18-017

[ORIGINAL]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
JUN 08 2018
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Marshall Square Dialysis	
Street Address:	2950 – 3010 West 26th Street	
City and Zip Code:	Chicago, Illinois 60623	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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:	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@polsinell.com
Fax Number:	

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

Name:	Brent Habitz
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	1600 West 13th Street, Suite 3, Chicago, Illinois 60608
Telephone Number:	312-243-9286
E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

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Exact Legal Name:	East Oaks 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
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Address:	1600 West 13th Street, Suite 3, Chicago, Illinois 60608
Telephone Number:	312-243-9286
E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

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: GW Fidelity 26th LLC

Address of Site Owner: 2211 North Elston Avenue, #304, Chicago, Illinois 60614

Street Address or Legal Description of the Site: 2950 – 3010 West 26th Street, Chicago, Illinois 60623

Legal Description

LOT 24, LOT 25 AND THE WEST 20.74 FEET OF LOT 26 IN BLOCK 7 IN CASS' SUBDIVISION OF THE EAST 30 ACRES OF THE SOUTH 64 ACRES OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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: East Oaks 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 East Oaks 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 2950 – 3010 West 26th Street, Chicago, Illinois 60623. The proposed dialysis facility will include a total of approximately 4,300 gross square feet in clinical space and 2,702 gross square feet of non-clinical space for a total of 7,002 gross rentable square feet.

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	$784,594	$493,016	$1,277,610
Contingencies	$78,458	$49,301	$127,759
Architectural/Engineering Fees	$92,000	$25,000	$117,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Movable or Other Equipment (not in construction contracts)	$651,722	$97,422	$749,144
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$1,228,961	$772,245	$2,001,206
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$2,915,735**	**$1,446,984**	**$4,362,719**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,686,774	$674,739	$2,361,513
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$1,228,961	$772,245	$2,001,206
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$2,915,735**	**$1,446,984**	**$4,362,719**
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 $ 2,241,258 .

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): October 31, 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	James K. Hilger
PRINTED NAME	PRINTED NAME
Assistant Corporate Secretary	Chief Accounting Officer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 19 day of October/2017
See Attached	
Signature of Notary	Signature of Notary
Seal	Seal

Notary Public
State of Washington
NICOLE BRUMMOND
My Appointment Expires Oct 7, 2019

Notary Public
State of Washington
NICOLE BRUMMOND
My Appointment Expires Oct 7, 2019

*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 October 17, 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. - East Oaks Dialysis, LLC)

Document Date: October 17, 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. / East Oaks Dialysis, LLC

(Marshall Square 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 *East Oaks 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	SIGNATURE
Arturo Sida	James K. Hilger
PRINTED NAME	PRINTED NAME
Secretary of Total Renal Care, Inc., Managing Member of East Oaks Dialysis, LLC	Chief Accounting Officer of Total Renal Care, Inc., Managing Member of East Oaks Dialysis, LLC
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 19 day of October 2017
See Attached	
Signature of Notary	Signature of Notary
Seal	Seal Notary Public State of Washington NICOLE BRUMMOND My Appointment Expires Oct 7, 2019

*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 October 17, 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, 2010

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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. / East Oaks Dialysis, LLC
(Marshall Square 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 standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

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]:**

$2,361,513	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;
$2,001,206 (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.
$4,362,719	**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 Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

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			

APPEND 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 East Oaks Dialysis LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

East Oaks Dialysis LLC will be the operator of Marshall Square Dialysis. Marshall Square Dialysis is a trade name of East Oaks Dialysis LLC and is not separately organized.

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.

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

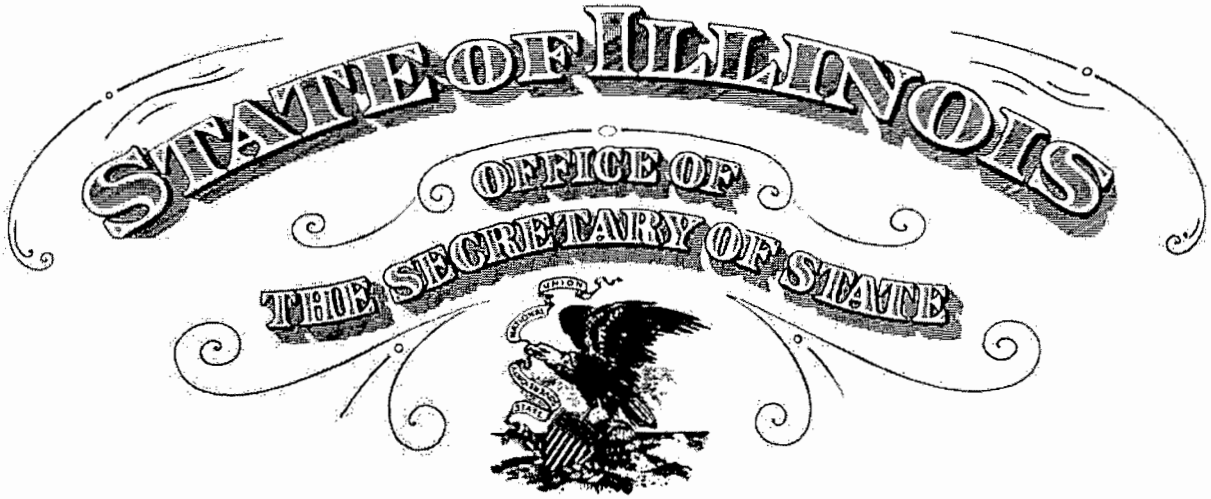
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957561

Date: 09-08-16

Attachment – 1

File Number 0638887-6



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

EAST OAKS DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 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* 25TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1729801766 verifiable until 10/25/2018
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 GW Fidelity 26th, LLC and East Oaks Dialysis LLC to lease the property located at 2950 – 3010 West 26th Street, Chicago, Illinois 60623 is attached at Attachment – 2.

Attachment - 2

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

December 14, 2017

Stephen Ansani
Cushman & Wakefield
225 West Wacker Dr, Suite 3000
Chicago, IL 60606

RE: LOI – 2950-3010 W 26th St, Chicago, IL 60623

Mr. Ansani:

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.

PREMISES:	2950-3010 W 26th St, Chicago, IL 60623
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	Davita, Inc Corporate Guarantee.
LANDLORD:	GW Fidelity 26th, LLC
SPACE REQUIREMENTS:	Requirement is for approximately 7,002 SF of contiguous rentable square feet for Building C indicated in the Exhibit D site plan. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. 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:	15 years
BASE RENT:	Years 1-5: $31.00/psf NNN Years 6-10: $34.10/psf NNN Years 11-15: $37.51/psf NNN
ADDITIONAL EXPENSES:	Landlord to limit the cumulative operating expense costs to $7.00 psf in the first full lease year and no greater than 5% increases annually thereafter. Tenant's pro rata share of the center is 100% (stand alone building).
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 within one-hundred eighty (180) 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.

PARKING:

Tenant requests:

a) Landlord to provide Tenant with twenty four (24) dedicated parking stalls.
b) Handicapped stalls located near the front door to the Premises
c) A patient drop off area, covered in a mutually agreed upon location.

BUILDING SYSTEMS:

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

LANDLORD WORK:

Landlord shall deliver to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B specifications with additional reference to the following:

- Infill windows and/or add new windows per mutually agreed upon plan
- Infill OH door

- Address improvements to the façade and parking lot as depicted in proposed renderings
- Meet R-20 roof insulation

In addition, 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 a $7.00/psf tenant improvement allowance ("TIA").

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor. 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.

Landlord will provide early access for tenant improvements with Tenant's construction team once the space is demolished, subject to such early access not impairing or interfering with Landlord's completion of Landlord's Work.

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 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.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Base Building items substantially completed within 180 days from the later of lease execution or waiver of CON contingency, Tenant may elect to receive one day of rent abatement for every day of delay beyond the 180 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 at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week as approved by all applicable laws and regulations.

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.

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

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a two mile radius of Premises.

HVAC ALLOWANCE: Landlord will provide a $12.00/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

DELIVERIES: Deliveries may occur in the front of the building through the existing dock high door.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, 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.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.25) per square foot per lease term year, 50% shall be due upon the later of lease execution or waiver of CON contingency, and 50% shall be due within one-hundred eighty (180) days from the later of lease execution or waiver of CON contingency. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

ENVIRONMENTAL SURVEY: Landlord to deliver Premises free and clear of any environmental issues including but not limited to asbestos and mold. Landlord will provide Tenant with a letter from a certified environmental consultant acceptable to Tenant certifying the space as such.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the property and aforementioned premises. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, Tenant shall have the right, but not the obligation to terminate the lease.

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 C. The information in this email 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: **2950-3010 W 26th St, Chicago, IL 60623**

AGREED TO AND ACCEPTED THIS 20 DAY OF DECEMBER 2017

By: _____

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

AGREED TO AND ACCEPTED THIS 20 DAY OF DECEMBER 2017

By: Shai Wolkowicki

GW FIDELITY 26TH STREET LLC
("Landlord")

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

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

Name	Address	Ownership Interest
DaVita Inc.	2000 16th Street Denver, Colorado 80202	80% (Indirect)
Total Renal Care, Inc.	2000 16th Street Denver, Colorado 80202	80% (Direct)
ZOZ Enterprise LLC	2222 West Division Street Suite 210 Chicago, Illinois 60622	20% (Direct)
Dr. Ogbonnaya Aneziokoro	2222 West Division Street Suite 210 Chicago, Illinois 60622	20% (Indirect)

File Number 0638887-6

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

EAST OAKS DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 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* 25TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1729801766 verifiable until 10/25/2018
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 DaVita Inc., East Oaks Dialysis LLC and Marshall Square Dialysis is attached at Attachment – 4.

Attachment - 4

Marshall Square Dialysis Organizational Chart

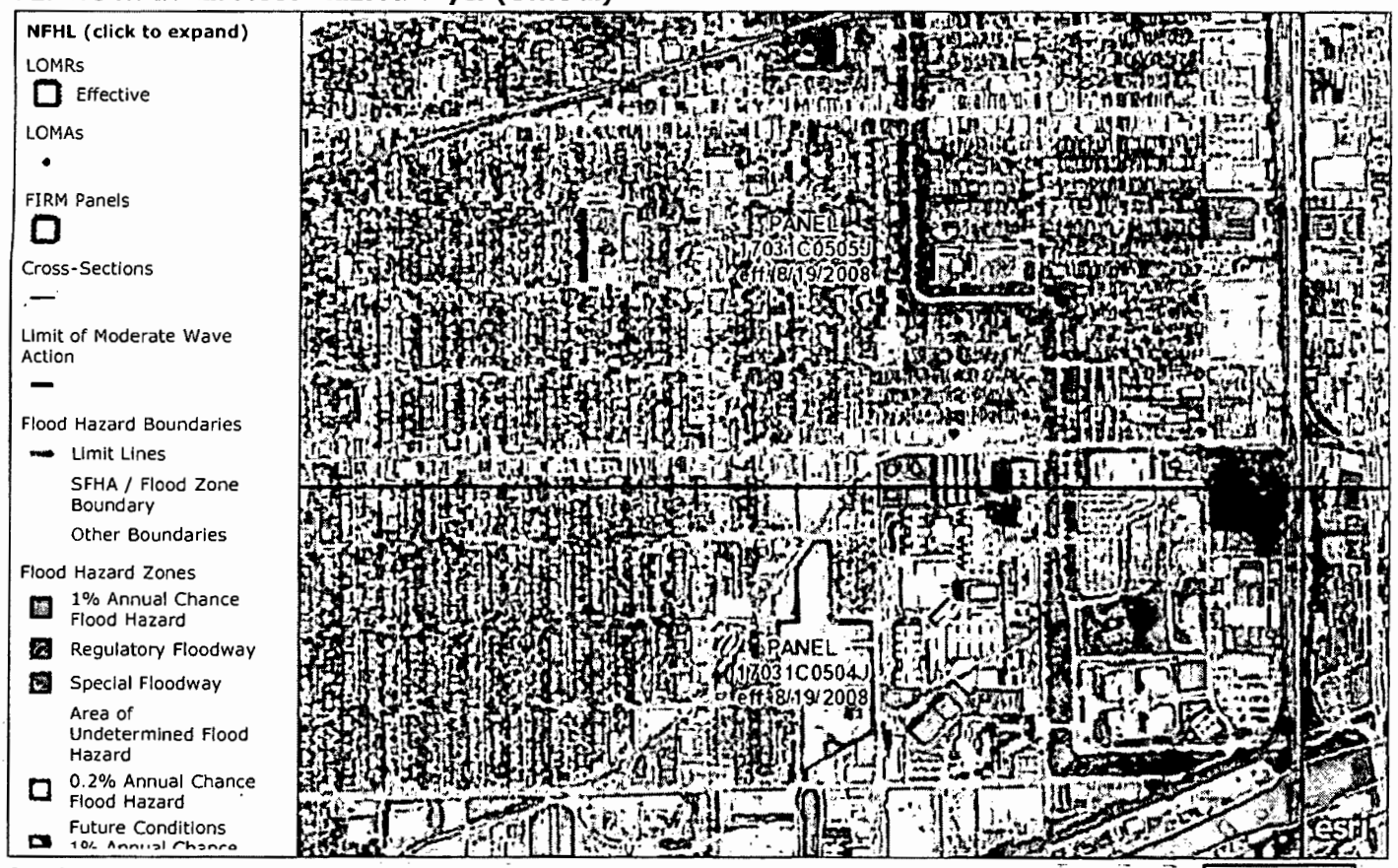
Attachment – 4

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

The site of the proposed dialysis clinic complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis clinic will be located at 2950 – 3010 West 26th Street, Chicago, Illinois 60623. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0505J reveals that this area is not included in the flood plain.

Attachment - 5

FEMA's National Flood Hazard Layer (Official)



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available: http://tinyurl.com/j4xwp5e

USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead: http://tinyurl.com/j4xwp5e Support: FEMAMapSpecialist@riskmapcds.com | USGS The National Map: Orthoimagery

Attachment – 5

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

The Historic Preservation Act determination from the Illinois Department of Natural Resources is attached at Attachment – 6.

Illinois Department of
Natural Resources

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

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County
Chicago
CON - Rehabilitation to Establish a 12-Station Dialysis Facility
2950 W. 26th St.
SHPO Log #017120617

January 3, 2018

Timothy Tincknell
DaVita Healthcare Partners, Inc.
2484 N. Elston Ave.
Chicago, IL 60647

Dear Mr. Tincknell:

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

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

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

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

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

Attachment - 6

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	$784,594	$493,016	$1,277,610
Contingencies	$78,458	$49,301	$127,759
Architectural/Engineering Fees	$92,000	$25,000	$117,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Moveable and Other Equipment			
Communications	$135,191		$135,191
Water Treatment	$192,753		$192,753
Bio-Medical Equipment	$22,137		$22,137
Clinical Equipment	$271,249		$271,249
Clinical Furniture/Fixtures	$30,392		$30,392
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Furniture/Fixtures		$6,862	$6,862
Business Office Fixtures		$38,005	$38,005
General Furniture/Fixtures		$33,500	$33,500
Signage		$15,200	$15,200
Total Moveable and Other Equipment	$651,722	$97,422	$749,144
Fair Market Value of Leased Space	$1,228,961	$772,245	$2,001,206
Total Project Costs	**$2,915,735**	**$1,446,984**	**$4,362,719**

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 project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the clinic, with the intent of project obligation being contingent upon permit issuance.

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

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
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
17-040	Edgemont Dialysis	Establishment	05/31/2019
17-049	Northgrove Dialysis	Establishment	07/31/2019
17-053	Ford City Dialysis	Establishment	08/31/2019
17-063	Hickory Creek Dialysis	Establishment	11/30/2019

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	$2,915,735		4,300		4,300		
Total Clinical	**$2,915,735**		**4,300**		**4,300**		
NON REVIEWABLE							
Administrative	$1,446,984		2,702		2,702		
Total Non-Reviewable	**$1,446,984**		**2,702**		**2,702**		
TOTAL	**$4,362,719**		**7,002**		**7,002**		

Attachment – 9

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(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 Marshall Square Dialysis, a 12-station in-center hemodialysis clinic to be located at 2950 – 3010 West 26th Street, Chicago, Illinois 60623.

