[ORIGINAL]

16-022

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

MAY 1 9 2016

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Dialysis Care Center Olympia Fields		
Street Address: 3322 Vollmer Rd, Suite 3,		
City and Zip Code: Olympia Fields, IL, 60461-1179		
County: Cook	Health Service Area 7	Health Planning Area: 7

Applicant Identification
[Provide for each Applicant [refer to Part 1130.220].

Exact Legal Name: Dialysis Care Center Olympia Fields, LLC.
Address:15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address:15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number:630-697-1414

Type of Ownership of Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

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

Exact Legal Name: Dialysis Care Center Holdings LLC
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

Type of Ownership of /Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number:630-965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number:708-645-1001

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

Name: Morufu Alausa M.D
Title: CEO
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number:630-697-1414
E-mail Address: talausa@kidneycares.com
Fax Number:708-645-1001

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: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Telephone Number: 630-965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number:708-645-1001

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Meridian Investment Partners, LLC.
Address of Site Owner: C/O Salman Azam, ESQ. 333 N Michigan Ave, Suite 1815, Chicago, IL, 60651
Street Address or Legal Description of Site: 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461-1179 (See LOI for Legal Description of site)
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: Dialysis Care Center Olympia Fields, LLC
Address: 15786 S Bell Rd, Homer Glen, IL 60491

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☒ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.

Dialysis Care Center Olympia Fields, LLC proposes to establish a 11 station in center hemodialysis (ESRD) facility to be located at 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461.

The proposed facility is to be in a leased space in a location where the shell of the unit exists. The utilization of this space will allow the applicants to establish this new facility at a dramatically lower cost compared to building a new facility from the ground up, in its entirety thereby making a much more effective use of healthcare expenditures.

Dialysis Care Center Olympia Fields, LLC will be in HSA 7, as of March, 30, 2016 station inventory there is a determined need for 57 additional stations in this HSA

The applicants believe that this is a "substantive" project since it constitutes the establishment of service as defined by Administrative Code.

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			
Modernization Contracts	$340,000		$340,000
Contingencies	$10,000		$10,000
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	$350,000		$350,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$292,000		$292,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$992,000**		**$992,000**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$700,000		$700,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$292,000		$292,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$992,000**		**$992,000**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ 25,000.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 6/31/2017

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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

Section Not Applicable

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 manger 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 Dialysis Care Center Olympia Fields, LLC * 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	SIGNATURE
Morufu O Alausa MD	Mohammad S Shafi MD
PRINTED NAME	PRINTED NAME
CEO /President	Vice president
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 17th day of May, 2016
Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

*Insert EXACT legal name of the applicant

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 manger 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 Dialysis Care Center Holdings, LLC * **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	SIGNATURE
Morufu O Alausa M.D.	Mohammad S Shafi MD
PRINTED NAME	PRINTED NAME
CEO / President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 17th day of May, 2016
Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Section Not Applicable

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

DEPARTMENT/SERVICE	SIZE OF PROJECT PROPOSED BGSF/DGSF	SIZE OF PROJECT 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.

	DEPT./ SERVICE	UTILIZATION 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.

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
☒ **In-Center Hemodialysis**	**0**	**11**

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".

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

$700,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
___N/A__	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
___N/A__	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
___N/A_	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
___N/A_	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
__ N/A__	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
$292,000	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. **FMV of Leases**
$992,000	**TOTAL FUNDS AVAILABLE**	

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

Section Not Applicable-NO Debt to be used

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.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio	**APPLICANT MEETS THE FININCIAL VIALBILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.**			
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 – ***Section Not applicable to Debt to be used***

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 40.

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

MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
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 41.

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 1, Identification, General Information, and certification

Applicant Identification

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

Exact Legal Name: Dialysis Care Center Olympia Fields, LLC.
Address:15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address:15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number:630-697-1414

Type of Ownership of Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

Applicant Identification
Attachment 1

File Number 0579050-6

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

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

DIALYSIS CARE CENTER OLYMPIA FIELDS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 11, 2016, 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.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH *day of* MAY *A.D.* 2016 .

