60030	1	60063
2	60041	12	60073	1	60083	4	60030
1	60099	2	60041	1	60041	2	60002
3	60046	1	60046	2	60046	1	60083
1	60060	2	60031	9	60073	2	60081
5	60073	1	60030	3	60031	2	60041
1	60031			1	60041	2	60046
				1	60804	1	53181
						1	60020
						1	53571
						3	60031

Appendix - 1

Attachment 1
Historical Patient Utilization

Waukegan Renal Center							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
6	60099	4	60099	2	60031	4	60099
2	60085	3	60085	5	60099	6	60085
1	60031	1	60187	4	60085	5	60064
1	60096	1	60060	3	60064	1	60087
2	60064	1	60031	1	60087	2	60031
		1	60087				
		2	60064				

Appendix - 1

Historical Patient Utilization

Lake County Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60060	1	60046	1	30043	3	60061
2	60061	2	60061	2	60060	1	60060
1	60031	1	60060	2	60061	1	60031
1	60073	1	60031	1	60048	1	60048
1	60069	2	60069	1	60031	1	60064
				1	60064	1	60030
				1	60030		

Appendix - 1

Attachment 2
New Patients

Lake Villa Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
4	60030	1	60087
3	60073	2	60081
1	60045	3	60073
2	60046	2	60031
1	60020	1	60046
1	54162	1	53181
1	60099		
1	60804		
1	60063		
1	60041		

Appendix - 1

New Patients

Waukegan Renal Center			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
3	60085	1	60085
1	60064	2	60064
1	60031	1	60031
1	60099		

Appendix - 1

New Patients

Lake County Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60099	2	60061
1	60187		
1	60048		
1	60089		
1	60060		

Appendix - 1

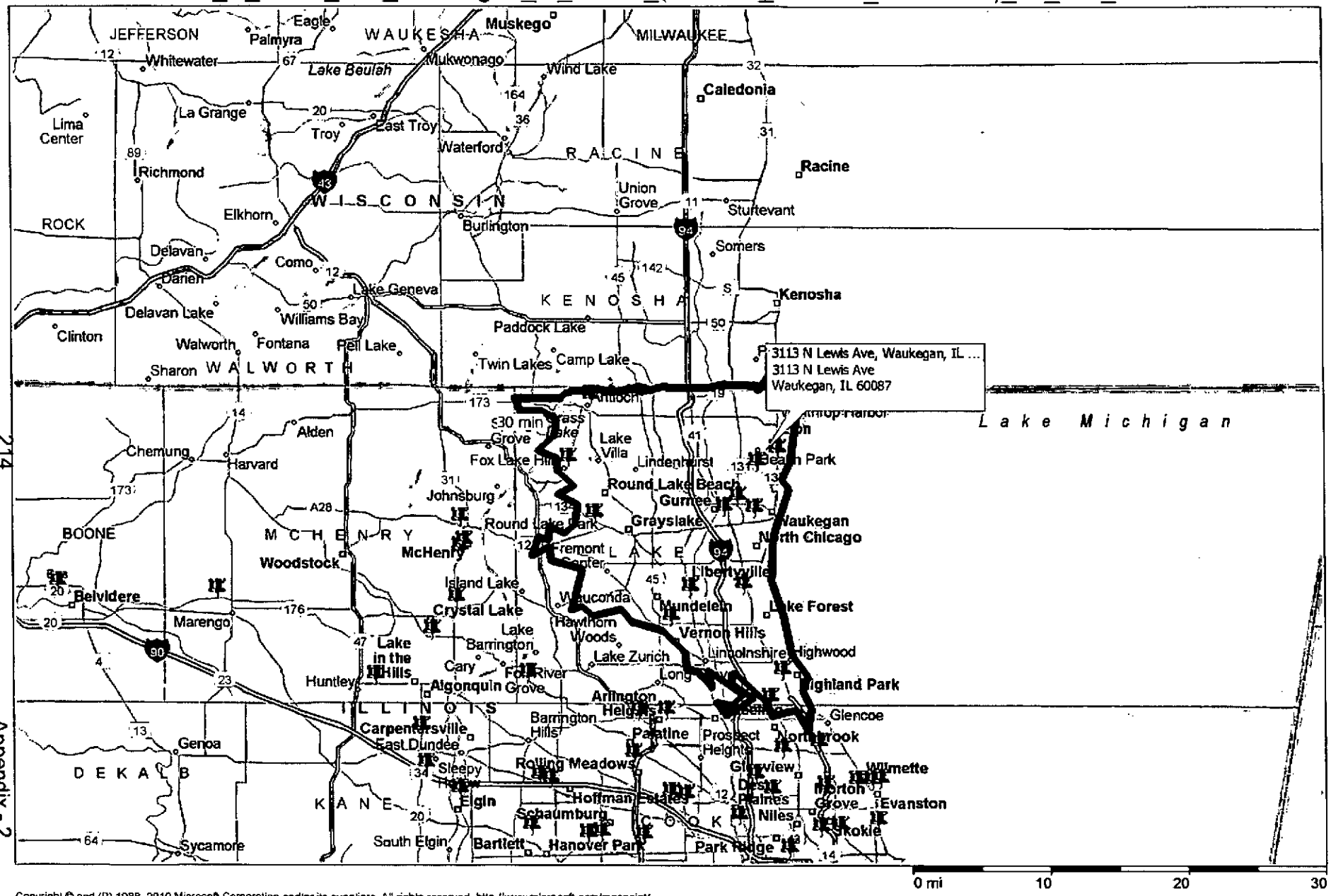
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60087	14
60099	14
60085	33
60083	15
60031	14
60048	15
60046	11
Total	**116**

