

15-049

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**ORIGINAL**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

OCT 14 2015

Facility/Project Identification

Facility Name: Huntley Dialysis			HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 10350 Haligus Road			
City and Zip Code: Huntley, Illinois 60142			
County: McHenry	Health Service Area: 8	Health Planning Area: 8	

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: DaVita HealthCare Partners Inc.
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

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

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Tim Tincknell
Title: Administrator
Company Name: DaVita HealthCare Partners Inc.
Address: 1333 North Kingsbury Street, Suite 305 Chicago, Illinois 60642
Telephone Number: 312-649-9289
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Additional Contact

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

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 720 Cog Circle, Crystal Lake, Illinois 60014
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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Street Address: 10350 Haligus Road		
City and Zip Code: Huntley, Illinois 60142		
County: McHenry	Health Service Area: 8	Health Planning Area: 8

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Rhodes Dialysis, LLC
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

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Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number: 312-873-3793

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Duke Realty Limited Partnership
Address of Site Owner: 600 East 96 th Street, Suite 100, Indianapolis, Indiana 46240
Street Address or Legal Description of Site: 10350 Haligus Road, Huntley, Illinois 60142

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

LEGAL DESCRIPTION OF A TO BE CONSTRUCTED MEDICAL OFFICE BUILDING LOCATED AT APPROXIMATELY: 10350 HALIGUS ROAD, HUNTLEY, IL 60142

TRACT 5

THAT PART OF LOTS 2, 3, AND 4 IN CENTEGRA HEALTH CARE CAMPUS, ACCORDING TO THE FINAL PLAT OF SUBDIVISION RECORDED JANUARY 15, 2008 AS DOCUMENT NUMBER 2008R0002817, IN PART OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 43 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN, MCHENRY COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID LOT 3; THENCE ON AN ASSUMED BEARING OF NORTH 89 DEGREES 55 MINUTES 58 SECONDS WEST ALONG THE NORTH LINE OF SAID LOT 3, A DISTANCE OF 212.27 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 51.85 FEET; THENCE SOUTH 89 DEGREES 59 MINUTES 20 SECONDS WEST 138.33 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 322.77 FEET; THENCE SOUTH 89 DEGREES 59 MINUTES 20 SECONDS WEST, 148.33 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 40 SECONDS WEST, 689.18 FEET; THENCE NORTH 89 DEGREES 59 MINUTES 20 SECONDS EAST, 286.66 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 314.56 FEET TO THE POINT OF BEGINNING.

SAID PROPERTY CONTAINING 3.510 ACRES, MORE OR LESS.

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Rhodes Dialysis LLC			
Address: 2000 16 th Street, Denver, CO 80202			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o 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 co-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 #2005-5 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 #2005-5 (<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

Provide in the space below, 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 HealthCare Partners Inc. and Rhodes 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 10350 Haligus Road, Huntley, Illinois 60142. The proposed dialysis facility will include a total of approximately 7,682 gross square feet of clinical space, 1,053 gross square feet of non-clinical space for a total of 8,735 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 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	\$1,222,315	\$166,521	\$1,388,836
Modernization Contracts			
Contingencies	\$96,811	\$13,189	\$110,000
Architectural/Engineering Fees	\$95,051	\$12,949	\$108,000
Consulting and Other Fees	\$76,368	\$10,404	\$86,772
Movable or Other Equipment (not in construction contracts)	\$450,455	\$87,568	\$538,023
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$975,521	\$132,900	\$1,108,421
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,916,521	\$423,531	\$3,340,052
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,941,000	\$290,631	\$2,231,631
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$975,521	\$132,900	\$1,108,421
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,916,521	\$423,531	\$3,340,052
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		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 following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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 HealthCare Partners 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

Arturo Sida

 PRINTED NAME

Assistant Corporate Secretary

 PRINTED TITLE

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

Signature of Notary

Seal

See Attached



 SIGNATURE

Javier J. Rodriguez

 PRINTED NAME

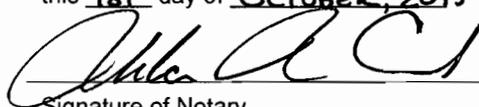
Chief Executive Officer – Kidney Care

 PRINTED TITLE

STATE OF COLORADO
 COUNTY OF DENVER
 Notarization:
 Subscribed and sworn to before me
 this 1st day of OCTOBER, 2015

Signature of Notary

Seal





*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 September 29, 2015 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.
Kimberly Ann K. Burgo
Signature



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: Certificate re CON Application (Rhodes Dialysis LLC)
Document Date: September 29, 2015 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

(Title(s))
 Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

CERTIFICATION

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

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 SIGNATURE

Arturo Sida

 PRINTED NAME

Assistant Corporate Secretary

 PRINTED TITLE

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

Signature of Notary _____

Seal *See Attached*



 SIGNATURE

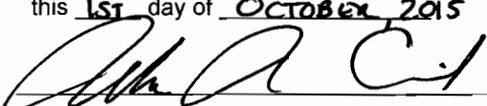
Javier J. Rodriguez

 PRINTED NAME

Chief Executive Officer – Kidney Care

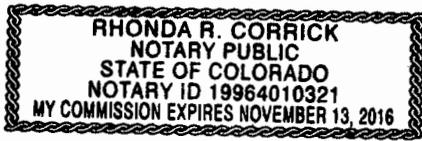
 PRINTED TITLE

STATE OF COLORADO
 COUNTY OF DENVER
 Notarization:
 Subscribed and sworn to before me
 this 1st day of OCTOBER 2015



 Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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State of California

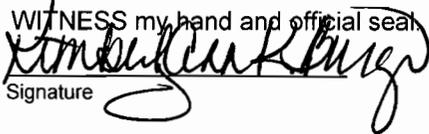
County of Los Angeles

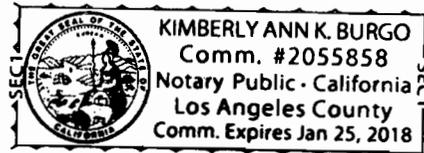
On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

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



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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

(Title(s))

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

Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity Rhodes Dialysis LLC

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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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 the information has been 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.

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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	MET 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 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 are 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.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis 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
<input checked="" type="checkbox"/> 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(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-26, 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 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

IX. 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-37, 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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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 43.

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

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-41, 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 HealthCare Partners Inc. and Rhodes Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Rhodes Dialysis, LLC will be the operator of Huntley Dialysis. Huntley Dialysis is a trade name of Rhodes Dialysis, LLC and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS 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 FIFTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTHCARE PARTNERS 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.

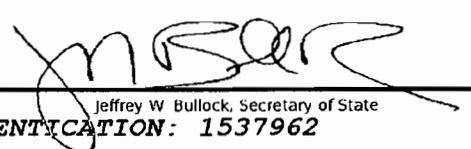
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

140958293

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14

File Number

0536568-6



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

RHODES DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 05, 2015, 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.



Authentication #: 1528001620 verifiable until 10/07/2016
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of OCTOBER A.D. 2015 .

Jesse White

SECRETARY OF STATE

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

The letter of intent between Duke Realty Limited Partnership and Rhodes Dialysis, LLC to lease the facility located at 10350 Haligus Road, Huntley, Illinois 60142 is attached at Attachment – 2.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.
A JOHNSON CONTROLS COMPANY

July 15, 2015

Mr. Travis Tucker
Vice President
Duke Realty
510 East 96th Street, Suite 250
Indianapolis, IN 46240

RE: LOI – Centegra Health System Huntley MOB

Dear Travis:

Johnson Controls Real Estate Services, Inc. (“JCI”) has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues of approximately \$11.5 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises, with some modifications as the entirety of the then circumstances may require:

<u>PREMISES:</u>	To be constructed medical office building located at approximately: 10350 Haligus Road, Huntley, IL 60142 <i>See Exhibit D</i>
<u>TENANT:</u>	“Total Renal Care, Inc. or related entity to be named”
<u>LANDLORD:</u>	DUKE REALTY LIMITED PARTNERSHIP, an Indiana limited Partnership.
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 7,596 contiguous usable square feet (8,735 rentable square feet) on the first floor. Tenant shall have the right to measure space based on most recent BOMA standards.
<u>PRIMARY TERM:</u>	Ten (10) years
<u>BASE RENT:</u>	\$17.50 psf NNN; 2% annual escalations.

ADDITIONAL EXPENSES:

Centegra MOB (80,000 rsf)

<u>OPERATING EXPENSES</u>	<u>Amount</u>	<u>Psf</u>
Utilities	\$124,800	\$1.56
Housekeeping	\$170,400	\$2.13
Maintenance	\$76,000	\$0.95
Repairs	\$81,600	\$1.02
Real Estate Taxes	\$299,600	\$3.75
Insurance	\$30,400	\$0.38
Management Fees	\$99,296	\$1.24
Security	\$0.00	\$0.00
Other	120,000	\$1.50
TOTAL OPERATING EXPENSES	\$962,096	\$12.53.

(Calculation to be updated based upon Housekeeping in common area only. Tenant is currently planning to contract direct with a Housekeeping vendor for their interior suite.)

Landlord agrees to a cap on annual increases of standard controllable CAM items to no greater than 5% increase annually on a cumulative basis to be further defined in the lease.

LANDLORD'S MAINTENANCE:

Capital expenditures related solely to the structural elements of the Building (including, without limitation, structural steel, the foundation, exterior and load bearing walls, floors, and roof) shall only be included within Operating Expenses, in the following events: (i) capital improvements required by governmental law, statute, ordinance, rule or regulation, which was not applicable to the Building or the Leased Premises on the Commencement Date; or (ii) capital improvements which are reasonably intended to reduce any component cost included as an Operating Expense to be further defined in lease agreement.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the completion of Landlords required work (if any), mutual lease execution and waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or until:

- 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: The base lease form shall conform (**where applicable**) to the recently executed lease between **Landlord and Tenant in Palisades, NJ**

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.

LL to verify that the Use is permitted within the building's zoning.

PARKING: **Four (4) parking spaces per 1,000 rsf.** Landlord will work with Tenant to obtain **two (2) dedicated handicapped stalls parking stalls.** The ground lease requires any dedicated parking to be approved by the ground lessor. We will need to identify the requested dedicated parking stalls, submit for ground lessor approval and then make it an exhibit to the lease.

BASE BUILDING: Landlord shall deliver to the premises, the Base Building improvements included in the attached **Exhibit B.**

TENANT IMPROVEMENTS: **None.**

OPTION TO RENEW: Three (3), five (5) year options to renew the lease. Option rent shall be increased by 2% after Year 10 of the initial term and continue with 2% annual escalations each successive year of the 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. Subordinate to any existing tenant's rights.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered possession of the premises to Tenant with all base building items substantially completed by a date to be further defined in lease agreement, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the defined delivery period.

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

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

BUILDING HOURS: Tenant requires building hours of 24 hours a day, 7 days a week. **Standard building hours are 8:00 am – 6:00 pm, M-F.**

SUBLEASE/ASSIGNMENT: Subject to the approval of the ground lessor per the ground lease. Tenant shall 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:

Subject to the approval of the ground lessor per the ground lease. Tenant shall have the right to place a satellite dish on the roof at no additional fee on a Landlord approved location. Associated installation, roof repairs, etc. will be at Tenant's expense.

NON COMPETE:

Landlord agrees not to enter into a new lease with another dialysis provider within a five (5) mile radius of Premises.

HVAC:

Packaged rooftop units with DX cooling and VAV boxes with electric reheat.

DELIVERIES:

Landlord will work with Tenant through the building design stages to accommodate an acceptable delivery option.

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. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by 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 as the Tenant's sole representatives Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to \$1.25 per square foot per year of lease per separate commission agreement.

PLANS:

Current plans to be delivered in a separate package (Site plan, floor/block plans, conceptual building renderings, etc).

It should be understood that this LOI is subject to the terms of Exhibit A attached hereto. 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 J. Gramlich

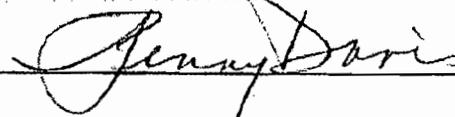
Cc: DaVita Team Genesis Real Estate, DaVita Regional Operational Leadership, JCI

SIGNATURE PAGE

LETTER OF INTENT:

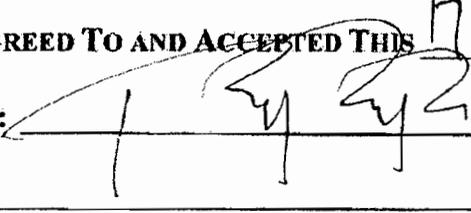
**To be Constructed Medical Office Building Located at
approximately: 10350 Haligus Road, Huntley, IL 60142**

AGREED TO AND ACCEPTED THIS 16 DAY OF JULY 2015

By: 

**On behalf of Total Renal Care, a wholly owned subsidiary of DaVita Healthcare
Partners, Inc.
("Tenant")**

AGREED TO AND ACCEPTED THIS 17 DAY OF JULY 2015

By: 

("Landlord")

Exhibit A

NON-BINDING NOTICE

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

Exhibit B

See Attached Spreadsheet

Exhibit C – Preliminary Floor Plan – Layout Subject to Change

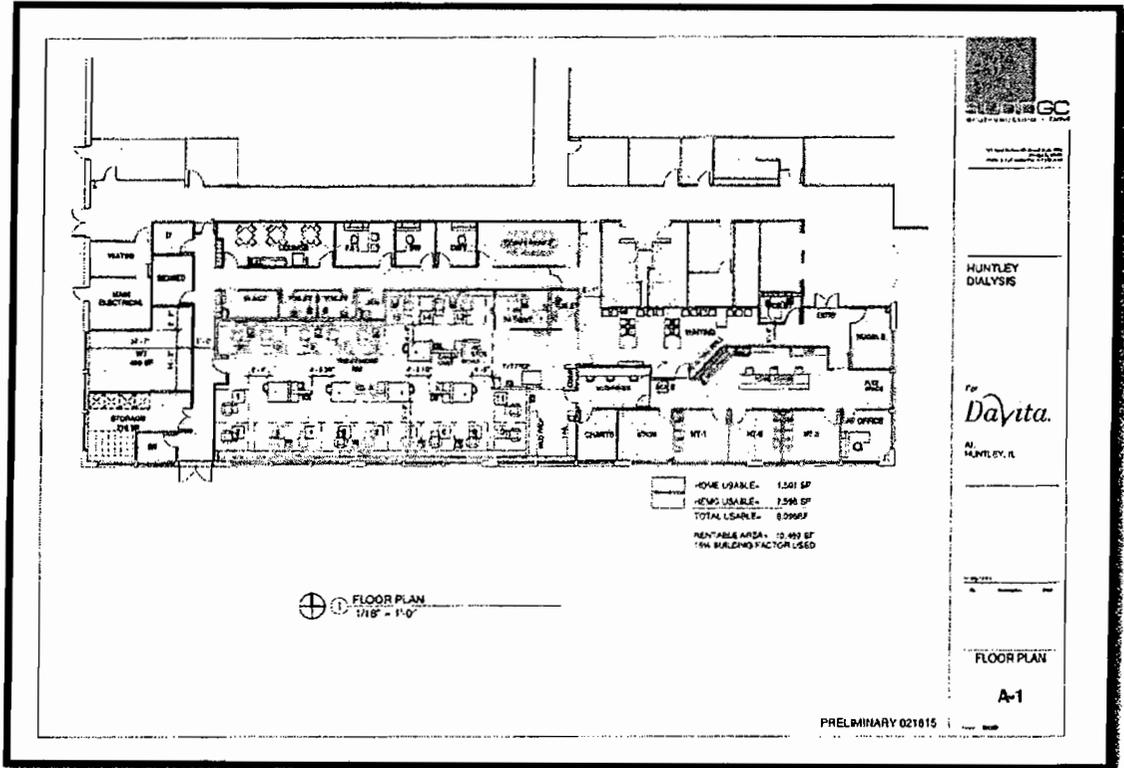


Exhibit D

**Legal Description of a to be constructed medical office building located at approximately: 10350 Haligus Road,
Huntley, IL 60142**

Tract 5

That part of Lots 2, 3, and 4 in Centegra Health Care Campus, according to the Final Plat of Subdivision recorded January 15, 2008 as document number 2008R0002817, in part of the Northeast Quarter of Section 27, Township 43 North, Range 7 East of the Third Principal Meridian, McHenry County, Illinois, described as follows:

Commencing at the northeast corner of said Lot 3; thence on an assumed bearing of North 89 degrees 55 minutes 58 seconds West along the north line of said Lot 3, a distance of 212.27 feet to the Point of Beginning; thence South 00 degrees 00 minutes 40 seconds East, 51.85 feet; thence south 89 degrees 59 minutes 20 seconds West 138.33 feet; thence south 00 degrees 00 minutes 40 seconds East, 322.77 feet; thence South 89 degrees 59 minutes 20 seconds West, 148.33 feet; thence North 00 degrees 00 minutes 40 seconds West, 689.18 feet; thence North 89 degrees 59 minutes 20 seconds East, 286.66 feet; thence South 00 degrees 00 minutes 40 seconds East, 314.56 feet to the Point of Beginning.

Said property containing 3.510 acres, more or less.

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

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

Name	Address	Ownership Interest
Total Renal Care Inc.	2000 16 th Street Denver, Colorado 80202	51%
Huntley Investment Partners, LLC	855 Madison Street Oak Park, Illinois 60302	24.5%
Nasir J. Ahmad, M.D.	296 West Spring Street South Elgin, Illinois 60177	10%



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

RHODES DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 05, 2015, 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.



Authentication #: 1528001620 verifiable until 10/07/2016
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of OCTOBER A.D. 2015 .

