

## Constantino, Mike

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**From:** Anne Cooper [ACooper@Polsinelli.com]  
**Sent:** Friday, August 19, 2011 3:35 PM  
**To:** Constantino, Mike  
**Cc:** Kara Friedman; Penny Davis; Matthew Forsythe  
**Subject:** Crest Hill Supplemental Information  
**Attachments:** Crest Hill Proj. No. 11-004 Additional Information (08-19-2011).pdf

Mike,

Attached for your review is the supplemental information submitted in support of the proposed Crest Hill Dialysis facility. I have referred to the 2010 Community Care report, which we have previously submitted. Please let me know if I need to resubmit it as part of this submission.

Let me know if you have any questions or need any additional information.

Have a great weekend.

Anne



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**ELECTRONIC MAIL**

Mr. Dale Galassie  
Chair  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Crest Hill Dialysis (Proj. No. 11-004)**

Dear Mr. Galassie:

Pursuant to Section 1130.670 of the rules of the Illinois Health Facilities and Services Review Board ("HFSRB"), I am writing on behalf of DaVita, Inc. and Joliet Dialysis, LLC (the "Applicants") to submit additional information in connection with HFSRB Project No. 11-004 (the "Proposed Project"). During the July 21, 2011 HFSRB meeting, the Proposed Project received three votes in favor of approval, five votes in opposition, and one member was absent. This letter and the attached materials provide additional information supporting the Applicants' case for approval of the Proposed Project.

Although ailments like heart disease and cancer receive more media attention, kidney disease is a silent but real epidemic in the United States. It's estimated 4 to 5% of adults 20 years of age or older (23 million adults) have chronic kidney disease ("CKD") or permanent damage of varying severity of their kidneys. Among those, nearly half a million have end stage renal disease ("ESRD") requiring renal replacement therapy which includes either dialysis or kidney transplantation, with about 340,000 Americans receiving ongoing in-center dialysis therapy.<sup>1</sup> These numbers do not take into account the many other people who sustain acute, sudden damage to their kidneys due to medications, toxins, auto-immune diseases like lupus, and other co-morbidities that cause kidney failure as a complication which is potentially reversible if detected and treated timely and effectively. In general, those with diabetes, high blood pressure, and a family history of kidney disease, and in particular African, Hispanic, and seniors are at

<sup>1</sup> National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, US Department of Health and Human Services, National Kidney and Urologic Diseases Information Clearinghouse (2007 Data).

Chicago Dallas Denver Edwardsville Jefferson City Kansas City Los Angeles New York  
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*In California, Polsinelli Shughart LLP.*

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increased risk for CKD and ESRD. Some say that the increase in incidence and prevalence of ESRD must be based on a public health failure but it can actually be viewed as a success because it signals that patients are being screened and treated and surviving kidney failure.

The Applicants propose to establish a 12-station dialysis facility to be located at 20660 Caton Farm Road, Crest Hill, Illinois. The State Agency Report ("SAR") noted the Proposed Project did not comply with two review criteria. The negative findings are largely associated with underutilization of facilities which are distant from the Proposed Project. HSA 9, the health service area where the Proposed Project will be located, is a geographically diverse planning area covering Grundy, Kankakee, Kendall and Will Counties. Importantly, the areas outside of Will County are largely rural and account for the significant excess in the service area. In fact, a maldistribution of dialysis services exists within HSA 9 and the Proposed Project would help to alleviate that maldistribution by bringing services to an area where there is a demand. The three counties outside of Will County account for approximately 29 percent of the population<sup>2</sup> and 41 percent of the dialysis stations in HSA 9. While the dialysis facilities located outside of Will County are largely underutilized, they are more than 30 minutes normal travel time from the Proposed Project and not a viable alternative for the ESRD patients residing in Crest Hill and the west side of Joliet.

#### I. Planning Area Need

According to the latest inventory, an excess of 55 dialysis stations exists in HSA 9.<sup>3</sup> The excess of stations is attributable to (1) approved facilities which are still under construction and are being established to serve other distinct groups of patients; (2) underutilization of facilities in counties which are more than 30 minutes away from the Crest Hill community and the Proposed Project, and (3) the limited commercial insurance contracts of one area facility, Sun Health.

With regard to facilities within a reasonable drive time of the Proposed Project, there are two projects of note. The HFSRB approved the relocation and expansion of Silver Cross Renal Center from 14 dialysis stations to 19 dialysis stations. Note that when the Silver Cross facility is relocated, it will be farther away from the Proposed Project. Also, while the 5 additional dialysis stations approved last year will not be operational until the replacement facility opens in 2012, they are included in the utilization calculation. The SAR should be adjusted to account for

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<sup>2</sup> Will County has a population of 677,560, Kankakee has 113,449, Kendall has 114,736 and Grundy has 50,063 people. Source: U.S. Census Bureau, 2010 Illinois Census Data *available at* <http://2010.census.gov/2010census/data/> (last visited Aug. 9, 2011).

<sup>3</sup> Ill. Health Facilities and Servs. Rev. Bd., Ill. Dep't of Pub. Health, Update to Inventory of Other Health Services (Jul. 18, 2011) *available at* <http://www.hfsrb.illinois.gov/pdf/Other%20Services%20Update%207-18-2011.pdf> (last visited Aug. 9, 2011)/

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utilization of the actual stations in service because utilization won't increase at the facility until the five stations are available. In fact, based on the number of existing stations, Silver Cross Renal Center's June 30, 2011 utilization was 101%. The 25 to 30 patients that will eventually be served by the larger facility (and who have been identified for the Silver Cross CON permit application) will come from a different geographic area, namely the east side of Joliet, Lockport, and New Lenox. Conversely, the Proposed Project will predominantly serve Crest Hill and the west side of Joliet. Importantly, Crest Hill has a higher African-American population (20% based upon the 2010 U.S. Census data) compared to Joliet. African-Americans are at a higher risk for ESRD compared to the general population due to higher prevalence and incidence of diabetes and hypertension, two of the leading causes of ESRD. Finally, Silver Cross Renal Center has been operating consistently above 100% utilization for over three years. As a result, it is projected that the five additional stations will be fully utilized when they become operational and will not be available for the Proposed Project's patients.

