



2000 16th Street
Denver, CO 80202
(303) 405-2100
www.davita.com

November 26, 2012

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

RECEIVED

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: Total Renal Care Inc. & Camino Dialysis LLC d/b/a
Barrington Creek Dialysis
28160 W. Northwest Highway
Lake Barrington, Illinois 60010
CON #11-010
Project Completion and Report of Final Realized Cost

Dear Chairman Galassie:

This letter is the Notice of Project Completion and Report of Final Realized Cost for the above-referenced project in accordance with the revised State Board Rule 1130.770 item b.

Regarding project completion, Barrington Creek Dialysis treated it first patient on May 11, 2012. Medicare certification was received with an effective date of coverage of October 16, 2012 (please refer to letter in Attachment 1.)

Regarding final realized costs, please compare the project's Original and Final Realized Source and Use of Funds Statements which are attached as Attachment 2. These statements provide detailed itemizations of all expenditures and sources of funds for this project. Final realized costs of CON #11-010 are \$2,390,033. These costs are the total costs recorded to complete the project. No additional or associated costs or capital expenditures are related to the project. *Please note that these costs are not submitted for reimbursement under Title XVIII or XIX of the Social Security Act.*

As the project constitutes a major construction project, with costs exceeding one million dollars, also refer to Attachment 3, the final Application and Certification for Payment for the construction contract, form G702 of the American Institute of Architects.

Please accept this letter as certification and verification of the above-mentioned information.

Sincerely,


Marle Marcus Damisch
Group General Counsel

Subscribed and sworn to before me in the county of Denver, State of Colorado,
this 26th day of November, 2012.



(Notary's official signature)

Feb. 13, 2014

(Commission expiration date)


CYNTHIA K. EBBERS
Notary Public
State of Colorado

My Commission Expires February 13, 2014

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 14-2736

November 6, 2012
(Via Certified Mail)

Graham Lawless, Administrator
Barrington Creek Dialysis
28160 W. Northwest Highway
Lake Barrington, IL 60010

Dear Mr. Lawless:

The Centers for Medicare and Medicaid Services has accepted your request for the addition of In-center hemodialysis (HD) services. Your effective date of coverage is October 16, 2012.

Your facility is approved for a total of twelve (12) maintenance stations and to provide the following services:

- In- Center Hemodialysis
- Home PD (CAPD/CCPD) Training & Support

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

Thank you for notifying us of the changes to your facility. If you have any questions, please contact Stephanie Ysrael in the Chicago Office at (312) 353-2908.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Potjeau". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael Potjeau
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare and Family Services
National Government Services
Renal Network 9/10

Project Costs and Source of Funds

Barrington Creek Dialysis
CON # 11-010

Use of Funds	Original CON Permit			Final Costs
	Clinical	Non- Clinical	Total	Date 11/19/12
Preplanning costs	\$ 5,500		\$ 5,500	\$ 5,488
Site Survey and Soil Investigation				
Site Preparation				
Off Site Work				
New Construction Contracts				
Modernization Contracts *	\$ 624,680		\$ 624,680	\$ 660,313
Contingencies	\$ 93,701		\$ 93,701	
Architectural/Engineering Fees	\$ 48,000		\$ 48,000	\$ 55,126
Consulting and Other Fees	\$ 43,500		\$ 43,500	\$ 72,921
Movable or Other Equipment (not in construction contracts)	\$ 455,751		\$ 455,751	\$ 350,326
Bond Issuance Expenses (project related)				
Net Interest Expense During Construction (project related)				\$ 8,678
Fair Market Value of Leased Space or Equipment	\$ 1,155,000		\$ 1,155,000	\$ 1,155,000
Other Cost to be Capitalized	\$ 68,300		\$ 68,300	\$ 82,181
Acquisition of building or other property (excluding Land)				
ESTIMATED TOTAL USE OF FUNDS	\$ 2,494,432	\$ -	\$ 2,494,432	\$ 2,390,033
Source of funds	Clinical	Non- Clinical	Total	
Cash and Securities	\$ 1,339,432		\$ 1,339,432	\$ 1,235,033
Pledges				
Gifts and Bequests				
Bond Issuance (project related)				
Mortgages				
Leases (fair market value)	\$ 1,155,000		\$ 1,155,000	\$ 1,155,000
Government Appropriations				
Grants				
Other Funds and Sources				
TOTAL SOURCE OF FUNDS	\$ 2,494,432		\$ 2,494,432	\$ 2,390,033

* The fair market (FMV) of leased space is \$ 165.00 per gross square foot(gsf).
Therefore, the FMV of the 7,000 gsf to be leased is \$ 1,155,000. See attachment 7B.