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 2017 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and is attached at Attachment – 11A. 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 began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little

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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 Dec. 28, 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.

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 fistual. 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

- Five Star Quality Ratings. DaVita led the industry for the fourth year by meeting or exceeding Medicare standards in the Centers for Medicare and Medicaid Services ("CMS") Five-Star Quality Rating System ("Five Star"). DaVita had more three, four and five star clinics than it has ever had in the history of the program. See Attachment – 11B.

- Quality Incentive Program. DaVita ranked first in outcomes for the fourth straight year in the Centers for Medicare and Medicaid Services ("CMS") end stage renal disease ("ESRD") Quality Incentive Program. The ESRD QIP reduces payments to dialysis clinics 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 clinics receiving adjustments versus 23 percent for the rest of the industry.

- 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,

[7] Id at 292-294.

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 2018, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eleventh consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. See Attachment – 11C. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2018, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the fourteenth year in a row. See Attachment – 11D. DaVita received a Gold LearningElite award from Chief Learning Officer Magazine, which recognized DaVita's exemplary leaning and development programs. DaVita has been among the LearningElite for the past six year, and this is its first Gold level recognition. See Attachment – 11E. DaVita was one of more than 100 companies from ten industry sectors to join the inaugural 2018 Bloomberg Gender-Equality Index for creating a majority diverse Board of Directors. The index measures gender equality across internal company statistics, employee policies, external community support and engagement and gender-conscious product offerings. See Attachment – 11F Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the eleventh consecutive year and twelfth year overall. See Attachment – 11G.

Quality Initiatives

DaVita has undertaken many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and ESRD. With the ongoing shift from volume to value in healthcare, providers—more than ever—are focusing their attention on generating optimal clinical outcomes in order to enhance patient quality of life. The extensive tools and initiatives that were built into the DaVita Patient-Focused Quality Pyramid help affiliated physicians succeed in this important undertaking. The pyramid serves as a framework for nephrologists to address the complex factors that impact patients, such as mortality, hospitalizations and the patient experience. Complex programs serve as an important tier in the DaVita Patient-Focused Quality Pyramid. They include:

- Clinical initiatives such as preventing missed treatments and managing vascular access, fluid, infection, medications and diabetes.

- Pneumococcal pneumonia and influenza initiatives: Increase pneumonia and influenza vaccination rates.

- Catheter removal: Help patients transition from central venous catheters (CVCs) to arteriovenous (AV) fistulas to reduce risk of hospitalization from infections and blood clots.

- Dialysis transition management: Support patients through any transition of care to improve outcomes and reduce mortality.

DaVita's patient centered quality programs also 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 clinic. 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.

  On April 28, 2018, DaVita and Methodist Specialty and Transplant Hospital in San Antonio, Texas announced the launch of a co-developed Transplant Waitlist Support Program. The program's purpose is to help waitlisted patients transplant ready by deploying a technology-enabled solution

to proactively and electronically exchange patient information between DaVita and the transplant center. See Attachment – 11H.

- 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 2017 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2017, more than 500 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised $1.25 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.

- 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 2017 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. See Attachment – 11I 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.

  In 2018, the U.S. Department of Energy ("DOE") recognized DaVita in its Advanced Rooftop Unit ("RTU") Campaign and awarded DaVita the Communities Award in the Excellence in Corporate Social Responsibility category. DaVita was honored for its leadership in installing more energy efficient RTUs (heating and cooling units) in commercial buildings. DaVita was recognized for the highest number of automated fault detection and diagnostic ("AFDD") installations on RTUs, having installed 4,889 AFDD systems. DaVita was recognized by the Communitas Awards in Communities Award in the Excellence in Corporate Social Responsibility for its sustainability efforts, which include, saving 643 million gallons of water since 2013 through conservation efforts at dialysis centers; diverting 354,610 pounds of electronic waste from landfills since 2016; and donating more than 30,000 meals to local shelters since 2016 through food waste recovery efforts. See Attachment – 11J

- 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 26 countries. More than 900 DaVita volunteers supported these missions, impacting more than 110,000 men, women and children. In 2017, Bridge of Life established a Community Health Worker Program where they trained 13 individuals in Haiti and Nicaragua, allowing BOL to refer patients to local medical staff with their in-country partners and to ensure those patients receive continued follow-up care. It also developed an electronic medical record (EMR) system, allowing Bridge of Life to go paperless and to enter and maintain patient data more quickly and efficiently. In 2018, Bridge of Life partnered with the Syrian American Medical Society ("SAMS") to screen Syrian refugees in Irbid, Jordon for hypertension, diabetes and kidney disease and to provide health education. See Attachment – 11K.

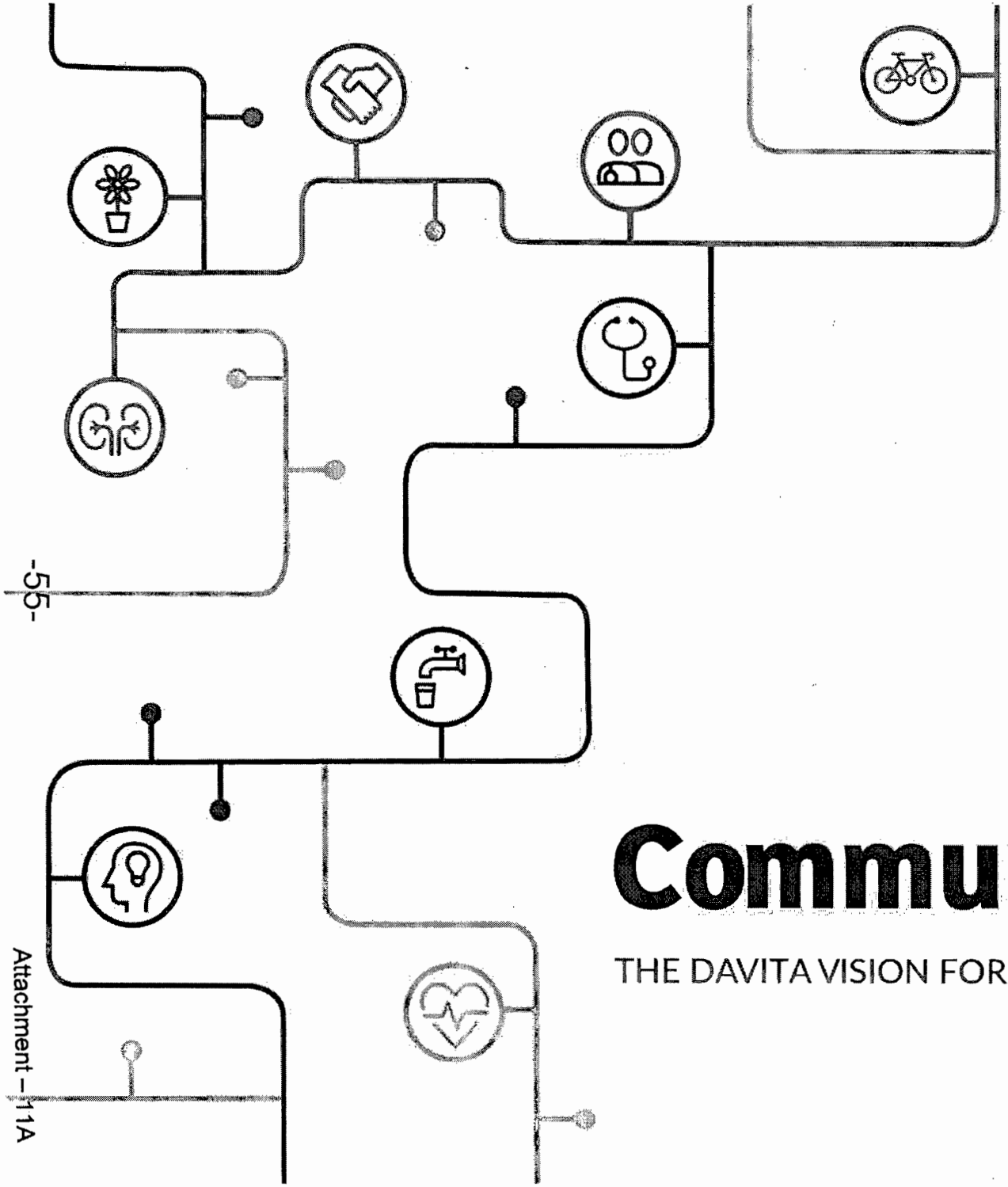
Other Section 1110.230(a) Requirements.

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 any of the applicants, or against any Illinois health care clinics owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

A list of health care clinics owned or operated by the Applicants in Illinois is attached at Attachment – 11L. Dialysis clinics 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 clinics owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11M.

An authorization permitting the Illinois Health Clinics 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 – 11M.



DaVita.

Community Care

THE DAVITA VISION FOR GLOBAL CITIZENSHIP - 2017

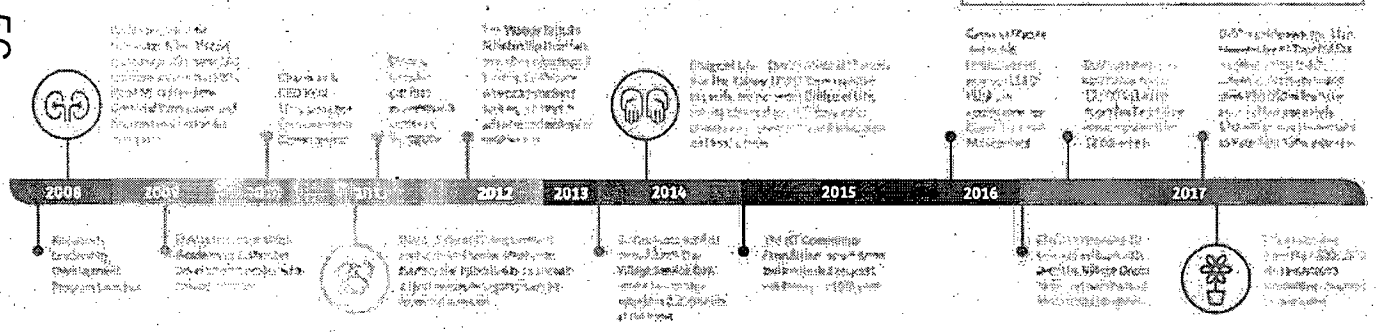
Our Trilogy of Care

Welcome to the 10th edition of DaVita's Community Care Report. Since the annual report was first published in 2008, DaVita has made great strides in realizing its vision for corporate social responsibility, one that reflects a deep-seated belief that we are a community first and a company second. Our commitment to living our Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World—continues to deepen as our company grows. In 2008, nearly 32,500 teammates cared for 112,000 kidney care patients in the United States. Today, 57,000 teammates care for 220,000 patients across 12 countries. And our community is stronger than ever through industry-leading clinical outcomes, philanthropic endeavors and environmental stewardship.

Caring for Our Patients: For 5 years in a row, DaVita has led the industry with the highest percentage of dialysis centers that meet or exceed the government's Quality Incentive Program (QIP) standards.

Caring for Each Other: DaVita has awarded more than $2.5 million in educational scholarships to children and grandchildren of teammates.

Caring for Our World: For more than 10 years, teammates around the world have come together and volunteered nearly 180,000 hours of service in their communities.



"One for All, All for One"

OUR VISION

To Build the Greatest Health Care Community the World Has Ever Seen.

OUR MISSION

To Be the Provider, Partner and Employer of Choice.

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun.

OUR TRILOGY OF CARE

Caring for Our Patients
Caring for Each Other
Caring for Our World

Caring for Our Patients

Integrated Care, Improved Results

DaVita Kidney Care supports approximately 220,000 kidney patients nationally and internationally and continuously works to improve our integrated model to provide the care they need. Guided by a strong compliance program, our approach offers preventive care and also addresses the health and lifestyle complexities of chronic conditions.

ACHIEVING QUALITY ONE PATIENT AT A TIME

Since inception of the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System, dialysis center quality has improved. In 2017, the percentage of Four- and Five-Star centers increased, reflecting the industry's focus on delivering high-quality care to our patients—and ensuring access to that care.

DaVita Hospital Services, the first nationally Joint Commission-accredited provider of inpatient kidney care and apheresis, developed a program with Yale New Haven Hospital in May 2016 to help reduce the hospital's dialysis-related central line-associated blood stream infections (CLABSIs). As of December 2017, the hospital had experienced no new cases of CLABSI since the program had been implemented.

INTERNATIONAL GROWTH

Located in 12 countries, DaVita is dedicated to improving health care for kidney patients in the United States and beyond. In 2017, we more than doubled our operations in Brazil to 18 centers (including a vascular access center). We also committed to provide dialysis for cruises in Germany, started 5,000 patients on a chronic kidney disease (CKD) program in Colombia, acquired 44 centers in Poland and launched a new dialysis nurse training program in Saudi Arabia.

INTEGRATED KIDNEY CARE

DaVita VillageHealth has led the industry in providing integrated kidney care (IKC) for more than two decades. VillageHealth currently manages the total care for more than 20,000 renal patients with end stage renal disease (ESRD) and CKD, of which more than 7,000 are under at-risk arrangements, through partnerships with more than 10 health plans and health systems.

VillageHealth's IKC programs have demonstrated compelling results:

- 25 percent lower hospitalization rate than the industry average
- 51 percent lower readmission rate than the industry average
- Up to 21 percent addressable cost savings over four years

Providing care to more than 5,000 patients, DaVita's three ESRD Seamless Care Organizations achieved 100 percent quality reporting scores, experienced a 13 percent reduction in hospital readmissions and saved $4,868 per patient per year.

Caring for Each Other

Living The DaVita Way

On any given day, DaVita teammates around the world give life to our patients. We pride ourselves on the quality of care we provide, and commit to Caring for Each Other with the same intensity with which we care for our patients. This is The DaVita Way, and we offer numerous resources and programs that reinforce this commitment.

TEAMMATES, LEADERS

We encourage our teammates to realize their potential and grow as leaders through our award-winning training programs. In 2017, our Academy program taught nearly 7,000 new teammates about the DaVita culture and how to be leaders in their personal and professional lives. To date, the Redwoods Leadership Development Program has provided 653 teammates on-the-job and classroom learning, executive mentorship and opportunities to work cross-functionally with the goal of growing DaVita's future leaders from universities and offices across the nation. A trademark experience of the MBA Redwoods Resident Program is a four-month leadership practicum, which allows a Resident to become the facility administrator for a clinic in the U.S.

STRONGER TOGETHER

We strive to create an environment that allows teammates to be their authentic selves and embrace all differences. In 2017, we launched the Executive Inclusion Council to help create a strategy for diversity and inclusion for all teammates.

ENCOURAGING ALL VOICES

Teammates are invited to share their ideas and questions through open dialogue with leadership. In 2017, teammates submitted more than 1,150 ideas to the Idea Hub, an incubator for innovation and a place where their ideas can directly impact projects that help to continuously improve our operations. On Voice of the Village Calls, in which senior leaders report on the state of the company, teammates are encouraged to ask questions about any subject.

WE ARE WELL

Through Village Vitality, we offer the following tools and incentives to help our teammates and their families make healthy choices at and outside of work:

- Free onsite wellness screenings, health coaching and counseling
- Stress-management resources and tobacco-cessation programs
- Education assistance: tuition reimbursement and scholarships
- Vitality Points: insurance premium discounts for completing healthy actions
- Match the Mayor: a challenge to match Chairman and CEO Kent Thiry in incorporating more holistic and healthy activities into daily life
- We Are Well Award: a chance to earn free health insurance for reaching healthy goals

CREATING PATHS

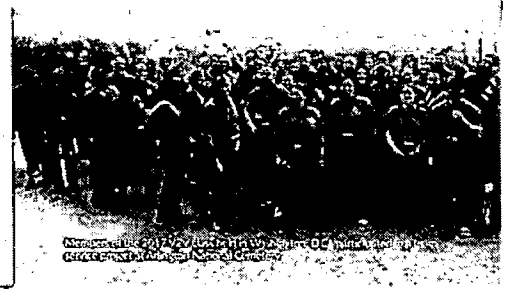
Our new Bridge to Your Dreams pilot provides life-changing career opportunities for our patient care technicians by removing financial and other barriers to pursuing their nursing degree.

