



**RECEIVED** Timothy V Tincknell, FACHE  
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FEB 27 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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Chicago, IL 60614  
Fax: (866) 586-3214  
[www.davita.com](http://www.davita.com)

February 26, 2013

**VIA ELECTRONIC MAIL**

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: Red Bud Dialysis (Proj. No. 12-034)**

Dear Mike:

On September 12, 2012, the Illinois Health Facilities and Services Review Board ("Board") approved DaVita's Certificate of Need permit application to establish an 8-station dialysis facility in Red Bud, Illinois. This project will involve a ground-up development on an empty parcel of land by a developer. After further defining the building footprint, completing the design plan and working out the space requirements with the landlord, DaVita has determined that the facility will consist of 5,490 gross square feet rather than the 6,000 gross square feet as originally anticipated.

The Board's rules allow for certain alterations to a project for which a permit has been issued. As set forth in 77 Ill. Admin. Code 1130.750, a decrease in the square footage of a proposed facility is an allowable alteration that requires Board approval. The reduced square footage and related costs comply with the Board's size standards.

By this letter, the Applicants are requesting that the Board approve this alteration. Enclosed is a \$1,000 check for the fee associated with the alteration. We would appreciate if the Chair could review and approve it with a desk review.



February 26, 2013

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Thank you for your continued assistance and please do not hesitate to contact me if you have additional questions.

Sincerely,

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

Timothy V. Tincknell

CC: Yoni Danieli, Regional Operations Director, DaVita HealthCare Partners, Inc  
Joe Van Leer, Polsinelli Shughart

**Davita** DATE: 25-Feb-13

VENDOR NAME: ILLINOIS DEPARTMENT OF

NO 4801118

| INVOICE NUMBER  | INVOICE DATE | DESCRIPTION | FACILITY | DISCOUNT AMOUNT | NET AMOUNT |
|---|--------------|-------------|----------|-----------------|------------|
| IL5282022013  | 02/20/2013   | CON FEE     | 05282    | \$0.00          | \$1,000.00 |
| PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT |              |             |          | \$0.00          | \$1,000.00 |

▼ DETACH CHECK ALONG PERFORATION ▼

▼ DETACH CHECK ALONG PERFORATION ▼

**Davita.**

TOTAL RENAL CARE, INC.  
A SUBSIDIARY OF DAVITA  
P.O. Box 2037  
Tacoma, WA 98401-2037

62-35 BNY MELLON TRUST OF DELAWARE  
311

4801118

| CHECK DATE | CHECK NUMBER | PAY THIS AMOUNT |
|------------|--------------|-----------------|
| 25-Feb-13  | 4801118      | \$1,000.00      |

PAY One Thousand Dollars And Zero Cents\*\*\*\*\*

TO THE ORDER OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
525 W JEFFERSON STREET  
SPRINGFIELD, IL 62761

*K.J. Jy*

12-034 Red Bud Dialysis

DOCUMENT CONTAINS MULTI-COLORED PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

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