In addition to the Silver Cross Renal Center dialysis stations, HFSRB approved the establishment of Fresenius Medical Care Joliet ("FMC Joliet"), a 16-station dialysis facility, at the March 21, 2011 HFSRB meeting to accommodate the renal patients of Dr. Alausa. According to its application, FMC Joliet projects they will have 41 patients in the first year of operation and 95 patients in the second year. Accordingly, FMC Joliet will be operating well above the 80% target occupancy standard by the end of its second year of operation and the 16 additional stations attributable to FMC Joliet will be fully utilized by the time the Proposed Project commences operations. As documented in their physician referral letter, the Applicants project 84 patients will be referred to the Proposed Project by the second year of operations. Therefore, there will be insufficient capacity at FMC Joliet to accommodate any of the Proposed Project's patients. Importantly, FMC Joliet will serve a population that is distinct from the Proposed Project. In fact, the FMC Joliet referring physician is unrelated to Northeast Nephrology Consultants, the practice which has committed patient referrals for the Proposed Project.

There is no overlap of pre-ESRD patients between the Proposed Project and the two facilities that are under construction.

With respect to the Silver Cross and FMC Joliet projects, there is considerable demand for dialysis services in Will County as demonstrated by repeated expansion of FMC Bolingbrook and the quick ramp up of FMC Plainfield. On January 27, 2009, HFSRB approved the relocation and expansion of FMC Bolingbrook. Less than two years later, on September 3, 2010, HFSRB approved an additional four stations for FMC Bolingbrook. As of June 30, 2011, FMC Bolingbrook was operating at 80% utilization. In addition, effectively FMC Plainfield opened in March 2010 and within about one year, at 79% it is effectively operating at the HFSRB 80%

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standard.<sup>4</sup> Accordingly, if historical trends hold true, Silver Cross Renal Center and FMC Joliet will quickly achieve target utilization and are, therefore, not a viable option for the Proposed Project's patients.

Notwithstanding the approved but non-operational stations, many of the excess stations in the planning area are attributable to underutilized facilities located outside of the 30 minute travel radius of the Proposed Project. As shown in the table below, eight facilities in the planning area are more than thirty minutes away from the Proposed Project. Only one of these distant facilities is operating at or above the State's 80% utilization. Moreover, four of these facilities have historically operated at or below 50% utilization<sup>5</sup> and account for a significant number of the stations in HSA 9.

Utilization of Facilities Outside Geographic Service Area					
	Distance	Travel Time	06/30/2011 Stations	06/30/2011 Patients	06/30/2011 Utilization
FMC Mokena	21.27 mi	37.95 min	12	50	69%
Silver Cross Renal Center Morris	25.24 mi	37.95 min	9	21	39%
FMC Morris	25.44 mi	39.10 min	9	42	78%
FMC Oswego	20.60 mi	43.70 min	10	53	88%
Yorkville Dialysis Center	20.64 mi	44.85 min	8	18	38%
Manteno Dialysis Center	34.07 mi	64.40min	15	36	40%
Kankakee County Dialysis	38.09 mi	67.85 min	12	41	57%
Provena St. Mary's Hospital	49.91 mi	74.75 min	25	102	68%
<b>Total</b>			<b>100</b>	<b>363</b>	<b>61%</b>

Source: June 30, 2011 utilization data from the Renal Network; distance and travel times from Yahoo Maps.

Facilities outside the 30 minute travel radius are not viable alternatives for ESRD patients residing in Crest Hill. ESRD patients are chronically ill and a majority are elderly. Many ESRD patients are reliant on family members, public transportation, or non-emergency transportation to transport them to and from medical appointments. Importantly, Pace, which operates a dial-a-ride service for seniors and disabled persons in central Will County, will not travel to Mokena or any areas outside of Will County.<sup>6</sup> Including transportation time and transition time, patients typically devote 15 to 20 hours for dialysis each week over three days. Requiring ESRD patients to dialyze at the underutilized facilities, many of which are over an hour away, would

<sup>4</sup> June 30, 2011 Renal Network utilization data.

<sup>5</sup> Average utilization from January 2008 through June 2011: Silver Cross Renal Center Morris – 35.1%; Yorkville Dialysis Center – 24.7%; Manteno Dialysis Center – 41.4%; Kankakee County Dialysis – 39.7%.

<sup>6</sup> Pace Dial-a-Ride service area for Central Will includes City of Joliet, Homer Township, Jackson Township, Joliet Township, Lockport Township, Plainfield Township and Troy Township. Crest Hill is located in Lockport and Plainfield Townships. See PACE Dial-a-Ride Service Directory available at [http://www.pacebus.com/sub/paratransit/sd\\_dial\\_a\\_ride.asp](http://www.pacebus.com/sub/paratransit/sd_dial_a_ride.asp) (last visited Aug. 10, 2011).

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significantly add to the hardship of dialysis and would make it unmanageable for transporting family members to return home during the dialysis session. This would be an extreme hardship for both the patients and their caregivers. Given the expense and time of the additional travel, patients may frequently miss treatments or forego dialysis altogether. This would significantly harm a patient's survival rate and exacerbate co-morbidities.