APPLICATION AND CERTIFICATE FOR PAYMENT A/A DOCUMENT G702

(Instructions on reverse side)

PAGE ONE OF PAGES

TO (OWNER): Total Rental Care, Inc.
601 Hawaii Street
El Segundo, CA 90245

PROJECT: Barrington Creek Dialysis - Fac #5018
28160 West Northwest Hwy, Suite 118
Barrington, IL 60010

APPLICATION NO: 06
PERIOD TO: 8/31/12
ARCHITECTS:
PROJECT NO: 10023-A

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

FROM (CONTRACTOR): The Dubs Company
1699 East Chicago St.
Egin, IL 60120

VIA (ARCHITECT): smdccc / Sullivan Callahan Nelson Architects
1600 Golf Road, Suite 1000
Rolling Meadows, IL 60008

CONTRACT DATE: 12/15/11

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		46,260	
TOTAL			
Approved this Month			
Number	Date Approved		
13	6/22/12	\$1,193	
14	6/22/12	\$294	
15	9/10/12		\$12,776
TOTALS		47,747	12,776
Net change by Change Orders			34,971

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: 

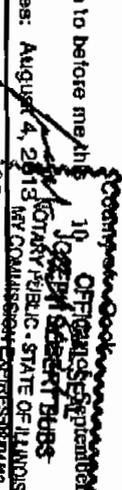
Date: 9/10/12

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATE FOR PAYMENT - MAY 1989 EDITION, AIA - 1993 THE AMERICAN INSTITUTE OF ARCHITECTS, 1736 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20008

- ORIGINAL CONTRACT SUM** \$ 625,342
- Net change by Change Orders** \$ 34,971
- CONTRACT SUM TO DATE (Line 1 + 2)** \$ 660,313
- TOTAL COMPLETED & STORED TO DATE** \$ 660,313
(Column G on G703)
- RETAINAGE:**
 - 0% % of Completed Work \$ 0
(Column D + E on G703)
 - 0% % of Stored Material \$ 0
(Column F on G703)
- TOTAL RETAINAGE (Line 5a + 5b or Total in Column I of G703)** \$ 0
- TOTAL EARNED LESS RETAINAGE** \$ 660,313
(Line 4 less Line 5 Total)
- LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)** \$ 657,948
- CURRENT PAYMENT DUE** \$ 2,365
- BALANCE TO FINISH, PLUS RETAINAGE** \$ 0
(Line 3 less Line 6)

State of: Illinois
Subscribed and sworn to before me this 10th day of September 2012
Notary Public: 
My Commission expires: August 4, 2015
NOTARY PUBLIC - STATE OF ILLINOIS
OFFICIAL COMMISSION # 012

AMOUNT CERTIFIED \$ 2,365
(Attach explanation if a check certified differs from the amount applied for.)
ARCHITECT: 
Digitally signed by James Burke PM, DN: cn=James Burke PM, o=Devita, ou=15, email=james.burke@devita.com, c=US

By: 
This Certificate is not valid unless the Amount Certified is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

(Instructions on reverse side)

PAGE 3 OF PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 06
 APPLICATION DATE: 9/10/12
 PERIOD TO: 8/31/12
 ARCHITECT'S PROJECT NO: 10023-A

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G/C)	I BALANCE TO FINISH (C-G)	J RETAINAGE
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD						
	Jose Drapery (blinds)	2,310	1,250	2,310	2,310		2,310	100%	0	0
	Interior Steel Products (lockers)	1,250	1,250	1,250	1,250		1,250	100%	0	0
	Wilson Kitchens (casework)	31,310	31,310	31,310	31,310		31,310	100%	0	0
	CSI (accessories)	3,223	3,223	3,223	3,223		3,223	100%	0	0
	PRP & Corner Guards	9,191	9,191	9,191	9,191		9,191	100%	0	0
	Unistrut brackets	2,500	2,500	2,500	2,500		2,500	100%	0	0
	Change order #1, 2, 3	31,007	31,007	31,007	31,007		31,007	100%	0	0
	Change order #6, 7, 8	2,993	2,993	2,993	2,993		2,993	100%	0	0
	Change order #5	1,271	1,271	1,271	1,271		1,271	100%	0	0
	Change order #10	7,495	7,495	7,495	7,495		7,495	100%	0	0
	Change order #11	1,659	1,659	1,659	1,659		1,659	100%	0	0
	Change order #12	1,835	1,835	1,835	1,835		1,835	100%	0	0
	Change order #13	1,193	1,193	1,193	1,193		1,193	100%	0	0
	Change order #14	294	294	294	294		294	100%	0	0
	Change order #15	-12,776	-12,776	-12,776	-12,776		-12,776	100%	0	0
	Permit - Allowance	5,000	5,000	5,000	5,000		5,000	100%	0	0
	General - Allowance	12,000	12,000	12,000	12,000		12,000	100%	0	0
	BAS - Allowance	3,500	3,500	3,500	3,500		3,500	100%	0	0
	Floor Prep - Allowance	6,500	6,500	6,500	6,500		6,500	100%	0	0
	Roof Patch - Allowance	5,000	5,000	5,000	5,000		5,000	100%	0	0
	Final Clean	2,200	2,200	2,200	2,200		2,200	100%	0	0
	Dumpsters & Clean-up	3,000	3,000	3,000	3,000		3,000	100%	0	0
	General Conditions, Overhead & Profit	75,185	74,000	1,185	1,185		75,185	100%	0	0
		660,313	643,071	17,242	17,242		660,313	100%	0	0