Appendix 2 – Time & Distance Determination

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

3113_N_Lewis_Ave_Waukegan_IL_60087_(NORTH_DUNES_DIALYSIS)_30_Min_GSA



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YOUR TRIP TO:

3113 N Lewis Ave

18 MIN | 6.5 MI

Est. fuel cost: $0.67

Trip time based on traffic conditions as of 4:27 PM on November 3, 2017. Current Traffic: Heavy

FMC - Neomedica - Gurnee to proposed site for North Dunes Dialysis

1. Start out going **north** on S Greenleaf St/County Hwy-72/County Hwy-W27 toward Washington St/County Hwy-A22.

Then 0.08 miles — 0.08 total miles

2. Take the 1st **right** onto Washington St/County Hwy-A22.

If you are on N Greenleaf St and reach Stoney Island Ave you've gone about 0.1 miles too far.

Then 1.43 miles — 1.51 total miles

3. Turn **left** onto IL-131/N Green Bay Rd.

If you are on Washington St and reach N Frolic Ave you've gone a little too far.

Then 3.65 miles — 5.15 total miles

4. Turn **right** onto W Yorkhouse Rd/County Hwy-A15.

W Yorkhouse Rd is 0.1 miles past W Paddock Ave.

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

Then 1.19 miles — 6.34 total miles

5. Turn **right** onto N Lewis Ave.

N Lewis Ave is 0.2 miles past W Newcastle Ct.

If you reach Charleston Rd you've gone a little too far.

Then 0.10 miles — 6.44 total miles

6. Make a **U-turn** onto N Lewis Ave.

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

Then 0.02 miles — 6.46 total miles

7. 3113 N Lewis Ave, Waukegan, IL 60087-2254, 3113 N LEWIS AVE is on the **right**.

If you reech W Yorkhouse Rd you've gona a little too far.

Appendix - 2

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

3113 N Lewis Ave

24 MIN | 11.4 MI

Est. fuel cost: $1.30

Trip time based on traffic conditions as of 4:25 PM on November 3, 2017. Current Traffic: Heavy

FMC Lake Bluff to proposed site for North Dunes Dialysis

Start of next leg of route

1. Start out going **northwest** on Waukegan Rd/IL-43 toward Knollwood Rd.

Then 5.40 miles — 5.40 total miles

2. Turn **slight left** onto US-41 N/Skokie Hwy.

US-41 N is 0.6 miles past Northpoint Blvd.

Then 0.98 miles — 6.37 total miles

3. Take the **IL-132/Grand Ave** ramp.

Then 0.18 miles — 6.55 total miles

4. Turn **right** onto Grand Ave/IL-132.

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

Then 0.73 miles — 7.28 total miles

5. Turn **left** onto N Green Bay Rd/IL-131.

N Green Bay Rd is 0.1 miles past N Oakwood Ave.