Finally, Sun Health is an anomaly. Importantly, Sun Health's owner acknowledged in a July 6, 2010 letter to the HFSRB in opposition to the expansion and relocation of a competitor, Silver Cross Renal Center, that it does not participate in certain commercial insurance contracts. Dr. Chawla stated: "the door is closed for Sun Health when we seek inclusion into health insurance provider networks." Subsequently, Dr. Chawla tried to reverse course on the topic of payor contracting suggesting payor contracts are not an issue; however, even if it took all insurers, given the facility's size, Sun Health could only accommodate 24 additional patients and the Proposed Project conservatively estimates it will have 84 patients by the second year of operation.

**II. Service Accessibility**

The SAR notes there are six facilities within 30 minutes of the Proposed Project (the "GSA") and only one facility operating at the target occupancy of 80%. Importantly, and as show in the table below, Silver Cross Renal Center is operating at 101% capacity and FMC Bolingbrook and FMC Plainfield are effectively operating at 80% and 79%, respectively. Only one existing facility is operating significantly below 80% utilization, Sun Health, and as set forth above it cannot accommodate all of the Proposed Project's patients.

Geographic Service Area Utilization					
	Distance	Travel Time	06/30/2011 Stations	06/30/2011 Patients	06/30/2011 Utilization
Silver Cross Renal Center	10.0 mi	21.38 min	14	85	101%
Silver Cross Renal Center West	3.9 mi	11.08 min	29	154	89%
FMC Bolingbrook	13.6 mi	21.58 min	24	115	80%
FMC Plainfield	5.4 mi	14.10 min	12	57	79%
Sun Health	3.5 mi	9.57 min	17	58	57%
<b>Total</b>			<b>96</b>	<b>469</b>	<b>81%</b>

Source: June 30, 2011 utilization data from the Renal Network; distance and travel times from Sam Schwartz Engineering Travel Time Study conducted April 5, 2011.

Moreover, the Proposed Project's referring physician group is currently treating 130 pre-ESRD patients in the Proposed Project's area. Due to the selection of other modalities, transplant, return of function, or death, not every pre-ESRD patient will initiate in-center dialysis. To be conservative in their projections, the Applicants have utilized a 35% attrition rate

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to arrive at 84 patients anticipated to dialyze at the facility. Importantly, this number does not include patients who present to the emergency department in kidney failure and immediately initiate dialysis without prior contact with a nephrologist. According to the data from the United States Renal Data System, 43.7% of ESRD patients did not receive any care from a nephrologist prior to initiating dialysis.<sup>7</sup> This problem is more acute in the African-American community, where nearly half of all ESRD patients do not see a nephrologist prior to initiating dialysis.<sup>8</sup> Given the significant number of undiagnosed and unaccounted individuals with pre-ESRD who will initiate dialysis within the next two years and the large African-American population in Crest Hill, the Applicants have conservatively estimated projected patient referrals.

### III. HFSRB Questions.

At the July 21, 2011 HFSRB meeting, members expressed concerns not raised in the SAR regarding several dialysis applications. Specifically, Board members were concerned with the low volume of charity care patients in the dialysis setting, publicly traded companies' business ethics, transplantation, and competition.

#### a. Access to Care

DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis 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 regardless of 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 uncompensated care.

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<sup>7</sup> U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases 270, Bethesda, MD, 2010 available at <http://www.usrds.org/atlas.htm> (last visited Aug. 12, 2011)

<sup>8</sup> *Id.*

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b. Business Model

DaVita is a public company that is committed to being the greatest healthcare community the world has ever seen, to always think of what is best for patients first, while being responsible stewards of the public trust and resources which enable it to carry out this mission. DaVita strives to build a culture of caring, which stresses community over company. See 2010 Community Care Report (attached). Improving the life of its patients and its communities where it operates is at the center of what DaVita does. To ensure DaVita stays true to its mission, vision and values, an independent Board of Directors is elected annually by the shareholders. Within DaVita's governance structure are several Board-level committees, which focus on patient care and quality. Specifically, the Clinical Performance Committee advises the Board and management on policies, issues and procedures relating to quality clinical performance.

DaVita is a leader in clinical outcomes and innovations such as: (1) the CathAway program, which transitions dialysis patients from catheters to fistulas, and has reduced the risk of hospitalization from infections and blood clots; (2) the DaVita Quality Index, which compares clinical performance among all DaVita facilities, has resulted in lower hospitalization and mortality rates; (3) IMPACT, a care-management program offered to patients in the first three months of dialysis, when they are at the highest risk for serious and potentially fatal complications, is improving outcomes and reducing mortality rates during this critical period; (4) the DaVita Clinical Research network, the first and only clinical research program to offer services across the entire drug development cycle, from Phase 1 clinical trial to health economics and outcomes studies; and (5) DaVita Rx, the first and largest full-service U.S. pharmacy specializing in kidney care, which allows patients to easily obtain their critical medications and more effectively manage their drug regimens. Over the years, DaVita has invested substantial resources in elective initiatives to improve care for not only its patients but for all patients with kidney disease and to generate taxpayers' healthcare savings; in 2010, DaVita generated approximately \$509 million in total health care savings.

c. Other Treatment Modalities

As a Medicare provider, DaVita evaluates and informs all patients of suitability for transplantation referral based on criteria developed by the prospective transplantation center. As a protocol, the facility's interdisciplinary team educates every patient of transplant as a modality option and promotes access to transplantation for every patient who is both interested and eligible. To facilitate referral and registration on the kidney transplantation waiting list, the facility interdisciplinary team members assist transplant candidates with various factors that may affect their eligibility, such as severe obesity, reinforcement of adherence to prescribed medication or therapy, addressing social/emotional/financial factors related to their ability to function post transplant.

