



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-07	BOARD MEETING: October 25, 2016	PROJECT NO: 16-020	PROJECT COST: Original: \$762,000
FACILITY NAME: Dialysis Care Center Oak Lawn		CITY: Oak Lawn	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (Dialysis Care Center Oak Lawn, LLC and Dialysis Care Center Holdings LLC) are proposing to establish an eleven (11) station in center hemodialysis (ESRD) facility to be located in Oak Lawn, Illinois at a cost of approximately \$762,000 and a completion date of June 30, 2017.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Dialysis Care Center Oak Lawn, LLC, and Dialysis Care Center Holdings LLC) are proposing to establish an eleven (11) station in center hemodialysis (ESRD) facility to be located in Oak Lawn, Illinois at a cost of approximately \$762,000 and a completion date of June 30, 2017.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are proposing to establish a health care facility as defined by the Illinois Health Facilities Planning Act. (20 ILCS 3960/3)

PURPOSE OF PROJECT:

- This project is being proposed to address the current State Board determined need for additional stations in HSA 7. The proposed Dialysis Care Center Oak Lawn will open up additional treatment options for patients in the Oak Lawn area and also for patients in Southwest Cook County.

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but none was requested. No letters of support were received.
- **Fresenius Kidney Care** expressed concern that the information provided in the initial application submittal was copied from previous DaVita, Inc and Fresenius Kidney Care applications including zip code information and chart of facilities within the thirty (30) minute service area. Fresenius also expressed concern that the service area of this project overlapped with the service area of Project #16-022 – Dialysis Center of Olympia Fields.
- **Penny Davis, Vice President of DaVita, Inc** submitted a letter stating “we have reviewed the patients initials for the two projects submitted by Kidney Care Centers, and have found that only 4 patients from the new application for Oak Lawn and 2 for the Olympia Fields project were previously listed in our Tinley application so don't believe there is any material change. In the spirit of full transparency, I wanted you to be aware.”

CONCLUSIONS:

- The State Board Staff has reviewed the application for permit and the supplemental information submitted by the applicants and note the following:
- There is a calculated need for an additional fifty-eight (58) stations in the HSA 7 ESRD planning area by CY 2018.
- The applicants have identified fifty-eight (58) individuals that will need dialysis within two years of project completion. If those patients materialize the applicants will be in excess of the State Board's target occupancy of eighty (80%) percent.
- There are thirty-five (35) facilities within thirty (30) minutes of the proposed facility. Of these thirty-five (35) facilities two (2) of the facilities are not yet operational, and one (1) facility did not report utilization data for the second quarter of 2016. Of the remaining thirty-two (32) facilities average utilization is approximately eighty percent (80%). **[See Table at the end of this report]**
- There is not a surplus of stations in the thirty (30) minute service area when compared to the ratio of stations to population in Illinois to the ratio of stations to population within the thirty (30) minute service area that is 1.5 times the State's ratio. **[See page 13 of this report]**

- From the information provided by the applicants, it appears that the applicants have the ability to generate sufficient income to meet operating payments, and maintain service levels. Additionally it appears that the proposed project will be economically feasible.
- The applicants have addressed a total of twenty-one (21) criteria and have met them all.

STATE BOARD STAFF REPORT
Project #16-020
Dialysis Care Center Oak Lawn

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants(s)	Dialysis Care Center Oak Lawn, LLC., Dialysis Care Center Holdings LLC
Facility Name	Dialysis Care Center Oak Lawn
Location	9115 S. Cicero, Suite 300, Oak Lawn
Permit Holder	Dialysis Care Center Oak Lawn
Operating Entity	Dialysis Care Center Oak Lawn
Owner of Site	Ali Kutom as Trustee of Trust #16701
Description	Establish Eleven (11) station ESRD facility
Total GSF	4,000 GSF
Application Received	May 13, 2016
Application Deemed Complete	May 18, 2016
Review Period Ends	September 14, 2016
Financial Commitment Date	June 30, 2017
Project Completion Date	June 30, 2017
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicants (Dialysis Care Center Oak Lawn, LLC, and Dialysis Care Center Holdings LLC) are proposing to establish an eleven (11) station in center hemodialysis (ESRD) facility to be located in Oak Lawn, Illinois at a cost of approximately \$762,000 and a completion date of June 30, 2017.

II. Summary of Findings

- A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Dialysis Care Center Oak Lawn, LLC, and Dialysis Care Center Holdings LLC. Dialysis Care Center Oak Lawn, LLC and Dialysis Care Center Holdings, LLC are both newly formed entities. Morufu Alausa, M.D. and Sameer Mohammad Shafi, M.D. own 50% interest in each of the two entities. The proposed facility is located in the Health Service Area 7 ESRD planning area. HSA 7 includes Suburban Cook and Dupage Counties. This is a substantive project subject to a Part 1110 and Part 1120 review. Financial Commitment will occur after permit issuance.

IV. Payor Source ESRD Facility

The applicants are projecting approximately 60% Medicare Revenue and 30% Medicaid Revenue for the new facility. See Table One below.

Sources of Revenue Type of Payor	Number of Patients	Sources of Revenue Percentage of Patients by Payor
Medicare	34	59.60%
Medicaid	17	29.80%
Private	6	10.00%
Self Pay	0	0.00%
Charity	1	0.00%
Total	58	

Source: Supplemental Information dated July 8, 2016

Medicare and Medicaid patients typically make up the largest percentage of patients served by a dialysis facility. Under the new ESRD PPS payment system, Medicare pays dialysis facilities a bundled rate per treatment, that rate is not the same for each facility. Each facility, within a given geographic area, may receive the same base rate. However, there are a number of adjustments both at the facility and at patient-specific level that affects the final reimbursement rate each facility will receive. What a dialysis facility receives from its commercial payors will also vary. Even if two different dialysis providers billed the same commercial payor the same amount, the actual payment to each facility will depend on the negotiated discount rate obtained by the commercial payor from each individual provider. [Center for Medicare and Medicaid <https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html>]

V. Admission and Charity Care Policies

To determine whether all residents of the planning area would have access to an applicant's proposed services, the State Board Staff requested the applicants to provide a copy of its proposed admission and charity policies. The admission policy provides the principles of the facility as to the types of patients that are appropriate candidates to use the facility and any assurances regarding access to treatment. The admission policy must also include language to ensure all residents of the service area would have access to services. This is accomplished by providing an admission policy that states patients would be admitted without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical, or mental status.