MILITARY AND VETERAN FRIENDLY

DaVita has long been committed to honoring our retired and active-duty service members and works to ensure they feel welcome in our community. Through several of our programs, we help veterans transition to civilian life. In 2017, we accepted more veterans than ever into Veterans 2 Village (V2V), which focuses on self-development, community service and transition skills.

Through Star Troopers, teammates have sent more than 11,000 letters and care packages to soldiers deployed around the world.

We honor our military veteran patients, teammates and physicians each Veterans Day with celebrations across the country that include giving each veteran a lapel pin.



Veterans Day 2017 at Kaneohe Bay, Hawaii, DaVita Village Network Center

SUPPORT IN TIMES OF NEED

DaVita Children's Foundation, KT Family Foundation and the Woody Brittain Scholarship [illegible] $25m for [illegible] 7,200 [illegible]

The DaVita Village Network (DVN) [illegible] deployment. A single [illegible] DaVita continues to [illegible] $250 [illegible]

In 2017 [illegible] DVN [illegible] 3,000 [illegible] DaVita [illegible] Home [illegible] employees.

[illegible]

Caring for Our World

Creating a Future for Future Generations

Our teammates across 12 countries are working toward building a better world not only for ourselves, but for our children and grandchildren as well. We are helping to create this world through service projects, outreach initiatives, charitable contributions and a continued focus on sustainability.

BEING THE CHANGE

Bridge of Life (BOL), an international nonprofit organization founded by DaVita, has expanded its efforts beyond kidney care to include screening and prevention of chronic illnesses and increased access to primary care services. Since 2006, BOL has completed 155 international medical missions in 26 countries and more than 300 domestic screenings and events, which have affected more than 110,000 lives.

DaVita celebrated the 11th anniversary of Tour DaVita, an annual, three-day, 250-mile bicycle ride to raise awareness about kidney disease. The ride through Washington raised $1.25 million to benefit Bridge of Life.

Village Green partnered with Village Service Days to encourage teammates to volunteer in their communities in celebration of Earth Day 2017. Approximately 2,600 teammates, family members and friends contributed nearly 15,000 hours toward 194 environmental projects in their local communities across 12 countries.

SPREADING RIPPLES, STARTING AT HOME

For the seventh year in a row, clinical teams across the country chose a local nonprofit organization to receive a donation on behalf of our community. Through DaVita Way of Giving, teammates directed donations of more than $2.2 million in 2017, bringing our total donations to more than $11 million.

In our home state of Colorado, we have developed relationships with organizations whose missions positively impact the lives of our citizens. In 2017, we donated more than $1.3 million to local nonprofits and continued to encourage volunteerism and board service as ways to spread ripples of community service.

Every year, teams come together and contribute hundreds of hours volunteering to improve their communities and world around them. Since 2006, DaVita teammates, their family and friends have volunteered nearly 160,000 hours during more than 4,500 Village Service Days.

The KT Community Foundation allocated nearly $21,000 in funds to teammate-led community service projects in 2017 and has contributed nearly $440,000 total since the program's inception.

DaVita's Commitment to Sustainability

2017 marked the 10th anniversary of Village Green, DaVita's initiative to promote environmental sustainability in our centers and offices around the world.

GREEN BUILDING | WATER | WASTE | COMMUTING

DaVita received LEED (Leadership in Energy and Environmental Design) certifications on two buildings this year, giving DaVita 623,000 square feet of LEED-certified space.

DaVita offered its first in-house prep class for teammates taking their LEED credential exam. In 2017, twelve teammates earned either their LEED Green Associate or LEED Accredited Professional certifications.

975

Through water conservation efforts at dialysis centers, DaVita has saved 643 million gallons since 2013. This is the equivalent of 975 Olympic-sized swimming pools.

30,000

Number of meals donated to Denver shelters from catering leftovers.

x27

Since 2016, DaVita has diverted 354,610 pounds of electronic waste from the landfill. This equates to the weight of 27 elephants! Through recycling and reuse programs, the energy saved is equivalent to powering 3,096 homes for a year, or removing 5,330 cars from the road.

87%

Percentage of Denver teammates who choose a commuting option (walk, bike, carpool, etc.) other than driving alone.

More than 240 teammates from DaVita's world headquarters pedaled their way to work in Denver's "Bike to Work Day," making DaVita second in Denver for highest participation among large businesses and tied 8th overall.

Highlights & Recognition

2017 Highlights

CARING FOR OUR PATIENTS

- DaVita's three ESRD Seamless Care Organizations achieved 100 percent quality reporting scores, experienced a 13 percent reduction in hospital readmissions and saved $4,868 per patient per year.
- DaVita continued to be the national leader in providing peritoneal dialysis

CARING FOR EACH OTHER

- DaVita debuted the Bright Horizons Care Advantage® family care program to all teammates, introduced Milk Stork (a milk-delivery service) for working moms who travel, and added paid parental and caregiver leave to our suite of family-friendly benefits
- DaVita is proud to have been selected to the 2018 Bloomberg Gender-Equality Index (GEI), which recognizes global organizations for their work in advancing gender equality.

CARING FOR OUR WORLD

- DaVita Way of Giving expanded overseas to include our German clinical teammates, who directed donations to multiple nonprofit organizations across Germany.
- 3,500 teammates came together during DaVita's annual Villagewide celebration to build bikes for students from local Colorado school districts, breaking a GUINNESS WORLD RECORD™ for "Most Bicycles Built in One Hour" in the process

2017 Recognition

BUSINESS EXCELLENCE

- FORTUNE® World's Most Admired Companies
- Modern Healthcare 100 Most Influential People in Healthcare
- WorldBlu® Most Freedom-Centered Workplaces

CARING FOR OUR PATIENTS

- Medal of Excellence from American Association of Kidney Patients
- Five Clinical Research Organization Leadership awards for DaVita Clinical Research®.
- eHealthcare Leadership
- National Health Information

CARING FOR EACH OTHER

- Becker's Hospital Review: 150 Great Places to Work in Healthcare
- Colorado Top Workplaces, Tampa Bay Top Workplaces
- Training Top 125
- LearningElite
- National Business Group on Health® Best Employers for Healthy Lifestyles®

CARING FOR OUR WORLD

- Newsweek Green Rankings
- Silver Level Environmental Leader by the Colorado Dept. of Public Health & Environment
- Certifiably Green Denver certification for our world headquarters

MILITARY AWARDS

- Military Times EDGE: Best for Vets Employers
- U.S. Veterans Magazine: Top Veteran-Friendly Companies
- CivilianJobs.com: Most Valuable Employer Military Winner
- GI Jobs Top 100 Military and Military Spouse-Friendly Employers

Looking Ahead

We look forward to another year of striving To Build the Greatest Health Care Community the World Has Ever Seen through helping improve the lives of our patients and teammates and the communities where we live and work.

CARING FOR OUR PATIENTS

Through a new clinical initiative, we will continue to evolve the dialysis center from a place of treatment to a place for patient-centered care.

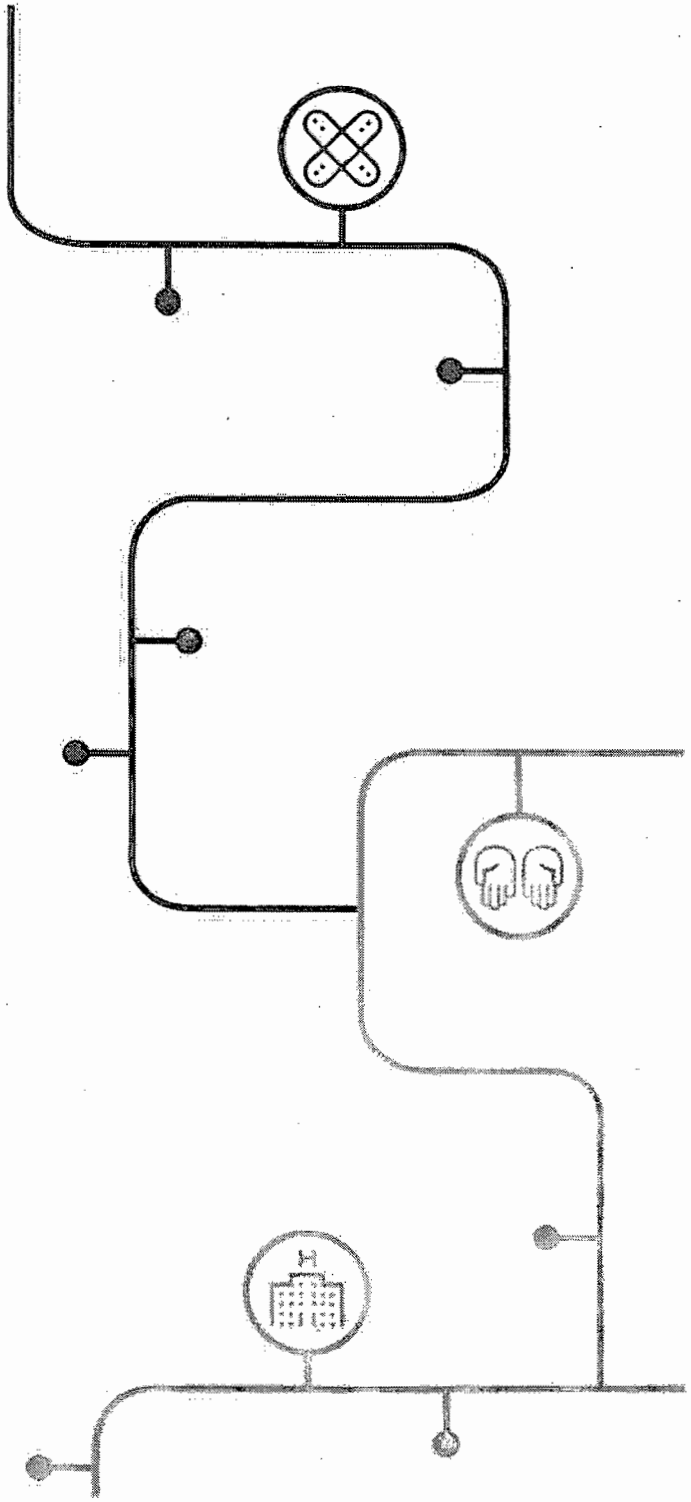
CARING FOR EACH OTHER

Through our LeaRN Award, we will support the professional development of our hard-working clinical teammates by sending 90 DaVita nurses, nominated by their managers, to attend the American Nephrology Nurses Association dialysis conference.

CARING FOR OUR WORLD

In 2018, we will celebrate our 5th anniversary of Earth Day Service Days, with teammates across the country volunteering in their communities for an environmental project

SASAGI, DaVita patient



DaVita

DAVITA.COM/COMMUNITYCARE

DaVita News

DaVita Continues to Improve Patient Care, Leads in Five-Star Quality Ratings

Company earns its most ever three-, four- and five-star rated centers

DENVER, April 27, 2018 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA) and a leading provider of kidney care services in the United States, today announced it has led the industry for the fourth year by meeting or exceeding Medicare standards in the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System (Five-Star).

DaVita's focus on helping improve patients' health and quality of life is demonstrated in this year's Five-Star ratings, where the company has more three, four and five star centers than it has ever had in the history of the program. The results mark DaVita's best quality performance in the program to date.

"The entire kidney care community has come together through Five-Star to raise the bar on quality year over year," said Javier Rodriguez, CEO for DaVita Kidney Care. "It's time to honor our collective success—and our commitment to clinical improvement—in the best interest of our patients and their families."

The broader kidney care community has also continued to improve with an increase in the number of dialysis centers receiving a three-, four- or five-star quality rating by 10 percent since 2016. Other meaningful improvements have been demonstrated in publicly reported clinical quality measures, including:

- 3 percent improvement in dialysis adequacy, which measures how well dialysis removes waste from the blood.
- 8 percent improvement in bloodstream infections, which are one of the leading causes of hospitalizations among dialysis patients.

"Improved clinical quality means patients have greater access to better care. That is the real victory of Five-Star," said Allen R. Nissenson, M.D., FACP, chief medical officer for DaVita Kidney Care. "DaVita continues to evolve our patient-centered clinical programs to deliver optimal care so our patients have a better chance of staying home with loved ones and friends instead of being in and out of the hospital."

All center ratings can be found on the Dialysis Facility Compare website.

To learn more about DaVita Kidney Care's commitment to quality, visit DaVita.com/Five-Star.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of Dec. 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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SOURCE DaVita Kidney Care

http://pressreleases.davita.com/2018-04-27-DaVita-Continues-to-Improve-Patient-Care-Leads-in-Five-Star-Quality-Ratings

Attachment – 11B

DaVita News

DaVita Certified as Freedom-Centered Workplace by WorldBlu

Company credits workplace collaboration and team-based environment

DENVER, April 12, 2018 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, today announced that the company has been certified as a "Freedom-Centered Workplace" by WorldBlu. This is the 11th consecutive year the company has been recognized on the list, formerly known as "most democratic" workplaces.

"Our teammates have a central role in shaping the future of DaVita and our ability to innovate," said Kent Thiry, chairman and CEO of DaVita. "Creating a freedom-based environment where individual voices are heard is essential in that journey."

DaVita engages the company's 75,000 teammates and regularly seeks their input on both small and large matters that impact the direction of the company. "Town Halls" and "Voice of the Village" calls serve as opportunities for teammates to hear directly from senior leaders and ask questions about the business, policies, strategic direction and more. Teammates also have opportunities to recognize one another for exemplifying the company's core values.

In every respect, down to long-established financial and benefits-related practices, DaVita operates less as a company and more as a Village, valuing the voice of its teammates in many instances of decision making. When it became clear that DaVita teammates weren't collectively satisfied with the profit sharing options offered, the tenets of organizational democracy were deployed to allow teammates to weigh in on their profit sharing preference.

DaVita also emphasizes collaboration and teamwork to deliver optimal patient outcomes. DaVita has been recognized as a clinical leader in two reports from the Centers for Medicare and Medicaid Services (CMS): Five-Star Quality Rating program and the Quality Incentive program.

Organizations become eligible for a spot on the WorldBlu List of Most Freedom-Centered Workplaces™ after teammates complete The WorldBlu Freedom at Work™ Assessment, a survey evaluating their practice of the WorldBlu 10 Principles of Organizational Democracy™. The assessment was developed based on a decade of research into what makes a successful freedom-centered company. Organizations from the for-profit and non-profit sectors that have been in operation for at least one full year and have five or more employees can apply for the certification.

Learn more about DaVita's award-winning culture at DaVita.com/CSR.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of Dec. 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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Attachment – 11C

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SOURCE DaVita

http://pressreleases.davita.com/2018-04-12-DaVita-Certified-as-Freedom-Centered-Workplace-by-WorldBlu

Attachment – 11C

DaVita News

DaVita Recognized Among 2018 Training Top 125 for Exceptional Training and Development Programs

DENVER, Feb. 20, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced it was recognized among Training Magazine's Top 125 for its exceptional training and leadership development programs. The company has appeared on the list for 14 years in a row.

"Our emphasis on whole-person learning reflects our belief that who we are and how we show up at work is also who we are at home, in our communities and in the world," said Dave Hoerman, chief wisdom officer at DaVita. "The goal of our training programs is to transform and enrich the lives of our teammates, ultimately translating to the best care possible for our patients."

On this year's list, DaVita ranked No. 37, and according to Training Magazine, the rankings are determined by multiple qualitative and quantitative factors. Among those factors are the scope of the programs and the financial investment in employee development.

DaVita offers a variety of in-person and online courses and programs to help create a special place for its teammates. The company created DaVita University (DVU) to offer training and development programs to teammates that focus on personal and professional growth. DVU facilitators use examples of how concepts such as teamwork and mindfulness can be integrated into both work and personal life.

One of DaVita's foundational training and development programs that almost all new teammates participate in is called Academy. The company created Academy – a two-day, off-site event – as a way to introduce new teammates to DaVita's unique history, culture and dedication to whole-person learning.