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Importantly, not every ESRD patient will satisfy the criteria for transplantation. Generally, patients must be in satisfactory physical condition and not suffer from other medical conditions that severely limit life expectancy. Second, the patients' age may be a factor. Some studies suggest the rate of successful kidney transplant is lower in those over the age of 75. Accordingly, many patients over the age of 75, particularly those suffering from severe co-morbidities may not be eligible for transplant. Finally, patients' economic and social situations are evaluated. Therefore, patients with socio-economic challenges and/or an absence of family support may not be referred for transplant. These are not factors that DaVita controls.

DaVita works with patients and referring nephrologists to improve transplant rates. In fact, Northeast Nephrology Consultants, the Proposed Project's referring physician group has an 11% transplant rate, which is significantly higher than the State average of 5.1%.<sup>9</sup> Unfortunately, there are not enough kidneys to meet patient need. According to data from the Organ Procurement and Transplantation Network, as of August 12, 2011, there were 89,442 patients in the U.S., including 4,124 patients in Illinois waiting for a kidney. In 2010, there were 16,898 kidney transplants performed in the U.S. and 714 kidney transplants performed in Illinois. Importantly, the median waiting time for a kidney is up to 7 years.

While waiting times have increased, various initiatives designed to increase organ donation have shown no perceptible progress in resolving the shortage. For example, promotional campaigns and public education initiatives launched by organ procurement organizations have failed to significantly increase the supply of organs. Required-request legislation, which required hospitals to approach families about recently deceased potential organ donors, failed to increase organ donation. Likewise, required-referral legislation, which requires hospitals to refer potential organ donors to the regional organ procurement organization has resulted in little progress. Finally, reimbursement of donor costs, which is expected to pale in comparison to the long-term implicit costs of potential health risks to living donors, is not expected result in a surge in live donors.<sup>10</sup>

Given the challenges associated with transplant, patients on the transplant waiting list will require dialysis as an interim modality until a suitable kidney is found, which could be up to 7 years. To improve quality of life for all of its patients, DaVita assists patients in choosing the right treatment modality to meet their health and lifestyle needs. In addition to in-center hemodialysis, DaVita offers home hemodialysis, nocturnal dialysis, and peritoneal dialysis ("PD"). DaVita is the leading provider of home hemodialysis in the U.S. Home hemodialysis allows patients to control their dialysis treatments to more easily fit within their daily schedule.

<sup>9</sup> The Renal Network, 2010 Annual Statistical Report available at <http://www.therenalnetwork.org/data/2010stat.php> (last visited Aug. 18, 2011).

<sup>10</sup> T. Randolph Beard et al, *The Failure of U.S. Organ Procurement Policy*, REGULATION, Winter 2008, at 22.

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As a result, patients on home hemodialysis have more time for work, school, and family and report having a better quality of life. Nocturnal dialysis, which is performed in-center at night while patients are sleeping. Nocturnal dialysis has been found to be a more desirable alternative to conventional dialysis based upon dose, duration and frequency. It has been shown to improve the quality of life of the patients who choose this treatment option, and is a viable alternative for working patients, patients with child care needs, and patients who want more flexibility in their lives and do not want to schedule their lives around dialysis treatments. Finally, PD uses the peritoneum, the thin membrane that lines the abdomen, to perform dialysis treatments. Like home dialysis, PD treatments can be scheduled around a patient's daily schedule, allowing more time for school, work, and family.

DaVita is committed to make every attempt to maintain patient health, prevent patient death and improve its patients' quality of life through integrated care management. DaVita employs a patient-centric approach to educate patients formally and informally, provide emotional support, coordinate care among providers. This patient-centric approach has resulted in improved results and benefits for patients.

d. Competition

The Sun Health principal, Dr. Bhuvan Chawla, suggested it would be anti-competitive if DaVita was allowed to enter the market to compete with his facility. DaVita operates no facilities in Will County and only operates 12 of the 217 stations in the four county area of HSA 9. Approving the Proposed Project would increase competition, which would allow for greater patient choice and better quality of care in HSA 9. Throughout the state DaVita is at a competitive disadvantage with the much larger presence maintained by Fresenius Medical Care which has a 58% Chicago area market share compared with DaVita's 15% market share.

IV. Opposition to the Proposed Project

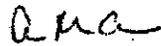
To date, letters in opposition to the Proposed Project have been filed with the HFSRB by Sun Health and Kidney Care Center. Both letters state that excess stations exist in the planning area and the Applicants failed to include recently approved projects (FMC Joliet, Silver Cross Renal Center, and FMC Bolingbrook), underutilized facilities in the geographic service area, and facilities outside of 30 minutes travel time from the Proposed Project in its need analysis. All of these issues have been thoroughly vetted in this letter, and as our analysis shows, a new dialysis facility is warranted in Crest Hill to accommodate the growing need for dialysis services in Crest Hill and the west side of Joliet.

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Thank you for your time and consideration of this supplemental information.