The State Board relies upon a facility's Medicaid eligibility or contracting with Medicaid to determine whether low-income residents would have access to the proposed services. A review of the proposed dialysis center anticipated revenue sources indicates that the applicants expect to receive Medicaid reimbursements. The State Board Staff uses the facility's Medicare certification to determine whether the elderly would have access or continue to have access to the proposed services. A review of applicants anticipated revenue sources indicates that the applicants expect to receive Medicare reimbursements. A facility's charity care policy should confirm that all residents of the service area including low-income, racial and ethnic minorities, handicapped and other underserved

groups have, or would have, access to healthcare services of the applicant. The policy should also include the process a patient would use to access charity care at the facility.

The applicants stated the following regarding admission and charity care policies

“The policy of Dialysis Care Center is to provide services to all patients regardless of race, color, national origin. Dialysis Care Center will provide services to patients with or without insurance and as well as patients who may require assistance in determining source of payment. Dialysis Care Center will not refuse any patient. Medicaid patients wishing to be served will not be denied services. Through Medicare guidelines, patients who are prequalified for ESRD or for the few that are currently ESRD status and are left uninsured, Dialysis Care Center will be committed to providing continued care. Dialysis Care Center will be an “open Dialysis unit” meaning through our policy, any nephrologist will be able to refer their patients and apply for privileges to round at the facility, if they desire. In regards to Charity Care Dialysis Care Center Oak Lawn will be committed to work with any and all patients to try and find any resources and programs for which they may qualify. Dialysis Care Center will participate in American Kidney Fund (AKF) to assist patients with insurance premiums which will be at no cost to the patient.” [Supplemental Request for Information dated May 31, 2016 response received July 8, 2016]

VI. Project Costs and Sources of Funds

The applicants are funding this project with cash of \$480,000 and the FMV of leased space and equipment of \$282,000. The initial start-up costs and operating deficit is projected to be \$25,000.

TABLE TWO	
Project Costs and Sources of Funds	
Reviewable Costs	Total
Project Costs	
Modernization Contracts	\$120,000
Contingencies	\$10,000
Movable Equipment	\$350,000
FMV of Leased Space and Equip.	\$282,000
Total Project Costs	\$762,000
Sources of Funds	
Cash	\$480,000
FMV of Leased Space and Equip.	\$282,000
Total Sources of Funds	\$762,000

VII. Health Service Area Seven

There are seventy-one (71) ESRD facilities in this ESRD Planning Area. Of those seventy one (71) facilities seven (7) are new facilities and are not yet operational. Of the remaining sixty five (65) facilities average utilization is 70.3%. Growth in the number of ESRD patients in this planning area has been 3.3% compounded annually over the past four years. There is a **calculated need for an additional fifty-eight (58) stations** in this ESRD Planning Area by CY 2018. See Need Methodology below.

1.	2013 HSA VII Patients	4,906
2.	2013 Planning Area Population	3,466,100
3.	HSA VII Area Use Rate	1.415
4.	2018 Planning Area Population	3,500,400
5.	Projected Patients	4,954
6.	Adjustment Factor	1.33
7.	Adjusted Patients	6,590
8.	Projected Treatments	1,027,970
9.	2018 Stations Needed	1,372
10.	<u>Current Number of Stations</u>	<u>1,314</u>
11.	Stations Needed	58

VIII. Purpose of the Project, Safety Net Impact, Alternatives to the Project

A) **Criterion 1110.230 –Purpose of the Project**

To demonstrate compliance with this criterion the applicants must provide documentation that

1. Documents that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Defines the planning area or market area, or other, per the applicant’s definition.
3. Identifies the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
4. Details how the project will address or improve the previously referenced issues, as well as the population’s health status and well-being.
5. Provides goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The applicants provided the following discussion regarding the purpose of the project.

“This project is being proposed to address the current State Board determined need for additional stations in HSA 7. The proposed Dialysis Care Center Oak Lawn will open up additional treatment options for patients in the Oak Lawn area and also for patients in Southwest Cook County. The new clinic which will help tremendously in accommodating growth of future dialysis patients will provide an additional 11 stations and will help as part of the planning for the future growth of ESRD. Historically, the Oak Lawn and surrounding Southwest Cook County has seen tremendous and continuous growth of the ESRD Population, as objectively indicated in the over 80% utilization of most the ESRD facilities in the area. The new clinic, Dialysis Care Center Oak Lawn, will have 100% physician ownership. This is the first time in almost over a decade that a mid-sized Nephrology practice with over 5 physicians in the immediate area are developing a dialysis clinic, to better serve the needs of their ESRD patients. As a solely physician-owned and managed clinic, patient care, comfort and quality will be placed first and foremost before profitability. The physicians will also have total independence in making clinical decisions and will focus on maximizing the quality of care provided to patients receiving dialysis at this clinic. The new clinic, Dialysis Care Center Oak Lawn, will allow area patients access to dialysis services within a reasonable travel distance from home while avoiding significant highway travel. It is an established fact in medicine, that when a patient is requiring chronic dialysis, they have convenient and adequate access to services as it tends to reduce overall healthcare costs and results in less complications. It is expected that Dialysis Care Center Oak Lawn, once operational will meet and possibly exceed the clinical outcomes set by the Renal Network, as well as Centers for Medicare and Medicaid services.” [Source: Application for Permit pages 82-83]