Explore how DaVita invests in its teammates' professional and personal growth at DaVita.com/CSR.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of December 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

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SOURCE DaVita Inc.

Attachment – 11D

http://pressreleases.davita.com/2018-02-20-DaVita-Recognized-Among-2018-Training-Top-125-for-Exceptional-Training-and-Development-Programs

Attachment – 11D

DaVita News

DaVita Recognized as a LearningElite Company by Chief Learning Officer Magazine

DENVER, April 23, 2018 /PRNewswire/ -- DaVita Inc.(NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced it received a Gold LearningElite award from Chief Learning Officer Magazine, which recognized the organization's exemplary learning and development programs. DaVita has been named among the LearningElite for the past six years, and this is the first time the company has received the magazine's Gold-level recognition.

"At DaVita, teammate development is much more than just on-the-job training," said Dave Hoerman, chief wisdom officer at DaVita. "We strive to foster both personal and professional growth, knowing that who we are and how we show up at work is also who we are at home, in our communities and in the world."

On this year's list, DaVita's inclusion among the Gold-level winners was in part attributed to the company's continuous efforts to innovate its learning and development programs.

Among the new programs is DaVita THRIVE. The newly-launched initiative is designed to foster the development of DaVita nurses who have interest in becoming facility administrators at DaVita clinics. The nurses take part in leadership and business training, individual development planning and other support systems throughout the five-month program.

Explore how DaVita invests in its teammates' professional and personal growth at DaVita.com/CSR.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Dec. 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

CONTACT: Caitlyn Major, 303-876-7547, caitlyn.major@davita.com

SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-04-23-DaVita-Recognized-as-a-LearningElite-Company-by-Chief-Learning-Officer-Magazine

DaVita® Kidney Care

Attachment – 11E

DaVita News

DaVita Named Inaugural Member of Bloomberg Gender-Equality Index 2018

Company is one of only two health care companies globally and one of forty in the United States

DENVER, Jan. 22, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, announced that it is one of more than 100 companies from ten industry sectors to join the inaugural 2018 Bloomberg Gender-Equality Index (GEI). DaVita was included in part for its achievement of creating a majority diverse Board of Directors based on gender and race.

The index measures gender equality across internal company statistics, employee policies, external community support and engagement and gender-conscious product offerings. DaVita is the only Colorado-based company and just one of two health care organizations globally recognized. In addition, it is one of forty in the United States that was included in this membership.

"A governing body with a broader perspective and diverse backgrounds tends to bring more thoughtful outcomes," said Kent Thiry, chairman and CEO of DaVita. "We're committed to continuing gender balance within DaVita."

The 2018 GEI expands globally to represent 24 countries, including firms headquartered in Belgium, Chile, Greece, Ireland, Italy, Singapore and Taiwan for the first time. Companies range from a variety of sectors, including communications, consumer staples, energy, financials, materials and technology.

"We commend DaVita and the other 103 companies included in the 2018 GEI for their efforts to create work environments that support gender equality across a diverse range of industries," said Peter T. Grauer, DaVita board member, chairman of Bloomberg and founding chairman of the U.S. 30% Club. "Their leadership sets an important example that will help all organizations innovate and navigate the growing demand for diverse and inclusive workplaces."

DaVita submitted a social survey created by Bloomberg in partnership with third-party experts, including Women's World Banking, Catalyst, and Working Mother Media. Those included on this year's index scored at or above a global threshold established by Bloomberg to reflect disclosure and the achievement or adoption of best-in-class statistics and policies.

For more information on the 2018 Bloomberg Gender-Equality Index (GEI) visit http://bloomberg.com/professional/sustainable-finance/.

About DaVita Inc.

DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of September 30, 2017, DaVita Kidney Care operated or provided administrative services at 2,470 outpatient dialysis centers located in the United States serving approximately 196,000 patients. The company also operated 230 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

About Bloomberg:

Bloomberg, the global business and financial information and news leader, gives influential decision makers a critical edge by connecting them to a dynamic network of information, people and ideas. The company's strength – delivering data, news and analytics through innovative technology, quickly and accurately – is at the

core of the Bloomberg Terminal. Bloomberg's enterprise solutions build on the company's core strength: leveraging technology to allow customers to access, integrate, distribute and manage data and information across organizations more efficiently and effectively. For more information, visit www.bloomberg.com.

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-01-22-DaVita-Named-Inaugural-Member-of-Bloomberg-Gender-Equality-Index-2018

Attachment – 11F

DaVita News

DaVita Recognized for 11th Consecutive Year Among FORTUNE® Magazine's World's Most Admired Companies®

DENVER, March 12, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States and in 11 countries around the world, today announced has been recognized as one of FORTUNE ® Magazine's World's Most Admired Companies in 2018. This is the 11th consecutive year and 12th year overall the company has appeared on the list. In addition to being named to the list, DaVita ranked second in the Health Care: Medical Facilities category.

"Our teammates are intentional about creating a special place that operates as a community first, company second," said Kent Thiry, chairman and CEO of DaVita. "This translates to exceptional quality care for our patients."

DaVita strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services.

FORTUNE ® surveys company executives, board members and industry analysts to compile its rankings. Other factors include people management, use of corporate assets, quality of management, financial soundness, long-term investment and global competitiveness.

Learn how DaVita's award-winning culture helps deliver quality patient care at DaVita.com/CSR.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Dec. 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-03-12-DaVita-Recognized-for-11th-Consecutive-Year-Among-FORTUNE-R-Magazines-Worlds-Most-Admired-Companies-R

DaVita®

Attachment – 11G

DaVita News

DaVita and Methodist Specialty and Transplant Hospital Collaborate to Launch Technology Designed to Help Improve Transplant Readiness of Patients

Leading kidney care services provider and nationally recognized kidney transplant program set new standards in continuum of care and data accuracy of waitlisted patients

SAN ANTONIO, April 24, 2018 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, and Methodist Specialty and Transplant Hospital in San Antonio, Texas, today announced the launch of the co-developed Transplant Waitlist Support Program. The purpose of the program is to help keep waitlisted patients transplant-ready by deploying a technology-enabled solution to proactively and electronically exchange patient information between DaVita and the transplant center.

"This program represents how transplantation and dialysis can work together instead of operating in separate silos," noted Adam Bingaman, M.D., director of the Abdominal Transplant Program at Methodist Specialty and Transplant Hospital. "The ultimate goal is to provide better care for patients suffering from chronic kidney disease. The Transplant Waitlist Support Program bridges gaps that have previously impacted the constancy of that care."

All transplant centers rely heavily on phone and fax communications to collect and update patient information. Both modes are time consuming and inefficient. With growing waitlists, transplant program coordinators struggle to maintain current patient data, such as health status changes or correct contact information. Outdated contact information, for example, can result in a patient missing a transplant opportunity when a donor kidney becomes available.

Methodist Specialty and Transplant Hospital, which is co-owned by HCA Healthcare and Methodist Healthcare Ministries, helped develop the concept with DaVita. The San Antonio hospital's Kidney Transplant Program is the first to implement the Transplant Waitlist Support Program. DaVita was uniquely positioned to collaborate because its patients receive treatments multiple times a week, and patient data is updated each visit per DaVita's rigorous documentation protocols.

"This program exemplifies DaVita's commitment to develop solutions to improve care for our patients," said Allen R. Nissenson, M.D., FACP, chief medical officer for DaVita Kidney Care. "By delivering optimal clinical outcomes, ensuring data integrity and supporting patients, we are committed as a partner and an advocate during the transplant journey."

The Transplant Waitlist Support Program will be available to other transplant centers in the near future, fulfilling a major goal for both DaVita and HCA Healthcare to help improve the transplant waitlist experience nationwide.

"Through collaboration and enhanced communication with DaVita, we are confident this program will result in more patients being ready when a kidney becomes available," added James Pittman, assistant vice president at HCA Healthcare.

To learn more about kidney transplants with DaVita, visit DaVita.com/Transplants.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by

innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of December 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

About Methodist Specialty and Transplant Hospital

Methodist Specialty and Transplant Hospital in San Antonio, Texas, is a full-service hospital specializing in abdominal organ transplants (kidney, liver, and pancreas), bariatric surgery, vascular and robotic surgery, behavioral health, inpatient rehabilitation, treatments for cancer and incontinence, as well as forensic and emergency care for survivors of sexual assault ages 13 and older. It also offers a Level IV Trauma Emergency Department open 24/7/365. The hospital has earned an 'A' in the Leapfrog Hospital Safety Grade assessment of more than 2,600 hospitals nationwide for consecutive periods in 2016 and 2017. It a Center of Metabolic and Bariatric Surgery Excellence, designated as such by the American Society for Bariatric Surgery. Its Bariatric Surgery program was the first in San Antonio and South Texas. The kidney transplant program of Methodist Specialty and Transplant Hospital is ranked among the top centers nationally and is recognized for its expertise in matching unrelated donors. In 2016, its live donor kidney transplant program performed more transplants than any other center in the country. A campus of Methodist Hospital, Methodist Specialty and Transplant Hospital is located in the heart of the South Texas Medical Center. For more information, visit sahealth.com/locations/methodistspecialty.

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SOURCE DaVita Kidney Care

METHODIST SPECIALTY AND TRANSPLANT HOSPITAL
A Campus of Methodist Hospital
"Serving Humanity to Honor God"
www.MethodistSpecialtyandTransplantHospital.com

http://pressreleases.davita.com/2018-04-24-DaVita-and-Methodist-Specialty-and-Transplant-Hospital-Collaborate-to-Launch-Technology-Designed-to-Help-Improve-Transplant-Readiness-of-Patients

Attachment – 11H

DaVita News

DaVita Recognized as a Top Green Company by Newsweek

DENVER, Jan. 23, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States and in 11 countries around the world, today announced that the company was recognized by Newsweek Green Rankings as a 2017 Top Green Company in the U.S. The company has appeared on the list every year the award program has run since 2009 and moved up 100 spots since 2016.

"Our teammates' commitment to green practices helps spreads ripples far beyond the workplace," said Kent Thiry, chairman and CEO of DaVita. "As a community first and company second, it is our duty to foster environmentally sustainable communities throughout our business."

In 2007, DaVita created its Village Green program to help steward resources and create protocols that aim to reduce the company's environmental footprint. Village Green provides robust educational opportunities and initiatives for teammates to encourage a shared ownership of conservation efforts.

DaVita celebrated 10 years of sustainability in 2017. Read more about the highlights here.

Village Green initiatives include:

Responsible Electronic Waste Management

- Since 2016, DaVita has diverted 354,610 pounds of electronic waste from the landfill. Through recycling and reuse programs, the energy saved is equivalent to powering 3,096 homes for a year or removing 5,330 cars off the road.

Earth Day Village Service Days

- On Earth Day 2017, DaVita teammates, family, and friends contributed 14,900 hours towards 194 environmental projects in their local communities across 11 countries. Since 2014, DaVita teammates have contributed more than 31,000 volunteer hours towards environmental projects.

Reusable Sharps Goal

- DaVita achieved its first 2020 Environmental goal of launching reusable sharp containers to 70 percent of locations. To date, 81 percent of centers have adopted reusable sharp containers, diverting more than 404 tons of plastic from the landfill.

Food Donation Program

- Since 2016, DaVita has donated more than 30,000 meals through food waste recovery initiatives.

Building Green

- DaVita LEED certified two buildings in 2017. DaVita now has 623 thousand square feet LEED certified space.

Teammate Engagement

- More than 1,800 teammates are Green Champions, implementing sustainability initiatives at their center or business office. Additionally, DaVita now has 18 green teams across business offices.

Recognition

- Silver Level Environmental Leader by the Colorado Department of Public Health and Environment.
- World Headquarters received Certifiably Green Denver certification in 2017.

For more information about DaVita HealthCare Partners' sustainability efforts, visit DaVita.com/CSR.

Newsweek Green Rankings are one of the world's foremost corporate environmental rankings which assess the 500 largest publicly-traded companies in the United States and the 500 largest publicly-traded companies globally on overall environmental performance. Based on research from Corporate Knights Capital, along with a "Green Revenue" score powered by HIP (Human Impact + Profit) Investor Inc., the 2015 iteration of the project features eight indicators that are used to assess and measure the environmental performance of the world's largest publicly traded companies.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Sept. 30, 2017, DaVita Kidney Care operated or provided administrative services at 2,470 outpatient dialysis centers located in the United States serving approximately 196,000 patients. The company also operated 230 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About

Contact Information

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-01-23-DaVita-Recognized-as-a-Top-Green-Company-by-Newsweek

Attachment – 11I

DaVita News

DaVita's Sustainability Efforts Rewarded by Department of Energy

DENVER, May 2, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced it was recognized by the U.S. Department of Energy's (DOE) Advanced Rooftop Unit (RTU) Campaign and received the Communitas Award in the Excellence in Corporate Social Responsibility category.

The DOE Advanced RTU Campaign honored DaVita, alongside six other organizations, for its leadership in installing more energy efficient RTUs (heating and cooling units) in commercial buildings. As part of the Better Buildings Initiative, the Advanced RTU Campaign works with commercial building owners, managers and operators wishing to upgrade to high-efficiency RTU technologies. The campaign also helps commercial business owners implement practices in their buildings, and work with utilities, energy efficiency organizations, contractors and manufacturers that can assist in those efforts. Since its 2013 launch, more than 300 partners have replaced or upgraded close to 115,000 units, saving more than $90 million in energy costs annually.

DaVita was recognized for the highest number of automated fault detection and diagnostic (AFDD) installations on RTUs, having installed 4,889 AFDD systems.

"DaVita is committed to caring for the planet and the communities we serve with the same intensity with which we care for our patients," said Jeffrey Wilzbacher, director of energy and sustainability for DaVita. "This technology will help us keep patients more comfortable, drive energy efficiency and reduce our environmental impact."

DaVita was also recognized by the Communitas Awards in the Excellence in Corporate Social Responsibility category for several sustainability efforts. The Communitas Awards honors those special companies, organizations and individuals that go beyond rhetoric and whose commitment sets them apart from their competition.

Several of DaVita's sustainability efforts include:

- Since 2013, DaVita has saved 643 million gallons of water through conservation efforts at dialysis centers.
- Since 2016, DaVita has diverted 354,610 pounds of electronic waste from the landfills. Through recycling and reuse programs, the energy saved is equivalent to powering 3,096 homes for a year or removing 5,330 cars from the roads.
- Since 2016, DaVita has donated (to local shelters) more than 30,000 meals through food waste recovery initiatives.

Communitas winners are dedicated to helping the less fortunate populations in their communities and are changing the way they do business to benefit their employees, communities and environment.

Explore how DaVita cares for its teammates, its patients and the world at DaVita.com/CSR.

About DaVita Inc. DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Dec. 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,510 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 237 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner.

DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

Contact Information

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SOURCE DaVita

http://pressreleases.davita.com/2018-05-02-DaVitas-Sustainability-Efforts-Rewarded-by-Department-of-Energy

Attachment – 11J

DaVita News

DaVita Teammates Volunteer with Bridge of Life and the Syrian American Medical Society to Support Health Care Needs of Syrian Refugees in Jordan

More than 1,000 displaced individuals receive chronic disease screenings and education

DENVER, May 16, 2018 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), and a leading provider of kidney care services in the United States, today celebrates its teammates (employees) who volunteered with Bridge of Life (BOL), a nonprofit organization founded by DaVita Inc., and the Syrian American Medical Society (SAMS) last month to screen Syrian refugees in Irbid, Jordan for hypertension, diabetes and kidney disease and provide health education.

"Funding ongoing dialysis treatments for refugees has been difficult for aid organizations," said Katie Chandler, BOL's program director. "We wanted to better understand the prevalence of kidney disease among Syrian refugees, identify possible root causes and provide education to hopefully fill the gap between the health needs of this vulnerable population and the health care services available."

This medical mission offered refugees the opportunity for early detection and proactive steps they can take to control kidney disease to help slow or prevent its progression. Individuals identified as being high-risk for kidney disease based on their test results received consultations with a nephrologist and were enrolled in a routine follow-up program for ongoing assistance.