Authentication #: 1613203104 verifiable until 05/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Applicant Certificate of Good standing
Attachment 1

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

Exact Legal Name: Dialysis Care Center Holdings LLC
Address: 15786 S Bell Rd , Homer Glen, IL, 60491
Name of Registered Agent: Harvard Business Services, Inc.
Name of Chief Executive Officer: Morufu O Alausa M.D.
CEO Address: 15786 S Bell Rd, Homer Glen, IL 60491
Telephone Number: 630-697-1414

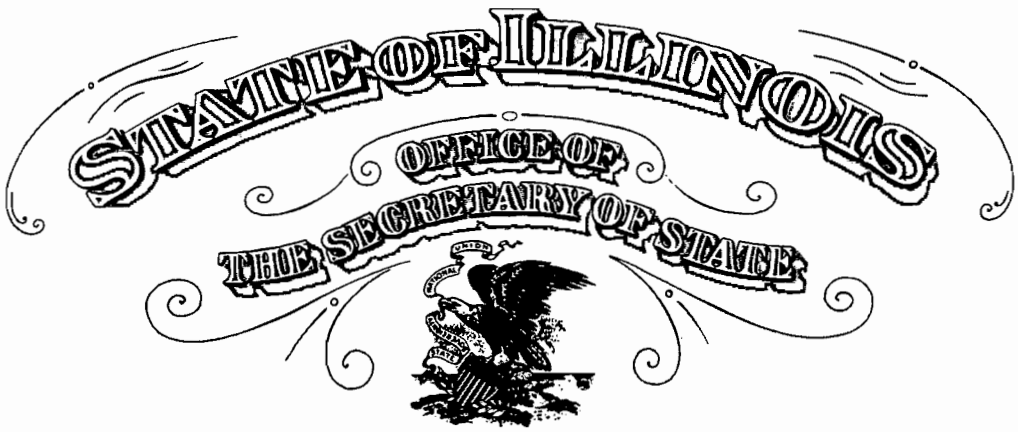
Type of Ownership of /Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☒	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

CO- Applicant Identification
Attachment -1

File Number 0578210-4



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

DIALYSIS CARE CENTER HOLDINGS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2016, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* MAY *A.D.* 2016 .

Authentication #: 1612503588 verifiable until 05/04/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

CO- Applicant Certificate of good standing
Attachment -1

Section 1, Identification, General Information, and certification

Site Ownership

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Meridian Investment Partners, LLC.
Address of Site Owner: C/O Salman Azam, ESQ. 333 N Michigan Ave, Suite 1815, Chicago, IL, 60651
Street Address or Legal Description of Site: 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461-1179 (See LOI for Legal Description of site)

The letter of intent between Meridian Investment Partners, LLC and Dialysis Care Center Olympia Fields, LLC to lease the facility at 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461-1179 is attached.

Attachment 2

Arthur J. Rogers & Co.
www.arthurjrogers.com

Sales • Management • Leasing • Construction

May 6, 2016

Meridian Investment Partners
C/O Azam Chandran & Gilani LLP
Mr. Salman Azam, Esq.
333N. Michigan Ave.
Suite 1815
Chicago, IL 60601

RE: 3322 Vollmer Rd.
Olympia Fields, IL

Dear Salman,

On Behalf of Dialysis Care Center Olympia Fields, we have been authorized to submit for your review the following letter of intent outlining the general terms and conditions in which to Lease the premises:

Landlord:	Meridian Investment Partners
Tenant:	Dialysis Care Center Olympia Fields
Premises:	Approximately 4,000 rentable square feet.
Use:	The Premises shall be used for the operation of a dialysis facility and related medical/administrative offices. Tenant may operate on the premises, at tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
Primary Lease Term:	An initial lease term of Five (5) years, five (5) months from rent commencement.
Possession Date:	September 1, 2016 or sooner (Upon CON awarded by the Illinois State Board per the May 20th application date, see attached schedule).
CON Contingency:	Lease is contingent upon tenant receiving a CON (Certificate of Need) awarded by the State of Illinois per the application date of May 20, 2016, per the attached State of Illinois schedule.
Base Rental Rate:	$12.00 psf NNN
Rent Commencement Date:	Tenant shall have ninety (90) days from possession to complete the tenant improvements, rent to commence thereafter (Dec. 1).
Escalation:	3% increases compounded annually.
Option Periods:	Two (2), three (3) year options to renew. Tenant shall provide to Landlord a ninety (90) day prior written notice of its desire to exercise each option.
CAM:	Tenant shall be responsible for their proportionate share of CAM. (Please state what is included in CAM.)
RE Taxes:	Tenant shall be responsible for their proportionate of real estate taxes.