Sincerely,



Anne M. Cooper

AMC:

Attachments

cc: Michael Constantino  
Penny Davis

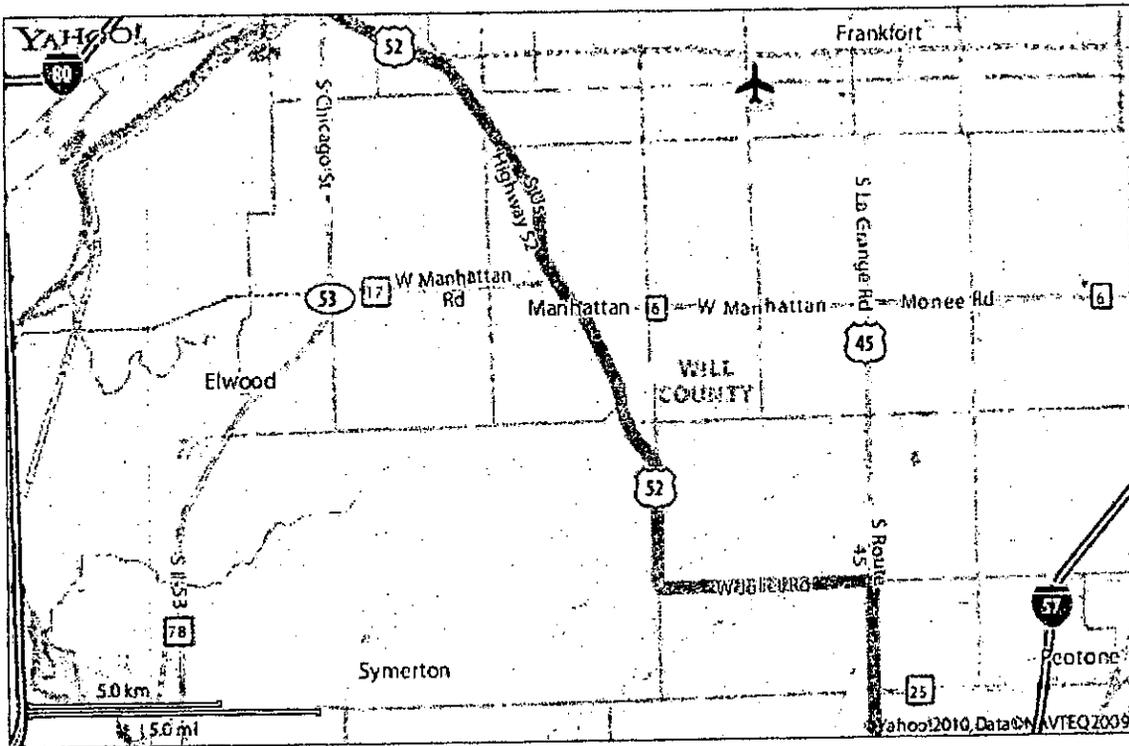
064628:418783

Directions to Provena St Mary S Hospital (815) 468-1000 **YAHOO!**

Total Time: 56 mins, Total Distance: 34.07 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward CATON CREST DR	go 0.22 mi
2. Bear <b>R</b> on PLAINFIELD RD(US-30)	go 1.14 mi
3. Turn <b>R</b> on N LARKIN AVE	go 3.07 mi
4. Take ramp onto I-80 E toward INDIANA	go 2.28 mi
5. Take exit #132A/CHICAGO ST SOUTH onto S CHICAGO ST(US-52 E)	go 0.59 mi
6. Turn <b>L</b> on DORIS AVE(US-52)	go 0.13 mi
7. Turn <b>R</b> on GARDNER ST(US-52)	go 0.29 mi
8. Continue to follow US-52	go 16.99 mi
9. Turn <b>R</b> on S ROUTE 45(US-45)	go 4.04 mi
10. Continue to follow US-45	go 3.1 mi
11. Turn <b>L</b> on E 9000N RD(CR-9)	go 1.49 mi
12. Continue on W DIVISION ST	go 0.47 mi
13. Bear <b>R</b> on W DIVISION ST	go 0.27 mi
<b>B</b> 14. Arrive at 1 E DIVISION ST, MANTENO, on the <b>L</b>	

Time: 56 mins, Distance: 34.07 mi



*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*

**Directions to Silver Cross Renal Center (815) 942-3995**



Total Time: 33 mins, Total Distance: 25.24 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward KELLOGG ST	go 197 ft
2. Turn <b>R</b> on KELLOGG ST	go 0.25 mi
3. Bear <b>L</b> on PLAINFIELD RD(US-30)	go 1.07 mi
4. Continue to follow US-30	go 0.54 mi
5. Take ramp onto I-55 S	go 6.78 mi
6. Take exit #250B/IOWA onto I-80 W	go 14.08 mi
7. Take exit #112/MORRIS/YORKVILLE	go 0.29 mi
8. Turn <b>L</b> on DIVISION ST	go 1.17 mi
9. Turn <b>R</b> on BEDFORD RD(US-6)	go 0.79 mi
10. Continue to follow US-6	go 0.15 mi
11. Turn <b>R</b> on CREEK DR	go 358 ft
<b>B</b> 12. Arrive at 1551 CREEK DR, MORRIS, on the <b>R</b>	