Majd Isreb, SAMS mission leader and board member, said, "As a nephrologist who has been on many SAMS missions before, I've never felt more impactful than during this mission. We added an innovative component to this mission by including renal ultrasound to address some of the common causes of kidney disease that are common in the region."

In addition, volunteers had the opportunity to listen to individuals not only share the daily struggles they encounter as refugees but also hear their stories of determination and resilience.

"Many heard about the Syrian crisis in the media, hurried to send donations or just prayed," said Maryam Ashtiani, dietitian, DaVita Kidney Care and BOL volunteer. "But many, like BOL and SAMS, pulled their sleeves up and organized a medical mission. I was fortunate and honored to be chosen for this amazing and life-changing opportunity."

BOL plans to return to this region and to continue to collaborate with both DaVita teammates and SAMS to provide additional screening and health care services for Syrian refugees.

To learn more about BOL and their global medical missions, visit BridgeofLifeInternational.org.

About Bridge of Life

Bridge of Life (BOL), an independent 501(c)(3) public charity founded by DaVita Inc. is an international nonprofit organization working to strengthen healthcare globally through sustainable programs that prevent and treat chronic disease. Our vision is a world where all human beings have access to quality healthcare regardless of where they are born. We strive to empower local staff, community health workers and patients through training and education to make sustainable changes to healthcare. Since 2006, BOL has impacted over 110,000 lives through 155 international medical missions and 301 domestic screenings and events in 26 countries with the help of over 1,100 DaVita teammate volunteers. For more information, please visit BridgeofLifeInternational.org.

Attachment – 11K

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2018, DaVita Kidney Care operated or provided administrative services at 2,539 outpatient dialysis centers located in the United States serving approximately 198,000 patients. The company also operated 241 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

About Syrian American Medical Society

The Syrian American Medical Society (SAMS) is a global medical relief organization that is working on the front lines of crisis relief in Syria, neighboring countries and beyond to alleviate suffering and save lives. SAMS supports healthcare throughout Syria, sponsoring hospitals and ambulances, training and paying the salaries of Syrian medical personnel who are risking their lives to save others and sending lifesaving humanitarian aid and medical equipment where it is needed most. SAMS also supports Syrian refugees in neighboring countries and beyond with critical psychosocial support, medical and dental care, art therapy programs, and more. In 2017, SAMS provided more than 3.5 million medical services, including 3.2 million inside Syria. For more information, please visit SAMS-USA.net.

Contact:

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303-876-6018

SOURCE DaVita Kidney Care

http://pressreleases.davita.com/2018-05-16-DaVita-Teammates-Volunteer-with-Bridge-of-Life-and-the-Syrian-American-Medical-Society-to-Support-Health-Care-Needs-of-Syrian-Refugees-in-Jordan

Attachment – 11K

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	62301-4152	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	60005-3905	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	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brickyard Dialysis	2640 NORTH NARRAGANSETT		CHICAGO	COOK	IL	60639	
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	14-2817
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
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	60120-2125	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	14-2575
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	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edgemont Dialysis	8 VIEUX CARRE DRIVE		EAST ST. LOUIS	ST. CLAIR	IL	62203	
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	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Ford City Dialysis	8159 S CICERO AVENUE		CHICAGO	COOK	IL	60652	
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Hickory Crrek Dialysis	214 COLLINS STREET		JOLIET	WILL	IL	60432	
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	915 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	6051 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	14-2813
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Northgrove Dialysiss	2491 INDUSTRIAL DRIVE		HIGHLAND	MADISON	IL	62249	
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	14-2818
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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	14-2810
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	14-2812
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	COOK	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 East Oaks 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, Total Renal Care, Inc., Managing Member
of East Oaks 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 October 17, 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. - East Oaks Dialysis, LLC)

Document Date: October 17, 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. / East Oaks Dialysis, LLC
(Marshall Square Dialysis)

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.110(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to improve access to life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. The Applicants propose to establish a 12 station dialysis clinic to be located at 2950 – 3010 West 26th Street, Chicago, Illinois. Importantly, the site of the proposed Marshall Square Dialysis is located in a Health Professional Shortage Area (HPSA) as designated by the Health Resources & Services Administration (HRSA). See Attachment – 12A.

   Marshall Square is an economically disadvantaged community located on the southwest side of Chicago whose residents are predominantly African-American (32%) and Hispanic (65%). The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic and African-American individuals. 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. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than the general population. 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.[8]

   Further, thirty-seven percent (37%) of the population lives below the Federal Poverty Level and 56% 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. There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.[9]

   Given these factors, readily accessible dialysis services are imperative for the health of the residents of Marshall Square and the surrounding communities. 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[10] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to

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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).

[9] Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

[10] 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 managed care,[11] more individuals in high risk groups now have better access to primary care and kidney disease 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. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

Ogbonnaya Aneziokoro, M.D., of Northwest Medical Associates of Chicago, Inc., is currently treating 151 CKD patients, who all reside within the zip code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

2. A map of the market area for the proposed clinic is attached at Attachment – 12D. The market area encompasses a 5 mile radius around the proposed clinic. The boundaries of the market area are as follows:

   - North 5 miles to Logan Square (Chicago 60647).
   - Northeast 5 miles to River North (Chicago 60610).
   - East 5 miles to Lake Michigan.
   - Southeast 5 miles to Kenwood (Chicago 60615).
   - South 5 miles to Marquette Park (Chicago 60629).
   - Southwest 5 miles to Forest View, IL.
   - West 5 miles to Berwyn, IL.
   - Northwest 5 miles to Oak Park, IL.

   The purpose of this project is to improve access to life sustaining dialysis to residents of Marshall Square and the immediately surrounding communities.

3. There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to improve access to life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. The Applicants propose to establish a 12 station dialysis clinic to be located at 2950 – 3010 West 26th Street, Chicago, Illinois. Importantly, the site of the proposed Marshall Square Dialysis is located in a HPSA as designated by HRSA.

4. Source Information

   U.S. Census Bureau, American FactFinder, Fact Sheet, *available at* http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited September 13, 2017).

   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 Dec. 28, 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).

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

Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

5. The proposed clinic will improve access to dialysis services to the residents of Marshall Square and the immediately surrounding communities. Over the past three years, patient census at the existing clinics in the Marshall Square GSA has steadily increased - approximately 2% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future

6. The Applicants anticipate the proposed clinic will have quality outcomes comparable to its other clinics. Additionally, in an effort to better serve 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.

U. S. Department of Health & Human Services

HRSA Health Resources & Services Administration Data Warehouse

Topic Areas | Tools | Data | FAQs & Resources | About HDW | HRSA.gov

Home > Tools > Analyzers > Find Shortage Areas by Address

Find Shortage Areas by Address Results

Input address: 2950 W 26th St, Chicago, Illinois 60623
Geocoded address: 2950 W 26th St, Chicago, Illinois, 60623

Start Over

HPSA Data as of 12/5/2017
MUA Data as of 12/5/2017

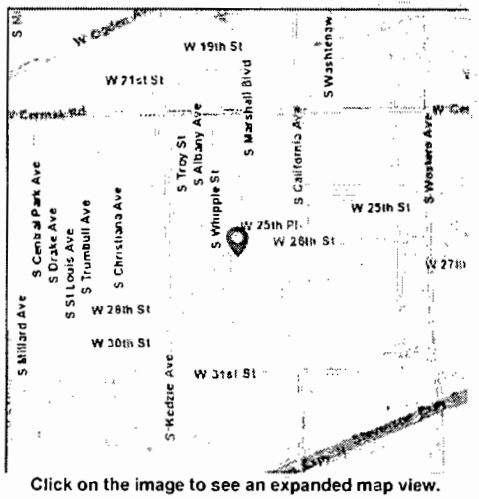
[+] More about this address

In a Dental Health HPSA: Yes
HPSA Name: Low Income - Midsouth Area (Chicago)
ID: 6178291201
Designation Type: Hpsa Population
Status: Designated
Score: 8
Designation Date: 08/25/2000
Last Update Date: 10/26/2017

In a Mental Health HPSA: Yes
HPSA Name: Chicago Central
ID: 7177789035
Designation Type: Hpsa Geographic
Status: Designated
Score: 14
Designation Date: 07/11/2003
Last Update Date: 10/28/2017

In a Primary Care HPSA: Yes
HPSA Name: Chicago/South Lawndale
ID: 11799917A8
Designation Type: Hpsa Geographic
Status: Proposed For Withdrawal
Score: 13
Designation Date: 12/23/2009
Last Update Date: 10/27/2017

In a MUA/P: Yes
Service Area Name: Communities Asian-American Population
ID: 00801
Designation Type: Medically Underserved Population – Governor's Exception
Designation Date: 03/31/1988
Last Update Date: 03/31/1988



Click on the image to see an expanded map view.

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

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 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 60623			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	88,137	+/-2,354	88,137	(X)
Male	43,386	+/-1,648	49.2%	+/-1.1
Female	44,751	+/-1,415	50.8%	+/-1.1
Under 5 years	7,785	+/-573	8.8%	+/-0.6
5 to 9 years	7,671	+/-658	8.7%	+/-0.7
10 to 14 years	7,768	+/-691	8.8%	+/-0.7
15 to 19 years	7,203	+/-601	8.2%	+/-0.6
20 to 24 years	7,367	+/-568	8.4%	+/-0.6
25 to 34 years	13,117	+/-855	14.9%	+/-0.8
35 to 44 years	11,454	+/-625	13.0%	+/-0.7
45 to 54 years	10,437	+/-640	11.8%	+/-0.7
55 to 59 years	4,441	+/-424	5.0%	+/-0.5
60 to 64 years	3,699	+/-407	4.2%	+/-0.5
65 to 74 years	4,169	+/-327	4.7%	+/-0.3
75 to 84 years	2,161	+/-312	2.5%	+/-0.4
85 years and over	865	+/-196	1.0%	+/-0.2
Median age (years)	29.3	+/-1.0	(X)	(X)
18 years and over	60,420	+/-1,534	68.6%	+/-1.2
21 years and over	56,347	+/-1,535	63.9%	+/-1.2
62 years and over	9,287	+/-593	10.5%	+/-0.7
65 years and over	7,195	+/-527	8.2%	+/-0.6
18 years and over	60,420	+/-1,534	60,420	(X)
Male	29,223	+/-1,107	48.4%	+/-1.2
Female	31,197	+/-983	51.6%	+/-1.2
65 years and over	7,195	+/-527	7,195	(X)
Male	3,068	+/-280	42.6%	+/-2.8

Subject	ZCTA5 60623			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,127	+/-389	57.4%	+/-2.8
RACE				
Total population	88,137	+/-2,354	88,137	(X)
One race	87,219	+/-2,373	99.0%	+/-0.3
Two or more races	918	+/-308	1.0%	+/-0.3
One race	87,219	+/-2,373	99.0%	+/-0.3
White	38,170	+/-1,957	43.3%	+/-2.1
Black or African American	28,227	+/-1,534	32.0%	+/-1.4
American Indian and Alaska Native	347	+/-187	0.4%	+/-0.2
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	76	+/-116	0.1%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	18	+/-26	0.0%	+/-0.1
Asian	182	+/-109	0.2%	+/-0.1
Asian Indian	35	+/-39	0.0%	+/-0.1
Chinese	0	+/-26	0.0%	+/-0.1
Filipino	69	+/-86	0.1%	+/-0.1
Japanese	48	+/-42	0.1%	+/-0.1
Korean	28	+/-32	0.0%	+/-0.1
Vietnamese	0	+/-26	0.0%	+/-0.1
Other Asian	2	+/-5	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	20,293	+/-1,753	23.0%	+/-1.8
Two or more races	918	+/-308	1.0%	+/-0.3
White and Black or African American	144	+/-68	0.2%	+/-0.1
White and American Indian and Alaska Native	52	+/-54	0.1%	+/-0.1
White and Asian	109	+/-101	0.1%	+/-0.1
Black or African American and American Indian and Alaska Native	136	+/-134	0.2%	+/-0.2
Race alone or in combination with one or more other races				
Total population	88,137	+/-2,354	88,137	(X)
White	38,677	+/-1,975	43.9%	+/-2.1
Black or African American	28,710	+/-1,554	32.6%	+/-1.4
American Indian and Alaska Native	638	+/-278	0.7%	+/-0.3
Asian	432	+/-262	0.5%	+/-0.3
Native Hawaiian and Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	20,636	+/-1,745	23.4%	+/-1.8
HISPANIC OR LATINO AND RACE				
Total population	88,137	+/-2,354	88,137	(X)
Hispanic or Latino (of any race)	57,641	+/-1,918	65.4%	+/-1.5
Mexican	54,115	+/-1,916	61.4%	+/-1.5
Puerto Rican	1,846	+/-384	2.1%	+/-0.4
Cuban	25	+/-31	0.0%	+/-0.1
Other Hispanic or Latino	1,655	+/-388	1.9%	+/-0.4
Not Hispanic or Latino	30,496	+/-1,592	34.6%	+/-1.5
White alone	1,876	+/-325	2.1%	+/-0.4
Black or African American alone	27,815	+/-1,593	31.6%	+/-1.5
American Indian and Alaska Native alone	93	+/-120	0.1%	+/-0.1
Asian alone	182	+/-109	0.2%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1

Subject	ZCTA5 60623			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	182	+/-254	0.2%	+/-0.3
Two or more races	348	+/-201	0.4%	+/-0.2
Two races including Some other race	10	+/-16	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	338	+/-201	0.4%	+/-0.2
Total housing units	30,717	+/-224	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	41,791	+/-1,471	41,791	(X)
Male	18,881	+/-892	45.2%	+/-1.4
Female	22,910	+/-995	54.8%	+/-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.

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

While the 2012-2016 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, 2012-2016 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.

U.S. Census Bureau

FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2012-2016 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60623				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	87,593	+/-2,379	32,750	+/-2,365	37.4%
AGE					
Under 18 years	27,418	+/-1,507	14,314	+/-1,393	52.2%
Under 5 years	7,652	+/-578	3,735	+/-466	48.8%
5 to 17 years	19,766	+/-1,318	10,579	+/-1,155	53.5%
Related children of householder under 18 years	27,367	+/-1,506	14,266	+/-1,393	52.1%
18 to 64 years	53,088	+/-1,403	16,815	+/-1,235	31.7%
18 to 34 years	23,184	+/-989	8,073	+/-781	34.8%
35 to 64 years	29,904	+/-1,017	8,742	+/-695	29.2%
60 years and over	10,763	+/-629	2,583	+/-285	24.0%
65 years and over	7,087	+/-521	1,621	+/-244	22.9%
SEX					
Male	43,151	+/-1,644	14,479	+/-1,364	33.6%
Female	44,442	+/-1,421	18,271	+/-1,291	41.1%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	37,952	+/-1,934	14,363	+/-1,537	37.8%
Black or African American alone	28,012	+/-1,537	12,489	+/-1,464	44.6%
American Indian and Alaska Native alone	347	+/-187	125	+/-80	36.0%
Asian alone	182	+/-109	52	+/-44	28.6%
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0	+/-26	-
Some other race alone	20,187	+/-1,738	5,447	+/-928	27.0%
Two or more races	913	+/-309	274	+/-191	30.0%
Hispanic or Latino origin (of any race)	57,406	+/-1,922	20,130	+/-1,696	35.1%
White alone, not Hispanic or Latino	1,787	+/-320	215	+/-96	12.0%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	50,105	+/-1,386	14,575	+/-957	29.1%
Less than high school graduate	21,527	+/-1,101	7,730	+/-674	35.9%