Individual Membership

1559 Elmhurst Road • Elk Grove Village, IL 60007-6452 • (847) 297-2200 • FAX (847) 699-9048

Landlord's Work:	Landlord shall warranty that the roof and mechanicals are in good working order and shall maintain them throughout the term of the lease. Landlord shall make the necessary building repairs which shall consist of tuck-pointing and all parking lot and sidewalk improvements. All work shall be performed prior to rent commencement.
TI Allowance:	Landlord shall provide a tenant improvement allowance of $15.00psf.
Demised Premises Shell and Site:	Landlord shall deliver the Premises as is, except for its commitment to perform (or provide) Landlord Work.
Contractor for Tenant Improvements:	Tenant will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant, allowance. Tenant shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.
HVAC:	Equipment as-is. Landlord to maintain pursuant to its Landlord maintenance, described below.
Deliveries:	Tenant requires delivery access to the Premises 24 hours per day, 7 days per week.
Emergency Generator:	Tenant shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.
Space Planning/Architectural And Mechanical Drawings:	Tenant will provide all space planning and architectural and mechanical drawings required to build out and demolish existing improvement not needed, the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.
Utilities:	Separately metered. Tenant shall be responsible for their electric, gas, Telephone/internet.
Signage:	Tenant may install signs, at Tenant's expense, in and on the Premises to the maximum extent permitted by local law. Landlord will have the right to approve signage. Landlord's approval will not be unreasonably withheld. Landlord will grant Tenant signage space on any monument due the Premises.
Parking:	Landlord shall grant Tenant five (5) designated parking spaces plus one (1) ambulance space in addition to the designated handicap spaces
Building Codes:	Tenant has or will, perform its own building code analysis and acknowledges the demised premises will be delivered by the Landlord as described herein, without any repos or warranties regarding current or future codes.
Assignment/ Subletting:	Tenant requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided guarantor remains fully liable under its guaranty. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

Individual Membership
1559 Elmhurst Road • Elk Grove Village, IL 60007-6452 • (847) 297-2200 • FAX (847) 699-9048

Landlord Maintenance:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, roof supports, columns, retaining walls, footings as well as water mains, gas and sewer lines serving the Premises. *Landlord shall warranty HVAC for the first 18 months of lease term.*

With respect to the parking and other exterior areas of the Premises and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices and reasonable management and administrative fees throughout the term: repainting or routine tuck-pointing the exterior surfaces of the building when necessary: repairing, resurfacing, repaving, re-striping, and resealing of the parking areas: repairing and maintaining the roof (other than its structure, which is Landlord's responsibility); repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises, including all windows and doors, in good repair, free of refuse and rubbish. Tenant shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes expected. Tenant shall be responsible for maintenance and repair of all equipment serving the Premises.

Surrender:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

Zoning and Restrictive Covenants:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of Tenant's dialysis clinic.

Flood Plain:

Landlord confirms that the property and premises is not in a Flood Plain or in a flood zone.

Financing:

Landlord will use its best efforts to cause its lender to provide a non-disturbance agreement.

Exclusivity:

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

Environmental:

A Phase One Environmental Study may be conducted.

Lease Execution:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

Security Deposit:

equal to one (1) month's gross rent payable upon full lease execution.

Individual Membership
1559 Elmhurst Road • Elk Grove Village, IL 60007-6452 • (847) 297-2200 • FAX (847) 699-9048

Confidential: The material contained herein is confidential. It is intended for use of the Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

Agency: Arthur J. Rogers & Co. represents the Tenant. Landlord shall be responsible to pay all brokerage fees per separate agreement.