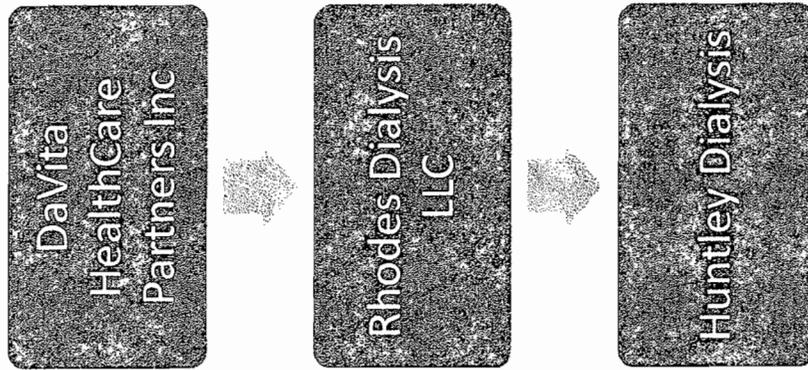
Jesse White

SECRETARY OF STATE

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

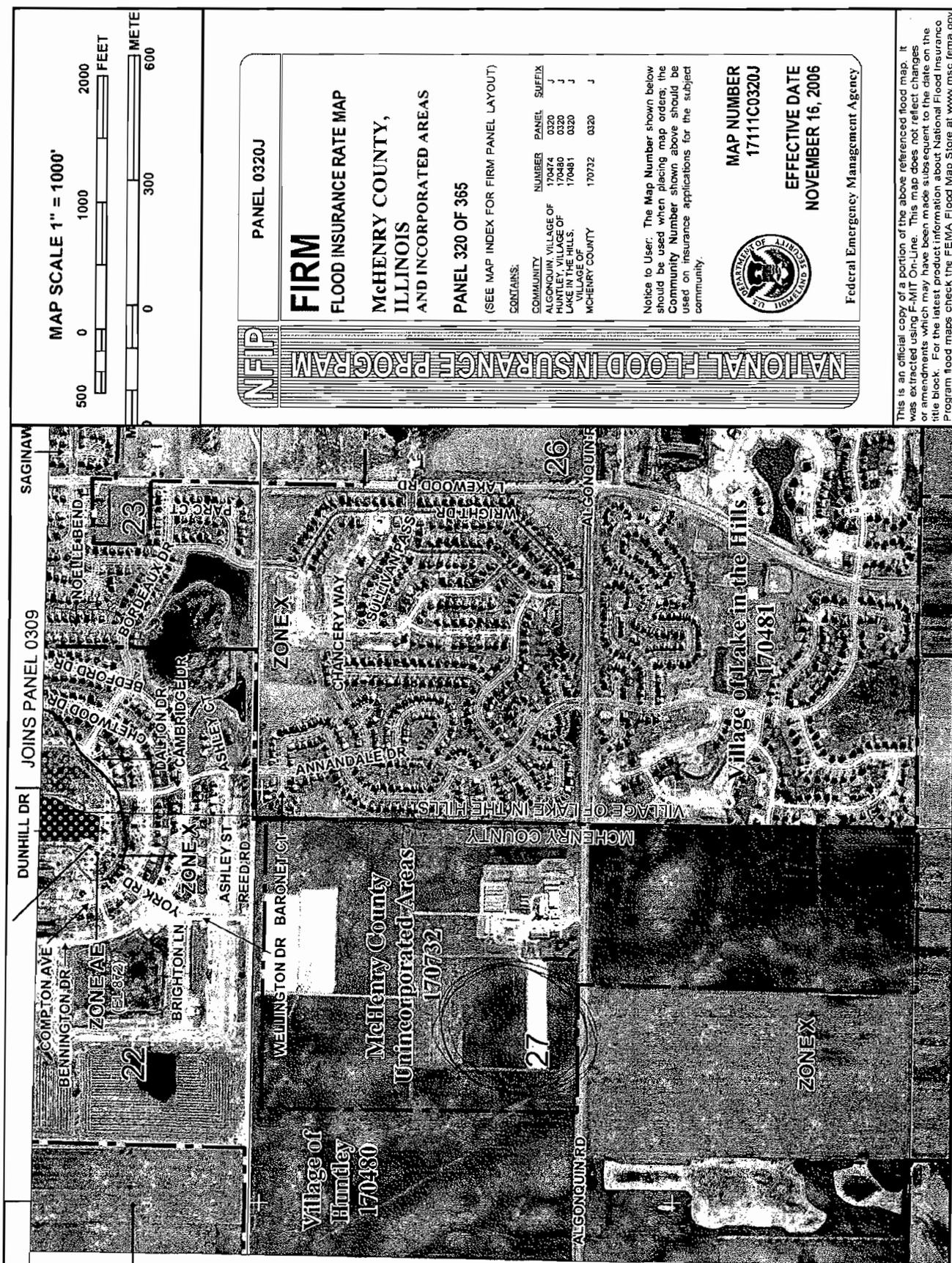
The organizational chart for DaVita HealthCare Partners Inc., Rhodes Dialysis, LLC., and Huntley Dialysis is attached at Attachment – 4.

Huntley Dialysis Organizational Chart

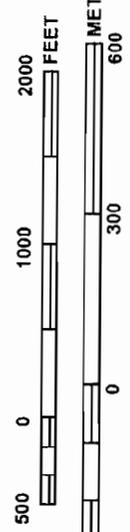


Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 10350 Haligus Road, Huntley, Illinois 60142. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



MAP SCALE 1" = 1000'



NFIP
NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0320J

FIRM
FLOOD INSURANCE RATE MAP
McHENRY COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 320 OF 365

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
ALGONQUIN VILLAGE OF	170474	0320	J
HUNTLEY VILLAGE OF	170480	0320	J
LAKELAND VILLAGE OF	170481	0320	J
McHENRY COUNTY	170732	0320	J

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



MAP NUMBER
1711C0320J

EFFECTIVE DATE
NOVEMBER 16, 2006

Federal Emergency Management Agency

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

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

The applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.



Timothy V Tincknell, FACHE
(312) 649-9298
timothy.tincknell@davita.com

1333 N Kingsbury St, Ste 305
Chicago, IL 60642
Fax: (866) 586-3214
www.davita.com

September 25, 2015

Ms. Rachel Leibowitz, PhD
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination

Dear Dr. Leibowitz:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita HealthCare Partners Inc. ("Requestor") seeks a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 16-station dialysis facility at 10350 Haligus Road, Huntley, Illinois 60142 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

LEGAL DESCRIPTION OF A TO BE CONSTRUCTED MEDICAL OFFICE BUILDING LOCATED AT APPROXIMATELY: 10350 HALIGUS ROAD, HUNTLEY, IL 60142

TRACT 5

THAT PART OF LOTS 2, 3, AND 4 IN CENTEGRA HEALTH CARE CAMPUS, ACCORDING TO THE FINAL PLAT OF SUBDIVISION RECORDED JANUARY 15, 2008 AS DOCUMENT NUMBER 2008R0002817, IN PART OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 43 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN, MCHENRY COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID LOT 3; THENCE ON AN ASSUMED BEARING OF NORTH 89 DEGREES 55 MINUTES 58 SECONDS WEST ALONG THE NORTH LINE OF SAID LOT 3, A DISTANCE OF 212.27 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 51.85 FEET; THENCE SOUTH 89 DEGREES 59 MINUTES 20 SECONDS WEST 138.33 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 322.77 FEET; THENCE SOUTH 89 DEGREES 59 MINUTES 20 SECONDS WEST, 148.33 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 40 SECONDS WEST, 689.18 FEET; THENCE NORTH 89 DEGREES 59 MINUTES 20 SECONDS EAST, 286.66 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 40 SECONDS EAST, 314.56 FEET TO THE POINT OF BEGINNING.

SAID PROPERTY CONTAINING 3.510 ACRES, MORE OR LESS.



September 25, 2015

Page 2

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 16-station dialysis facility at 10350 Haligus Road, Huntley, Illinois 60142.

2. Topographical or Metropolitan Map

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

3. Historic Architectural Resources Geographic Information System

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

4. Address for Building/Structure

The proposed project will be located at 10350 Haligus Road, Huntley, Illinois 60142.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-649-9289 or timothy.tincknell@davita.com.

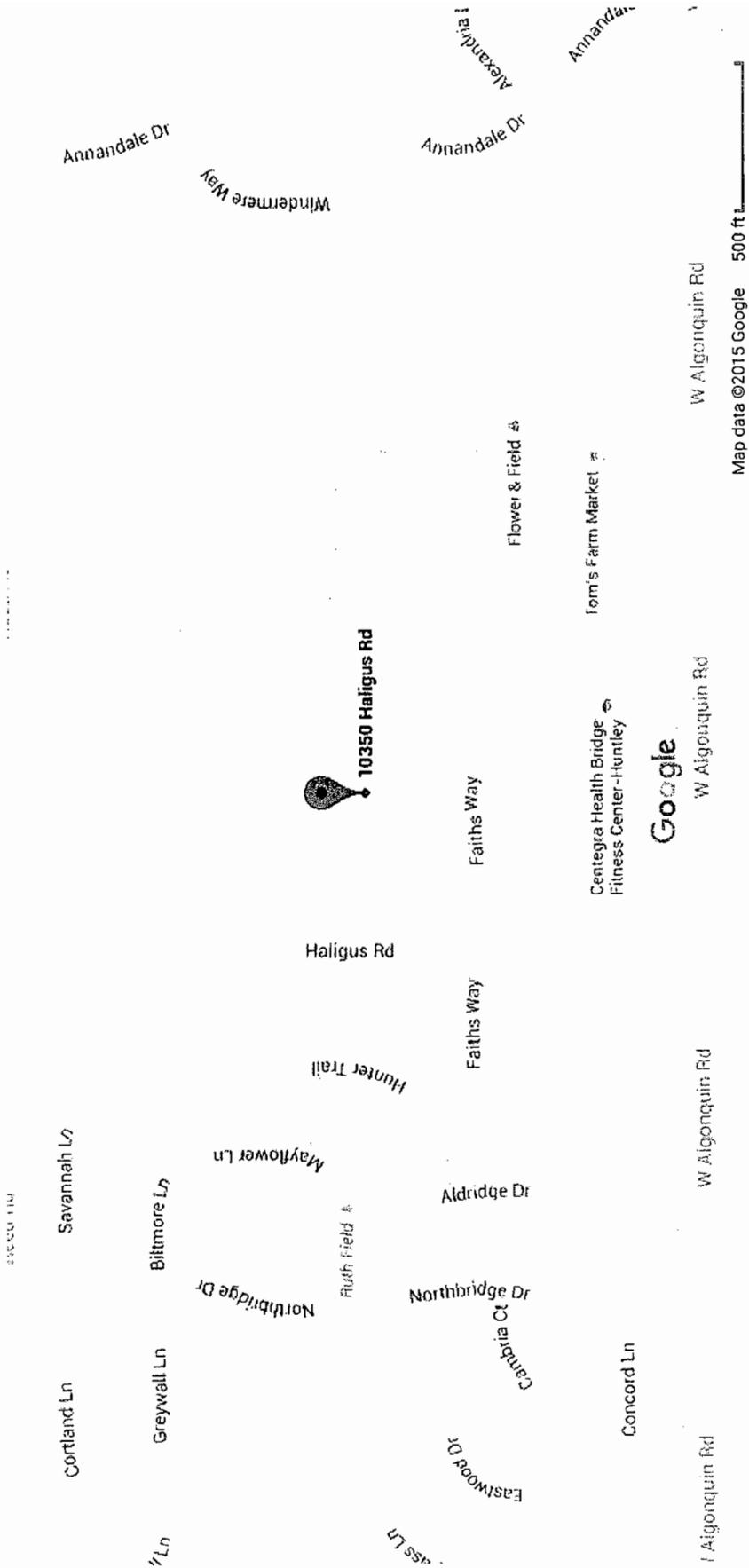
Sincerely,

Timothy V Tincknell
Administrator

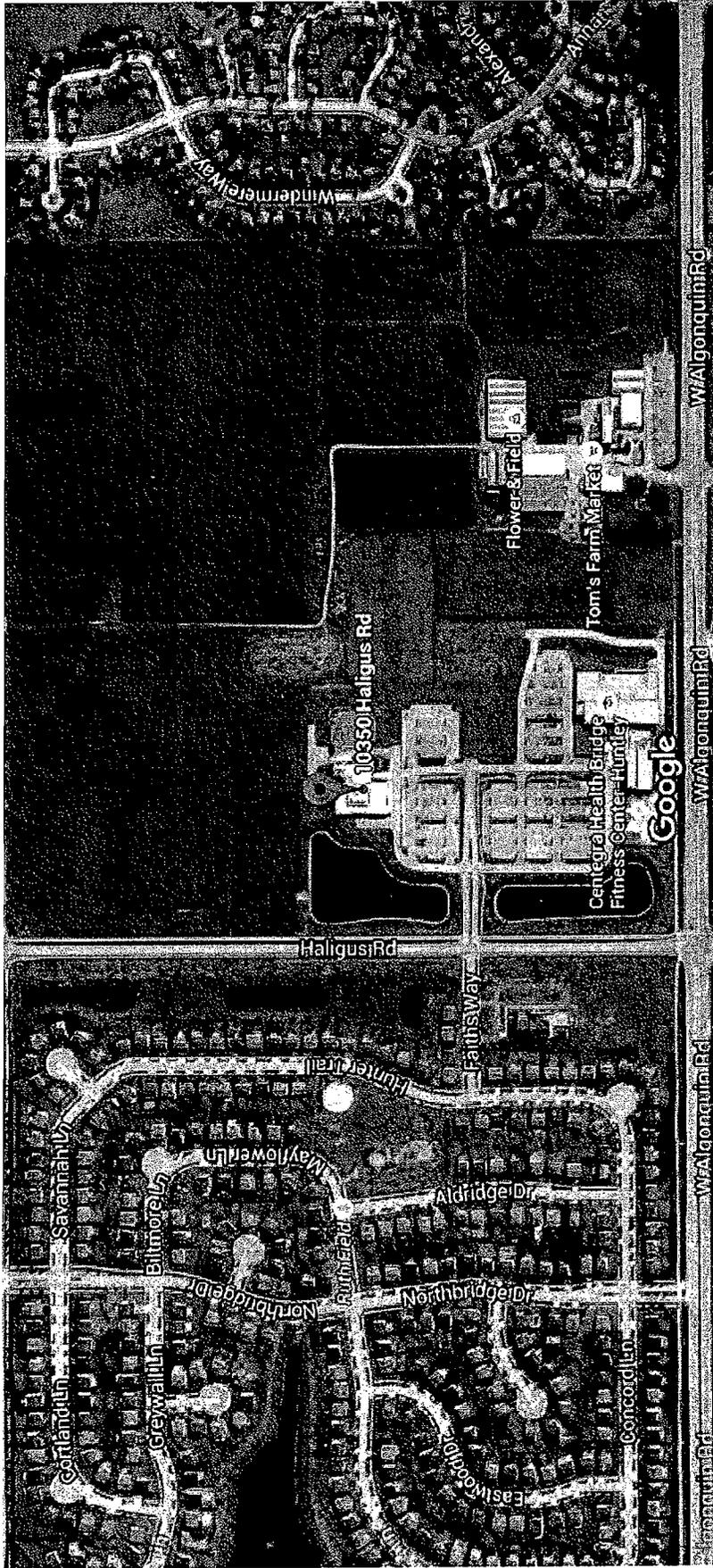
Enclosure

TVT:

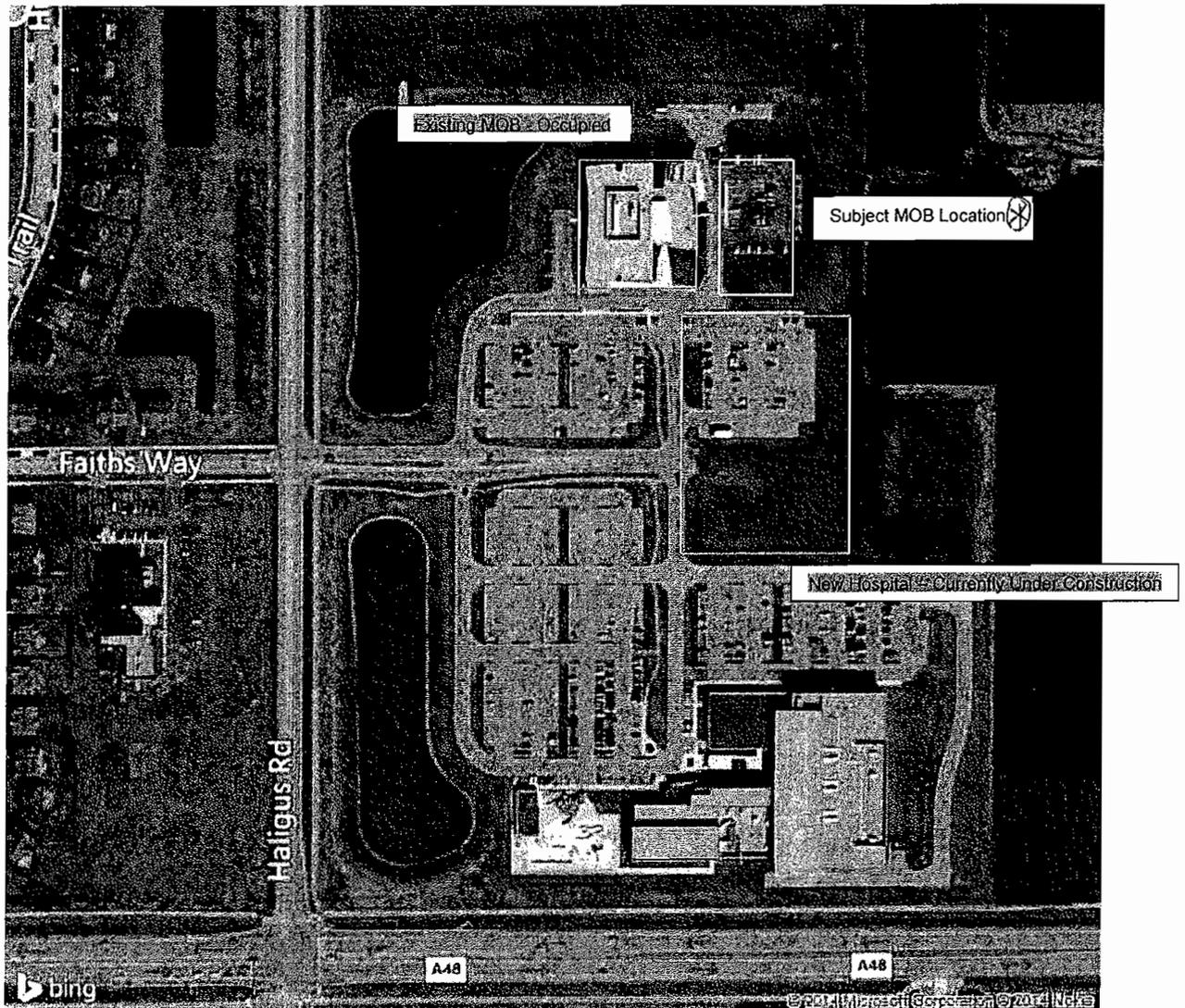
Google Maps 10350 Haligus Rd

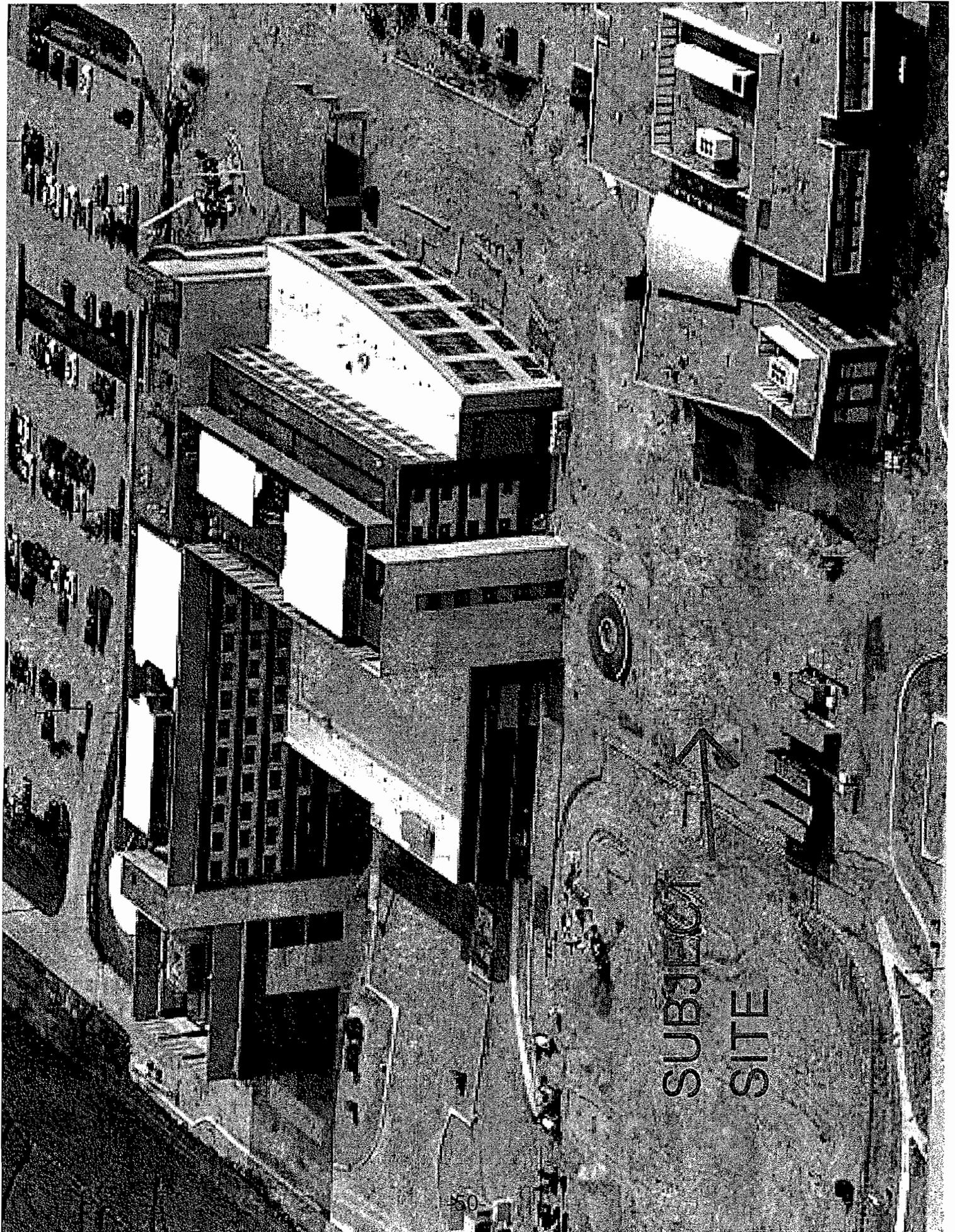


Google Maps 10350 Haligus Rd



*Aerial
Centegra Huntley Campus*





SUBJECT
SITE

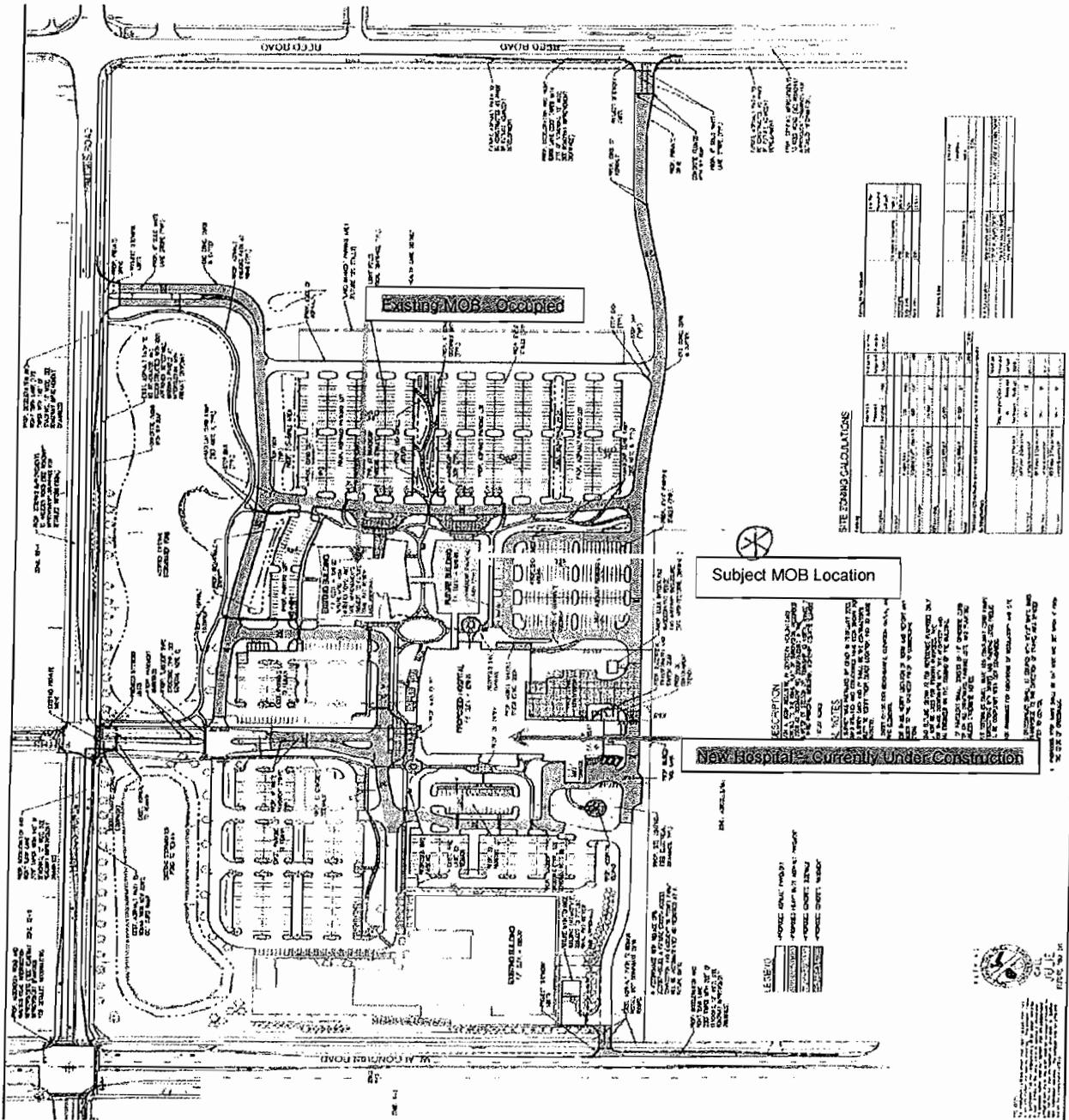
Campus Master Plan

Kahler Slater
 CENTERRA HOSPITAL
 CENTERRA HOSPITAL
 CENTERRA HOSPITAL
 CENTERRA HOSPITAL

CONSTRUCTION DOCUMENTS
 NOV. 15, 2013

KEY MAP
 CONSTRUCTION SCOPE
 DOCUMENTS
 21, 492

DATE: 11/15/13
 PROJECT: CENTERRA HOSPITAL
 SHEET: 21, 492
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 SCALE: AS SHOWN



SITE EXISTING CALCULATIONS

Area	Area (sq ft)	Area (sq ft)	Area (sq ft)
EXISTING MOB OCCUPIED	1,200,000	1,200,000	1,200,000
NEW HOSPITAL CURRENTLY UNDER CONSTRUCTION	1,500,000	1,500,000	1,500,000
TOTAL	2,700,000	2,700,000	2,700,000

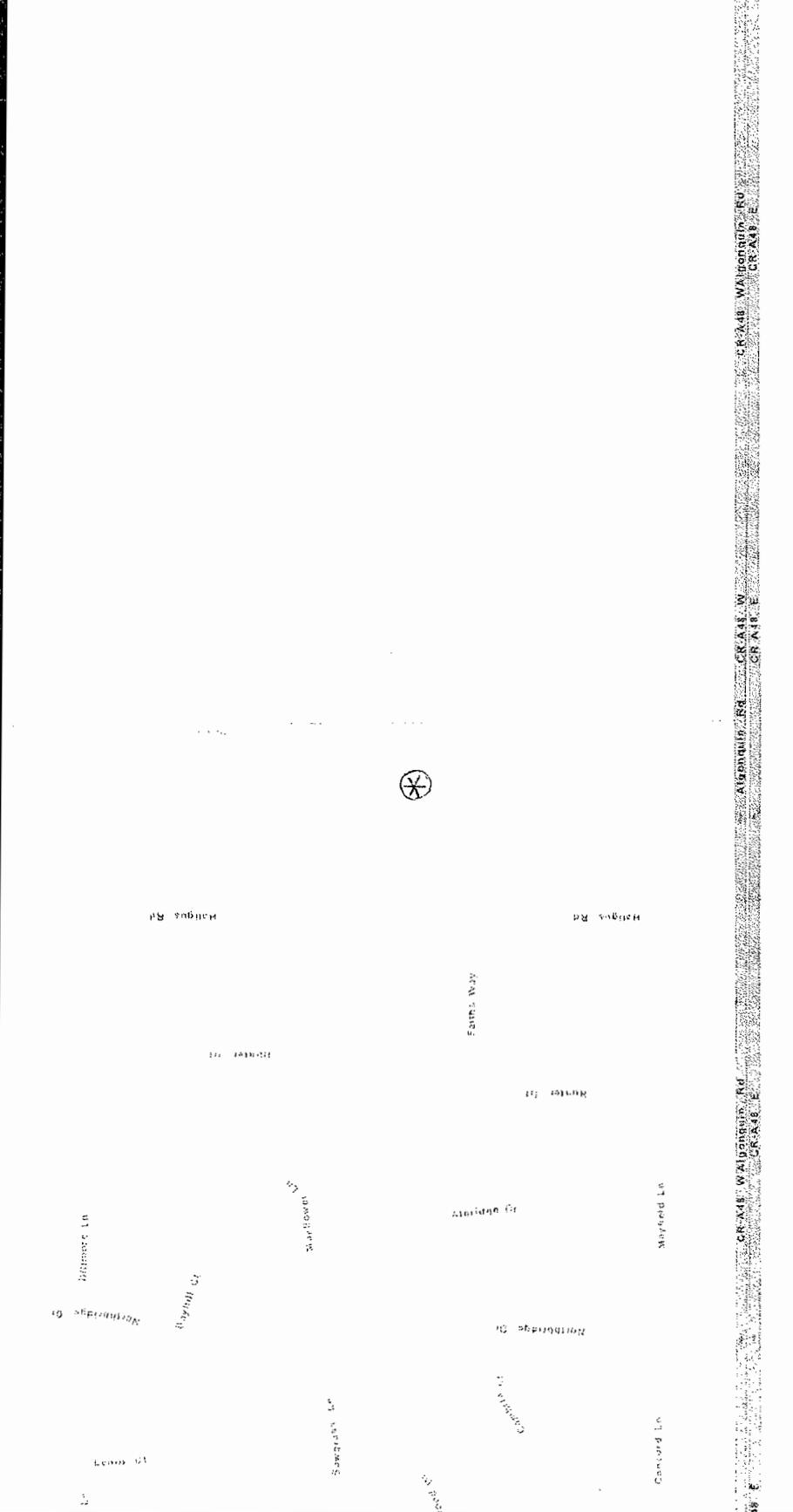
Subject MOB Location

New Hospital Currently Under Construction

Huntley Dialysis Streetmap

Created: 09/25/15 1:17 PM

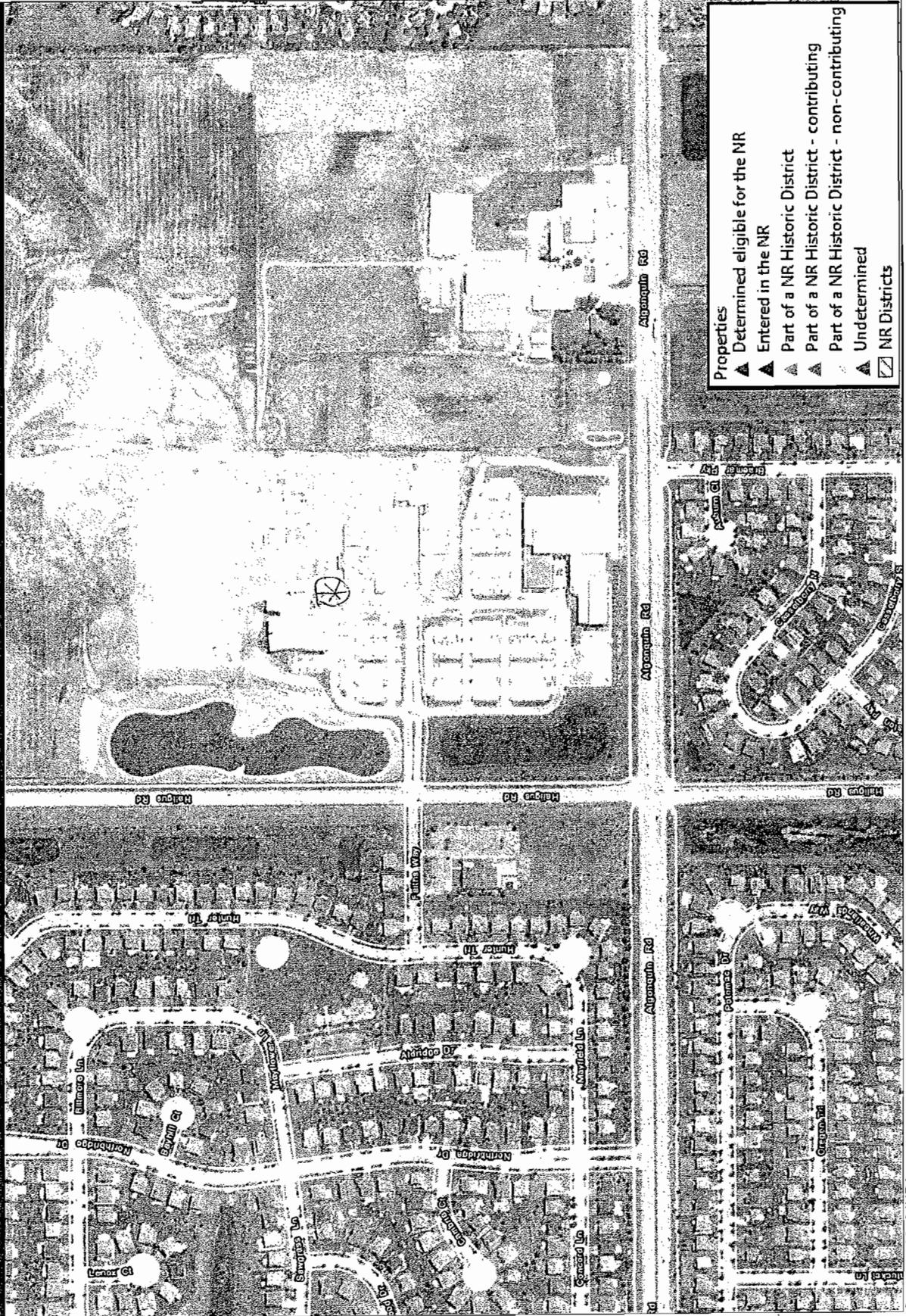
Illinois Historic Preservation Agency



Properties

- ▲ Determined eligible for the NR
- ▲ Entered in the NR
- ▲ Part of a NR Historic District
- ▲ Part of a NR Historic District - contributing
- ▲ Part of a NR Historic District - non-contributing
- ▲ Undetermined
- ☒ NR Districts

Copyright 2012 IHPA



UNION ILLINOIS
TIMOTHY
DAMIEN
1331 KINGSBURY ST
SUITE 305 IL 60642
CHICAGO IL 60642
UNITED STATES US

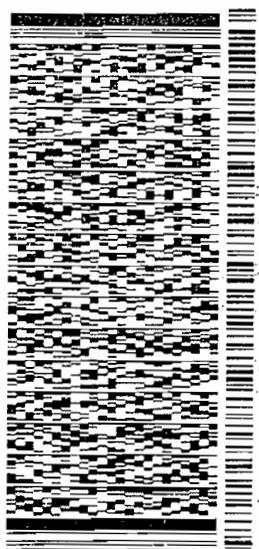
(312) 949-9209

SHIP DATE: 23 SEP 13
ACT WT: 0.50 LB
CAD: 10401059//NET3670

BILL SENDER

TO **MS. RACHEL LEIBOWITZ, PHD**
IL HISTORIC PRESERVATION AGENCY
PRESERVATION SERVICES DIVISION
1 OLD STATE CAPITOL PLAZA
SPRINGFIELD IL 62701
(217) 785-5031
REF
PO
DEPT

539J2/CBB93100



J152015091001ur

TRK# 7745 9923 7334
0201

MON - 28 SEP 10:30A
PRIORITY OVERNIGHT

SH SPIA

62701
IL-US STL



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2. Fold the printed page along the horizontal line.
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Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Monday, September 28, 2015 9:34 AM
To: Timothy Tincknell
Subject: FedEx Shipment 774599237334 Delivered

WARNING: This email originated outside of DaVita.
DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Your package has been delivered

Tracking # 774599237334

Ship date:
Fri, 9/25/15

Tim Tincknell

DaVita
CHICAGO, IL 60642
US



Delivered

Delivery date:
Mon, 9/28/15 9:30 am

Ms. Rachel Leibowitz, PhD
IL Historic Preservation Agency
1 Old State Capitol Plaza
Preservation Services Division
SPRINGFIELD, IL 62701
US



Shipment Facts

Our records indicate that the following package has been delivered.

Tracking number: 774599237334
Status: Delivered: 09/28/2015 09:30
AM Signed for By:
E.HARMEYER
Signed for by: E.HARMEYER
Delivery location: SPRINGFIELD, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

**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	\$1,222,315	\$166,521	\$1,388,836
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	\$96,811	\$13,189	\$110,000
Architectural/Engineering Fees	\$95,051	\$12,949	\$108,000
Consulting and Other Fees	\$76,368	\$10,404	\$86,772
Moveable and Other Equipment			
Communications	\$84,350		\$84,350
Water Treatment	\$128,375		\$128,375
Bio-Medical Equipment	\$8,885		\$8,885
Clinical Equipment	\$200,750		\$200,750
Clinical Furniture/Fixtures	\$18,380		\$18,380
Lounge Furniture/Fixtures	\$3,540		\$3,540
Storage Furniture/Fixtures	\$7,498		\$7,498
Business Office Fixtures		\$32,905	\$32,905
General Furniture/Fixtures		\$41,090	\$41,090
Signage		\$12,250	\$12,250
Total Moveable and Other Equipment	\$451,778	\$86,245	\$538,023
Fair Market Value of Leased Space	\$975,521	\$132,900	\$1,108,421
Total Project Costs	\$2,917,844	\$422,208	\$3,340,052

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

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

Further, although the 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 facility, 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
12-005	Stony Island Dialysis	Expansion	12/31/2015
13-070	Belvidere Dialysis	Establishment	3/31/2016
14-020	Chicago Ridge Dialysis	Establishment	1/31/2016
14-042	Tinley Park Dialysis	Establishment	10/31/2016
14-058	Alton Dialysis	Relocation	7/31/2016
14-069	Stony Creek Dialysis	Relocation	6/30/2016
15-004	Machesney Park Dialysis	Establishment	4/30/2017
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,917,844		7,682	7,682			
Total Clinical	\$2,917,844		7,682	7,682			
NON REVIEWABLE							
NON-CLINICAL	\$422,208		1,053	1,053			
Total Non-Reviewable	\$422,208		1,053	1,053			
TOTAL	\$3,340,052		8,735	8,735			

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. The proposed project involves the establishment of a 12-station dialysis facility to be located at 10350 Haligus Road, Huntley, Illinois 60142.