Subject	ZCTA5 60623				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	14,399	+/-712	3,826	+/-432	26.6%
Some college, associate's degree	10,042	+/-654	2,449	+/-338	24.4%
Bachelor's degree or higher	4,137	+/-405	570	+/-172	13.8%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	36,310	+/-1,249	8,467	+/-726	23.3%
Employed	31,665	+/-1,136	6,021	+/-541	19.0%
Male	17,740	+/-889	2,975	+/-404	16.8%
Female	13,925	+/-669	3,046	+/-349	21.9%
Unemployed	4,645	+/-396	2,446	+/-364	52.7%
Male	2,303	+/-296	1,072	+/-233	46.5%
Female	2,342	+/-290	1,374	+/-254	58.7%
WORK EXPERIENCE					
Population 16 years and over	63,069	+/-1,641	19,811	+/-1,434	31.4%
Worked full-time, year-round in the past 12 months	21,201	+/-944	2,276	+/-311	10.7%
Worked part-time or part-year in the past 12 months	13,613	+/-713	4,773	+/-504	35.1%
Did not work	28,255	+/-1,274	12,762	+/-1,031	45.2%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	14,116	+/-1,656	(X)	(X)	(X)
125 percent of poverty level	41,317	+/-2,452	(X)	(X)	(X)
150 percent of poverty level	48,922	+/-2,583	(X)	(X)	(X)
185 percent of poverty level	56,827	+/-2,493	(X)	(X)	(X)
200 percent of poverty level	58,750	+/-2,537	(X)	(X)	(X)
300 percent of poverty level	73,847	+/-2,275	(X)	(X)	(X)
400 percent of poverty level	80,826	+/-2,276	(X)	(X)	(X)
500 percent of poverty level	84,473	+/-2,294	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	11,360	+/-649	4,690	+/-376	41.3%
Male	6,501	+/-533	2,246	+/-282	34.5%
Female	4,859	+/-399	2,444	+/-310	50.3%
15 years	19	+/-31	19	+/-31	100.0%
16 to 17 years	32	+/-33	29	+/-32	90.6%
18 to 24 years	806	+/-257	463	+/-149	57.4%
25 to 34 years	2,438	+/-326	1,017	+/-229	41.7%
35 to 44 years	2,064	+/-308	691	+/-186	33.5%
45 to 54 years	2,181	+/-285	886	+/-226	40.6%
55 to 64 years	1,772	+/-235	894	+/-173	50.5%
65 to 74 years	1,145	+/-168	371	+/-87	32.4%
75 years and over	903	+/-197	320	+/-99	35.4%
Mean income deficit for unrelated individuals (dollars)	7,022	+/-414	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	4,233	+/-487	314	+/-112	7.4%
Worked less than full-time, year-round in the past 12 months	2,487	+/-372	1,237	+/-272	49.7%
Did not work	4,640	+/-357	3,139	+/-298	67.7%

Subject	ZCTA5 60623 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-2.3
AGE	
Under 18 years	+/-3.3
Under 5 years	+/-4.5
5 to 17 years	+/-3.5
Related children of householder under 18 years	+/-3.3
18 to 64 years	+/-2.3
18 to 34 years	+/-2.9
35 to 64 years	+/-2.3
60 years and over	+/-2.5
65 years and over	+/-3.0
SEX	
Male	+/-2.5
Female	+/-2.4
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-3.3
Black or African American alone	+/-4.1
American Indian and Alaska Native alone	+/-21.1
Asian alone	+/-15.5
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-3.9
Two or more races	+/-16.5
Hispanic or Latino origin (of any race)	+/-2.4
White alone, not Hispanic or Latino	+/-5.5
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.8
Less than high school graduate	+/-2.5
High school graduate (includes equivalency)	+/-2.8
Some college, associate's degree	+/-2.9
Bachelor's degree or higher	+/-3.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-2.0
Employed	+/-1.7
Male	+/-2.2
Female	+/-2.3
Unemployed	+/-5.7
Male	+/-6.7
Female	+/-7.5
WORK EXPERIENCE	
Population 16 years and over	+/-2.1
Worked full-time, year-round in the past 12 months	+/-1.5
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 60623 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	+/-2.7
Male	+/-3.6
Female	+/-4.5
15 years	+/-62.6
16 to 17 years	+/-21.5
18 to 24 years	+/-8.8
25 to 34 years	+/-7.2
35 to 44 years	+/-7.3
45 to 54 years	+/-8.8
55 to 64 years	+/-7.2
65 to 74 years	+/-6.3
75 years and over	+/-9.3
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-2.3
Worked less than full-time, year-round in the past 12 months	+/-6.5
Did not work	+/-4.1

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 2012-2016 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.

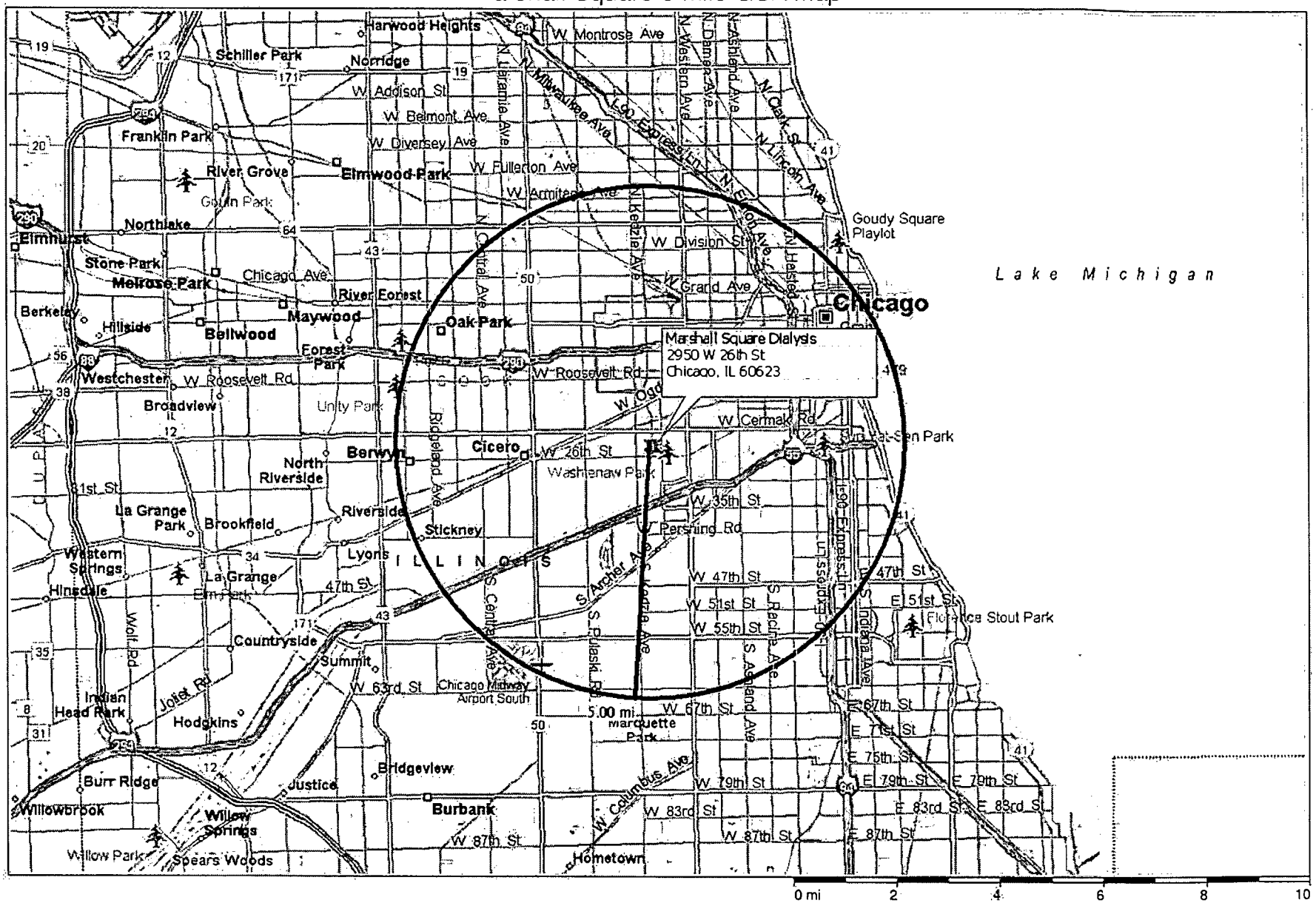
Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2012-2016 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.

Marshall Square 5 Mile GSA Map



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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.110(d) – Background, Purpose of the Project, and Alternatives

Alternatives

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

1. Maintain the Status Quo/Do Nothing
2. Utilize Existing Clinics.
3. Clinic of Greater Scope
4. Establish a new clinic.

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

Maintain the Status Quo/Do Nothing

There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. As discussed more fully in the Purpose of the Project review criterion, the purpose of the project is to meet this need and to improve access to life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. Importantly, the site of the proposed Marshall Square Dialysis is located in a HPSA.

Marshall Square is an economically disadvantaged community located on the southwest side of Chicago whose residents are predominantly African-American (32%) and Hispanic (65%). As described in the Purpose of Project review criterion, the incidence of ESRD in African-American and Hispanic communities is higher than in the general population.

Further, thirty-seven percent (37%) of the population lives below the Federal Poverty Level and 56% of the population in the GSA 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). There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.[12]

Given these factors, readily accessible dialysis services are imperative for the health of the residents of Marshall Square and the surrounding communities. 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[13] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to

[12] Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

[13] 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

Medicaid managed care,[14] more individuals in high risk groups now have better access to primary care and kidney disease 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. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

There is no capital cost with this alternative.

Utilize Existing Clinics

DaVita considered utilizing existing clinics within the Marshall Square GSA. There are 26 existing or approved dialysis clinics within the Marshall Square GSA. Over the past four years, patient census at the existing clinics has steadily increased - approximately 2% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022).

Further, Dr. Aneziokoro is currently treating 151 CKD patients, who all reside within the ZIP code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. e proposed Marshall Square is needed to ensure ESRD patients in Marshall Square and the immediately surrounding communities have adequate access to dialysis services that are essential to their well-being. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Clinic of Greater Scope

As previously noted, the in-center hemodialysis clinics approved by the State Board within the last 2.5 years are either in development or operational less than two years. Each of these clinics will serve a distinct patient base within the greater southwest Chicago area and are projected to reach 80% occupancy within 2 years of project completion. The Applicants do not want to create unnecessary duplication within the Marshall Square GSA. This project was narrowly tailored to serve ESRD patients in the Marshall Square without adversely affecting existing or approved clinics. Accordingly, a clinic of greater scope was rejected.

Establish a New Clinic

There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. As discussed more fully in the Purpose of the Project review criterion, the purpose of the project is to meet this need and to improve access

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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)).

[14] 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 life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. Importantly, the site of the proposed Marshall Square Dialysis is located in a HPSA.

Marshall Square is an economically disadvantaged community located on the southwest side of Chicago whose residents are predominantly African-American (32%) and Hispanic (65%). As described in the Purpose of Project review criterion, the incidence of ESRD in African-Americans and Hispanics is higher than in the general population.

Further, thirty-seven percent (37%) of the population lives below the Federal Poverty Level and 56% of the population in the GSA 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). There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.[15]

Given these factors, readily accessible dialysis services are imperative for the health of the residents of Marshall Square and the surrounding communities. There are 26 existing or approved dialysis clinics within the Marshall Square GSA. Over the past four years, patient census at the existing clinics has steadily increased - approximately 2% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

Further, Dr. Aneziokoro is currently treating 151 CKD patients, who all reside within the zip code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. The proposed Marshall Square is needed to ensure ESRD patients in Marshall Square and the immediately surrounding communities have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **$4,362,719**.

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[15] Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Size of the Project

The Applicants propose to establish a 12-station dialysis clinic. 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 Marshall Square Dialysis is 4,300 of clinical gross square feet (or 358.33 GSF per station). Accordingly, the proposed clinic meets the State standard per station.

SIZE OF PROJECT			
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	MET STANDARD?
ESRD	4,300 GSF	Up to 6,240 GSF	Below State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed clinic shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, clinics 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. Aneziokoro is currently treating 151 selected CKD patients who all reside within the zip code of the proposed Marshall Square Dialysis (60623), 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 Marshall Square GSA, it is estimated that 63 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	9,828	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), 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 1110.120(e), 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 1110.230, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to improve access to life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. The Applicants propose to establish a 12 station dialysis clinic to be located at 2950 – 3010 West 26th Street, Chicago, Illinois. Importantly, the site of the proposed Marshall Square Dialysis is located in a Health Professional Shortage Area (HPSA) as designated by the Health Resources & Services Administration (HRSA). See Attachment – 12A.

Marshall Square is an economically disadvantaged community located on the southwest side of Chicago whose residents are predominantly African-American (32%) and Hispanic (65%). The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic and African-American individuals. 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. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than the general population. 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.[16]

Further, thirty-seven percent (37%) of the population lives below the Federal Poverty Level and 56% 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. There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.[17]

Given these factors, readily accessible dialysis services are imperative for the health of the residents of Marshall Square and the surrounding communities. 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[18] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to

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[16] 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).

[17] Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

[18] 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 managed care,[19] more individuals in high risk groups now have better access to primary care and kidney disease 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. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

Ogbonnaya Aneziokoro, M.D., of Northwest Medical Associates of Chicago, Inc., is currently treating 151 CKD patients, who all reside within the zip code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

2. Service to Planning Area Residents

The proposed Marshall Square Dialysis is located within a HPSA as designated by HRSA. There is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to ensure that the ESRD patient population of Marshall Square in Health Service Area 6 has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 1, all 63 pre-ESRD patients anticipated to initiate dialysis within two years of project completion reside in the ip code (60623) of Marshall Square Dialysis.

3. Service Demand

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

Table 1110.230(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	**Total Patients**
60623	151
Total	**151**

4. Service Accessibility

As set forth throughout this application, there is a need for 43 dialysis stations in the City of Chicago, one of the areas with the highest demand for additional dialysis stations in the State of Illinois. The purpose of the project is meet this need and to improve access to life sustaining dialysis services to residents of Marshall Square and the immediately surrounding communities. The Applicants propose to establish a 12 station dialysis clinic to be located at 2950 – 3010 West 26th Street, Chicago, Illinois.

[19] 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.

Importantly, the site of the proposed Marshall Square Dialysis is located in a HPSA as designated by HRSA.

Marshall Square is an economically disadvantaged community located on the southwest side of Chicago whose residents are predominantly African-American (32%) and Hispanic (65%). As described in the Purpose of Project review criterion, the incidence of ESRD in African-Americans and Hispanics is higher than in the general population.

Further, thirty-seven percent (37%) of the population lives below the Federal Poverty Level and 56% of the population in the GSA 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). There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.[20]

Given these factors, readily accessible dialysis services are imperative for the health of the residents of Marshall Square and the surrounding communities. 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 disease 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. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

Dr. Aneziokoro is currently treating 151 CKD patients, who all reside within the ZIP code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. The proposed Marshall Square is needed to ensure ESRD patients in Marshall Square and the immediately surrounding communities have adequate access to dialysis services that are essential to their well-being.

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[20] Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) *available at* http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Dec. 27, 2017).

[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.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

a. The proposed dialysis clinic will be located at 2950 – 3010 West 26th Street, Chicago, Illinois 60623. A map of the proposed clinic's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within five miles of the site of the proposed dialysis clinic as well as 2016 population estimates for each zip code is provided in Table 1110.230(c)(1)(A).

Table 1110.230(c)(1)(A)
Population and Zip Codes within 5 Miles

Zip Code	City	Population
60304	Oak Park	17,402
60402	Berwyn	63,448
60601	Chicago	13,695
60602	Chicago	1,252
60603	Chicago	1,029
60604	Chicago	619
60605	Chicago	26,623
60606	Chicago	3,011
60607	Chicago	28,377
60608	Chicago	78,072
60609	Chicago	62,250
60610	Chicago	38,438
60611	Chicago	31,563
60612	Chicago	35,559
60616	Chicago	52,580
60622	Chicago	54,467
60623	Chicago	88,137
60624	Chicago	38,134
60632	Chicago	91,688
60642	Chicago	19,508
60644	Chicago	49,645
60647	Chicago	88,866
60651	Chicago	61,759
60654	Chicago	17,328
60661	Chicago	9,343
60804	Cicero	83,972
Total		**1,056,765**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* https://factfinder.

census.gov/faces/nav/jsf/pages/index.xhtml (last visited May 22, 2018).

b. A list of existing and approved dialysis clinics located within five miles of the proposed dialysis clinic is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis clinic will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of clinics, 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 clinics 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. As discussed more fully below, the average utilization of existing dialysis clinics that have been operational for at least 2 years within the GSA is 73% as of September 30, 2017, or just below the State Board's utilization standard of 80%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis clinic will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A), the ratio of stations to population is 132% of the State Average.