Disclaimer: This proposal is submitted subject to errors, omissions, and changes in information, modification, and withdrawal, with or without notice.

This proposal is not intended as, and does not constitute, a binding agreement by any party, nor an agreement by any party to enter into a binding agreement, but is merely intended to specify some of the proposed terms and conditions of the transaction contemplated herein. Neither party may claim any legal rights against the other by reason of the signing of this letter or by taking any action in reliance thereon. Each party hereto fully understands that no party shall have any legal obligations to the other, or with respect to the proposed transaction have been negotiated, agreed to by all parties and set forth in a fully executed lease. The only legal obligations, which any party shall have, shall be those contained in such signed and delivered definitive agreement referred to above.

Notwithstanding any provision to the contrary contained herein, this letter shall not constitute an agreement to negotiate and solely constitutes an outline of certain key terms. Landlord and Tenant each acknowledge and agree that each party is proceeding with negotiations relating to the proposed Lease at its sole cost and expense and that either party may terminate negotiations at any time and for any reason without any liability or obligation whatsoever.

Selman, we look forward to working with you towards successfully completing this proposed Lease transaction.

Thanks,

Arthur J. Rogers & Co.

Carole Caveney
Vice President-Commercial Properties

AGREED AND ACCEPTED:

THIS 7 **DAY OF** May, **2016.**

TENANT:

By: _____

Its: cfo/ coo

LANDLORD:

By: _____

Its: Manager

Individual Membership

BOMA CHICAGO

Operating Identity/Licensee

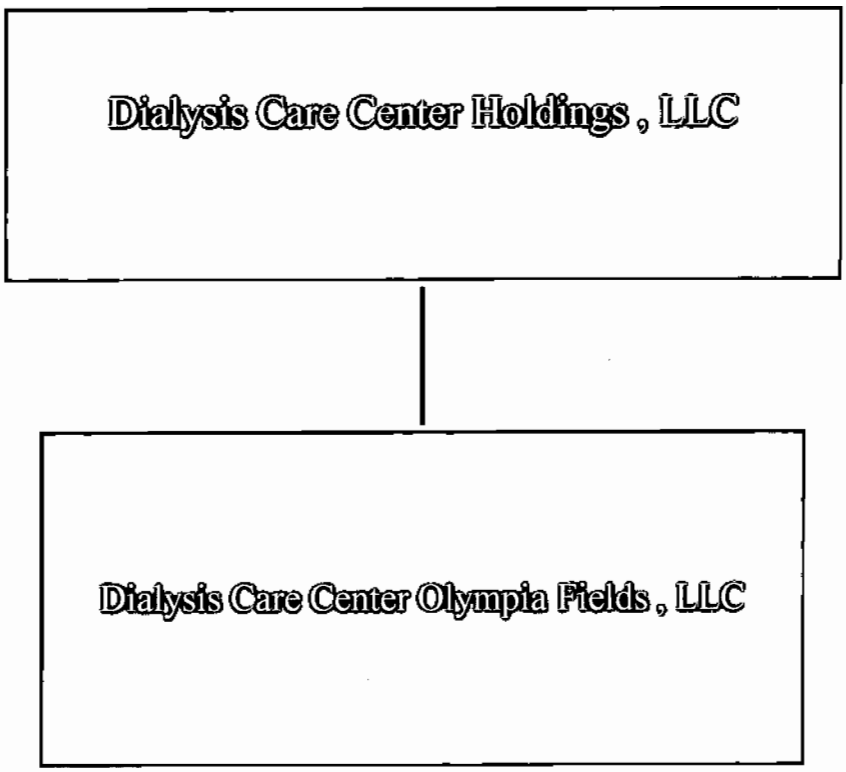
[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Dialysis Care Center Olympia Fields, LLC
Address: 15786 S Bell Rd, Homer Glen, IL 60491