*Time: 33 mins, Distance: 25.24 mi*

*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*

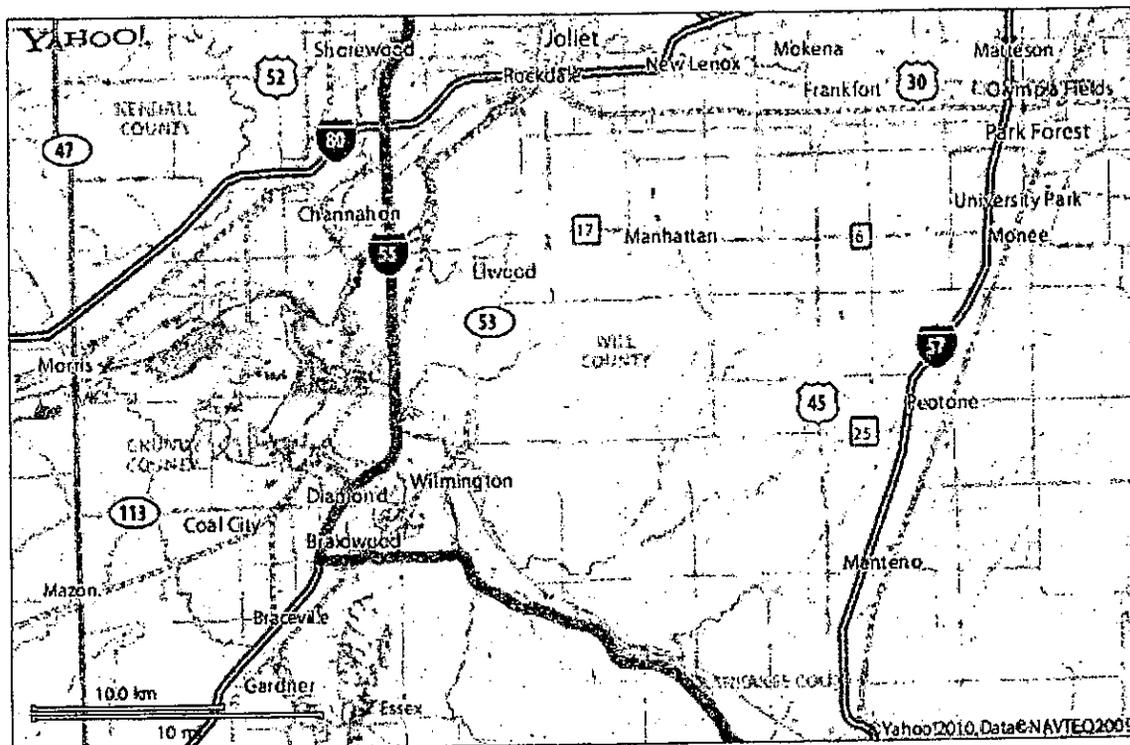
**Directions to 455 W Court St, Kankakee, IL 60901-3642**



Total Time: 1 hours 5 mins, Total Distance: 49.91 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward KELLOGG ST	go 197 ft
2. Turn <b>R</b> on KELLOGG ST	go 0.25 mi
3. Bear <b>L</b> on PLAINFIELD RD(US-30)	go 1.07 mi
4. Continue to follow US-30	go 0.54 mi
5. Take ramp onto I-55 S	go 23.69 mi
6. Take exit #233/REED ROAD	go 0.34 mi
7. Turn <b>L</b> on E REED RD(CR-37)	go 0.16 mi
8. Continue on W KENNEDY RD	go 1.39 mi
9. Turn <b>L</b> on S WASHINGTON ST(IL-129)	go 0.47 mi
10. Turn <b>R</b> on IL-113	go 17.5 mi
11. Continue on W IL-113	go 2.52 mi
12. Continue on IL-113	go 1.41 mi
13. Bear <b>L</b> on W COURT ST	go 0.5 mi
<b>B</b> 14. Arrive at 455 W COURT ST, KANKAKEE, on the <b>L</b>	

*Time: 1 hours 5 mins, Distance: 49.91 mi*



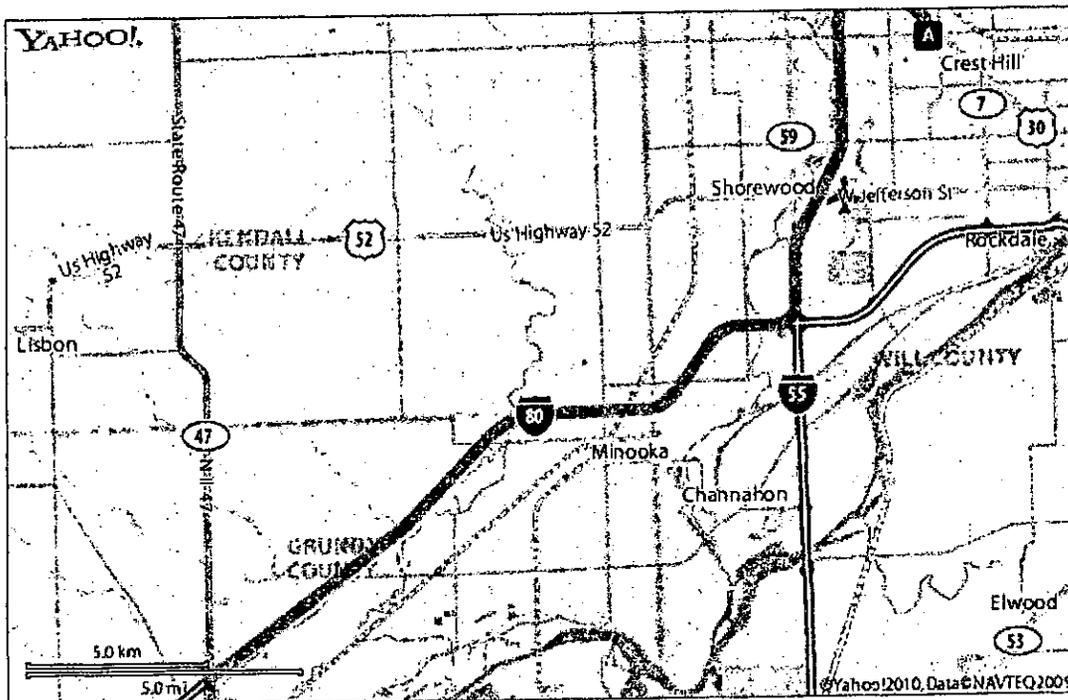
*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*