DaVita HealthCare Partners 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. Four recent press releases: "600 Cyclists Take Part in Ninth Annual Tour DaVita," "Washington's Everett Clinic to Join DaVita HealthCare Partners," "30 Years of Clinical Research Milestones," and "DaVita to Establish Operations in Brazil," are attached at Attachment – 11A. A copy of DaVita's 2014 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in the application for Proj. No. 15-025.

On October 8, 2015, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the second year in a row, DaVita outperformed its competitors. See Attachment – 11B. Of the 586 dialysis facilities awarded five stars, DaVita owned 202 (or 34 percent). At the other end of the scale, of the 575 facilities awarded one star, only 38 were DaVita facilities.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCO's are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCO's encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications. See Attachment – 11C.

As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. 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 chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on the Kidney Smart, IMPACT and CathAway programs was previously included in the application for Proj. No. 15-025.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²

¹ US Renal Data System, USRDS 2014 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, Bethesda, MD, 15 (2014).

² Id.

- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).³
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁵
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁶
- 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.⁷
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-one percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.⁸

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.⁹ Timely CKD care is imperative for patient morbidity and mortality. 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 result in improved patient outcomes and reduce ESRD:

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

³ Id. at 79

⁴ Id.

⁵ US Renal Data System, *USRDS 2013 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, Bethesda, MD, 160 (2013).

⁶ Id.

⁷ Id. at 161.

⁸ US Renal Data System, *USRDS 2014 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, Bethesda, MD, 107 (2014).

⁹ Id. at 4.

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 NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

DaVita was recognized at the National Adult and Influenza Immunization Summit (NAIIS) as the national winner in the "Healthcare Personnel Campaign" category of the 2014 Immunization Excellence Awards. In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. By March 15, 2014 DaVita achieved 100 percent compliance with its teammate immunization-or-mask directive, with more than 86 percent of teammates choosing vaccination. As of the same date, 92.2 percent of patients were vaccinated for the flu, marking the fourth consecutive year that DaVita's patient vaccination rates exceeded the U.S. Department of Health and Human Services Healthy People 2020 recommendations.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities, and on May 5, 2014, DaVita's approach to integrated care was recognized with two Dorland Health "Case in Point" Platinum Awards for its Pathways Care Management and VillageHealth Integrated Care Management programs. The Dorland Health awards recognize the most successful and innovative case-management programs working to improve health care across the continuum.

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, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide 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 350 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 half-day, and reduced acute dialysis treatments per patient by 11%. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

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

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

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. 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.

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. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

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.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. G.I. Jobs has recognized DaVita as a Military Friendly Employer for six consecutive years. The ranking is based on a survey assessing companies' long-term commitment to hiring those with military service, recruiting and hiring efforts and results, policies for Reserve and National Guard members called to active duty, military spouse programs, and the presence of special military recruitment programs. DaVita was also named as a Civilianjobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2015, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eighth 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. For the fourth consecutive year, DaVita was recognized as a Top Workplace by *The Denver Post*. DaVita was named a Silver LearningElite organization for 2014 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. DaVita ranked No. 29 in a record breaking field of more than 200 companies. Finally, DaVita has been

recognized as one of *Fortune*® Magazine's Most Admired Companies in 2015 – for the tenth consecutive year.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek* Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

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. Its own employees, or members of the "DaVita Village," assist in these initiatives and have raised approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$1 million coming in 2013 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. DaVita continued its "DaVita Way of Giving" program in 2014 with teammates at clinics across the nation selecting more than 950 nonprofits and community organizations to receive more than \$1.6 million in contributions. Nearly \$4 million has been donated through the DaVita Way of Giving since the program began.

DaVita does not limit its community engagement to the U.S. alone. In 2014, DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world. Through its first primary care medical mission, it provided care and health education to more than 70 kidney donors and individuals. It provided CKD rapid-screenings for over 8,500 people through 38 domestic and two international CKD screening events. 32 screening events are planned for 2015 for people in at-risk and underserved communities in the U.S. and abroad.

1. 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 facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11D.

Dialysis facilities are currently not subject to State Licensure in Illinois.

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11E.
3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") 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 – 11E.

News Releases

**600 Cyclists Take Part in Ninth Annual Tour DaVita®
Riders Raise Funds and Awareness for Kidney Disease through a Three-Day Bike Ride
Fundraiser in North Carolina**

DENVER, Sept. 15, 2015 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), one of the nation's largest and most innovative health care communities, announces North Carolina as the host of the ninth annual Tour DaVita® bike event. Over the course of three days, riders will bike nearly 250 miles to raise awareness of kidney disease and funds for medical missions in the United States and abroad.

"Tour DaVita is designed to empower our teammates to explore new heights," said Steve Priest, chief wisdom officer for DaVita HealthCare Partners. "It's a chance for riders to give back to the health care community, while pushing themselves beyond their achievable limits with the support of fellow teammates, friends and family members. The ride is not a race, but a chance for nearly 600 riders to get together for one cause to help make a fundamental impact on the communities in which we live and serve."

The ride begins on Sept. 27 with cyclists pedaling through the Piedmont Region surrounded by lush pine forests and rural farmland from Sanford to Pinehurst, North Carolina.

Sept. 27 – Participants will ride 64 miles on a loop through a mix of forest and farmland in Sanford, North Carolina.

Sept. 28 – Following a portion of the Tour de Moore cycling route, this day features two options on a route from Sanford to Pinehurst, North Carolina. Riders can choose a 69-mile route or a 101-mile route.

Sept. 29 – Riders will complete a 65-mile loop in southwest Pinehurst on the final day of the event.

Riders participating in this year's Tour DaVita include DaVita HealthCare Partners teammates, physicians, corporate sponsors, teammates' family members, eight current DaVita Kidney Care dialysis patients and two kidney transplant recipients.

To participate in the event, riders each raise a minimum of \$750 in donations and pay their own travel expenses. Their individual fundraising combined with donations from DaVita HealthCare Partners and other corporate sponsorship is expected to contribute more than \$1.2 million for Bridge of Life, a program of DaVita Village Trust.

Bridge of Life is the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization founded by DaVita HealthCare Partners. Its mission is to improve kidney care and chronic kidney disease awareness while saving lives through early-detection testing, kidney care education and increased access to dialysis treatment in underserved communities around the world.

Tour DaVita, which is organized by Backroads, the "world's #1 active travel company™," has previously taken place in Tennessee/Alabama (2007), Wisconsin (2008), Michigan (2009), Washington State (2010), Connecticut/New York/Massachusetts (2011), Iowa (2012), South Carolina (2013) and Oregon (2014).

To date, Tour DaVita has helped raise more than \$6.1 million for nonprofits dedicated to raising awareness for kidney disease, providing kidney screenings and expanding access to dialysis care in developing countries. Participants have collectively ridden more than 638,000 miles over the course of eight years.

Tour DaVita sponsors include Amgen, ASD Healthcare, Baxter International Inc., McDermott Will & Emery LLP, Meridian/Envision, Wells Fargo, MUFUG, NxStage Medical and Tata Consulting Services.

For more information about the ninth annual Tour DaVita, please visit tourdavita.org or Facebook at facebook.com/tourdavita. For more information about the Bridge of Life, a program of the DaVita Village Trust, please visit davitavillagetrust.org. For more information on Backroads, please visit backroads.com.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. 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 June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of June 30, 2015 HealthCare Partners provided integrated care management for approximately 826,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

About DaVita Village Trust

DaVita Village Trust (DVT) is an independent 501(c)(3) nonprofit organization founded by DaVita HealthCare Partners. Bridge of Life (BOL), the primary program of DVT, improves access to primary care and dialysis treatment in underserved communities around the world while also focusing on prevention of kidney disease through early-detection testing and education. BOL serves thousands of men, women and children through four impact areas: kidney care, primary care, prevention and education, and medically supported camps for kids.

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SOURCE DaVita HealthCare Partners Inc.

News Releases

Washington's Everett Clinic to Join DaVita HealthCare Partners HealthCare Partners Will Acquire Nationally Recognized Physician Group

EVERETT, Wash., Sept. 21, 2015 /PRNewswire/ -- DaVita HealthCare Partners (NYSE: DVA), the leading independent medical group in America and leading provider of kidney care services, and The Everett Clinic, a nationally recognized physician group, today announced their intention to merge. DaVita HealthCare Partners will acquire The Everett Clinic, subject to the clinic's stakeholders' approval and a final definitive agreement. Financial terms were not disclosed.

"DaVita HealthCare Partners is honored to have this opportunity to join forces with an organization whose core values and mission so intentionally align with our own," said Kent Thiry, chairman and CEO of DaVita HealthCare Partners. "We are excited to work with the Everett team as we improve healthcare delivery and expand the leading independent medical group in America."

The Everett Clinic operates 20 care sites north of Seattle treating more than 315,000 patients and employing roughly 2,200 teammates, including more than 500 specialty and primary care providers. It serves patients through traditional doctor's offices, urgent care, lab services, imaging, hearing and vision centers, behavioral health, and cancer treatment.

"Our goals have always been both to transform care for our patients and to create a workplace that makes staff and providers feel excited about coming to work each day," said Rick Cooper, CEO of The Everett Clinic. "We believe we have found the partner that will help make our vision a reality."

"We also feel extremely optimistic about our future and the opportunity for our patients, staff and providers with this merger," said Harold Dash, M.D., president of The Everett Clinic. "Perhaps at no other time in our history have we been as well positioned to grow and transform care as we are now with DaVita HealthCare Partners."

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of June 30, 2015 HealthCare Partners provided integrated care management for approximately 826,000 patients. 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 June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. For more information, please visit DaVitaHealthCarePartners.com.

About The Everett Clinic

Founded in 1924, The Everett Clinic is a nationally recognized, locally-owned physician group known for providing high-quality healthcare services while lowering the overall cost of care. It has 500 providers in primary and specialty care at nine locations throughout Snohomish County, Wash. who care for more than 300,000 patients. Consistently named as a *Fortune Magazine* "100 Best Companies to Work For," The Everett Clinic staff and providers support the core value of doing what is right for each patient.

Forward Looking Statements

This release may contain forward-looking statements within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future, including the prospective growth, opportunities and performance of or synergies attributable to the acquired business or the combined business resulting from the merger. Factors which could impact future results include the uncertainties associated with our ability to complete any acquisition, merger or disposition that we might be considering or announce, or integrate and successfully operate any business we may acquire, and the other risk factors set forth in DaVita's SEC filings, including its Annual Report on Form 10-K for the year ended December 31, 2014, and its subsequent quarterly reports filed on Form 10-Q. Any forward-looking statements should be considered in light of these risks and uncertainties. DaVita bases its forward-looking statements on information currently available to it at the time of this release, and it undertakes no obligation to update or revise any forward-looking statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

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  HealthCare Partners.

The Everett Clinic
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SOURCE DaVita HealthCare Partners; The Everett Clinic

News Releases

30 Years of Clinical Research Milestones

DaVita Clinical Research Celebrates 30 Years of Pioneering Research

MINNEAPOLIS, Sept. 29, 2015 /PRNewswire/ -- DaVita Clinical Research (DCR), a specialty contract research organization with services spanning a broad spectrum of drug and device development, is celebrating 30 years of accomplishments and milestones in helping shape the future of medicine.



DCR began in 1985 as a pharmacology unit within an academic hospital, conducting drug clearance and pharmacokinetic studies. With a history of renal expertise, DCR has been involved in the development of every end-stage renal disease drug that has received approval from the United States Federal Drug Administration in the last 15 years.

As a part of a large health care provider DCR strives to make a significant impact on patient care. DCR has completed more than 500 clinical trials and produced over 600 publications since 2006.

"Our team is proud to combine our health care experience and knowledge of drug development to provide insights to our partners," said Amy Young, vice president and general manager for DCR. "This expertise is becoming even more important as the landscape of health care continues to evolve."

The company has grown to offer a suite of drug development services including multi-site full service phase I clinics, late phase trial services in the United States and Europe and health economics and data research capabilities.

Expanded capabilities now cover multiple therapeutic areas and include early and late phase clinical trials, health economics and outcomes research, real-world health care data and medical communications services.

Key milestones during the last 30 years include:

1985:

- Established as Hennepin County Drug Evaluation Unit in Minneapolis

1997:

- The Drug Evaluation Unit was acquired by Total Renal Care and became Total Renal Research Inc.

2000:

- Total Renal Care adopted DaVita as its new name and the research unit changed its name to DaVita Clinical Research
- Added late-stage trial capabilities

2005:

- DaVita's acquisition of Gambro doubles research footprint

2007:

- Added health economics, medical communications and real-world evidence services

2010:

- Added early clinical and clinical development recruitment capabilities

2012:

- Became full service and multi-center with the addition of new early clinical research site in Denver and the addition of integrated data management services
- DaVita acquires HealthCare Partners, bringing additional late stage clinical trial health outcomes research and data capabilities

2015:

- Hosted first-ever Investigator Appreciation Day
- Announced European clinical trial capabilities

Examples of conditions DCR studies include diabetes, hypertension, healthy men and women, kidney disease, liver disease and congestive heart failure. DCR's leadership team comprises physicians and operators who offer unique perspectives that come from being a provider-based clinical research organization.

For more information or to learn how to enroll in a study, please visit iSupportResearch.com. To sponsor a study or register as a clinical investigator, visit DaVitaClinicalResearch.com.

DaVita Clinical Research and DCR are registered trademarks of DaVita Healthcare Partners Inc.

About DaVita Clinical Research (DCR)

DaVita Clinical Research (DCR), a wholly owned subsidiary of DaVita HealthCare Partners Inc. (NYSE: DVA), uses its extensive, applied database and real-world health care experience to assist pharmaceutical and medical device companies in the design, recruitment and completion of retrospective, prospective and pragmatic clinical trials. DCR's scientific and clinical expertise spans the lifecycle of product development with more than 175 client companies. DCR's early clinical research unit (Phase I-IIa) and late phase clinical research (Phase IIb through post-marketing) network of physicians and investigative sites, real-world health care data, health economics and outcomes research, and medical communications are focused on providing world-class research in both complex/specialty populations and therapeutic areas, and especially in CKD and ESRD populations. To learn more about DCR, visit www.davitaclinicalresearch.com.

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SOURCE DaVita Clinical Research

News Releases

DaVita to Establish Operations in Brazil

Announces plans to partner with physicians, bring its global expertise to Brazil

SÃO PAULO, Sept. 30, 2015 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), a leading global provider of kidney care services and a leading independent medical group in the United States, today announced plans to begin operations in Brazil. The company, which operates in 11 countries serving more than 1.5 million patients, aims to bring its global expertise and leading clinical outcomes to the country.

DaVita plans to help Brazilian physicians grow their practice by providing them access to a worldwide network of experts, best-in-class training programs and the most advanced clinical and administrative service standards.

"Our objective in Brazil, as it is in all the countries in which DaVita HealthCare Partners operates, is to deliver world-class care and improve quality of life for our patients," said Dennis Kogod, CEO of DaVita's international operations. "In addition to bringing DaVita's leading kidney care services to the country, we look forward to partnering with the Brazilian government and payors in establishing and expanding integrated care functions."

"We have a proven clinical system focused on improving health care services, which allows physicians to achieve great results and spend more time with their patients," said Dr. Mahesh Krishnan, international chief medical officer and group vice president of research and development at DaVita. "DaVita invests heavily in clinical research and clinical innovation to improve the model of patient care, and, ultimately, patient outcomes."

There are more than 110,000 Brazilians on dialysis, a number that many studies suggest is on the rise due to the increasing prevalence of chronic kidney disease in the country.

DaVita and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc. All other trademarks are the property of their respective owners.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations globally. A leading provider of dialysis services headquartered 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 June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,306 outpatient dialysis centers globally serving approximately 184,000 patients. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. For more information, please visit DaVita.com.

Forward Looking Statements

This release may contain forward-looking statements within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, objectives, beliefs, intentions and/or strategies for the future, including the prospective growth, opportunities and performance of our

business model in new and untested markets outside of the United States. Factors which could impact future results include the uncertainties associated with our ability to successfully launch any market entry that we might be considering or announce, to ultimately operate profitably any international dialysis operations we invest in now or in the future that may initially generate losses and may ultimately never be profitable, and to overcome any significant change in local market conditions including the regulatory, political and economic environment and availability of skilled workers that may impact the economic viability of our international expansion initiatives, and the other risk factors set forth in DaVita's SEC filings, including its Annual Report on Form 10-K for the year ended December 31, 2014, and its subsequent quarterly reports filed on Form 10-Q. Any forward-looking statements should be considered in light of these risks and uncertainties. DaVita bases its forward-looking statements on information currently available to it at the time of this release, and it undertakes no obligation to update or revise any forward-looking statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

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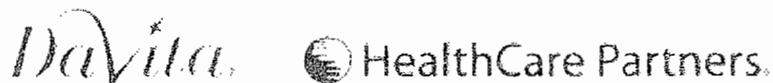
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SOURCE DaVita HealthCare Partners Inc.

CMS ratings of dialysis providers show most remain mediocre

By Sabriya Rice | October 8, 2015

For the second year in a row, the nation's top two kidney-care providers performed at significantly different levels of quality, according to CMS data released Thursday. DaVita beat out competitor Fresenius in the four- and five-star categories.

The CMS began publicly posting one- to five-star ratings for nearly 6,000 U.S. dialysis facilities in January after a delay as providers including DaVita and Fresenius continue to battle CMS' methodology in achieving the ratings.

The scale is meant to help dialysis patients evaluate quality at treatment centers. But experts say the ratings are difficult to understand and are not consistent with other online public-rating systems.

Patients whose kidneys stop working require dialysis—a process to filter toxins from their body—three times a week for several hours at a time. Studies and ratings such as those released Thursday show that hemodialysis patients in the U.S. continue to receive substandard care despite longstanding best practices.

A total of 5,841 dialysis facilities received a star rating from the CMS, 261 more facilities than the previous report, a Modern Healthcare analysis of the newly released data found. Of the 586 top performers in the five-star category, DaVita owned 202 while Fresenius owned 110. On the low end of the rating scale, Fresenius had 279 facilities of the 575 total in the one-star category, compared with DaVita, which had only 38. The disparity is consistent with previous findings.

A total of 1,169 U.S. facilities fell into the two-star range, 2,339 in the three-star range and 1,172 in the four-star range. This is consistent with the CMS' methodology, which structures the ratings so that only facilities in the top and bottom deciles would receive five stars and one star respectively. Those in the next highest 20% received four stars, the middle 40% got three stars and those in the next 20% were given two stars.