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

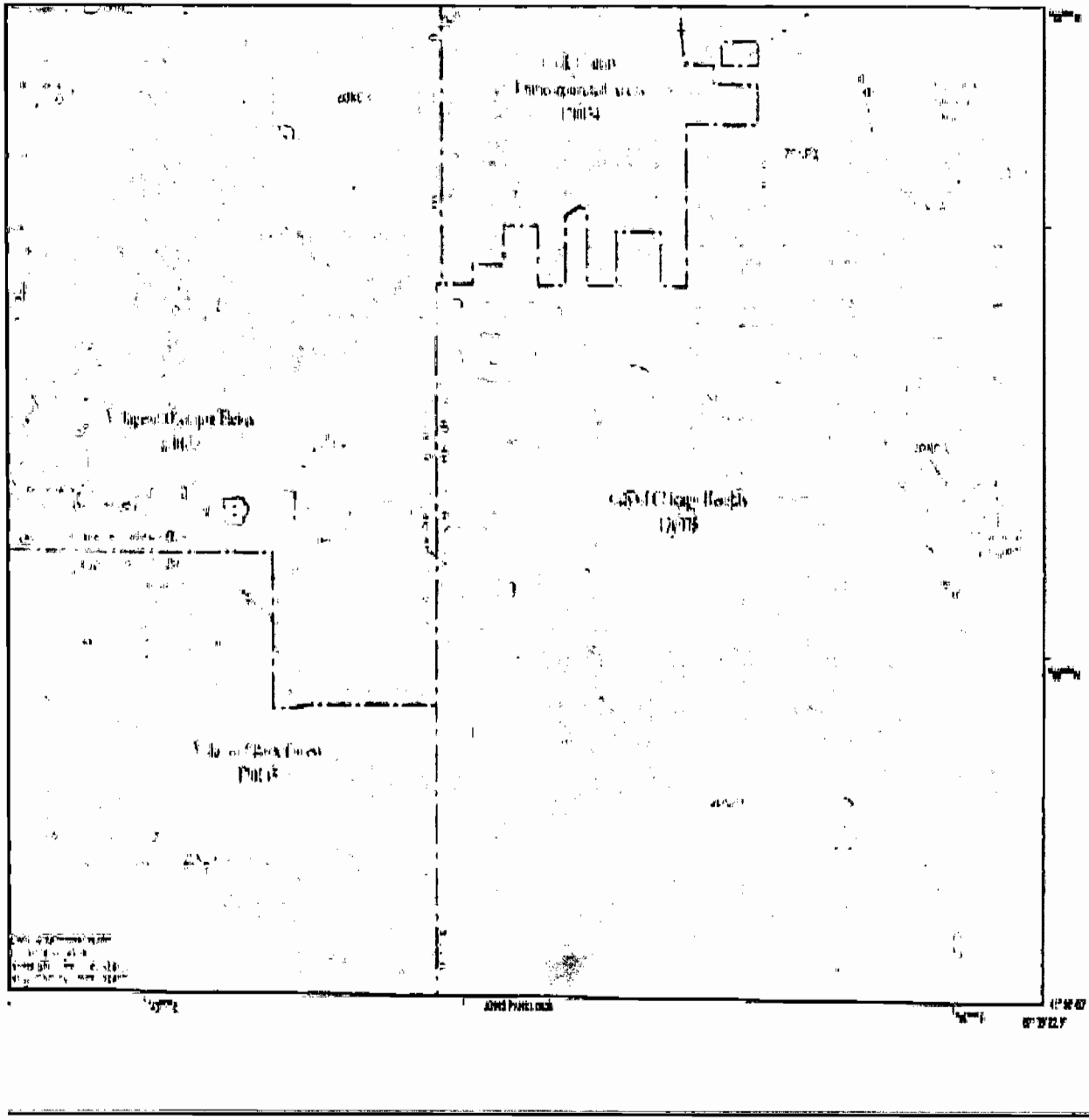
Certificate of good standing at Attachment 1



Org Chart
Attachment -4

Flood Plain requirements

The proposed location for the establishment of Dialysis Care Center Olympia Fields complies with the requirements of the Illinois executive order #2005-5. The site, 3322 Vollmer Rd, Suite 3, Olympia Fields, 60461, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.