Directions to 1401 Lake Wood Dr, Morris, IL 60450-1237 **YAHOO!**

Total Time: 34 mins, Total Distance: 25.44 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward KELLOGG ST	go 197 ft
2. Turn <b>R</b> on KELLOGG ST	go 0.25 mi
3. Bear <b>L</b> on PLAINFIELD RD(US-30)	go 1.07 mi
4. Continue to follow US-30	go 0.54 mi
5. Take ramp onto I-55 S	go 6.78 mi
6. Take exit #250B/IOWA onto I-80 W	go 14.08 mi
7. Take exit #112/MORRIS/YORKVILLE	go 0.29 mi
8. Turn <b>L</b> on DIVISION ST	go 1.17 mi
9. Turn <b>R</b> on BEDFORD RD(US-6)	go 0.79 mi
10. Continue to follow US-6	go 0.32 mi
11. Turn <b>L</b> on LAKE WOOD DR	go 0.1 mi
<b>B</b> 12. Arrive at 1401 LAKE WOOD DR, MORRIS, on the <b>L</b>	

Time: 34 mins, Distance: 25.44 mi



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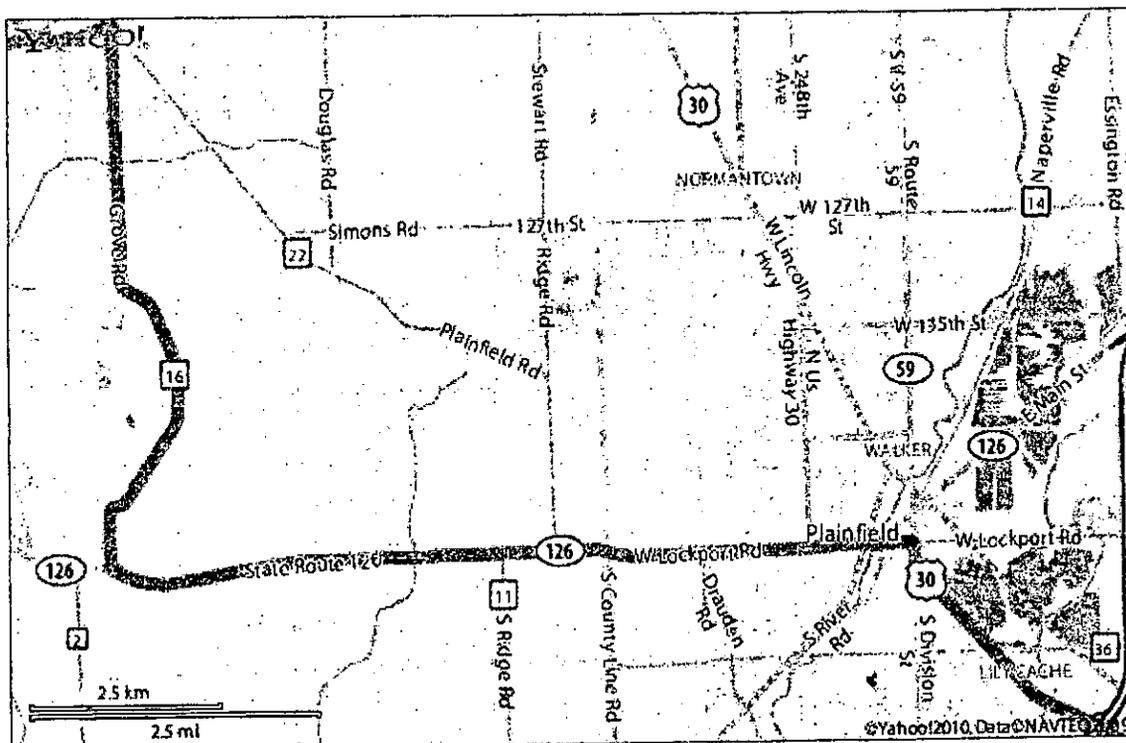
**Directions to 1051 Station Dr, Oswego, IL 60543-5008**



Total Time: 38 mins, Total Distance: 20.6 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward KELLOGG ST	go 197 ft
2. Turn <b>R</b> on KELLOGG ST	go 0.25 mi
3. Bear <b>L</b> on PLAINFIELD RD(US-30)	go 1.07 mi
4. Continue to follow US-30	go 2.96 mi
5. Turn <b>L</b> on W LOCKPORT ST	go 0.36 mi
6. Continue on IL-126	go 7.26 mi
7. Turn <b>R</b> on GROVE RD(CR-16)	go 5.3 mi
8. Turn <b>L</b> on PLAINFIELD RD(CR-22)	go 0.1 mi
9. Turn <b>L</b> on STATE ROUTE 71(IL-71)	go 1.55 mi
10. Turn <b>R</b> on ORCHARD RD(CR-9A)	go 1.51 mi
11. Turn <b>L</b> on MILL RD	go 384 ft
12. Turn <b>R</b> on STATION DR	go 0.12 mi
<b>B</b> 13. Arrive at 1051 STATION DR, OSWEGO, on the <b>R</b>	