If you are on Grand Ave and reach Adelphi St you've gone a little too far.

Then 1.51 miles — 8.79 total miles

6. Turn **right** onto Sunset Ave.

Sunset Ave is 0.1 miles past Country Club Ave.

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

Then 1.46 miles — 10.25 total miles

7. Turn **left** onto N Lewis Ave.

N Lewis Ave is 0.1 miles past Kellogg Ave.

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

Then 1.17 miles — 11.42 total miles

Appendix - 2

8. 3113 N Lewis Ave, Waukegan, IL 60087-2254, 3113 N LEWIS AVE is on the **right.**

Your destination is 0.2 miles past McKay St.

If you reach W Yorkhouse Rd you've gone a little too far.

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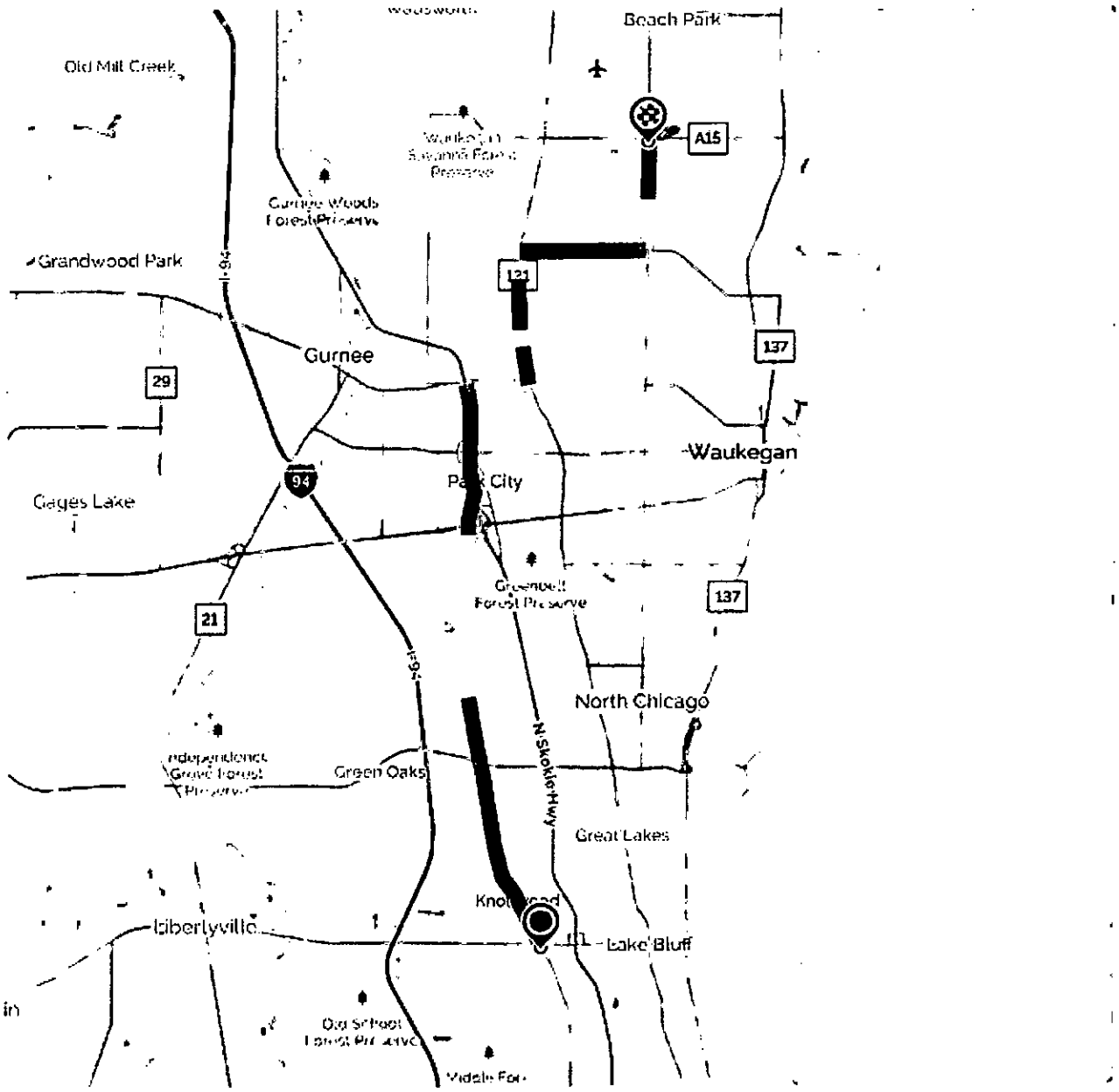

Book a hotel tonight and save with some great deals!