In supplemental information the applicants stated *“The Market area will serve HSA 7 residents, specifically patients in the greater Oak Lawn area and southwest cook county. Oak Lawn population is over 19% African Americans and Hispanics. These populations are twice as likely to develop diabetes and or high blood pressure leading to kidney disease. The city demographics and characteristics are attached; data was retrieved from www.factfinder.census.gov. The goal of the project is simple it's to address the current need of the state board determined need for additional stations in HSA 7, also to assure the residents of the greater Oak Lawn area continue to have life sustaining dialysis treatment options.”* [Source: Supplemental Request received July 8, 2016]

B) Criterion 1110.230 (b) – Safety Net Impact Statement

To demonstrate compliance with this criterion the applicants must document

1. The project's material impact, if any, on essential safety net services in the community, and
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.

“The establishment of Dialysis Care Center Oak Lawn will not have any impact on safety net services in the Oak Lawn area. Outpatient dialysis facilities services are not typically considered or viewed as “safety net” services. As a result the presence of Dialysis Care Center Oak Lawn as a provider is not expected to alter the way any other healthcare providers function in the community. Dialysis Care Center Oak Lawn has no reason to believe that this project would have any adverse impact on any provider or health care system to cross-subsidize safety net services. Dialysis Care Center Oak Lawn will be committed to providing ESRD services to all patients with or without insurance or patients to no regards for source of payment. Dialysis Care Center Oak Lawn will not refuse any patients. Medicaid patients wishing to be served at Dialysis Care Center Oak Lawn will not be denied services. Because of the Medicare guidelines for qualification for ESRD, a few patients’ with ESRD are left uninsured for their care.” [Source: Application for Permit, page 182]

C) Criterion 1110.230 (c) – Alternatives to the Proposed Project

To demonstrate compliance with this criterion the applicants must

1. Identify all alternatives;
2. Provide 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;
3. For every alternative considered the total project costs and the reason for the rejection must be provided; and,
4. For the selected alternative the reasons for the selection must be provided

1. **Proposing a project of greater or lesser scope and cost**

This alternative was rejected because it would not meet the calculated need for the sixty (60) stations in the HSA VII ESRD Planning Area. There was no cost to this alternative.

2. **Pursing a joint venture or similar arrangement with one or more providers or entities to meet all or portion of the projects intended purposes;**

This alternative was rejected because it would not allow for a 100% physician owned facility in the HSA VII ESRD Planning Area. No capital costs were provided.

3. **Utilizing other health care ESRD facilities**

The applicants stated *“there are no physician owned ESRD facilities in the area where the physicians have the independence they need to improve the quality indicators set by the Boards criteria on quality. It is expected that the facility will exceed the clinical outcomes that meet all network, Centers for Medicare and Medicaid services clinical goals established.”* No capital costs were provided.

4. **Proposed Project**

The applicants stated *“The project utilizes space that was previously an existing ESRD facility, the use of space would continue to be for the same service, the cost of the proposed project is a fraction of the cost of developing a new facility. We expect to spend less than \$120,000.00 in renovation cost on a space of 4000 sq ft. Beyond that, the only additional cost would be to provide the equipment needed to provide dialysis services. We believe that this is a very substantial cost effective alternative that will meet the need. The total cost of the proposed project is \$762,000 including the value of the leased space. This we believe is the most efficient long term solution to maintaining access to dialysis services in the Oak Lawn area, and to accommodate the need of the additional stations identified by the board in HSA 7. We believe that the proposed project meets the HFPB goals of providing health care services in the most cost effective manner.”* [Application for Permit pages 84-85]

The State Board Staff asked the applicants to compare the alternatives identified in the application in terms of total costs, patient access, quality and financial benefits in a supplemental request dated May 31, 2016. The applicants’ response is as follows:

“The only option other than what was proposed in the application, for a lesser scope and cost, would be to do nothing, which was considered. That option, however, does not address the need

for [58] additional stations needed in the HSA 7 area. Without planning for future ESRD patients, this will result in area facilities to reach capacity and access will decline where HFSRB identified need. There is no cost to this alternative. The proposed facility that is identified for Dialysis Care Center Oak Lawn is was previously a DaVita Site. By using this site the costs associated with this project are significantly lower compared to other ESRD projects brought to the board. This cost effective method will ensure the need for the additional stations are met with a reduced cost for the facility." [Supplemental Response Received July 8, 2016]

IX. Size of the Project, Projected Utilization, Assurances

A) Criterion 1110.234 (a) – Size of the Project

To demonstrate compliance with this criterion the applicants must document that the proposed gross square footage does not exceed the State Board Standards in Part 1110 Appendix B.

The proposed new facility will be located in a discontinued ESRD facility (Application for Permit #14-069) that at the time of discontinuation the following issues were noted:

"there were multiple physical plant upgrades needed to plumbing, HVAC, and flooring. The patients do not have access to a clean sink on the treatment floor and need to rely on the use of alcohol wipes to clean their vascular access site. The RN station is too small to adequately prep medications. The water treatment room is outdated and in need of a complete overhaul. The Existing Facility houses 12 dialysis stations in approximately 4,000 GSF or 333.3 GSF per station which is below the Board's minimum standard for in-center hemodialysis stations. As a result the space is inadequate to store medical supplies office supplies and biohazard waste. The facility has no dedicated conference room. The lobby/patient seating area is too small by DaVita standards to appropriately accommodate patients in a 12-station dialysis unit. The mechanical room and the computer/server room for all of the neighboring medical businesses are housed inside the Existing Facility. There is no way to access the server/computer room without going through the treatment floor creating a potential infection control concern. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety based on inadequate sight-lines." [Source: Application for Permit 14-069 – Stony Creek Dialysis]

In Supplemental information received July 8, 2016 the applicants responded to the State Board Staff's concern with the issues identified in Application for Permit #14-069.