Kidney-care providers continue to challenge this structure, which they say does not offer fair competition. No matter how well facilities do, they argue, the curve will always force facilities into the lower-star categories.

An 18-member panel met this spring to discuss the rating program and make recommendations.

A report released Tuesday summarized their findings. A panel member agreed with statements made by former HHS Secretary Kathleen Sebelius, who said using a bell curve has "inherent flaws," according to the report. "The last thing we want to do is have an arbitrary bell curve just for the sake of having a system."

While not perfect, the federal push to report publicly their performance in some areas and to provide transparency should be encouraging facilities to step up to the plate, advocates have said.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

CMS announces first shared-risk program for kidney care

By Sabriya Rice | October 8, 2015

The CMS announced on Wednesday the first suite of accountable care organization models specifically geared toward treatment of end-stage renal disease (ESRD). More than 600,000 people in the U.S. live with the condition, which requires patients to undergo costly, but life-sustaining dialysis treatments each week that account for nearly 6% of Medicare spending.

The 13 ESRD seamless care organizations, called ESCOs, began to share this month the financial risks for treating Medicare beneficiaries with kidney failure in 11 U.S. states. The models are meant to encourage dialysis providers to “think beyond their traditional roles” and provide patient-centered care, the CMS announcement said.

DaVita and Fresenius, the nation's two largest dialysis providers, both won bids to participate. DaVita HealthCare Partners will have three ESCOs located in Phoenix, Miami and Philadelphia. Fresenius Medical Care will have six, located in San Diego, Chicago, Charlotte, N.C., Philadelphia, Columbia (S.C.) and Dallas. Both providers expressed enthusiasm for participation in the program, and agree it is a step in the right direction. Still, both providers also expressed reservations.

“Deciding whether or not to participate has been a huge challenge,” said Robert Sepucha, senior vice president of corporate affairs for Fresenius. Some of the measurements are not barometers of good quality care specifically for dialysis providers, he said, and the economic incentives “are not perfect.” He added, “There are flaws that could prevent it from becoming the large-scale, new payment system a lot of us have hoped for.”

The CMS began taking applications for the ESCO initiative in April 2014, but the plan drew early criticism. Kidney providers supported the concept, but questioned the application process and the metrics selected. Some thought the models should expand to target patients in earlier stages of the disease to slow its progression and subsequent costs.

“If you're not doing good upstream management of the patient, you're not going to be able to address the health needs and costs that could be avoided,” said Todd Ezrine, general manager for VillageHealth, the DaVita program that will host that organization's ESCO.

He also said DaVita “scoured the country” to find markets where the shared saving program would be successful. CMS' benchmarking standards would be difficult to reach in markets where DaVita already achieves good outcomes, as participants may not understand the level of additional improvement needed to avoid penalties, he said.

Over the past year, the two providers have not necessarily seen eye-to-eye on the kidney care metrics used by federal programs.

For example, for the second time in nearly two years, DaVita beat its competitor on a five-star rating system posted publicly on the Dialysis Facility Compare website. Of 586 top performers in the five-star category, DaVita owned 202 facilities, while Fresenius owned only 110, according to data released Thursday. Alternatively, Fresenius had 279 facilities of the 575 that appeared in the one-star category, compared with DaVita, which had only 38.

Though kidney providers originally seemed united in their skittishness about that program, DaVita made a pivot following the first round of results. Fresenius, on the other hand, continues to express hesitation.

Fresenius made changes to the way data are collected, and to its clinical programs, but that will change nothing because of the forced bell curve the CMS uses on the five-star rating system, Sepucha said. "As one clinic moves up, another clinic has to move down," he said. "You could get rid of all one- and two-star clinics today, and tomorrow there would be a whole new set."

The CMS star ratings are consumer-facing initiatives that focus on quality of care inside medical facilities. The ESCOs are alternative payment models designed to encourage dialysis providers to take responsibility for the quality and cost of care for a population of patients. It includes the patient's total care, like managing other comorbidities and multiple medications, and is not just limited to care inside of dialysis facilities

It remains to be seen if concerns about the metrics specific to dialysis care will create disparities in the ESCO programs as well. The other two organizations participating include Dialysis Clinic, which will have programs in Newark, N.J., Spartanburg, S.C., and Nashville; and the Rogosin Institute, with an ESCO in New York.

In the meantime, health economists say providers can expect more bundling. Programs like ESCO are a reflection of a national focus on encouraging health providers from all specialties to put the patient first.

"Shouldn't the person taking care of a patient already be doing everything they could? Of course," said health economist, Dr. Peter Ubel, of Duke University's Fuqua School of Business. But bundled-payment models with shared financial risks do help reduce the tendency of for-profit industries to pay attention only to those products and services for which they get the biggest payments, he said.

Other payment and delivery experiments the CMS has launched under the Affordable Care Act have yielded mixed results so far. Last January, the first results for Medicare's shared-savings program for ACOs showed uneven progress among hospitals and physicians. The CMS Innovation Center's Pioneer ACO Model, meanwhile, saw nine of

32 Pioneer organizations exit the program after its first year. Several of them switched to the less financially risky shared-savings program.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

DaVita HealthCare Partners 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			
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		
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650		
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409			
Carpentersville Dialysis	2203 RANDALL 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			
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		
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		
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		
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728		
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642		
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		
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633		
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581		

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
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	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528		
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583		
Little Village Dialysis	2335 W/CERMARK 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	6950 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115			
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			
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541		
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660		
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		
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		

Davita HealthCare Partners Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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	SAINTE 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
Stonestrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermillion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
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	
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 HealthCare Partners Inc. or Rhodes 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 HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

Notary Public

See Attached

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 September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

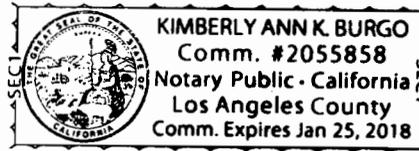
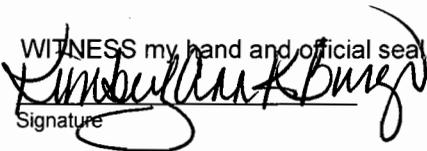
personally appeared **** Arturo Sida ****

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



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: Ltr. to K.Olson re Certificate re CON Application (Rhodes Dialysis, LLC)

Document Date: September 29, 2015 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

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Huntley and the immediate surrounding area. As shown in the table below, there are 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis; however, there is presently no dialysis facility in Huntley. With the exception of patients residing in zip code 60102, the proposed Huntley Dialysis will be the closest facility for these patients. Importantly, Carpentersville Dialysis the dialysis facility closest to most of these CKD patients was operating at 89.7 percent as of June 30, 2015 and can only accommodate 8 patients before it reaches 100 percent utilization.

Zip Code	CKD Patients	Time To Huntley Dialysis	Closest Facility	Time
60142	35	8 min	Carpentersville Dialysis	15 min
60156	23	7 min	Crystal Springs Dialysis	8 min
60102	10	13 min	Carpentersville Dialysis	10 min

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

As shown in the physician referral letters attached at Appendix - 1, Nephrology Associates of Northern Illinois ("NANI") and Elgin Nephrology Associates ("Elgin Nephrology") are currently treating 1,327 Stage 3, 4, and 5 CKD patients, who reside within approximately 30 minutes of the proposed Huntley Dialysis. 210 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, NANI and Elgin Nephrology project at least 137 of these patients will initiate dialysis at the proposed facility

¹⁰ According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

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.

within 12 to 24 months following project completion. The projected referrals as well as the 48 station need in HSA 8 warrants the establishment of a new in-center hemodialysis facility.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in and around Huntley who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 20 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Hebron, IL.
- Northeast approximately 30 minutes normal travel time to Prairie Grove, IL.
- East approximately 30 minutes normal travel time to Barrington, IL.
- Southeast approximately 30 minutes normal travel time to South Elgin, IL.
- South approximately 30 minutes normal travel time to Campton Hills, IL.
- Southwest approximately 30 minutes normal travel time to Genoa, IL.
- West approximately 38 minutes normal travel time to Irene, IL.
- Northwest approximately 35 minutes normal travel time to Belvidere, IL.

3. The purpose of this project is to improve access to life sustaining dialysis to residents of Huntley and the immediately surrounding areas. The minimum size of a GSA is 30 minutes; however, many of the patients reside within the immediate vicinity of the proposed facility. The proposed facility is located in Huntley, Illinois. NANI and Elgin Nephrology project 137 of their current stage 4 and 5 CKD patients will require dialysis within the 12 to 24 months of project completion. The projected referrals as well as the 48 station need in HSA 8 warrant the establishment of a new in-center hemodialysis facility.

4. Source Information

US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (2013).

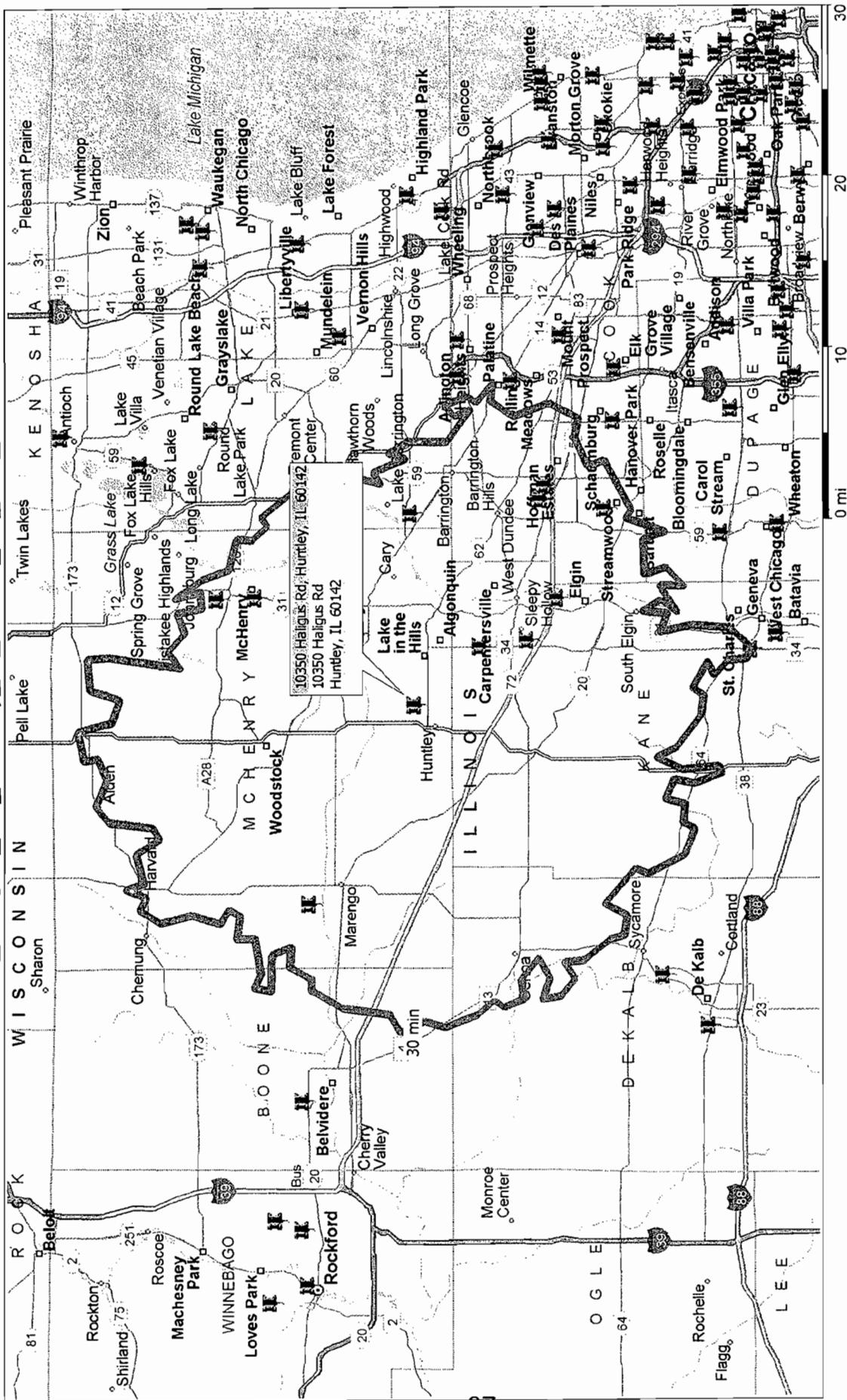
US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD (2014).

U.S. Dept. of Health & Human Svcs., 5 Years Later: How the Affordable Care Act is Working for Illinois (2015) available at www.HHS.GOV/Healthcare/Facts/ByState/IL.HTML (last visited Oct. 8, 2015).

5. The proposed facility will improve access to dialysis services to the residents of Huntley and the surrounding area by establishing the proposed facility. There are currently 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis who will likely initiate dialysis within 2 years of project completion. There is no dialysis facility in Huntley, and the closest facility for many of these patients is Carpentersville Dialysis, which was operating at 89.7 percent capacity as of June 30, 2015. ESRD patients are typically chronically ill and adequate access to dialysis services is essential to their well-being. Accordingly, a 12-station facility in Huntley is warranted to accommodate future need to dialysis in Huntley and the surrounding areas.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. 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, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 – 2012.

10350 Haligus Rd Huntley IL 60142 30 Min GSA



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

Alternatives

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

1. Utilize Existing Facilities.
2. Establish a new facility.

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

Utilize Existing Facilities

There are currently 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis and will likely initiate dialysis within 2 years of project completion. There is no dialysis facility in Huntley. The closest facility for many of these patients is Carpentersville Dialysis, which was operating at 89.7 percent capacity as of June 30, 2015. Further, utilization at Carpentersville Dialysis has increased 4.5 percent annually over the last two years and is likely to reach 100 percent capacity by the time the proposed Huntley Dialysis becomes operational. Accordingly, Carpentersville Dialysis is not a viable option for most of these CKD patients.

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. The National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹³ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

As shown in the physician referral letters attached at Appendix - 1, NANI and Elgin Nephrology are currently treating 1,327 Stage 3, 4, and 5 CKD patients, who reside within approximately 30 minutes of the proposed Huntley Dialysis. 210 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, NANI and Elgin Nephrology project at least 137 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. The projected referrals as well as the 48 station need in HSA 8 warrants the establishment of a new in-center hemodialysis facility.

¹² According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

¹³ 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.

Given the projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the GSA will not have sufficient capacity to accommodate all projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

As noted above, there are currently 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis and will likely initiate dialysis within 2 years of project completion. There is no dialysis facility in Huntley. The closest facility for many of these patients is Carpentersville Dialysis, which was operating at 89.7 percent capacity as of June 30, 2015. Further, utilization at Carpentersville Dialysis has increased 4.5 percent annually over the last two years and it is likely to reach 100 percent capacity by the time the proposed Huntley Dialysis becomes operational.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in and around Huntley who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **\$3,340,052**.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Huntley Dialysis is 7,682 gross square feet (or 640.17 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	7,682	5,400 – 7,800	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. As shown in the physician referral letters attached at Appendix - 1, NANI and Elgin Nephrology are currently treating 1,327 Stage 3, 4, and 5 CKD patients, who reside within approximately 30 minutes of the proposed Huntley Dialysis. 210 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, NANI and Elgin Nephrology project at least 137 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. The projected referrals as well as the 48 station need in HSA 8 warrants the establishment of a new in-center hemodialysis facility.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	21,372	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 10350 Haligus Road, Huntley, Illinois 60142. As shown in the table below, there are 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis; however, there is presently no dialysis facility in Huntley. With the exception of patients residing in zip code 60102, the proposed Huntley Dialysis will be the closest facility for these patients. Importantly, Carpentersville Dialysis the dialysis facility closest to most of these CKD patients was operating at 89.7 percent as of June 30, 2015 and can only accommodate 8 patients before it reaches 100 percent utilization. Accordingly, Carpentersville lacks sufficient capacity to accommodate patients residing in the immediate Huntley area.

Zip Code	CKD Patients	Time To Huntley Dialysis	Closest Facility	Time
60142	35	8 min	Carpentersville Dialysis	15 min
60156	23	7 min	Crystal Springs Dialysis	8 min
60102	10	13 min	Carpentersville Dialysis	10 min

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. The National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁵ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

As shown in the physician referral letters attached at Appendix - 1, NANI and Elgin Nephrology are currently treating 1,327 Stage 3, 4, and 5 CKD patients, who reside within approximately 30 minutes of the proposed Huntley Dialysis. 210 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or

¹⁴ According to data from the federal government 349,487 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., 5 YEARS LATER: HOW THE AFFORDABLE CARE ACT IS WORKING FOR ILLINOIS (2015) available at <http://www.hhs.gov/healthcare/facts/bystate/il.html> (last visited Oct. 8, 2015)).

¹⁵ 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.

relocation, NANI and Elgin Nephrology project at least 137 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. The projected referrals as well as the 48 station need in HSA 8 warrants the establishment of a new in-center hemodialysis facility.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in and around Huntley who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of Huntley. As evidenced in the physician referral letters attached at Appendix - 1, all 210 pre-ESRD patients reside within approximately 30 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is are physician referral letters from NANI and Elgin Nephrology with schedules of pre-ESRD and current patients by zip code. A summary of the combined CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60012	2
60013	5
60014	25
60098	14
60102	10
60110	16
60118	8
60120	14
60123	25
60124	8
60136	2
60140	18
60142	35
60152	3
60156	23
60180	1
60192	1
Total	210

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of Huntley. There are 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis; however, there is presently no dialysis facility in Huntley. With the exception of patients residing in zip code 60102, the proposed Huntley Dialysis will be the closest facility for these patients. Importantly, Carpentersville Dialysis the dialysis facility closest to most of these CKD patients was operating at 89.7 percent as of June 30, 2015 and can only accommodate 8 patients before it reaches 100 percent utilization. Accordingly, Carpentersville lacks sufficient capacity to accommodate patients residing in the immediate Huntley area.