*Time: 38 mins, Distance: 20.6 mi*



*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*

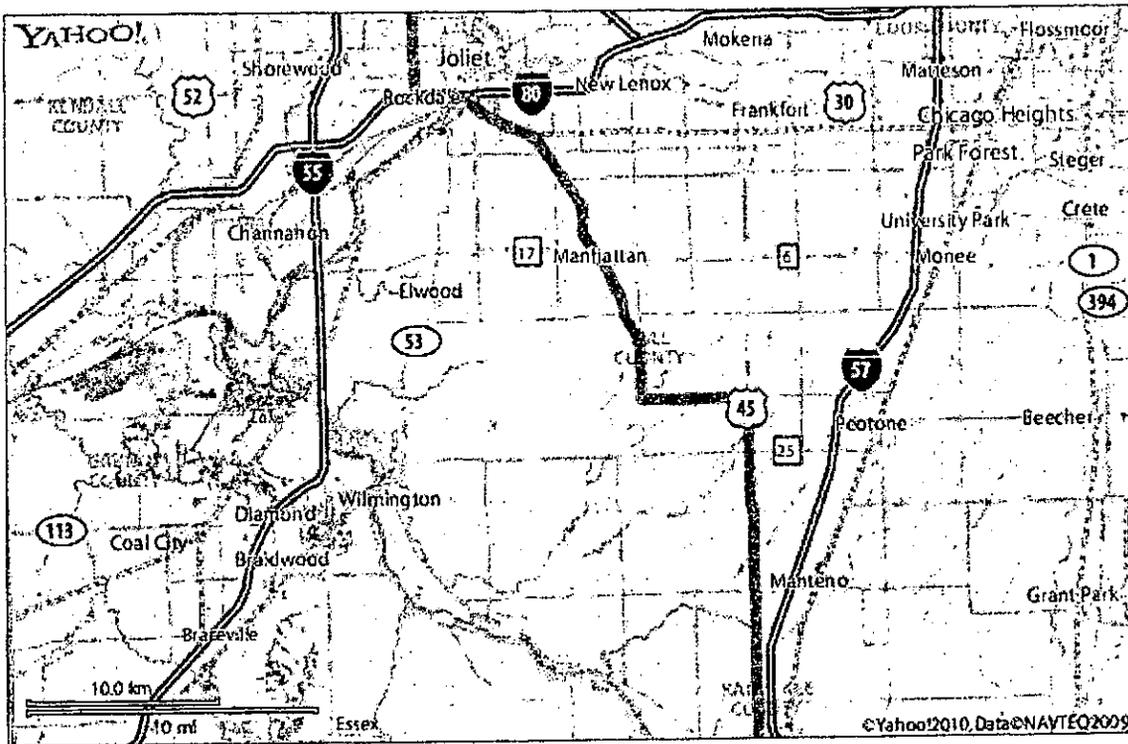
**Directions to 581 William R Latham Sr Dr,  
Bourbonnais, IL 60914-2319**



Total Time: 59 mins, Total Distance: 38.09 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward CATON CREST DR	go 0.22 mi
2. Bear <b>R</b> on PLAINFIELD RD(US-30)	go 1.14 mi
3. Turn <b>R</b> on N LARKIN AVE	go 3.07 mi
4. Take ramp onto I-80 E toward INDIANA	go 2.28 mi
5. Take exit #132A/CHICAGO ST SOUTH onto S CHICAGO ST(US-52 E)	go 0.59 mi
6. Turn <b>L</b> on DORIS AVE(US-52)	go 0.13 mi
7. Turn <b>R</b> on GARDNER ST(US-52)	go 0.29 mi
8. Continue to follow US-52	go 16.99 mi
9. Turn <b>R</b> on US-45	go 13.2 mi
10. Turn <b>R</b> on WILLIAM LATHAM DR	go 0.2 mi
<b>B</b> 11. Arrive at 581 WILLIAM R LATHAM SR DR, BOURBONNAIS, on the <b>R</b>	

*Time: 59 mins, Distance: 38.09 mi*



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**Directions to 8910 W 192nd St, Mokena, IL 60448-8109**



Total Time: 33 mins, Total Distance: 21.27 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward CATON CREST DR	go 0.22 mi
2. Bear <b>R</b> on PLAINFIELD RD(US-30)	go 1.14 mi
3. Turn <b>R</b> on N LARKIN AVE	go 3.07 mi
4. Take ramp onto I-80 E toward INDIANA	go 14.95 mi
5. Take exit #145/LA GRANGE RD onto LA GRANGE RD (US-45 S)	go 1 mi
6. Turn <b>L</b> on 191ST ST(CR-84)	go 0.6 mi
7. Turn <b>R</b> on DARVIN DR	go 0.16 mi
8. Continue on W 192ND ST	go 0.14 mi
<b>B</b> 9. Arrive at 8910 W 192ND ST, MOKENA, on the <b>L</b>	

*Time: 33 mins, Distance: 21.27 mi*

*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*

**Directions to Yorkville Dialysis Center Llc (630) 553-6952**



Total Time: 39 mins, Total Distance: 20.64 mi

	Distance
<b>A</b> 1. Start at 20660 CATON FARM RD, CREST HILL going toward KELLOGG ST	go 197 ft
2. Turn <b>R</b> on KELLOGG ST	go 0.25 mi
3. Bear <b>L</b> on PLAINFIELD RD(US-30)	go 1.07 mi
4. Continue to follow US-30	go 2.96 mi
5. Turn <b>L</b> on W LOCKPORT ST	go 0.36 mi
6. Continue on IL-126	go 13.01 mi
7. Turn <b>R</b> on S BRIDGE ST(IL-47)	go 1.62 mi
8. Turn <b>L</b> on VETERANS PKY(US-34)	go 1.25 mi
9. Turn <b>R</b> on BEECHER RD	go 423 ft
<b>B</b> 10. Arrive at 1400 BEECHER RD, YORKVILLE, on the <b>R</b>	

*Time: 39 mins, Distance: 20.64 mi*

*When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.*