"All items above were addressed in the attached floor plan the preexisting dialysis unit as referenced above was a 12 station dialysis unit. We have reduced the stations to an 11 station dialysis unit, meeting the state standards of GSF per station. This gave additional sq. ft. to accommodate the concerns to add a clean sink on the treatment floor resulting in the RN station size becoming slightly increased, providing direct sight line to patients. In regards to the HVAC, the Landlord, is replacing that unit at no charge to us. The new flooring cost was included in our modernization costs. The equipment in the water treatment room was completely removed by DaVita. A new RO system will be installed, where cost has been included on the application. An estimate is attached from AmeriWater RO systems. An IDPH Licensed personal will do the installation as listed in the estimate." [Source Supplemental Information received July 8, 2016]

The applicants are proposing 4,000 gross square feet of leased space for eleven (11) dialysis stations. The State Board standard is 520 DGSF per station or 5,720 DGSF for an eleven (11) station ESRD facility.

Based upon the information provided in the application for permit and the supplemental information provided by the applicants on July 8, 2016, the State Board Staff finds the proposed project to be in conformance with this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SIZE OF THE PROJECT (77 IAC 1110.234 (a))

B) Criterion 1110.234 (b) - Projected Utilization

To demonstrate compliance with this criterion the applicants must document that by the second year after project completion the applicants will be at target occupancy.

The applicants are projecting fifty-eight (58) patients by the second year after project completion.

- | | |
|-------------------------------------|---|
| 1. Number of stations | 11 stations |
| 2. Number of treatments 11 stations | 10,296 treatments per year |
| 3. Fifty-Eight (58) Patients | 9,048 treatments |
| 4. Occupancy | 9,048 treatments per year/10,296 capacity = 87.9% |

Based upon the information provided in the application for permit and the supplemental information provided by the applicants on July 8, 2016, the State Board Staff finds the proposed project to be in conformance with this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION OF THE PROJECT (77 IAC 1110.234 (b))

C) Criterion 1110.234 (e) – Assurances

To demonstrate compliance with this criterion the applicants must attest that the proposed project will be by the end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Part 1110 Appendix B.

The applicants have provided the necessary attestation at page 134 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

X. In-Center Hemodialysis

A) Criterion 1110.1430(b)(1) (3) - Background of Applicant

To demonstrate compliance with this criterion the applicants must document the following:

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) A certified listing from the applicant 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;
- D) A certified listing of each applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to;
- E) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted,

Dialysis Care Center Oak Lawn, LLC & Dialysis Care Center Holdings, LLC are both newly formed entities and as such they do not own or operate any other health care facilities in the State of Illinois. The members of the two LLCs are Dr. Morufu Alausa and Dr. Sameer Mohammed Shafi. Both physicians are in good standing with the Illinois Department of Financial and Professional Regulation. <https://www.idfpr.com/> The location of the proposed facility is in compliance with the Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.) and Executive Order #2006-5. The applicants provided authorization permitting the State Board and the State Agency access to any documents necessary to verify information in the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANT (77 IAC 1110.1430 (b) (1) (3))

B) Criterion 1110.1430 (c) (1) (2) (3) (5) - Planning Area Need

To demonstrate compliance with this criterion the applicants must document that

1. there is a calculated need in the planning area;
2. the proposed facility will serve the residents of the planning area;
3. there is demand for the service based upon historical and projected referrals; and,
5. the proposed service is necessary to improve service access in the planning area.

1. Calculated Need

There is a calculated need for an additional fifty-eight (58) ESRD stations in the HSA VII ESRD planning area by CY 2018.

2. Residents of the Planning Area

The applicants identified three hundred eight (308) Pre-ESRD (Stage 3 & 4) patients. One hundred ten (110) are Stage 4 Pre-ESRD patients. Of these one hundred ten (110) patients approximately 64% reside within thirty (30) minutes of the proposed facility. According to the applicants, approximately ninety percent (90%) will come from the HSA VII ESRD Planning Area. [Application for Permit page 89] It would appear that the proposed project will serve the residents of the planning area.

3. Demand for the Service

The applicants provided four (4) referral letters from Dr. Sonja Marcic, Dr. Muhammed Omer, Dr. Sushant Taksande, and Dr. Sarika Chopra. The referral letters must provide the following information:

1. The physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, for the most recent three years and the end of the most recent quarter;
2. The number of new patients (by facility and zip code of residence) located in the area, that the physician referred for in-center hemodialysis for the most recent year;
3. An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience.
4. The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;
5. Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services; and
6. Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

The applicants' referral letters met all requirements listed above. Per the physician letters, one hundred ten (110) patients have been projected to be referred to the

proposed facility in the next one (1) to two (2) years after project completion. Ten (10) of the referrals were not accepted because those referrals exceeded the historical referrals of Dr. Omer and Dr. Chopra. Of the remaining one hundred (100) referrals, approximately seventy (70) will need dialysis within one (1) to two (2) years after project completion. According to the applicants approximately 30% of the Pre-ESRD patients will not need dialysis because of death, transplant, or other reasons. [Additional Information provided by the applicants July 8, 2016]

TABLE THREE						
Historical Referrals						
	Historical Referrals					Projected
Physicians	2013	2014	2015	2016	Total	
Sonja Marcic	25	41	40	14	120	70
Muhammed Omer		3	8	4	15	20
Sushant Taksande		3	6	6	15	15
Sarika Chopra				1	1	5
Total	25	47	54	25	151	110

5. Service Accessibility

The applicants must provide documentation that the proposed project will improve access to planning area residents. The applicant shall document that at least one of the following factors exists in the planning area:

1. The absence of the proposed service within the planning area;
 2. Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
 3. Restrictive admission policies of existing providers;
 4. The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
1. There are seventy one (71) ESRD facilities in the HSA VII ESRD planning area with 1,312 stations. There is no absence of ESRD service in this planning area. Of those seventy one (71) facilities seven (7) are new facilities and are not yet operational. Of the remaining sixty five (65) facilities average utilization is 70.3%.
 2. No access limitations have been identified by the applicants as all seventy-one (71) facilities are certified or will be certified by Medicare and Medicaid.
 3. No restrictive admission policies have been identified by the applicants at existing ESRD providers in the planning area.
 4. There was no evidence of medical care problems identified by the applicants in the material submitted to the State Board. There are thirty-five (35) facilities within thirty (30) minutes of the proposed facility. Of these thirty-five (35) facilities two (2) of the facilities are not yet operational and one (1) facility did not report utilization data for the second quarter of 2016. Of the remaining thirty-two (32) facilities average utilization is approximately eighty percent (80%). [See Table at the end of this report]

Based upon the information reviewed by the State Board Staff there is a calculated need for sixty stations in the planning area, the proposed facility will serve the residents of the planning area, there is demand for the services being proposed, and it appears that the proposed facility will improve service access in the planning area as the thirty-two (32) facilities average utilization is at target utilization.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.1430 (c) (1) (2) (3) (5))

C) Criterion 1110.1430 (d) - Unnecessary Duplication/Mal-distribution

To document compliance with this criterion the applicants must document that the proposed project will not result in an unnecessary duplication of service, not result in a mal-distribution of services; and will not lower the utilization of any other provider within the area.

In supplemental material received July 8, 2016 the applicants stated the following regarding the mal-distribution of service.

“The establishment of Dialysis Care Center Oak Lawn will not result in an unnecessary duplication of services or service mal-distribution. A mal-distribution 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 State Boards utilization standard; or (3) insufficient population to provide the volume of caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed in greater detail fully below, the average utilization of existing facilities within the geographic service area is more than 80%. Importantly, average utilization of facilities within 20 minutes of the proposed site is about 85%. Sufficient population exists to achieve target utilization.”

The applicants provided the names and location of existing providers of ESRD services within thirty (30) minutes of the proposed site and a list of zip codes and population estimates within thirty (30) minutes of the proposed facility as required.

1. Unnecessary Duplication of Service

There are thirty-five (35) ESRD facilities within thirty (30) minutes adjusted. Of these thirty-five (35) facilities two (2) of the facilities are not yet operational and one (1) facility did not report utilization data for the second quarter of 2016. Of the remaining thirty-two (32) facilities fourteen (14) facilities are not at the target occupancy of eighty percent (80%). Of thirty-two (32) facilities average utilization is approximately eighty percent (80%).

2. Maldistribution of Service

The applicants identified fifty three (53) zip codes within thirty (30) minutes of the proposed site with a total population of 1,824,773. The number of stations within thirty (30) minutes is 665 stations. The ratio of stations to population within this thirty (30) minute area is one (1) station per 2,744 individuals [1,824,773/665 stations = 2,744]. The State of Illinois ratio is one (1) station per every 2,917 individuals. The thirty (30) minute ratio is not 1.5 times the State of Illinois ratio; therefore there is not a surplus of ESRD stations within this thirty (30) minute service area. [State of Illinois population estimate July 1, 2015 is 12,859,995 US Census Bureau <http://www.census.gov/quickfacts/table/PST045215/17>] [Number of Stations State of Illinois is 4,408] [12,859,995/4,408 = 2,917]

60629	Chicago	113,916			
60623	Chicago	92,108	60804	Cicero	84,573
60608	Chicago	82,739	60617	Chicago	84,155
60620	Chicago	72,216	60555	Warrenville	28,550
60628	Chicago	72,202	60452	Oak Forest	27,969
60609	Chicago	64,906	60515	Downers Grove	27,503
60619	Chicago	63,825	60527	Willowbrook	27,486
60402	Berwyn	63,448	60445	Bridgeview	26,057
60411	Chicago Heights	58,136	60406	Blue Island	25,460
60453	Oak Lawn	56,855	60160	Melrose Park	25,432
60638	Chicago	55,026	60448	Mokena	24,423
60440	Bolingbrook	52,911	60153	Maywood	24,106
60148	Lombard	51,468	60439	Lemont	22,919
60643	Chicago	49,592	60473	South Holland	22,439
60616	Chicago	48,433	60803	Alsip	22,285
60649	Chicago	46,650	60443	Matteson	21,145
60126	Elmhurst	46,371	60805	Evergreen Park	19,852
60652	Chicago	40,959	60521	Hinsdale	17,597
60426	Harvey	38,723	60304	Oak Park	17,231
60477	Tinley Park	38,161	60478	Country Club Hills	16,833
60451	New Lenox	34,063	60154	Westchester	16,773
60302	Oak Park	32,108	60429	Hazel Crest	15,630
60459	Burbank	28,929	60501	Summit	11,626
60181	Villa Park	28,836	60305	River Forest	11,172
60631	Chicago	28,641	60482	Worth	11,063
Total Population					1,824,773
Information provided by the Applicants					

3. Impact on Area Providers

Based upon the physician referral letters the four (4) physicians are currently referring to the following six facilities:

Facility	Stations	Total Referrals (1)	Current Utilization
FMC Burbank	26	29	90.38%
DaVita Palos Park	12	76	73.61%
FMC Southside	39	11	83.76%
DaVita Greenwood	16	1	105.21%
FMC Mokena	12	1	72.22%
DaVita Chicago Ridge (2)	16	2	14.58%

1. Total Referrals are for the years 2013, 2014, 2015, and 2016.
2. DaVita Chicago Ridge approved as Permit #14-020 completed March 14, 2016.
3. Information provided by the applicants received July 8, 2016.