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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 10350 Haligus Road, Huntley, Illinois 60142. A map of the proposed facility's market area is attached at Attachment – 26A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60109	BURLINGTON	560
60140	HAMPSHIRE	14,341
60124	ELGIN	18,935
60136	GILBERTS	7,013
60156	LAKE IN THE HILLS	28,987
60123	ELGIN	47,405
60118	DUNDEE	15,851
60102	ALGONQUIN	32,193
60110	CARPENTERSVILLE	38,557
60120	ELGIN	50,955
60192	HOFFMAN ESTATES	16,343
60152	MARENGO	12,533
60180	UNION	1,694
60142	HUNTLEY	26,447
60098	WOODSTOCK	32,228
60014	CRYSTAL LAKE	48,550
60012	CRYSTAL LAKE	11,120
60013	CARY	26,872
Total		430,584

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited August 26,2015).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB'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 and approved facilities is 57.6%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 86.8% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population				
	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	430,584	123	1:3,501	Yes
State	12,830,632	4,221	1:3,040	

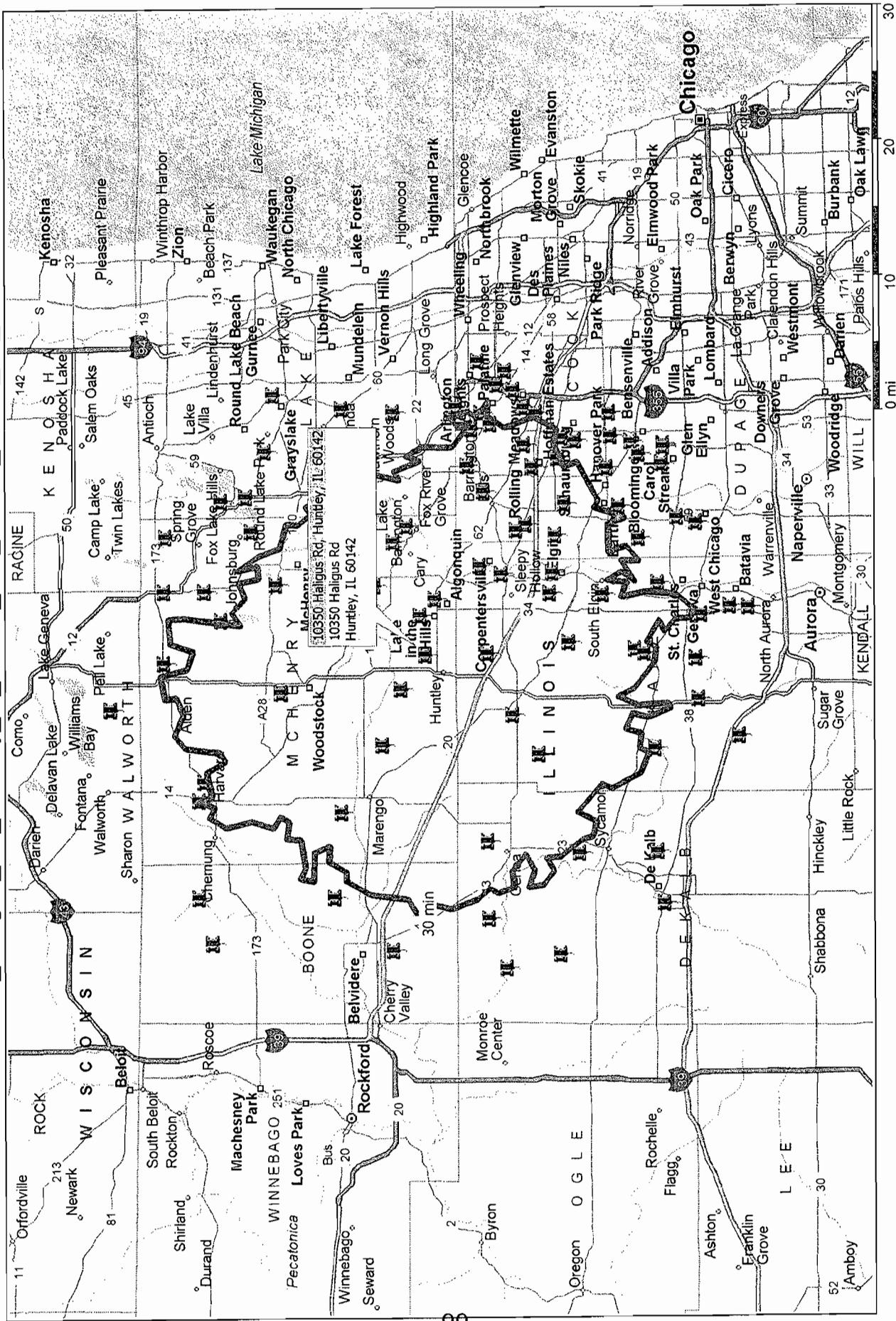
b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. NANI and Elgin Nephrology are currently treating 1,327 Stage 3, 4, and 5 CKD patients, who reside within approximately 30 minutes of the proposed Huntley Dialysis. 210 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, NANI and Elgin Nephrology project at least 137 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, there are 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis; however, there is presently no dialysis facility in Huntley. With the exception of patients residing in zip code 60102, the proposed Huntley Dialysis will be the closest facility for these patients. Importantly, Carpentersville Dialysis the dialysis facility closest to most of these CKD patients was operating at 89.7 percent as of June 30, 2015 and can only accommodate 8 patients before it reaches 100 percent utilization. Accordingly, Carpentersville lacks sufficient capacity to accommodate patients residing in the immediate Huntley area. Further, no patients are expected to transfer from the existing dialysis facilities to the proposed Huntley Dialysis.
- b. There are nine existing dialysis facilities within 30 minutes of the proposed Huntley Dialysis. With 137 projected dialysis referrals to Huntley Dialysis within 12 to 24 months of operation, there will be no negative impact to other providers.

10350 Haligus Rd Huntley IL 60142 ZIP Codes within 30 Min



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End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	06-30-2015 Stations	06-30-2015_Patients	06-30-2015 Utilization
Carpentersville Dialysis	2203 Randal Road	Carpentersville	7.46	11	12.65	13	70	89.74%
Fresenius Medical Care-Elgin	2130 Point Blvd. #800	Elgin	10.53	17	19.55	20	69	57.50%
Cobblestone Dialysis	934 N. Center Street Suite A	Elgin	16.23	26	29.9	14	76	90.48%
ARA-South Barrington Dialysis	33 W. Higgins Road	S. Barrington	17.66	26	29.9	14	51	60.71%
Barrington Creek	28160 W. Northwest Highway	Lake Barrington	14.24	23	26.45	12	18	25.00%
Marengo City Dialysis	910 Greenlee St Unit #B	Marengo	13.49	19	21.85	10	25	41.67%
ARA- Crystal Lake Dialysis	6298 Northwest Highway	Crystal Lake	8.28	13	14.95	16	29	30.21%
Crystal Springs Dialysis	4900 South Route 31	Crystal Lake	12.18	20	23	12	62	86.11%
ARA - McHenry County	4209 West Shamrock Lane	McHenry	15.94	23	26.45	12	25	34.72%
TOTAL						123	425	57.59%

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Amit Arora, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Arora's curriculum vitae is attached at Attachment – 26C.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator
Registered Nurse (3.48 FTE)
Patient Care Technician (6.43 FTE)
Biomedical Technician (0.24 FTE)
Social Worker (licensed MSW) (0.73 FTE)
Registered Dietitian (0.74 FTE)
Administrative Assistant (1 FTE)

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

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. attached at Attachment – 26E, Huntley Dialysis will maintain an open medical staff.

Curriculum Vitae Arora, Amit (MD)

PERSONAL DATA

Date of Birth 05/21/1978
Rudrapur, Utarakhand,

Marital Status

Citizenship USA

Social Security # 343-06-7066

Residence 595 S. River Rd., Ste. 405
Des Plaines, IL 60016-4732

Primary Office Crystal Lake - NANI
390 Congress Parkway, Suite C
Crystal Lake, IL 60014

Telephone Numbers (847)440-7931 (Home)

Business Office Crystal Lake

Telephone Numbers

Federal Tax ID 36-2907660

UPIN

NPI 1831378330

EDUCATION

Medical 07/15/1996 - 01/22/2002
Maulana Azad Medical College and Associate Hospitals
New Delhi,
MBBS

Internship: Rotating Internship 01/01/2001 - 01/22/2002
Mahatma Gandhi University School of Medical Education
Kerala,

Residency: Junior Resident Internal Medicine 02/01/2002 - 04/30/2003
Jaipur Golden Hospital - Maharaja Agrasen Charitable Trust
New Delhi & Rudrapur, Uttaranchal,

Residency: Internal Medicine 05/02/2003 - 04/30/2006
Lady Hardinge Medical College and Associate Hospitals -
New Delhi,

Residency: Chief Resident Internal Medicine 06/08/2006 - 05/02/2007
Lady Hardinge Medical College and Associate Hospitals -
New Delhi,

Residency: Internal Medicine 06/22/2007 - 06/21/2010
University of Chicago
Chicago, IL

Fellowship: Nephrology 07/01/2010 - 06/30/2012
University of Illinois at Chicago
Chicago, IL

EMPLOYMENT HISTORY

Nephrology Associates of Northern Illinois
650 Dakota Street , Suite C
Crystal Lake, IL 60012-3749

07/01/2012 - Present

HOSPITAL AFFILIATIONS

Provisional
Advocate Good Shepherd Hospital
Barrington, IL

08/14/2012 - Present

- Present

Centegra Memorial Medical Center
Woodstock, IL

Active
Davita Timber Creek Dialysis
DeKalb, IL

08/14/2013 - 08/31/2015

Active
Kindred Hospital Sycamore
Sycamore, IL

05/01/2012 - 04/30/2014

Consulting
Kishwaukee Community Hospital
DeKalb, IL

06/22/2012 - 06/01/2014

- Present

Mercy Harvard Hospital
Harvard, IL

- Present

Northern Illinois Medical Center
Mchenry, IL

- Present

Presence St Joseph Hospital
Elgin, IL

- Present

Sherman Hospital
Elgin, IL

MEDICAL LICENSURE

IL 036124063

07/21/2009 - 07/31/2014

DEA INFORMATION

Federal IL FA3056745

02/17/2012 - 06/30/2014

State IL 336085367

- 07/31/2014

SPECIALTIES

Board Certified

American Board of Internal Medicine

Nephrology

10/23/2012 - 12/31/2022

American Board of Medical Genetics

Internal Medicine

315535

08/16/2010 - 12/31/2020

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

DaVita's Basic Training Program for 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 Outline (TR1-01-02A)
 - Basic Charge Nurse Training Class Outline (TR1-01-02B)
- 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
 - Program Evaluation
 - Basic Training Classroom Evaluation (TR1-01-08A)
 - Basic Charge Nurse Training Classroom Evaluation (TR1-01-08B)
 - Curriculum Evaluation
- 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. State-specific information/forms (as applicable)

**TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM
DESCRIPTION**

Introduction to Program

The Basic Training Program for 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 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 dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An **experienced teammate** is defined as:

- A newly hired or rehired teammate who can show proof of completing a dialysis training program and has provided at least 3 months of hands on dialysis care to patients within the past 12 months.

The curriculum of the Basic Training Program for 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 their 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 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.

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
- Manifestations of Chronic Renal Failure
- Normal Kidney Function vs. Hemodialysis
- Documentation & Flow Sheet Review

**Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.**

TR1-01-02

- Patient Self-management
- Motivational Interviewing
- Infection Control
- Data Collection and Assessment
- Water Treatment and Dialyzer Reprocessing
- Fluid Management
- Pharmacology
- Vascular Access
- Renal Nutrition
- Laboratory
- The Hemodialysis Delivery System
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Importance of P&P
- Role of the Renal Social Worker
- Conflict Resolution
- The DaVita Quality Index

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

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

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 unit.

The **didactic phase** for nurses 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
- 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

Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.

TR1-01-02

- 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

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 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 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 Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *Initial Competency Exam* with a score of 80% or higher. The CSS or RN Trainer responsible for teaching Basic Training Class will enroll the new teammate with experience in the Initial Competency Exam on the LMS. The new teammate's preceptor will proctor the exam. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *Initial Competency Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom or the *Initial Competency Exam*. If the new teammate receives a score of less than 80% on the *Initial Competency Exam*, this teammate will be required to attend Basic Training Class. If the new teammate receives a score of less than 80% on the final comprehensive classroom exam, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

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.

Process of Program Evaluation

The 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 (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.

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

Attached at Attachment – 26E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

Re: Certification of Support Services

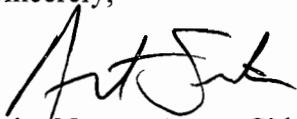
Dear Chair Olson:

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

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

- DaVita utilizes an dialysis electronic data system;
- Huntley 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 HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

Notary Public

See Attached

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 September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

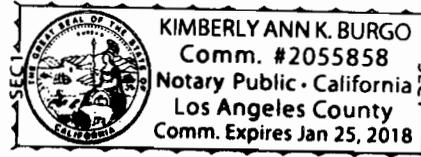
personally appeared ** Arturo Sida **

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.

Kimberly Ann K. Burgo
Signature



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: Ltr. to K.Olson re Certification of Support Services (Rhodes Dialysis, LLC)

Document Date: September 29, 2015 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

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

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

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

DaVita HealthCare Partners Inc. has an agreement with Sherman Hospital to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 24th day of June, 2010 (the "Effective Date"), by and between **Sherman Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.** a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinics owned and operated by Company:

***Crystal Springs Dialysis
4900 S. Route 31
Crystal Springs, Illinois 60012***

and

***Cobblestone Dialysis
934 N. Center St.
Elgin, Illinois 60120***

(hereinafter the dialysis clinics shall be referred to individually as the "Dialysis Facility" or together as the "Dialysis Facilities")

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients from the Dialysis Facilities to the Hospital;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the Hospital and the Dialysis Facilities.

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) The Hospital agrees to accept transfers of dialysis patients from the Dialysis Facilities if beds, personnel, and appropriate services are available, if the transfer has been approved by the admitting physician, and if the transfer is consistent with current patient transfer laws. The Hospital and Dialysis Facilities recognize the privilege of an attending physician and the right of

the patient, or the patient through a relative or guardian, to request transfer to an alternate facility. With regard to patients who present with an emergency medical condition, Hospital agrees to comply with the provisions of the Emergency Medical Treatment and Active Labor Act ("EMTALA") and ensure the prompt admission of patients requiring admission, as necessary, and within the capacity and capabilities of the Hospital, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at the respective Dialysis Facility and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either the Hospital or the Dialysis Facilities.

2. DIALYSIS FACILITIES OBLIGATIONS. To the extent possible, Dialysis Facilities staff will stabilize patients prior to transfer and initiate treatment to ensure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. If possible, the Dialysis Facilities shall obtain the patient's written consent for the transfer to the Hospital. The responsibility to arrange for transfer to the Hospital rests with the Dialysis Facilities in emergency situations. Should patient require transfer to Hospital upon request of patient's attending physician, the patient, or the patient through a relative or guardian shall be responsible for transportation.

(a) Upon transfer of a patient to Hospital, each Dialysis Facility agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Dialysis Facilities agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;

- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Dialysis Facilities agrees to readmit to its respective facility patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital will attempt to keep the administrator or designee of the Dialysis Facilities advised of the condition of the patients that will affect the anticipated date of transfer back to the respective Dialysis Facility and to provide as much notice of the transfer date as possible. Each Dialysis Facility shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to the respective Dialysis Facility.

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.**

(a) **Hospital Insurance.** Hospital shall, at its expense, provide and maintain workers' compensation, professional liability and commercial general liability insurance or equivalent coverage for its employees who perform any work, duties or obligations in connection with this Agreement, and public liability and property damage insurance, during the term of this Agreement and thereafter, in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Hospital reserves the right to self-insure this coverage. Hospital shall deliver to Company certificate(s) of insurance

evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Company. Hospital's obligation under this Section 6(a) shall survive termination of this Agreement.

(b) Company Insurance. Company shall, at its expense, provide and maintain workers' compensation, professional liability, public liability, and property damage insurance during the term of this Agreement and thereafter in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Company reserves the right to self-insure this coverage. Company shall deliver to Hospital certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Hospital. Company's obligation under this Section 6(b) shall survive termination of this Agreement.

7. INDEMNIFICATION. The parties agree to indemnify, defend, and hold one another, their shareholders, affiliates, directors, officers, agents and employees, harmless from and against any and all liability, loss, cost and expense, attorney's fees, cost of investigation, or claims for such liability, loss, expense, attorney's fees, or claims for injury or damages caused directly or indirectly by or as a result of any action or failure to act, or the negligent or intentional act or omission of the indemnifying party.

The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

If to Company: Crystal Springs
DaVita, Inc.
4900 S. Route 31
Crystal Springs, Illinois 60012
Attention: Sandy Hall, Facility Administrator

Cobblestone
DaVita, Inc.
934 N. Center Street
Elgin, Illinois 60120
Attention: Facility Administrator

With copies to: Total Renal Care, Inc.
c/o: TRC Children's Dialysis Center
DaVita Inc.
2611 N. Halsted
Chicago, Illinois 60614
Attention: Group General Counsel

DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

14. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

15. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

16. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

17. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of

future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

18. **GOVERNING LAW.** The laws of the state of Illinois shall govern this Agreement.

19. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

20. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

Hospital:

Sherman Hospital

By: Eric Krueger

Name: ERIC KRUEGER

Its: CFD

Company:

Total Renal Care, Inc.

By: Kelly Ladd

Name: Kelly Ladd

Its: Group Operations Director

By: Mary Anderson

Name: Mary Anderson

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: Steven E. Lieb

Name: Steven E. Lieb

Its: Group General Counsel

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

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

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

Attached at Attachment – 26G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita HealthCare Partners Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

Notary Public

See Attached

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 September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

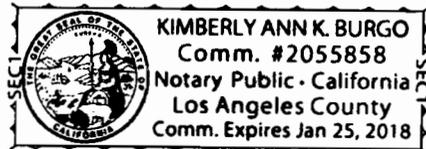
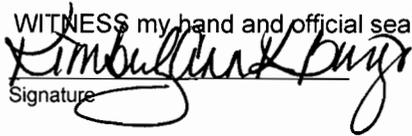
personally appeared ** Arturo Sida **

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



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: Ltr. to K.Olson re In-Center Hemodialysis Assurances (Rhodes Dialysis, LLC)

Document Date: September 29, 2015 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

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator

Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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 Duke Realty Limited Partnership. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 15-020. A letter of intent to lease the facility is attached at Attachment – 36.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.
A JOHNSON CONTROLS COMPANY

July 15, 2015

Mr. Travis Tucker
Vice President
Duke Realty
510 East 96th Street, Suite 250
Indianapolis, IN 46240

RE: LOI – Centegra Health System Huntley MOB

Dear Travis:

Johnson Controls Real Estate Services, Inc. (“JCI”) has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues of approximately \$11.5 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises, with some modifications as the entirety of the then circumstances may require:

PREMISES: **To be constructed medical office building located at approximately: 10350 Haligus Road, Huntley, IL 60142**

See Exhibit D

TENANT: “Total Renal Care, Inc. or related entity to be named”

LANDLORD: **DUKE REALTY LIMITED PARTNERSHIP, an Indiana limited Partnership.**

SPACE REQUIREMENTS: Requirement is for approximately **7,596** contiguous **usable** square feet (**8,735 rentable** square feet) on the first floor. Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: **Ten (10) years**

BASE RENT: **\$17.50 psf NNN; 2% annual escalations.**

ADDITIONAL EXPENSES:

Centegra MOB (80,000 rsf)

<u>OPERATING EXPENSES</u>	<u>Amount</u>	<u>Psf</u>
Utilities	\$124,800	\$1.56
Housekeeping	\$170,400	\$2.13
Maintenance	\$76,000	\$0.95
Repairs	\$81,600	\$1.02
Real Estate Taxes	\$299,600	\$3.75
Insurance	\$30,400	\$0.38
Management Fees	\$99,296	\$1.24
Security	\$0.00	\$0.00
Other	120,000	\$1.50

**TOTAL OPERATING
EXPENSES** **\$962,096** **\$12.53.**

(Calculation to be updated based upon Housekeeping in common area only. Tenant is currently planning to contract direct with a Housekeeping vendor for their interior suite.)