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

	Population	Stations	Stations to Population	Standard Met
Marshall Square GSA	1,056,765	546	1:1,935	Yes
Illinois	12,851,684	4,613	1:2,781	

b. Historic Utilization of Existing Clinics

There are 26 existing or approved dialysis clinics within the Marshall Square GSA. Over the past four years, patient census at the existing clinics has steadily increased - approximately 2% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis clinic. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Dr. Aneziokoro is currently treating 151 CKD patients, who all reside within the ZIP code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151

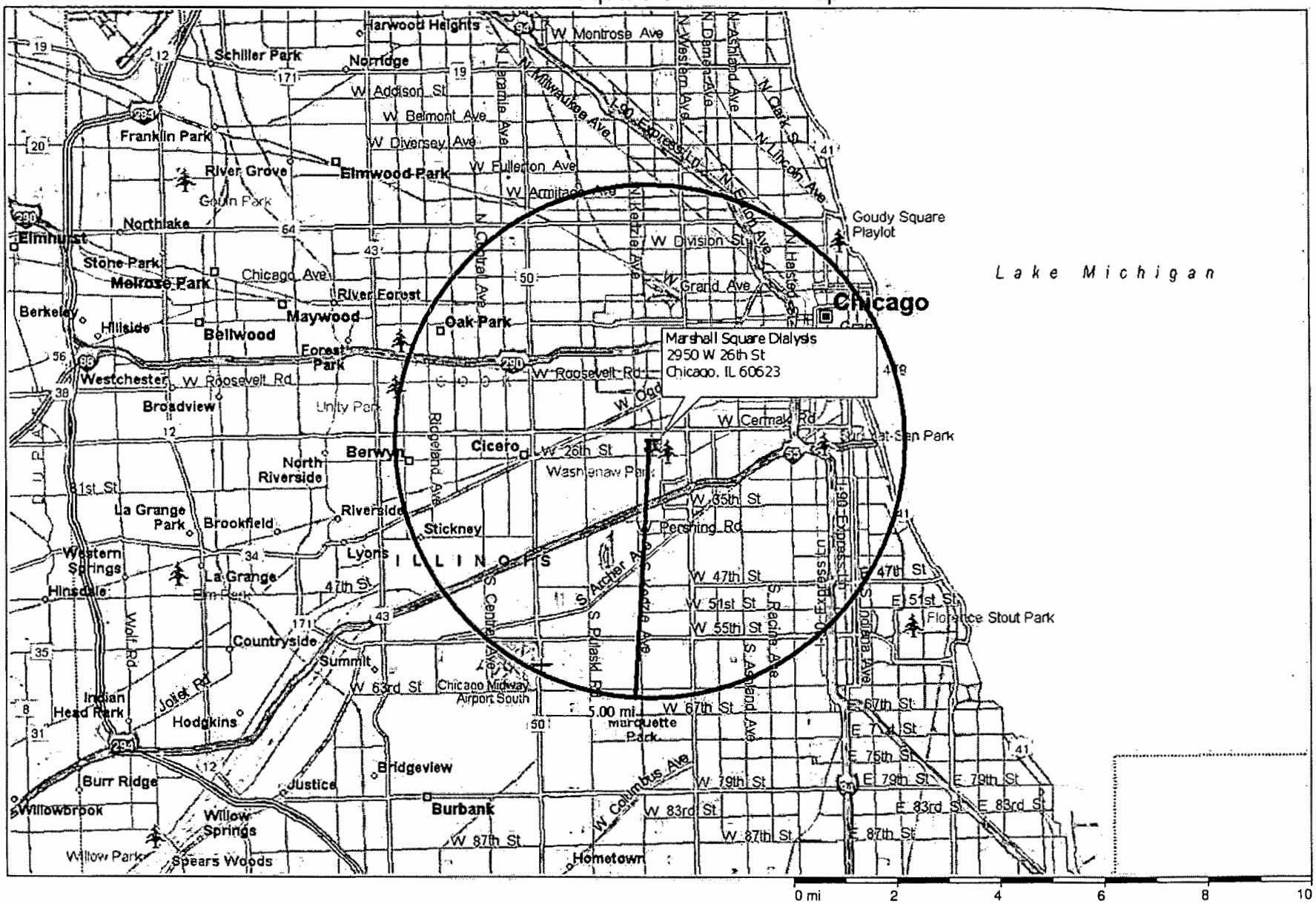
patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

   a. The proposed dialysis clinic will not have an adverse impact on existing clinics in the Marshall Square GSA. All of the identified patients will be referrals of Dr. Aneziokoro's CKD patients. No patients will be transferred from other existing dialysis clinics.

   b. The proposed dialysis clinic will not lower, to a further extent, the utilization of other area clinics that are currently operating below HFSRB standards. There are 26 existing or approved dialysis clinics within the Marshall Square GSA. Over the past four years, patient census at the existing clinics has steadily increased - approximately 2% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within two years of the proposed dialysis clinic coming online (2022). Accordingly, it is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the near future.

Marshall Square 5 Mile GSA Map



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Facility	Ownership	Address	City	State	HSA	Distance	Number of Stations 3/31/2018	Number of Patients 3/31/2018	Utlization 3/31/2018
Austin Community Kidney Center	Fresenius	4800 W Chicago Ave	Chicago	IL	6	5.6	16	60	62.50%
Brighton Park[1]	Davita	4729 S California Avenue	Chicago	IL	6	2.9	16	16	16.67%
Children's Memorial Hospital[2]	Davita	1333 North Kingsbury Street	Chicago	IL	6	5.7	8	16	33.33%
Circle Medical Management		1426 West Washington Blvd.	Chicago	IL	6	3.9	27	121	74.69%
Davita Lawndale	Davita	3934 West 24th Street	Chicago	IL	6	1.5	16	99	103.13%
Davita West Side	Davita	1600 West 13th Street	Chicago	IL	6	2.8	12	36	50.00%
FMC Dialysis Services of Congress Parkway	Fresenius	3410 West Van Buren Street	Chicago	IL	6	2.6	30	111	61.67%
FMC Humboldt Park[3]	Fresenius	3500 West Grand Avenue	Chicago	IL	6	4.5	34	118	57.84%
FMC New City[4]	Fresenius	4622 South Bishop Street	Chicago	IL	6	4.6	16	18	18.75%
Fresenius Medical Care Bridgeport	Fresenius	825 West 35th Street	Chicago	IL	6	4.2	27	121	74.69%
Fresenius Medical Care Chicago Dialysis Center	Fresenius	1806 West Hubbard Street	Chicago	IL	6	4.2	21	64	50.79%
Fresenius Medical Care Cicero	Fresenius	3000 South Cicero Avenue	Cicero	IL	7	2.9	16	71	73.96%
Fresenius Medical Care of Chicago - West	Fresenius	1340 S. Damen Avenue	Chicago	IL	6	2.4	31	62	33.33%
Fresenius Medical Care West Willow	Fresenius	1444 West Willow	Chicago	IL	6	8.3	12	37	51.39%
Garfield Kidney Center	Davita	3250 W Frankin Blvd	Chicago	IL	6	3.5	16	100	104.17%
John H. Stroger Jr. Hospital of Cook County		1835 W. Harrison	Chicago	IL	6	3	9	23	42.59%
Kenwood Dialysis	Davita	43rd & South Cottage Avenue	Chicago	IL	6	8.8	32	126	65.63%
Little Village	Davita	2335 W. Cermack Road	Chicago	IL	6	1.4	16	87	90.63%
Loop Renal Center	Davita	55 East Washington	Chicago	IL	6	4.3	28	107	63.69%
Mt. Sinai Hospital Med Ctr		1500 South California Ave	Chicago	IL	6	1.4	16	87	90.63%
FMC Polk Street	Fresenius	557 West Polk Street	Chicago	IL	6	4.2	24	56	38.89%
FMC Prairie	Fresenius	1717 West Wabash Avenue	Chicago	IL	6	4.4	24	102	70.83%
SAH Dialysis at 26th Street	Saint Anthony	3059 West 26th Street	Chicago	IL	6	1.2	15	48	53.33%
University of Illinois Hospital		1740 West Taylor	Chicago	IL	6	2.9	26	135	86.54%
West Metro Dialysis Center	Fresenius	1044 West Mozart	Chicago	IL	6	4.8	12	35	48.61%
West Suburban Hosp. Dialysis Unit	Fresenius	3 Erie Street	Oak Park	IL	7	7.4	46	244	88.41%
Total							546	2,100	64.10%
Facilities Operational Less than 2 Years and Pediatric Clinic							472	1,932	68.22%

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(e), Staffing

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

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

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

      Administrator
      Registered Nurse (3.75 FTE)
      Patient Care Technician (3.81 FTE)
      Biomedical Technician (0.34 FTE)
      Social Worker (0.50 FTE)
      Registered Dietitian (0.50 FTE)
      Administrative Assistant (0.72 FTE)
      Other/Training (0.68 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 clinic is in operation.

   c. All staff will train under the direction of the proposed clinic'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 East Oaks Dialysis LLC, attached at Attachment – 24E, Marshall Square Dialysis will maintain an open medical staff.

Ogbonnaya Aneziokoro, M.D

Personal-Profile

Ogbonnaya Aneziokoro, M.D

Contact Information

1309 S Indiana Avenue
Chicago IL 60605

Office 773-227-2004
Fax- 773- 227-2006
Cell Phone - 630-667-5496
Pager- 312-250-0753
E-Mail: Geebs72@Hotmail.com

Visa Status

US Citizen

Education

June 2003 - June 2006 **Fellowship – Nephrology**
Section of Nephrology
Department of Medicine
University of Chicago

July 2002 - **Nephrology Research**
University of Chicago

June 2001- June 2002 **Chief Medical Resident**
St Joseph Hospital Chicago Illinois

June 1998 –2001, **Residency, Internal Medicine**
St Joseph Hospital Chicago Illinois

1995 –1996, **Internship**
University College Hospital, Ibadan, Nigeria

1988 –1995 **M.B.B.S., Bachelor of Medicine & Surgery**
University College Hospital, Ibadan, Nigeria

Academic Positions

Renal Clinical Pathophysiology Workshops: Taught renal clinical Pathophysiology to groups of 20-30 4th year medical students at The University of Chicago
2003-2005

Ogbonnaya Aneziokoro, M.D

Attending Physician Laboure Medicine Clinic
June 2001- June 2002

Member, Medical Education Committee
St Joseph Hospital,, Chicago, IL
June 2001- June 2002

Member, Critical Care Committee
St Joseph Hospital, Chicago, IL
June 2001- June 2002

Member, Institutional Coordination Committee
St Joseph Hospital, Chicago, IL
June 2001- June 2002

Member Advisory Committee
Laboure Outpatient Center
St Joseph Hospital, Chicago, IL
June 2001- June 2002

Medical Director
St Anthony Hospital PHO
Physician Health Organization
2011- Present

Chairman
Drug Nutrition and Therapeutics
St Anthony Hospital
2010- Present

Secretary
St Anthony Hospital Medical Staff
2012- 2014

Vice President
St Anthony Hospital Medical Staff
2014- Present

Medical Director
Davita Little Village Dialysis Center
Chicago IL.
2012- Present

Ogbonnaya Aneziokoro, M.D

Medical Director
Davita Garfield Dialysis Center
2013- Present

Medical Director
Davita Lawndale Dialysis Center
2013- Present

Research/Publications

Membranous and Crecenteric Glomerulonephritis in a Patient with Anti-nuclear and Anti-cytoplasmic Antibody
Kidney international 2007 feb;71(4):360-5

Distinct and Separable Roles of the Complement System in Factor H Deficient Bone Marrow Chimeric Mice with Immune complex Disease.
J Am Society of Nephrology 17:1354-1361, April 2006

Gene Expression Profile in Mesangial Cells Cultured From Streptozotocin Induced Diabetes in C57Bl6 Mice.

Vasc-Alert Surveillance Monitoring of Chronic Hemodialysis Access
With Radiological Determination of Venous Stenosis.

Clearance, Efficacy, and Safety of Pre-Filter Citrate during High Dose Continous Venovenous Hemofiltration.

RAD - 002: A Multi-center, Open –label, Randomized,
Phase 11 Study to Asses Safety and Preliminary Efficacy with the Renal Assist Device(RAD) in Patients with Acute Renal Failure

Essentials of Patient Oriented Research – A year long course offered at the University of Chicago on Ethics of clinical research, biostatistics and epidemiology and clinical investigation.

Schistosomiasis in adult Idere community establish a link between prevalence of schistosomiasis and habits In Local - 2003

Ogbonnaya Aneziokoro, M.D

Presentations

Epigenetic Effects In Diabetic Nephropathy
Midwest Nephrology Research Day
Chicago
March 2006

Mesangial Cells Cultured From Diabetic Mice Have Hyperglycemic Memory.
Midwest Nephrology Research Day Indianapolis Sponsored by University of Indiana and Renal Network Inc.
Indianapolis Indiana.
May 2005

Awards

Lillian Magana Award
Best Teaching Attending 2014
Presence/ St Mary and Elizabeth Medical Center

Core Value Service of Excellence Award
Amongst Davita Medical Directors
PLM- 2014

Professional Memberships

American Medical Association
American College of Physicians
American Society of Nephrology

Community Service

Voluntary work for underserved population at the Community health clinic in Chicago for 3 years
Jan 1999- June 2002

Work experience

Horizon Hospice, Chicago, IL Part time Internist
Nov 2000- July 2001

Internal medicine consultant for Hospital Care Associates
A hospitalist group at St Joseph Hospital
Sept 2001- June 2002

Attachment – 24C

Ogbonnaya Aneziokoro, M.D

Attending Nephrologist
Illinios Masonic Hospital Chicago, IL
Nov 2006- Present

Attending Nephrologist
St Joseph Hospital Chicago, IL
2008- Present

Attending Nephrologist
St Anthony Hospital, Chicago, IL
Nov 2006- Present

Attending Nephrologist
St Mary and Elizabeth Hospital
Chicago IL
2012- Present

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 1110.230(f), Support Services

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

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 Marshall Square 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;
- Marshall Square 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, Total Renal Care, Inc., Managing Member
of East Oaks 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 October 17, 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)

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Document Date: October 17, 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. / East Oaks Dialysis, LLC
(Marshall Square Dialysis)

Attachment – 24E

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(g), Minimum Number of Stations

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(h), Continuity of Care

Attached at Attachment – 24F is the letter agreement between DaVita and Presence Saints Mary and Elizabeth Medical Center ("Hospital") to accept the transfer of Marshall Square Dialysis patients requiring hospitalization and other services provided by the Hospital.

Skyline Region 2 Office
5623 W. Touhy Avenue
Niles, IL 60714
(847) 647-3140

December 20, 2017

Presence Saints Mary and Elizabeth Medical Center
2233 West Division Street
Chicago, Illinois 60622

Dear Administrator:

This letter confirms our understanding that upon recommendation of any attending physician who treats patients at Marshall Square Dialysis, Presence Saints Mary and Elizabeth Medical Center (the "Hospital") agrees to accept the transfer of Marshall Square Dialysis patients requiring hospitalization and other services provided by Hospital (which shall include inpatient care; routine and emergency dialysis; emergency medical care available 24 hours a day, 7 days a week; and other hospital services) from Marshall Square Dialysis *provided that* customary admission requirements, applicable State and Federal laws and regulations are met, and Hospital has the capacity and ability to treat the patient, as determined in its sole discretion. A request for a patient transfer shall be made by Marshall Square Dialysis as soon as possible once the need for a transfer has been identified. After receiving a transfer request, Hospital shall exercise its reasonable best efforts to promptly communicate whether it has the capacity to accept the transfer. Hospital will also exercise its reasonable best efforts to provide for the prompt admission of transferred patients. Both Total Renal Care, Inc. and Hospital agree to execute such further documentation as may be required to comply with applicable law relating to patient transfers from dialysis facilities to acute care hospitals.

Subject to applicable privacy and security requirements, Marshall Square Dialysis and Hospital shall exchange all information which may be necessary or useful in the care and treatment of a transferred patient, or which may be relevant in determining whether such patient can be adequately cared for by the Hospital. All such information shall be provided by Marshall Square Dialysis in advance, where possible, and in any event, no later than at the time of the transfer.