The applicants stated the following “*This letter is attesting that under no circumstances, as previously explained, will the physicians at Kidney Care Center transfer any patients from existing ESRD facilities. However, the ESRD clinic choice is at the discretion of each and every individual patient and will remain so. Some of the qualifying factors that may directly or indirectly influence a patient's choice are proximity of facility, quality of care and/or patient satisfaction. Physicians will continue to refer patients to other dialysis facilities in the area based on patients' preference. Kidney Care Center physicians will not willingly transfer patients from other existing ESRD facilities to Dialysis Care Center Oak Lawn and will discourage this type of behavior.*” [Supplemental Information received September 7, 2016]

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION UNNECESSRY DUPLICATION OF SERVICE, MALDISTRIBUTION OF SERVICE, IMPACT ON OTHER FACILITIES (77 IAC 1110.1430 (d) (1) (2) (3))

D) Criterion 1110.1430 (f) - Staffing

To demonstrate compliance with this criterion the applicants must document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

According to the applicants “*the Dialysis Care Center Oak Lawn will be staffed in accordance with all state and Medicare staffing guidelines and requirements. Dr. Sonja M Marcic will serve as the Medical Director for Dialysis Care Center Oak Lawn. Additional staffed physicians: Dr. Sushant R. Taksande, Dr. Sarika Chopra, and Dr. Muhammad Omer. Upon opening, the facility will hire a Clinic Manager who is a Registered Nurse (RN) , this nurse will have at least a minimum of twelve months experience in a Hemo-Dialysis center additionally we will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT. All personnel will undergo an orientation process, led by the Medical Director and experienced members of the nursing staff prior to participating in any patient care activities. Upon opening we will also employ:*

- *Part-Time Registered Dietician*
- *Part-Time Registered Master Level Social Worker (MSW)*
- *Part-Time Equipment Technician*
- *Part-Time Secretary*

These positions will go full time as the clinic census increases. As well, the patient Care staff will increase to the following:

- *One Clinic Manager -Registered Nurse*

- *Four Registered Nurses*
- *Ten Patient Care Technicians*

All patient care staff and licensed / registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing an orientation training program. Annually all clinical staff must complete OSHA training, Compliance training, CPR certification, skills competency, CVC competency, Water quality training and pass the competency exam. Dialysis Care Center Oak Lawn will maintain at least a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be at the facility at all times when the facility is operational.” [Source: Application for Permit page 114-115]

Based upon the above narrative and the Medicare Certification requirements the applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.1430 (f))

E) Criterion 1110.1430(g) - Support Services

To demonstrate compliance with this criterion the applicants must attest to the following:

- 1) Participation in a dialysis data system;
 - 2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
 - 3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility; or the existence of a signed, written agreement for provision of these services with another facility.
1. Dialysis Care Center Oak Lawn will utilize a dialysis electronic patient data tracking system.
 2. Dialysis Care Center Oak Lawn will have available all needed support services required by CMS which may consist of nutritional counseling, clinical laboratory services, blood bank, rehabilitation, psychiatric services, and social services; and
 3. Patients will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis

The applicants provided the required attestation at page 130 of the Application for Permit

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION SUPPORT SERVICES (77 IAC 1110.1430 (g))

F) Criterion 1110.1430 (h) - Minimum Number of Stations

To demonstrate compliance with this criterion the applicants must document that the proposed facility will have at a minimum eight (8) stations in a Metropolitan Statistical Area (MSA).

The applicants are proposing a facility with eleven (11) stations. The applicants have met the minimum requirement of the eight stations in an MSA.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION MINIMUM NUMBER OF STATIONS (77 IAC 1110.1430 (h))

G) Criterion 1110.1430 (i) - Continuity of Care

To demonstrate compliance with this criterion the applicants must document that a signed written affiliation agreement is in effect for the provision of inpatient care and other hospital services.

The applicants provided the signed written affiliation agreement with Advocate Christ Medical Center as required. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION CONTINUITY OF CARE (77 IAC 1110.1430 (i))

H) Criterion 1110.1430 (k) - Assurances

To demonstrate compliance with this criterion the applicants must document that by the second year of operation after project completion the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The applicants provided the necessary attestation at page 134 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1430(k))

Financial Viability

A) Criterion 1120.120 – Availability of Funds

To demonstrate compliance with this criterion the applicants must provide evidence of the availability of funding for the proposed project.

The proposed project will be funded with cash of \$480,000 and the Fair Market Value of the Leased Space and Equipment of \$280,000. The State Board Staff is required to determine if \$480,000 in cash is available to fund this project. The applicants are new entities with no historical financial information. The applicants stated the following:

*“As stated previously, the initial build-out costs will be met by current cash on hand. There will be no need to finance the project with debt. We expect the facility to achieve 85% utilization by the end of year two. The facility will grow to 35 patients over the course of year one, and grow to 58 patients by the end of year two, and achieve full capacity during year three. The utilization rate is lower than the year end numbers due to the gradual increase over the course of the year. Net Revenue is based on the payor mix listed below and operating expenses are based on company averages for comparable areas. The facility runs at a net deficit in year one due to the ramp up from zero patients and achieves profitability in year two. Equipment will be either purchased or funded through operating leases. For asset management, we expect to maintain 30 days of operating cash at the facility level. We also expect to manage accounts receivable within our corporate targets, staying below 60 days receivable outstanding (DRO). **Dialysis Care Center Holdings** is a legal entity which has no external debt and will earn a management fee once the clinic is operational.”*

The applicants provided a letter from Chase Bank dated June 20, 2016 that stated

“My name is Leticia Ruffolo I'm a Business Relationship Manger with Chase Bank. I've been with Chase for over 20yr. I'm currently managing Dr. Alausa's accounts. It's been a pleasure to work with Dr. Alausa and his Staff. Dr. has a strong relationship with the bank since 2004, and growing to this date. All of his accounts have always been in good standing. Currently the Dialysis Care Center Holdings LLC account ending in 0179 has in excess of \$2,000,000.00 in that account as of today June 20th. If additional funds are needed we can provided a Business Line Of Credit upon full credit approval.”