Landlord agrees to a cap on annual increases of standard controllable CAM items to no greater than 5% increase annually on a cumulative basis to be further defined in the lease.

LANDLORD'S MAINTENANCE:

Capital expenditures related solely to the structural elements of the Building (including, without limitation, structural steel, the foundation, exterior and load bearing walls, floors, and roof) shall only be included within Operating Expenses, in the following events: (i) capital improvements required by governmental law, statute, ordinance, rule or regulation, which was not applicable to the Building or the Leased Premises on the Commencement Date; or (ii) capital improvements which are reasonably intended to reduce any component cost included as an Operating Expense to be further defined in lease agreement.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant upon the completion of Landlords required work (if any), mutual lease execution and waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or until:

- 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:

The base lease form shall conform (**where applicable**) to the recently executed lease between **Landlord and Tenant in Palisades, NJ**

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.

LL to verify that the Use is permitted within the building's zoning.

PARKING:

Four (4) parking spaces per 1,000 rsf. Landlord will work with Tenant to obtain **two (2) dedicated handicapped stalls parking stalls.** The ground lease requires any dedicated parking to be approved by the ground lessor. We will need to identify the requested dedicated parking stalls, submit for ground lessor approval and then make it an exhibit to the lease.

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached **Exhibit B.**

TENANT IMPROVEMENTS:

None.

OPTION TO RENEW:

Three (3), five (5) year options to renew the lease. Option rent shall be increased by 2% after Year 10 of the initial term and continue with 2% annual escalations each successive year of the 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. Subordinate to any existing tenant's rights.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered possession of the premises to Tenant with all base building items substantially completed by a date to be further defined in lease agreement, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the defined delivery period.

HOLDING OVER:

Tenant shall be obligated to pay **125%** for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and subject to Landlord and Ground Lessor's approval. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week. **Standard building hours are 8:00 am – 6:00 pm, M-F.**

SUBLEASE/ASSIGNMENT:

Subject to the approval of the ground lessor per the ground lease. Tenant shall 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:

Subject to the approval of the ground lessor per the ground lease. Tenant shall have the right to place a satellite dish on the roof at no additional fee on a Landlord approved location. Associated installation, roof repairs, etc. will be at Tenant's expense.

NON COMPETE:

Landlord agrees not to enter into a new lease with another dialysis provider within a five (5) mile radius of Premises.

HVAC:

Packaged rooftop units with DX cooling and VAV boxes with electric reheat.

DELIVERIES:

Landlord will work with Tenant through the building design stages to accommodate an acceptable delivery option.

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. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by 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 as the Tenant's sole representatives Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to \$1.25 per square foot per year of lease per separate commission agreement.

PLANS:

Current plans to be delivered in a separate package (Site plan, floor/block plans, conceptual building renderings, etc).

It should be understood that this LOI is subject to the terms of Exhibit A attached hereto. 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 J. Gramlich

Cc: DaVita Team Genesis Real Estate, DaVita Regional Operational Leadership, JCI

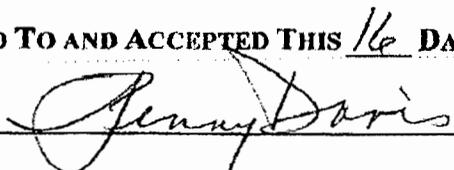
SIGNATURE PAGE

LETTER OF INTENT:

To be Constructed Medical Office Building Located at
approximately: 10350 Haligus Road, Huntley, IL 60142

AGREED TO AND ACCEPTED THIS 16 DAY OF JULY 2015

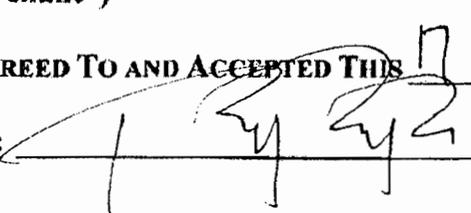
By: _____



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

AGREED TO AND ACCEPTED THIS 17 DAY OF JULY 2015

By: _____



("Landlord")

Exhibit A

NON-BINDING NOTICE

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

Exhibit B

See Attached Spreadsheet

Exhibit C – Preliminary Floor Plan – Layout Subject to Change

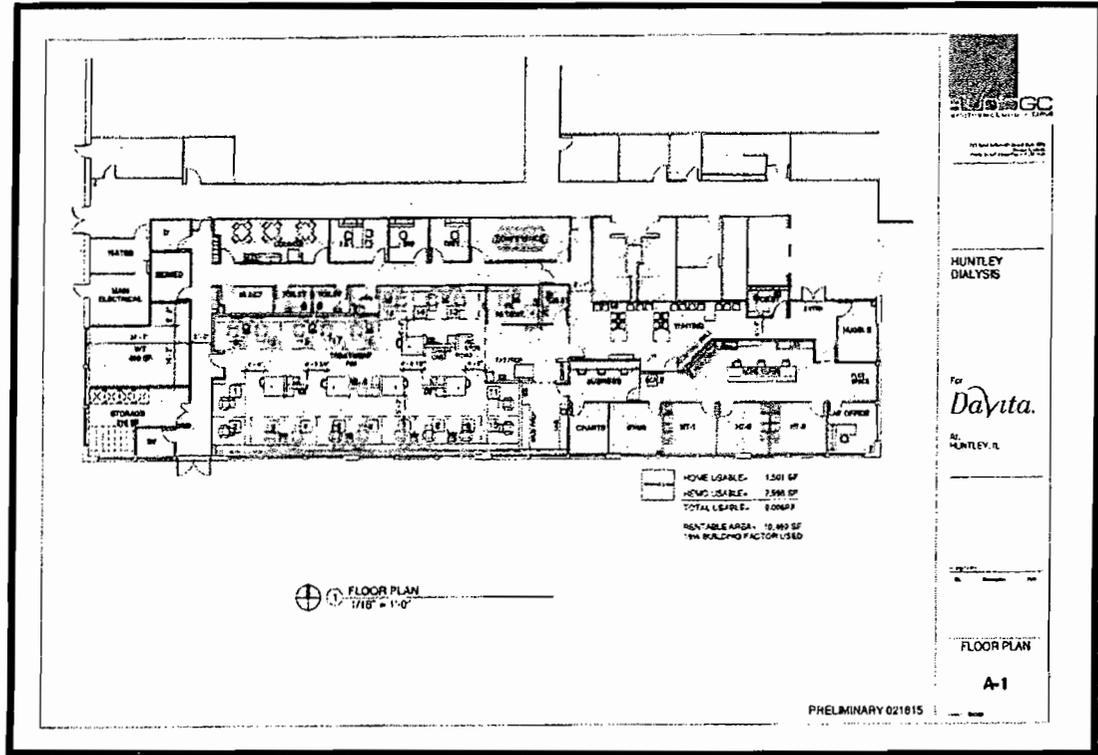


Exhibit D

**Legal Description of a to be constructed medical office building located at approximately: 10350 Haligus Road,
Huntley, IL 60142**

Tract 5

That part of Lots 2, 3, and 4 in Centegra Health Care Campus, according to the Final Plat of Subdivision recorded January 15, 2008 as document number 2008R0002817, in part of the Northeast Quarter of Section 27, Township 43 North, Range 7 East of the Third Principal Meridian, McHenry County, Illinois, described as follows:

Commencing at the northeast corner of said Lot 3; thence on an assumed bearing of North 89 degrees 55 minutes 58 seconds West along the north line of said Lot 3, a distance of 212.27 feet to the Point of Beginning; thence South 00 degrees 00 minutes 40 seconds East, 51.85 feet; thence south 89 degrees 59 minutes 20 seconds West 138.33 feet; thence south 00 degrees 00 minutes 40 seconds East, 322.77 feet; thence South 89 degrees 59 minutes 20 seconds West, 148.33 feet; thence North 00 degrees 00 minutes 40 seconds West, 689.18 feet; thence North 89 degrees 59 minutes 20 seconds East, 286.66 feet; thence South 00 degrees 00 minutes 40 seconds East, 314.56 feet to the Point of Beginning.

Said property containing 3.510 acres, more or less.

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 15-020.

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

Attached at Attachment – 39A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners, 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.

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This ___ day of _____, 2015

See Attached

Notary Public

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

State of California

County of Los Angeles

On September 29, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

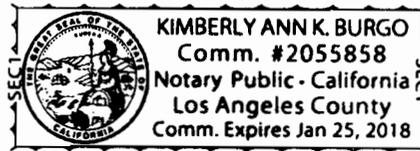
personally appeared ** Arturo Sida **

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

Kimberly Ann K. Burgo
Signature



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: Ltr. to K.Olson re Reasonableness of Financing Arrangements (Rhodes Dialysis, LLC)

Document Date: September 29, 2015 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

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator

Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

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	\$159.12		7,682				\$1,222,315		\$1,222,315
Contingency	\$12.60		7,682				\$96,811		\$96,811
TOTAL CLINICAL	\$171.72		7,682				\$1,319,126		\$1,319,126
NON- CLINICAL									
ESRD	\$158.14		1,053				\$166,521		\$166,521
Contingency	\$12.52		1,053				\$13,189		\$13,189
TOTAL NON- CLINICAL	\$170.66		1,053				\$179,710		\$179,710
TOTAL	\$171.59		8,735				\$1,498,836		\$1,498,836

* 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
New Construction Contracts & Contingencies	\$1,319,126	\$270.09 x 7,682 GSF =\$2,074,831	Below State Standard
Contingencies	\$96,811	10% of New Construction Contracts 10% x \$1,222,315 = \$122,231	Meets State Standard
Architectural/Engineering Fees	\$95,051	6.64% - 9.98% of New Construction Contracts + Contingencies) = 6.64% - 9.98% x (\$1,222,315 + \$96,811) = 6.64% - 9.98% x \$1,319,126 =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		\$87,589 - \$131,648	
Consulting and Other Fees	\$76,368	No State Standard	No State Standard
Moveable Equipment	\$450,455	\$52,119.16 per station x 12 stations \$52,119.16 x 12 = \$625,429	Below State Standard
Fair Market Value of Leased Space or Equipment	\$975,521	No State Standard	No State Standard

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

Operating Expenses: \$3,420,969

Treatments: 21,372

Operating Expense per Treatment: \$160.07

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

Capital Costs:

Depreciation:	\$229,637
Amortization:	\$ 10,857
Total Capital Costs:	\$240,494

Treatments: 21,372

Capital Costs per Treatment: \$11.25

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners 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 2014 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously included as part of Applicants' application for Proj. No. 15-025. As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. 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 the 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 has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As discussed throughout this application, there are 68 stage 4 and 5 CKD patients who reside within 15 minutes of the proposed Huntley Dialysis; however, there is presently no dialysis facility in Huntley. With the exception of patients residing in zip code 60102, the proposed Huntley Dialysis will be the closest facility for these patients. Importantly, Carpentersville Dialysis, the dialysis facility closest to most of these CKD patients, was operating at 89.7 percent as of June 30, 2015 and can only accommodate 8 patients before it reaches 100 percent utilization. Accordingly, Carpentersville lacks sufficient capacity to accommodate patients residing in the immediate Huntley area. As such, the proposed facility is necessary to accommodate the growing demand for dialysis services. Further the Applicants do not anticipate patients from existing dialysis facilities in the GSA will transfer to the proposed Huntley Dialysis. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2012	2013	2014
Charity (# of patients)	152	187	146
Charity (cost in dollars)	1,199,657	\$2,175,940	\$2,477,363
MEDICAID			
	2012	2013	2014
Medicaid (# of patients)	651	679	708
Medicaid (revenue)	\$11,387,229	\$10,371,416	\$8,603,971

Section XII, Charity Care Information

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

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$228,403,979	\$244,115,132	\$266,319,949
Amount of Charity Care (charges)	\$1,199,657	\$2,175,940	\$2,477,363
Cost of Charity Care	\$1,199,657	\$2,175,940	\$2,477,363

Appendix I – Physician Referral Letter

Attached as Appendix 1 are the physician referral letters from Dr. Arora and Dr. Ahmad projecting 137 pre-ESRD patients will be referred to Huntley Dialysis within 12 to 24 months of project completion.

Amit Arora, M.D.
Nephrology Associates of Northern Illinois
390 East Congress Parkway, Suite C
Crystal Lake, Illinois 60014

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 pleased to support DaVita's establishment of Huntley Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 10350 Haligus Road, Huntley, Illinois 60142 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the greater Huntley community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstate 90 (I-90), Route 47, and Randall Road, and will provide better access to patients residing in the greater northwest Chicagoland communities.

I have identified 948 patients from my practice who are suffering from Stage 3, 4, or 5 CKD and who all reside within a 30 minute commute of the proposed facility. 129 of these patients are at CKD Stage 4 or 5. Conservatively, I predict 78 of these patients will progress to dialysis within 12 to 24 months of completion of Huntley Dialysis. My large patient base and the present 48-station need identified in Health Service Area 8 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, at the end of the year for the most recent 3 years and at the end of the most recent quarter, is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 1/2 years is provided at Attachment - 2. The list of zip codes for the 129 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 Huntley Dialysis.

Sincerely,



Amit Aroka, M.D.
Nephrologist
Nephrology Associates of Northern Illinois
390 East Congress Parkway, Suite C
Crystal Lake, Illinois 60014

Subscribed and sworn to me
This 7th day of October, 2015

Notary Public: Maria T Rescober



Attachment 1
Historical Patient Utilization

Crystal Lake ARA Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60014	4	60014	3	60012	1	60014	3
60098	1	60156	1	60014	4	60033	1
60156	2			60033	1	60110	1
				60108	2	60156	1
				60156	1		

Historical Patient Utilization

Barrington Creek Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
61008	1	60010	2	60010	5	60010	5
				60014	1	60012	1
				60021	1	60013	1
				60033	1	60021	1
				60084	1	60047	1
						60084	1
						60102	1

Historical Patient Utilization

Carpentersville Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60102	2	60102	2	60102	4	60102	4
60110	2	60110	2	60110	2	60110	5
60118	1	60118	1	60120	1	60118	1
60178	1			60123	1	60123	2
				60146	1	60142	4
						60146	1

Historical Patient Utilization

Cobblestone Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60120	2	60120	1	60004	1	60084	1
60123	3	60123	1	60110	2	60110	3
		60126	1	60118	1	60118	1
				60120	15	60120	15
				60123	13	60123	12
				60133	1	60133	1
				60177	1	60174	1
				60632	1	60177	1
						60185	1
						60632	1

Historical Patient Utilization

Crystal Springs Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60010	1	60012	1	60012	5	60012	5
60013	2	60013	2	60013	3	60013	2
60014	15	60014	13	60014	11	60014	14
60050	1	60050	2	60050	1	60050	1
60081	1	60097	1	60098	9	60084	1
60098	9	60098	9	60102	5	60098	10
60102	1	60102	3	60156	5	60102	4
60156	5	60152	1	60180	1	60156	5
		60156	2				
		60464	1				
		61008	1				
		61108	1				

Historical Patient Utilization

Lake Villa Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60046	1	NA	NA	60020	1	60020	1
60081	1						

Historical Patient Utilization

Marengo City Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60021	1	60033	2	60033	4	60033	4
60033	3	60098	1	60098	1	60142	2
60098	3	60152	1	60142	2	60152	2
60142	4			60152	1		
60152	1						

Historical Patient Utilization

Sycamore Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60115	7	60115	3	60115	4	60112	1
60135	2	60135	2	60135	1	60115	2
60151	1	60139	1	60178	9	60135	1
60178	5	60151	1	60550	1	60178	6
60506	1	60178	8	60556	1	60556	1
60550	1						

Historical Patient Utilization

FMC Antioch Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60081	1	NA	NA	NA	NA	NA	NA

Historical Patient Utilization

Timber Creek Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60115	6	60115	8	60115	7
		60550	3	60550	2	60151	1
						60550	2

Historical Patient Utilization

FMC Elgin Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60120	1	60107	1	60110	2	60110	2
60123	2	60120	1	60107	1	60118	1
60142	1	60123	2	60120	3	60120	1
		60142	2	60123	4	60123	5
		60156	1	60124	1	60124	1
				60136	1	60142	4
				60142	4		
				60156	1		
				60175	1		

Historical Patient Utilization

FMC Round Lake Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60073	1	60073	1

Historical Patient Utilization

FMC McHenry Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60014	1	60014	2	60002	1	60033	2
60033	3	60033	1	60014	1	60034	1
60034	2	60034	2	60033	1	60042	1
60050	10	60050	9	60042	1	60047	1
60051	3	60051	2	60047	1	60050	17
60071	1	60071	1	60050	16	60051	5
60097	3	60097	3	60051	3	60071	1
60098	5	60098	3	60071	1	60072	1
60156	1			60072	1	60081	2
				60081	1	60085	1
				60084	1	60097	3
				60097	4	60098	5
				60098	5	60619	1
				60102	1		

Historical Patient Utilization

USRC Streamwood Dialysis							
2012		2013		2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	NA	NA	60107	1

Attachment 2
New Patients

McHenry ARA Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60050	1	NA	NA
60097	1		

New Patients

Barrington ARA Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60177	1	NA	NA

New Patients

Crystal Lake ARA Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60014	2	60014	1
60033	1	60110	1
60102	1		

New Patients

Barrington Creek Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60010	4	60013	3
60014	1	60047	1
60021	1	60098	1
60033	1		
60042	1		
60084	1		
60102	2		

New Patients

Carpentersville Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60110	3	60110	2
60120	1	60123	1
60124	1	60142	1
60142	2		
60156	2		

New Patients

Cobblestone Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60084	1	60110	1
60110	3	60120	1
60118	1	60123	1
60120	15	60136	1
60123	14		
60133	2		
60137	1		
60140	1		
60142	1		
60174	1		
60632	1		

New Patients

Crystal Springs Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60012	5	60012	1
60013	2	60014	3
60014	9	60084	1
60033	1	60098	1
60050	1	60110	1
60051	1		
60098	3		
60102	3		
60156	3		
60180	1		
61109	1		
60631	1		

New Patients

Lake Villa Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60020	1	NA	NA

New Patients

Marengo City Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60033	2	NA	NA
60142	1		

New Patients

Sycamore Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60115	3	60112	1
60178	3	60115	1
60556	1		

New Patients

Timber Creek Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60115	3	60556	1
		60115	1

New Patients

FMC Elgin Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60110	2	60110	1
60120	4	60118	1
60123	2	60120	1
60124	2	60123	1
60136	1	60124	1
60142	3		
60156	1		
60175	1		
60177	2		

New Patients

FMC Round Lake Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60081	1	NA	NA

New Patients

FMC McHenry Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60002	1	60020	1
60014	1	60033	1
60042	1	60050	2
60047	1	60051	1
60050	13	60081	1
60051	4	60085	1
60072	1	60098	2
60084	1		
60097	4		
60098	3		
60102	1		
60156	1		
60472	1		
60520	1		

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60012	2
60013	5
60014	22
60098	13
60102	7
60110	7
60118	8
60120	6
60123	10
60124	4
60136	1
60140	9
60142	25
60152	3
60156	5
60180	1
60192	1
Total	129

* NASIR J. AHMAD, M.D.