(1-877-577-5766)

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

(1-888-461-3625)

Appendix - 2

YOUR TRIP TO:

3113 N Lewis Ave

11 MIN | 4.0 MI

Est. fuel cost: $0.42

Trip time based on traffic conditions as of 4:23 PM on November 3, 2017. Current Traffic: Heavy

FMC Waukegan Harbor to proposed site for North Dunes Dialysis

1. Start out going **north** on N West St toward W Clayton St.

   Then 0.16 miles — 0.16 total miles

2. Take the 2nd **left** onto Grand Ave/IL-132.

   Grand Ave is 0.1 miles past W Clayton St.

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

   Then 1.19 miles — 1.35 total miles

3. Turn **right** onto N Lewis Ave.

   N Lewis Ave is just past N Elmwood Ave.

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

   Then 2.66 miles — 4.02 total miles

4. 3113 N Lewis Ave, Waukegan, IL 60087-2254, 3113 N LEWIS AVE is on the **right**.

   Your destination is 0.2 miles past McKay St.

   If you reach W Yorkhouse Rd you've gone a little too far.

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Appendix - 2

YOUR TRIP TO:

3113 N Lewis Ave

10 MIN | 4.3 MI

Est. fuel cost: $0.44

Trip time based on traffic conditions as of 4:22 PM on November 3, 2017. Current Traffic: Heavy

Waukegan Renal Center to proposed site for North Dunes Dialysis

1. Start out going **east** on Grand Ave/IL-132 toward N Oakwood Ave.

   Then 0.15 miles — 0.15 total miles

2. Turn **left** onto N Green Bay Rd/IL-131.

   N Green Bay Rd is 0.1 miles past N Oakwood Ave.

   If you are on Grand Ave and reach Adelphi St you've gone a little too far.

   Then 1.51 miles — 1.66 total miles

3. Turn **right** onto Sunset Ave.

   Sunset Ave is 0.1 miles past Country Club Ave.

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

   Then 1.46 miles — 3.12 total miles

4. Turn **left** onto N Lewis Ave.

   N Lewis Ave is 0.1 miles past Kellogg Ave.

   If you reech N Elmwood Ave you've gone e little too fer.

   Then 1.17 miles — 4.29 total miles

5. 3113 N Lewis Ave, Waukegan, IL 60087-2254, 3113 N LEWIS AVE is on the **right**.

   Your destinetion is 0.2 miles past McKay St.

   If you reech W Yorkhouse Rd you've gone a little too far.

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Appendix - 2

YOUR TRIP TO:

3113 N Lewis Ave

5 MIN | 3.0 MI

Est. fuel cost: $0.31

Trip time based on traffic conditions as of 4:21 PM on November 3, 2017. Current Traffic: Light

FMC Zion to proposed site for North Dunes Dialysis

1. Start out going **south** on N Sheridan Rd/IL-137 toward W Ames Ave.

   Then 0.08 miles — 0.08 total miles

2. Turn **right** onto W Wadsworth Rd.

   W Wadsworth Rd is just past W Ames Ave.

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

   Then 1.51 miles — 1.60 total miles

3. Turn **left** onto N Lewis Ave/County Hwy-27/County Hwy-W34. Continue to follow N Lewis Ave.

   N Lewis Ave is 0.2 miles past N Bernice Ter.

   If you reach N McAree Rd you'va gone about 0.5 miles too far.

   Then 1.36 miles — 2.96 total miles

4. Make a **U-turn** onto N Lewis Ave.

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

   Then 0.02 miles — 2.98 total miles

5. 3113 N Lewis Ave, Waukegan, IL 60087-2254, 3113 N LEWIS AVE is on the **right**.

   If you reach W Yorkhouse Rd you've gone a little too far.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

Appendix - 2

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

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