From the information that has been provided by the applicants the State Board Staff believes there are sufficient funds to fund this project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

B) Criterion 1120.130 – Financial Viability

To demonstrate compliance with this criterion the applicants must provide documentation of the financial ratios for all applicants.

TABLE FIVE			
Projected Ratio Information			
Dialysis Care Centers Oak Lawn, LLC			
	Year 1	Year 2	Year 3
Current Ratio	2	2	2
Net Margin Percentage	-16.7%	11.4%	11.3%
Percent Debt to Total Capitalization	0	0	0
Percent Debt Service Coverage	0	0	0
Days Cash on Hand	30	30	30
Cushion Ratio	N/A	N/A	N/A

TABLE SIX			
Dialysis Care Centers Oak Lawn, LLC			
Projected Income Statement			
	Year 1	Year 2	Year 3
Patients	35	58	66
Total Treatments	2,520	6,696	8,928
Gross Revenue	\$756,974	\$2,051,617	\$2,790,199
Net Rev./Treatment	\$300.39	\$306.39	\$312.52
Expenses			
Personnel	\$315,000	\$703,080	\$848,160
Supplies	\$25,420	\$6,696	\$8,928
Drugs	\$113,400	\$301,320	\$401,760
Rent	\$60,000	\$60,000	\$60,000
Other	\$392,542	\$745,830	\$1,156,036
Total Expenses	\$906,362	\$1,816,926	\$2,474,884
Net Income	-\$126,488	\$234,691	\$315,315
Margin	-16.70%	11.40%	11.30%
Personnel/tmt.	\$125	\$105	\$95
Medical Supplies/tmt.	\$20	\$20	\$20
Drugs/tmt.	\$45	\$45	\$45
Rent	\$60,000	\$60,000	\$60,000
All other	\$392,462	\$1,051,480	\$1,207,776
Full Utilization	9,504	9,504	9,504
Assumptions:			
Insurance Payor Mix - 90/10			
Average Medicare/Medicaid rate - \$260.00			
Commercial Rate - \$663.87			
Average Rate \$300.39			

TABLE SEVEN			
Dialysis Care Center Holdings, LLC			
Projected Income Statement and Projected Ratio Information			
	Year 1	Year 2	Year 3
Revenues			
Management fee revenue	\$50,544	\$129,256	\$172,812
Expenses			
Management Fee expense	\$16,848	\$43,085	\$57,604
Net Income(Loss)	\$33,696	\$86,171	\$115,208
Current Ratio	0	0	0
Net Margin	66.67%	66.67%	66.67%
Percent Debt to Total Capitalization	0	0	0
Percent Debt Service Coverage	0	0	0
Days Cash on Hand	733	755	730
Cushion Ratio	NA	NA	NA

Note: Applicants report are projecting no debt or current liabilities

As shown above, the proposed facility would be operating at a profit beginning at year two (2) through the proposed project third (3) full year of operation. The management company (Dialysis Care Center Holdings, LLC) will be profitable beginning in year one (1).

While the State Board Staff recognizes that the operating entity (Dialysis Care Centers Oak Lawn, LLC) has not met the net margin percentage for the first year of operations, it appears to the Board Staff from all of the documentation provided that that the applicants have the ability to generate sufficient income to meet operating payments, debt commitments and maintain service levels.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.130)

Economic Feasibility

A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements

B) Criterion 1120.140 (b) – Terms of Debt Financing

To demonstrate compliance with this criterion the applicants must provide documentation that the debt financing is reasonable.

The applicants provided a copy of a lease between Dialysis Care Center Oak Lawn, LLC and Trust #16701 with an initial lease term of five (5) years for the building located at 9115 S. Cicero Ave, Oak Lawn, Illinois. The lease is a triple net lease (tenant agrees to pay all real estate taxes, building insurance, and maintenance) at \$12.00 per square foot with an increase of 3% compounded annually. [Source Application for Permit pages 27-65]

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS, TERMS OF DEBT FINANCING (77 IAC 1120.140 (a) (b))

C) Criterion 1120.140 (c)- Reasonableness of Project Costs

To demonstrate compliance with this criterion the applicants must meet the State Board requirements in Part 1120 Appendix A.

The applicants' modernization and contingency costs and movable equipment costs are in compliance with the State Board Standards in Part 1120 Appendix A. The applicants have successfully addressed this criterion.

	Project Costs	Total	Cost per GSF	State Board Standard
Modernization Contracts	\$120,000			
Contingencies	\$10,000	\$130,000	\$32.50	\$194.87
	Project Costs	Total	Cost per Station	State Board Standard
Movable Equipment	\$350,000	\$350,000	\$31,818	\$53,683
FMV of Leased Space and Equip.	\$282,000	NA	NA	NA

Itemization of Movable Equipment	
Dialysis Chairs	\$12,000
Misc. Clinical Equipment	\$19,000
Clinical Furniture and equipment	\$25,000
Office equipment and other furniture	\$31,000
Cabinetry	\$48,500
Water treatment	\$100,000
TV's & Accessories	\$26,000
Telephones	\$11,000
Computers, Fax, Copier	\$15,000
Generator	\$40,000
Facility Automation	\$12,500
Other Miscellaneous	\$10,000
Total	\$350,000

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140 (c))

D) Criterion 1120.140 (d)- Projected Operating Costs

To demonstrate compliance with this criterion the applicants must document the projected operating costs per treatment.