* IRUM SHAHAB, M.D.

* AAMIR A. MEMON, M.D.

* UMESH O. PATEL, M.D.

* AARTHI VIJAYKUMAR, M.D.

September 30, 2015

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Huntley Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 10350 Haligus Road, Huntley, Illinois 60142 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the greater Huntley community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes

The site of the proposed facility is close to Interstate 90 (I-90), Route 47, and Randall Road, and will provide better access to patients residing in the greater northwest Chicagoland communities.

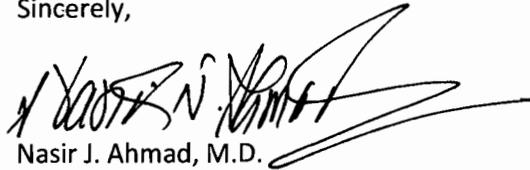
I have identified 343 patients from my practice who are suffering from Stage 3, 4 or 5 CKD. On average, 81 stage 4 and 5 patients from 11 nearby zip codes reside within a 20 minute commute of the proposed facility. Conservatively, I predict 59 of these patients will progress to dialysis within 12 to 24 months of completion of Huntley Dialysis Unit. My large patient base and the present 48-station need identified in Health Service Area 8 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, at the end of the year for the most recent year and at the end of the most recent quarter, is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 1/2 years is provided at Attachment - 2. The list of zip codes for the 81 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 leading provider of dialysis services in the United States and I support the proposed establishment of Huntley Dialysis.

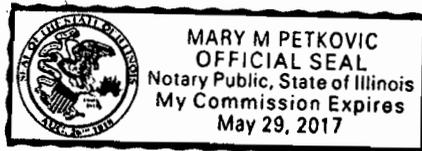
Sincerely,



Nasir J. Ahmad, M.D.
Nephrologist
Elgin Nephrology Associates
296 West Spring Street
South Elgin, ILL 60177

Subscribed and sworn to me
This 30th day of September 2015

Notary Public: Mary M. Petkovic



Attachment 1
Historical Patient Utilization

Carpentersville Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60014	2	60014	2
60102	4	60102	4
60110	11	60110	15
60118	4	60115	1
60120	2	60118	3
60123	15	60120	1
60124	1	60123	11
60136	1	60124	2
60140	2	60136	3
60142	6	60140	2
60177	1	60142	7
60520	1	60156	1
		60177	1

Historical Patient Utilization

Marengo City Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60033	4	60033	4
60098	1	60098	1
60140	2	60141	1
60152	3	60152	4
61038	1	61038	1

Attachment 2
New Patients

Carpentersville Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60018	1	60014	1
60060	1	60102	1
60102	3	60110	5
60110	4	60118	1
60118	1	60123	1
60120	3	60124	2
60123	7	60136	2
60124	1	60142	3
60136	1	60156	1
60142	5		
60172	1		
60520	1		

New Patients

Marengo City Dialysis			
2014		2015 YTD 6/30	
Zip Code	Pt Count	Zip Code	Pt Count
60033	1	60135	1
60140	2	60152	3
60152	2	61038	1
61038	1		

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60014	3
60098	1
60102	3
60110	9
60120	8
60123	15
60124	4
60136	1
60140	9
60142	10
60156	18
Total	81

Appendix 2 – Time & Distance Determination

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



Notes

Carpentersville Dialysis to proposed site for
Huntley Dialysis

Trip to:

10350 Haligus Rd

Huntley, IL 60142-9526

7.46 miles / 11 minutes



2203 Randall Rd, Carpentersville, IL 60110-3345

Download
Free App



1. Start out going **north** on **Randall Rd / County Hwy-34** toward **Miller Rd**. Continue to follow **Randall Rd**. [Map](#)

3.8 Mi

3.8 Mi Total



2. Turn **left** onto **W Algonquin Rd**. [Map](#)
GAS MART USA #19 is on the corner

3.5 Mi

7.2 Mi Total



3. Turn **right** onto **Haligus Rd**. [Map](#)
If you reach Northbridge Dr you've gone about 0.2 miles too far

0.2 Mi

7.5 Mi Total



4. **10350 HALIGUS RD** is on the **right**. [Map](#)
Your destination is just past Faiths Way
If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526



Notes

FMC Elgin to proposed site for Huntley Dialysis

Trip to:

10350 Haligus Rd

Huntley, IL 60142-9526

10.53 miles / 17 minutes



2130 Point Blvd, #800, Elgin, IL 60123-7872

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Free App



1. Start out going **northwest** on **Point Blvd** toward **Randall Rd / County Hwy-34**. [Map](#)

0.5 Mi

0.5 Mi Total



2. Take the 1st **right** onto **Randall Rd / County Hwy-34**. Continue to follow **Randall Rd**. [Map](#)

6.4 Mi

6.8 Mi Total

McGrath Honda of Elgin is on the corner



3. Turn **left** onto **W Algonquin Rd**. [Map](#)

3.5 Mi

10.3 Mi Total

GAS MART USA #19 is on the corner



4. Turn **right** onto **Haligus Rd**. [Map](#)

0.2 Mi

10.5 Mi Total

If you reach Northbridge Dr you've gone about 0.2 miles too far



5. **10350 HALIGUS RD** is on the **right**. [Map](#)

Your destination is just past Faiths Way

If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526



Trip to:
10350 Haligus Rd
 Huntley, IL 60142-9526
 16.23 miles / 26 minutes

Notes

Cobblestone Dialysis to proposed site for
 Huntley Dialysis



934 Center St, STE A, Elgin, IL 60120-2125

Download
 Free App



1. Start out going **south** on **Center St** toward **Slade Ave.** [Map](#)

0.02 Mi
 0.02 Mi Total



2. Take the **1st right** onto **Slade Ave.** [Map](#)
If you reach Lincoln Ave you've gone about 0.1 miles too far

0.2 Mi
 0.2 Mi Total



3. Take the **2nd left** onto **Douglas Ave.** [Map](#)
Douglas Ave is just past N Spring St
If you reach Brook St you've gone a little too far

0.8 Mi
 1.0 Mi Total



4. Turn **right** onto **Kimball St.** [Map](#)
Kimball St is just past Franklin Blvd
Danny's Pizza is on the corner
If you reach Symphony Way you've gone a little too far

0.4 Mi
 1.3 Mi Total



5. Turn **right** onto **N State St / IL-31.** [Map](#)
N State St is 0.2 miles past N Grove Ave
If you are on Lawrence Ave and reach N Crystal St you've gone a little too far

1.9 Mi
 3.2 Mi Total



6. Merge onto **I-90 W / Jane Addams Memorial Tollway W** toward
Wisconsin (Portions toll). [Map](#)

2.4 Mi
 5.6 Mi Total



7. Take the **Randall Rd** exit. [Map](#)

0.4 Mi
 6.0 Mi Total



8. Keep **left** to take the ramp toward **Crystal Lake / Gilberts.** [Map](#)

0.09 Mi
 6.1 Mi Total



9. Merge onto **Randall Rd.** [Map](#)

6.5 Mi
 12.5 Mi Total



10. Turn **left** onto **W Algonquin Rd.** [Map](#)
GAS MART USA #19 is on the corner

3.5 Mi
 16.0 Mi Total



11. Turn **right** onto **Haligus Rd.** [Map](#)
If you reach Northbridge Dr you've gone about 0.2 miles too far

0.2 Mi
 16.2 Mi Total



12. **10350 HALIGUS RD** is on the **right.** [Map](#)
Your destination is just past Faiths Way
If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526
 -190-



Notes

ARA-South Barrington to proposed site for
Huntley Dialysis

Trip to:

10350 Haligus Rd

Huntley, IL 60142-9526

17.66 miles / 26 minutes



33 W Higgins Rd, South Barrington, IL 60010-9103

Download
Free App



1. Start out going **east** on **W Higgins Rd / IL-72**. [Map](#)

0.1 Mi
0.1 Mi Total



72

2. Make a **U-turn** onto **W Higgins Rd / IL-72**. [Map](#)

1.3 Mi
1.5 Mi Total



59

3. Turn **right** onto **New Sutton Rd / IL-59**. Continue to follow **IL-59**. [Map](#)
IL-59 is 0.5 miles past Bartlett Rd
If you are on Higgins Rd and reach Old Sutton Rd you've gone about 0.2 miles too far

2.9 Mi
4.4 Mi Total



62

4. Turn **left** onto **Algonquin Rd / IL-62**. Continue to follow **IL-62**. [Map](#)
IL-62 is just past Algonquin Rd

5.4 Mi
9.8 Mi Total



5. Stay **straight** to go onto **E Algonquin Rd / IL-62**. Continue to follow **E Algonquin Rd**. [Map](#)

7.7 Mi
17.4 Mi Total



6. Turn **right** onto **Haligus Rd**. [Map](#)
If you reach Northbridge Dr you've gone about 0.2 miles too far

0.2 Mi
17.7 Mi Total



7. **10350 HALIGUS RD** is on the **right**. [Map](#)
Your destination is just past Faiths Way
If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526



Notes

Barrington Creek to proposed site for Huntley Dialysis

Trip to:
10350 Haligus Rd
 Huntley, IL 60142-9526
 14.24 miles / 23 minutes



28160 W Northwest Hwy, Lake Barrington, IL 60010-2324

Download Free App

- 

1. Start out going **west** on **W Northwest Hwy / US-14 W** toward **N Pepper Rd**. Continue to follow **US-14 W**. [Map](#) **3.6 Mi**
3.6 Mi Total
- 

2. Stay **straight** to go onto **W Main St**. [Map](#) **0.8 Mi**
4.5 Mi Total
- 

3. Turn **left** onto **Cary Algonquin Rd**. [Map](#)
*Cary Algonquin Rd is 0.1 miles past Briargate Rd
 If you reach Asbury Ln you've gone a little too far* **1.4 Mi**
5.9 Mi Total
- 

4. Turn **right** onto **Klasen Rd**. [Map](#)
*Klasen Rd is 0.3 miles past S Fox Trails Dr
 If you are on Cary Rd and reach Allen Rd you've gone about 0.4 miles too far* **0.8 Mi**
6.8 Mi Total
- 

31

5. Turn **left** onto **IL Route 31 / IL-31**. [Map](#) **1.3 Mi**
8.1 Mi Total
- 

6. Stay **straight** to go onto **ramp**. [Map](#) **0.4 Mi**
8.4 Mi Total
- 

7. Turn **slight right** onto **W Algonquin Rd**. [Map](#) **5.6 Mi**
14.0 Mi Total
- 

8. Turn **right** onto **Haligus Rd**. [Map](#)
If you reach Northbridge Dr you've gone about 0.2 miles too far **0.2 Mi**
14.2 Mi Total
- 

9. **10350 HALIGUS RD** is on the **right**. [Map](#)
*Your destination is just past Faiths Way
 If you reach Reed Rd you've gone about 0.2 miles too far*



10350 Haligus Rd, Huntley, IL 60142-9526



Notes

Marengo City Dialysis to proposed site for
Huntley Dialysis

Trip to:

10350 Haligus Rd
Huntley, IL 60142-9526
13.49 miles / 19 minutes



**910 Greenlee St, UNIT #B, Marengo, IL 60152
-3223**

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Free App

- 1. Start out going **east** on **Greenlee St** toward **N Prospect St**. [Map](#)

0.08 Mi
0.08 Mi Total
- 2. Turn **right** onto **N Prospect St**. [Map](#)

0.5 Mi
0.6 Mi Total
- EAST

20

3. Turn **left** onto **E Grant Hwy / US-20 E**. [Map](#)
Chef Peter's Bistro is on the corner

3.7 Mi
4.3 Mi Total
- 4. Turn **left** onto **Beck Rd**. [Map](#)
If you reach S Union Rd you've gone a little too far

0.05 Mi
4.4 Mi Total
- 5. **Beck Rd** becomes **Marengo Rd / County Hwy-12**. [Map](#)

5.7 Mi
10.1 Mi Total
- 6. Turn **left** onto **W Main Street Rd**. [Map](#)
If you are on Hemmer Rd and reach Delaney Rd you've gone about 0.5 miles too far

1.5 Mi
11.5 Mi Total
- 47

7. Turn **left** onto **N IL Route 47 / IL-47**. [Map](#)
If you are on E Main St and reach Dwyer St you've gone a little too far

0.5 Mi
12.0 Mi Total
- 8. Turn **right** onto **Algonquin Rd**. [Map](#)
*Algonquin Rd is 0.1 miles past North St
If you reach Kenneth Ave you've gone about 0.1 miles too far*

1.2 Mi
13.3 Mi Total
- 9. Turn **left** onto **Haligus Rd**. [Map](#)
*Haligus Rd is 0.4 miles past Ruth Rd
If you reach Braemar Pkwy you've gone about 0.2 miles too far*

0.2 Mi
13.5 Mi Total
- 10. **10350 HALIGUS RD** is on the **right**. [Map](#)
*Your destination is just past Faiths Way
If you reach Reed Rd you've gone about 0.2 miles too far*



10350 Haligus Rd, Huntley, IL 60142-9526



Trip to:
10350 Haligus Rd
Huntley, IL 60142-9526
8.28 miles / 13 minutes

Notes

ARA-Crystal Lake Dialysis to proposed site for
Huntley Dialysis



6298 Northwest Hwy, Crystal Lake, IL 60014-7933

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Free App



1. Start out going **east** on **Northwest Hwy / US-14 E** toward **US-14 W**. [Map](#)

0.3 Mi
0.3 Mi Total



2. Turn **right** onto **S Main St**. [Map](#)
*S Main St is 0.1 miles past Teckler Blvd
Arby's is on the corner
If you are on Northwest Hwy and reach Rosenthal Dr you've gone a little too far*

0.7 Mi
0.9 Mi Total



3. **S Main St** becomes **Pyott Rd**. [Map](#)

0.4 Mi
1.3 Mi Total



4. Turn **right** onto **James R Rakow Rd**. [Map](#)
James R Rakow Rd is just past Jennings Dr

1.3 Mi
2.6 Mi Total



5. **James R Rakow Rd** becomes **N Randall Rd**. [Map](#)

2.0 Mi
4.6 Mi Total



6. Turn **right** onto **W Algonquin Rd**. [Map](#)
*W Algonquin Rd is 0.4 miles past Polaris Dr
GAS MART USA #19 is on the corner*

3.5 Mi
8.1 Mi Total



7. Turn **right** onto **Haligus Rd**. [Map](#)
If you reach Northbridge Dr you've gone about 0.2 miles too far

0.2 Mi
8.3 Mi Total



8. **10350 HALIGUS RD** is on the **right**. [Map](#)
*Your destination is just past Faiths Way
If you reach Reed Rd you've gone about 0.2 miles too far*



10350 Haligus Rd, Huntley, IL 60142-9526



Notes

Crystal Springs Dialysis to proposed site for Huntley Dialysis

Trip to:

10350 Haligus Rd

Huntley, IL 60142-9526

12.18 miles / 20 minutes



Crystal Lake, IL 60012

Download
Free App

- 1. Start out going **northwest** on **Rockspur Trl** toward **Hibiscus Trl**. [Map](#)

0.01 Mi
0.01 Mi Total
- ↑

2. **Rockspur Trl** becomes **Tamarisk Trl**. [Map](#)

0.3 Mi
0.3 Mi Total
- ↵

3. Turn **left** onto **Pleasant Hill Rd**. [Map](#)
Pleasant Hill Rd is just past Tecoma Dr
If you reach the end of Tamarisk Ct you've gone about 0.1 miles too far

0.6 Mi
0.8 Mi Total
- ↵

4. Turn **left** onto **Walkup Rd**. [Map](#)
Walkup Rd is 0.2 miles past Buckhorn Dr
If you are on Deerwood Dr and reach Live Oak Rd you've gone about 0.1 miles too far

1.9 Mi
2.8 Mi Total
- ↘

5. Turn **right** onto **W Terra Cotta Ave / IL-176**. Continue to follow **IL-176**. [Map](#)
IL-176 is just past Crystal Ridge Dr
If you are on N Walkup Ave and reach Gates St you've gone a little too far

4.3 Mi
7.0 Mi Total
- ↵

6. Turn **left** onto **Haligus Rd**. [Map](#)
Haligus Rd is 0.2 miles past Butternut Dr
If you reach Mt Thabor Rd you've gone a little too far

5.1 Mi
12.1 Mi Total
- ↺

7. Make a **U-turn** at **Faiths Way** onto **Haligus Rd**. [Map](#)
If you reach Algonquin Rd you've gone about 0.1 miles too far

0.07 Mi
12.2 Mi Total
- 8. **10350 HALIGUS RD** is on the **right**. [Map](#)
If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526



Notes

ARA-McHenry County to proposed site for
Huntley Dialysis

Trip to:

10350 Haligus Rd

Huntley, IL 60142-9526

15.94 miles / 23 minutes



4209 W Shamrock Ln, Mchenry, IL 60050-8271

Download
Free App



1. Start out going **east** on **W Shamrock Ln** toward **Gladstone Dr**. [Map](#)

0.2 Mi

0.2 Mi Total



31

2. Take the 1st **right** onto **S IL Route 31 / IL-31**. [Map](#)

7.3 Mi

S IL Route 31 is 0.1 miles past Gladstone Dr

7.5 Mi Total

Shamrock Subs and Smoothies is on the right

If you are on S IL Route 31 and reach Mercy Dr you've gone about 0.1 miles too far



3. Turn **right** onto **James R Rakow Rd**. [Map](#)

2.8 Mi

James R Rakow Rd is 0.2 miles past Raymond Dr

10.3 Mi Total

Starbucks is on the corner



4. **James R Rakow Rd** becomes **N Randall Rd**. [Map](#)

2.0 Mi

12.3 Mi Total



5. Turn **right** onto **W Algonquin Rd**. [Map](#)

3.5 Mi

W Algonquin Rd is 0.4 miles past Polaris Dr

15.7 Mi Total

GAS MART USA #19 is on the corner



6. Turn **right** onto **Haligus Rd**. [Map](#)

0.2 Mi

If you reach Northbridge Dr you've gone about 0.2 miles too far

15.9 Mi Total



7. **10350 HALIGUS RD** is on the **right**. [Map](#)

Your destination is just past Faiths Way

If you reach Reed Rd you've gone about 0.2 miles too far



10350 Haligus Rd, Huntley, IL 60142-9526

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26-27
2	Site Ownership	28-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38-39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40-41
5	Flood Plain Requirements	42-43
6	Historic Preservation Act Requirements	44-55
7	Project and Sources of Funds Itemization	56
8	Obligation Document if required	57-58
9	Cost Space Requirements	59
10	Discontinuation	
11	Background of the Applicant	60-83
12	Purpose of the Project	84-87
13	Alternatives to the Project	88-89
14	Size of the Project	90
15	Project Service Utilization	91
16	Unfinished or Shell Space	92
17	Assurances for Unfinished/Shell Space	93
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	94-126
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	127-136
37	Financial Waiver	137
38	Financial Viability	
39	Economic Feasibility	138-145
40	Safety Net Impact Statement	146
41	Charity Care Information	147
Appendix 1	Physician Referral Letter	148-186
Appendix 2	Time & Distance Determination	187-196