Attachment – 24F

Dec 22 17 02:54p Northwest Medical Asso. 17732272006 p.1

Either party may terminate this Agreement, without cause, upon thirty (30) days prior written notice to the other party or immediately for cause (endangerment of patient care, exclusion from government payor programs, conviction of a felony or loss of accreditation, or licensure).

Very truly yours,

TOTAL RENAL CARE, INC.
On behalf of the transferring providers.

Accepted and agreed to as of December 22, 2017.

PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER

By: Mark Fish
Its: President / CEO

Attachment – 24F

Dec 22 17 02:55p Northwest Medical Asso. 17732272006 p.2

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(i), Relocation of Clinics

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(j), Assurances

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. certifying that the proposed clinic 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, Marshall Square Dialysis expects to achieve and maintain 80% target utilization; and
- Marshall Square 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, Total Renal Care, Inc., Managing Member
of East Oaks 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

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State of California

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On October 17, 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
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☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / East Oaks Dialysis, LLC
(Marshall Square Dialysis)

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 GW Fidelity 26th LLC. A copy of DaVita's 2017 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 6, 2018. A letter of intent to lease the clinic is attached at Attachment – 34.

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

December 14, 2017

Stephen Ansani
Cushman & Wakefield
225 West Wacker Dr, Suite 3000
Chicago, IL 60606

RE: LOI – 2950-3010 W 26th St, Chicago, IL 60623

Mr. Ansani:

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.

PREMISES:	2950-3010 W 26th St, Chicago, IL 60623
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	Davita, Inc Corporate Guarantee.
LANDLORD:	GW Fidelity 26th, LLC
SPACE REQUIREMENTS:	Requirement is for approximately 7,002 SF of contiguous rentable square feet for Building C indicated in the Exhibit D site plan. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. 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:	15 years
BASE RENT:	Years 1-5: $31.00/psf NNN Years 6-10: $34.10/psf NNN Years 11-15: $37.51/psf NNN
ADDITIONAL EXPENSES:	Landlord to limit the cumulative operating expense costs to $7.00 psf in the first full lease year and no greater than 5% increases annually thereafter. Tenant's pro rata share of the center is 100% (stand alone building).
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 within one-hundred eighty (180) 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.

PARKING:

Tenant requests:

a) Landlord to provide Tenant with twenty four (24) dedicated parking stalls.
b) Handicapped stalls located near the front door to the Premises
c) A patient drop off area, covered in a mutually agreed upon location.

BUILDING SYSTEMS:

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

LANDLORD WORK:

Landlord shall deliver to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B specifications with additional reference to the following:

- Infill windows and/or add new windows per mutually agreed upon plan
- Infill OH door

- Address improvements to the façade and parking lot as depicted in proposed renderings
- Meet R-20 roof insulation

In addition, 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 a $7.00/psf tenant improvement allowance ("TIA").

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor. 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.

Landlord will provide early access for tenant improvements with Tenant's construction team once the space is demolished, subject to such early access not impairing or interfering with Landlord's completion of Landlord's Work.

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 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.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Base Building items substantially completed within 180 days from the later of lease execution or waiver of CON contingency, Tenant may elect to receive one day of rent abatement for every day of delay beyond the 180 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 at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week as approved by all applicable laws and regulations.

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.

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

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a two mile radius of Premises.

HVAC ALLOWANCE: Landlord will provide a $12.00/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

DELIVERIES: Deliveries may occur in the front of the building through the existing dock high door.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, 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.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.25) per square foot per lease term year, 50% shall be due upon the later of lease execution or waiver of CON contingency, and 50% shall be due within one-hundred eighty (180) days from the later of lease execution or waiver of CON contingency. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

ENVIRONMENTAL SURVEY: Landlord to deliver Premises free and clear of any environmental issues including but not limited to asbestos and mold. Landlord will provide Tenant with a letter from a certified environmental consultant acceptable to Tenant certifying the space as such.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the property and aforementioned premises. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, Tenant shall have the right, but not the obligation to terminate the lease.

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 C. The information in this email 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: **2950-3010 W 26th St, Chicago, IL 60623**

AGREED TO AND ACCEPTED THIS 20 DAY OF DECEMBER 2017

By: _____

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

AGREED TO AND ACCEPTED THIS 20 DAY OF DECEMBER 2017

By: Shai Wolkowicki

GW FIDELITY 26TH STREET LLC
("Landlord")

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2017 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 6, 2018.

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.

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, Total Renal Care, Inc., Managing Member
of East Oaks Dialysis, LLC

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

See Attached

_____
Notary Public

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Attachment – 37A

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State of California

County of Los Angeles

On October 17, 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 23, 2018

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☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / East Oaks Dialysis, LLC
(Marshall Square Dialysis)

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 clinics and that the expenses incurred with leasing a clinic are less costly than constructing a new clinic.

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		$182.46			4,300			$784,594	$784,594
Contingency		18.25			4,300			$78,458	$78,458
TOTAL CLINICAL		**$200.71**			**4,300**			**$863,052**	**$863,052**
NON-CLINICAL									
Admin		$182.46			2.702			$493,016	$493,016
Contingency		$18.25			2.702			$49,301	$49,301
TOTAL NON-CLINICAL		**$200.71**			**2.702**			**$542,317**	**$542,317**
TOTAL		**$200.71**			**7,002**			**$1,405,369**	**$1,405,369**
* 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	$863,052	$200.71 x 4,300 GSF = $863,053	Meets State Standard
Contingencies	$78,458	10% - 15% of Modernization Construction Contracts 10% - 15% x $784,594 = $78,459 - $117,689	Below State Standard
Architectural/Engineering Fees	$92,000	7.18% - 10.78% of Modernization Construction Contracts + Contingencies) = 7.18% - 10.78% x ($784,594 + $78,458) =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		7.18% - 10.78% x $863,052 = $61,967 - $93,037	
Consulting and Other Fees	$80,000	No State Standard	No State Standard
Moveable Equipment	$651,722	$53,682.74 per station x 12 stations $55,293.22 x 12 = $663,518	Meets State Standard
Fair Market Value of Leased Space or Equipment	$1,228,961	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses: $2,241,258

Treatments: 9,828

Operating Expense per Treatment: $228.05

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	$209,423
Amortization:	$11,126
Total Capital Costs:	$220,548

Treatments: 9,828

Capital Costs per Treatment: $22.44

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 our 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 Marshall Square Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. There are 37 existing or approved dialysis clinics within 30 minutes of the Marshall Square GSA. Excluding recently approved dialysis clinics, which are being developed to serve distinct groups of patients, and the two pediatric clinics, average utilization of area dialysis clinics is 73%. However, over the past three years, patient census at the existing clinics has steadily increased - approximately 3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. Based upon historical utilization trends, existing clinics in the Marshall Square GSA are projected to reach 80% utilization within the next three years.

   Further, Dr. Aneziokoro is currently treating 151 CKD patients, who all reside within the ZIP code of the proposed Marshall Square Dialysis clinic (60623). 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. Aneziokoro anticipates that at least 63 of these 151 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed Marshall Square Dialysis clinic will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Marshall Square 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			
	2015	2016	2017
Charity (# of patients)	109	110	98
Charity (cost in dollars)	$2,791,566	$2,400,299	$2,818,603
MEDICAID			
	2015	2016	2017
Medicaid (# of patients)	708	422	407
Medicaid (revenue)	$8,603,971	$7,381,390	$9,493,634

Section XII, Charity Care Information

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

CHARITY CARE			
	2015	**2016**	**2017**
Net Patient Revenue	**$311,351,089**	**$353,226,322**	**$357,821,315**
Amount of Charity Care (charges)	$2,791,566	$2,400,299	$2,818,603
Cost of Charity Care	$2,791,566	$2,400,299	$2,818,603

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Ogbonnaya Aneziokoro M.D. projecting 63 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Ogbonnaya Aneziokoro, M.D.
Northwest Medical Associates of Chicago, Inc.
2222 W. Division Street, Suite 210
Chicago, Illinois 60622

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 practice with Northwest Medical Associates of Chicago, Inc. ("Northwest Medical"). I am writing on behalf of Northwest Medical in support of DaVita's establishment of Marshall Square Dialysis, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility, to be located in Chicago, Illinois 60623 will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services on the southwest side of Chicago. 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.

I have identified 151 patients from my practice who are suffering from CKD, who all reside within the ZIP code of the proposed facility (60623). Conservatively, I predict at least 63 of the 151 CKD patients will progress to dialysis within 12 to 24 months of completion of Marshall Square 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 facilities in the area over the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The zip code for the 151 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 Marshall Square Dialysis.

Sincerely,

Ogbonnaya Aneziokoro, M.D.
Nephrologist
Northwest Medical Associates of Chicago, Inc.
2222 W. Division Street, Suite 210
Chicago, Illinois 60622

Subscribed and sworn to me
This 7 day of December, 2017

OFFICIAL SEAL
MELISSA BOLWIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/15/19

Notary Public: Melissa Bolwin

Attachment 1
Historical Patient Utilization

Big Oaks 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
1	60046	1	60053	1	60053	1	60630
1	60053	1	60068	1	60068		
1	60068						

Appendix - 1

Attachment 1
Historical Patient Utilization

Emerald 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	60636	2	60636	2	60636	3	60616
1	60649	1	60616	3	60616	2	60653
1	60624	2	60653	2	60653	5	60609
1	60609	1	60637	1	60637	1	60621
1	60620	1	60649	1	60617	1	60617
1	60623	1	60624	1	60632	2	60636
1	60621	1	60619	3	60609	2	60632
		3	60609			2	60637
		1	60647			1	60624
		1	60629			1	60628
		2	60621			2	60620
						2	60615

Appendix - 1

Historical Patient Utilization

Garfield Kidney 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
2	60612	6	60651	8	60651	7	60651
1	60652	2	60623	2	60623	2	60623
1	60153	6	60624	11	60624	3	60612
1	60619	2	60612	4	60612	1	60652
2	60624	1	60652	1	60652	5	60624
1	60622	1	60619	1	60639	1	60639
		1	60153	1	60630	1	60630
		2	60608	4	60644	4	60644
		1	60647	1	60618	1	60618
		1	60620	2	60622	3	60622
		1	60644	1	60616	1	60616
		1	60616	1	60707	2	60707
		2	60622	1	60614	1	60614
		1	60707	1	60621	1	60624
		1	60628	1	60609	1	60609
				1	60608	1	60620
				1	60620	1	60605
				1	60619		

Historical Patient Utilization

Lawndale 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
6	60804	7	60804	4	60402	38	60623
26	60623	35	60623	1	60619	1	60659
1	60636	3	60629	37	60623	3	60644
1	60644	1	60644	2	60608	2	60629
1	60651	2	60638	5	60644	10	60804
1	60612	1	60651	1	60130	2	60624
1	60402	4	60632	9	60804	5	60632
		4	60402	5	60632	1	60651
		3	60624	2	60638	2	60402
		1	60612	1	60659	1	60608
		1	60659	2	60629	1	60609
		1	60110	2	60624	1	60501
		1	60639	1	60651	1	60612
						1	60638

Appendix - 1

Historical Patient Utilization

Lincoln Park 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	60624	1	60659	1	60625	1	60625
2	60625	1	60625	3	60614	4	60614
1	60618	1	60618	1	60641	1	60641
2	60614	2	60614	2	60613	1	60624
2	60639	2	60639	1	60612	2	60613
1	60641	1	60641			1	60610
1	60640	1	60640			1	60640
1	60653	1	60624			1	60644
1	60659	1	60612			1	60622
1	60612					1	60639
1	60659						

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Historical Patient Utilization

Little Village 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
1	60402	1	60402	30	60608	35	60608
25	60608	24	60608	2	60616	2	60616
4	60609	4	60609	17	60623	16	60623
1	60612	1	60612	3	60644	2	60644
2	60616	1	60616	20	60632	19	60632
1	60620	1	60620	1	60615	1	60615
19	60623	20	60623	6	60629	3	60629
1	60624	1	60624	1	60612	2	60637
9	60629	10	60629	3	60637	1	60402
18	60632	18	60632	1	60402	1	60804
1	60636	1	60636	1	60622	1	60459
1	60637	1	60637	1	60804	1	60636
2	60644	2	60644	1	60459	1	60609
1	60804	1	60804	1	60636	2	60629
				1	60609	1	60612
				1	60624	1	60624

Historical Patient Utilization

Logan Square 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
6	60639	9	60639	13	60639	10	60639
4	60641	8	60647	10	60647	10	60647
1	60651	5	60641	6	60641	6	60641
2	60618	1	60428	3	60618	3	60618
6	60647	2	60651	1	60428	2	60651
1	60625	2	60618	2	60651	2	60622
1	60644	1	60625	1	60622	2	60625
1	60804	1	60644	2	60625	1	60644
1	60624	1	60804	1	60644	1	60804
		1	60624	1	60804	1	60642
				1	60624		

Historical Patient Utilization

Loop 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
1	60608	1	60608	1	60610	1	60610

Appendix - 1

Historical Patient Utilization

Montclare 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
1	60634	1	60620	1	60626	2	60639
1	60651	2	60634	4	60634	2	60707
				2	60639	3	60634
				2	60707	1	60618
				1	60618	1	60651
				1	60620		
				1	60651		

Appendix - 1

Historical Patient Utilization

Schaumburg 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
3	60193	4	60193	7	60193	6	60193
2	60194	2	60194	2	60194	3	60194
4	60133	5	60133	5	60133	4	60133
1	60107	2	60107	2	60107	2	60107
		2	60169	2	60169	2	60169
		1	60138	1	60138	1	60138
		1	60143	1	60143	1	60143
				1	60157		
				1	60194		

Historical Patient Utilization

West Side 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
NA	NA	1	60624	1	60624	1	60637
		1	60637	1	60637	1	60632
				1	60632	2	60623
						1	60644
						1	60608
						1	60609
						1	60653

Appendix - 1

Attachment 2
New Patients

Big Oaks Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	1	60630

Appendix - 1

New Patients

Emerald Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60617	1	60615
1	60632	1	60609
2	60616		
1	60609		

New Patients

Garfield Kidney Center			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
4	60644	8	60624
9	60651	1	60632
2	60608	4	60651
1	60612	5	60644
8	60624	1	60453
1	60707	1	60634
1	60153	1	60612
1	60630	1	60707
1	60618	1	60622
1	60621	1	60620
1	60639	1	60605
		1	60623
		1	60639
		1	60660

New Patients

Lawndale Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
3	60402	10	60623
1	60619	1	60073
12	60623	4	60804
2	60608	2	60632
2	60644	1	60546
1	60130		
6	60804		
2	60632		
1	60638		

New Patients

Lincoln Park Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60613	1	60610
1	60622	2	60624
1	60647	1	60614
2	60614	1	60613
1	60610	1	60640
		1	60622
		1	60639

Appendix - 1

New Patients

Little Village Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
10	60608	4	60632
10	60632	10	60608
1	60622	1	60525
6	60623	1	60623
1	60618	1	60612
1	60609		
2	60629		
1	60644		
2	60624		
2	60637		

Appendix - 1

New Patients

Logan Square Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60618	1	60642
1	60428	1	60622
2	60647	1	60639
4	60639		
1	60622		
1	60625		
1	60641		

Appendix - 1

New Patients

Loop Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60610	NA	NA

Appendix - 1

New Patients

Montclare Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60626	1	60639
2	60634	1	60104
2	60639	1	60634
2	60707		
1	60618		
1	60651		

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New Patients

Schaumburg Renal Center			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60089	2	60133
3	60193	1	60193
1	60194		
1	60157		

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New Patients

West Side Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60632	1	60623
		1	60644
		1	60608
		1	60609
		1	60653

Appendix - 1

Attachment - 3
Pre-ESRD Patients

Zip Code	Total
60623	151
Total	**151**

Appendix - 1

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

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POLSINELLI

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

ORIGINAL

June 7, 2018

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

Re: Application for Permit – Marshall Square Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and East Oaks Dialysis LLC (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Chicago, 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

6401356.1