The applicants are projecting \$115 per treatment in operating costs. This amount includes Salaries, Benefits, & Medical Supplies of \$598,000. This projection is based upon 5,200 treatments per year. The applicants have addressed this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140(d))

E) Criterion 1120.140 (e)- Projected Capital Costs

To demonstrate compliance with this criterion the applicants must document the capital costs per treatment.

The applicants are projecting \$13.94 in capital costs per treatment based on depreciation, amortization and interest of \$72,498. This projection is based upon 5,200 treatments per year. The applicants have addressed this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED CAPITAL COSTS (77 IAC 1120.140(e))

State Board Staff Note: For Table Seven below the Board Staff reviewed information on the Center for Medicare & Medicaid Services (CMS) website related to dialysis facilities star ratings for facilities within thirty (30) minutes. CMS assigns a one (1) to five (5) star rating in two separate categories: best treatment practices, hospitalizations, and deaths. The more stars, the better the rating.

Below is a summary of the data within the two categories.

- **Best Treatment Practices**

This is a measure of the facility's treatment practices in the areas of anemia management; dialysis adequacy, vascular access, and mineral & bone disorder. This category reviews both adult and child dialysis patients.

- **Hospitalization and Deaths**

This measure takes a facility's expected total number of hospital admissions and compares it to the actual total number of hospital admissions among its Medicare dialysis patients. It also takes a facility's expected patient death ratio and compares it to the actual patient death ratio taking into consideration the patient's age, race, sex, diabetes, years on dialysis, and any co morbidity.

Based on the star rating in each of the two categories, CMS then compiles an overall rating for the facility. The more stars, the better the rating. The data is as of June 2016.

TABLE NINE

Facilities within thirty (30) minutes of the proposed site

Facility Name	City	HSA	# of Stations	Adjusted Time ⁽³⁾	Utilization ⁽⁴⁾	Met Target Occupancy ⁽⁵⁾	Star Rating ⁽⁶⁾
DSI Renal Services - Scottsdale	Chicago	6	36	5.75	63.89%	No	3
DaVita - Stony Creek	Oak Lawn	7	12	6.9	97.22%	Yes	3
FMC Dialysis Services - Burbank	Burbank	7	26	8.05	90.38%	Yes	1
DaVita Chicago Ridge Dialysis	Worth	7	16	11.5	14.58%	No	NA
FMC - Alsip	Alsip	7	20	11.5	63.33%	No	1
DaVita West Lawn Dialysis	Chicago	6	12	11.5	95.83%	Yes	3
DaVita Mount Greenwood Dialysis	Chicago	6	16	12.65	105.21%	Yes	3
Beverly Dialysis Center	Chicago	6	16	12.65	106.25%	Yes	3
FMC - South Side	Chicago	6	39	13.8	83.76%	Yes	1
FMC - Evergreen Park	Evergreen Park	7	30	13.8	91.11%	Yes	1
FMC - Crestwood	Crestwood	7	24	16.1	67.36%	No	2
FMC - Blue Island	Blue Island	7	28	16.1	75.60%	No	2
FMC - Merrionette Park	Merrionette Park	7	24	16.1	80.56%	Yes	2
FMC - Marquette Park	Chicago	6	16	17.25	91.67%	Yes	3
Fresenius Medical Care - Midway	Chicago	6	12	17.25	93.06%	Yes	3
Fresenius Medical Care Chatham	Chicago	6	16	19.55	84.38%	Yes	1
Fresenius Medical Care Beverly Ridge	Chicago	6	16	19.55	106.25%	Yes	NA
Fresenius Medical Care Cicero	Cicero	7	16	24.15	63.54%	No	3
Palos Park Dialysis	Orland Park	7	12	24.15	73.61%	No	3
Fresenius Medical Care Oak Forest	Oak Forest	7	12	25.3	65.28%	No	3
FMC Ross Dialysis - Englewood	Chicago	6	16	25.3	91.67%	Yes	1
FMC - Greenwood Dialysis Center	Chicago	6	28	26.45	66.07%	No	1
DaVita Country Hills Dialysis	Country Club Hills	7	24	26.45	78.47%	Yes	2
DaVita Lawndale Dialysis	Chicago	6	16	27.6	94.79%	Yes	2
SAH Dialysis Clinic at 26th Street	Chicago	6	15	28.75	35.56%	Yes	NA
FMC - Garfield	Chicago	6	22	28.75	76.52%	No	2
Grand Crossing Dialysis	Chicago	6	12	28.75	91.67%	Yes	2
Fresenius Medical Care of Roseland	Chicago	6	12	28.75	95.83%	Yes	1
DaVita Harvey Dialysis	Harvey	7	16	29.9	65.74%	No	2
FMC - Westchester	Westchester	7	20	29.9	76.67%	No	4
DaVita Stony Island Dialysis	Chicago	6	32	29.9	86.98%	Yes	4
FMC - Hazel Crest	Hazel Crest	7	16	29.9	89.58%	Yes	3
Total Stations/Average Utilization			628		80.08%		
Fresenius Medical Care Summit ⁽¹⁾	Summit	7	12	29.9	0.00%	No	
DaVita Washington Heights Dialysis ⁽¹⁾	Chicago	6	16	24.15	0.00%	No	
Concerto Dialysis ⁽²⁾	Crestwood	7	9	18.4	0.00%	No	
Total Stations/Average Utilization			665		73.40%		

1. Fresenius Medical Care Summit and Davita Washington Heights Dialysis are new facilities and are not yet operational.

2. Concerto Dialysis did not provide utilization data for the second quarter of 2016.

3. Time adjusted per 77 IAC 1110.510 (d).

4. Utilization data as of June 30, 2016.

5. Target Occupancy 80%

6. Medicare Star Rating <https://www.medicare.gov/dialysisfacilitycompare/>

7. NA – Not enough quality measure data to determine a star rating

16-020 Dialysis Care Center Oak Lawn