MAP SCALE 1" = 500'

FEET

METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0743J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 743 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHICAGO HEIGHTS, CITY OF	[illegible]	[illegible]	J
COOK COUNTY	[illegible]	[illegible]	J
FLOSSMOOR, VILLAGE OF	[illegible]	[illegible]	J
OLYMPIA FIELDS, VILLAGE OF	[illegible]	[illegible]	J
PARK FOREST, VILLAGE OF	[illegible]	[illegible]	J

MAP NUMBER
17031C0743J

MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

34

Historic Resources Preservation Act Requirements

The proposed location for the establishment of Dialysis Care Center Olympia Fields complies with the requirements of the Illinois state agency historic resources preservation act. Please find attached letter from the Illinois Historic Preservation Agency.

Illinois Historic
Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

Cook County
Olympia Fields
CON - Lease to Establish a Dialysis Facility, Dialysis Care Center Olympia Fields, LLC
3322 Vollmer Road
IHPA Log #020042516

May 3, 2016

Asim Shazzad
Dialysis Care Center LLC
15786 S. Bell Road
Homer Glen, IL 60491

Dear Mr. Shazzad:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

For TTY communication, dial 888-440-9009. It is not a voice or fax line.

SUMMARY OF PROJECT COSTS

Clinical	
Modernization Contracts –Renovation cost of existing space	$340,000
Contingencies	
Contingencies	$10,000
Movable or other 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

Fair Market Value Leased Space & Equipment	
FMV Leased space	$147,000
FMV Leased Dialysis Machines	$145,000
Total	$292,000

Cost Space Requirements

Provide in the following format, the department/area **GSF** or the building/area **GSF** and cost.. 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-center Hemodialysis	$992,000	4,000			4,000		
Total Clinical	$992,000	4,000			4,000		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	**$992,000**	**4,000**			**4,000**		

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

BACKGROUND OF THE APPLICANT

Dialysis Care Center Olympia Fields, LLC & Dialysis Care Center Holdings, LLC are both newly formed entities and as such they do not own or operate any other ESRD IN-Center Dialysis facilities in the State of Illinois.

The applicants are fit, willing and able, and have qualifications, background and character to adequately provide proper standard of care services to the community.

Background
Attachment-11

Certification and Authorization

Dialysis Care Center Olympia Fields, LLC

In accordance with section III, A (2) of the Illinois Health Facilities Planning Board Application for certificate Need; I do herby certify that no adverse actions have been taken against Dialysis Care Center Olympia Fields, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for certificate Need; I do herby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

SIGNATURE
Morufu O Alausa M.D.
PRINTED NAME
CEO /President
PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE
Mohammad S Shafi M.D.
PRINTED NAME
Vice president
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of MAY, 2016

Signature of Notary

Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

Attachment-11

Certification and Authorization

Dialysis Care Center Holdings, LLC

In accordance with section III, A (2) of the Illinois Health Facilities Planning Board Application for certificate Need; I do herby certify that no adverse actions have been taken against Dialysis Care Center Olympia Fields, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for certificate Need; I do herby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

SIGNATURE
Morufu Alausa M.D.

PRINTED NAME
CEO /President

PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE
Mohammad S Shafi MD

PRINTED NAME
Vice president

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of May, 2016

Signature of Notary

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JESSICA L MACIAS
Notary Public - State of Illinois
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Attachment-11

Purpose of the project

This project is being proposed to address the current State Board determined need for additional stations in HSA 7. The current determined additional need in the HSA 7 is 57 stations. The proposed Dialysis Care Center Olympia Fields will open up additional treatment options for patients in the Olympia Fields area and also for patients in Southland 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.

The proposed project is to build an 11 station dialysis facility, which will be located at 333 Vollmer Rd, Suite 3, Olympia Fields, IL. This clinic will serve the residents of HSA 7 where as previously stated, their current need is for an additional 57 stations based on the state boards determination.

Historically, the Olympia Fields and surrounding Southland 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 Olympia Fields, will have 100% physician ownership. This is the first time in almost over a decade that a mid-sized Nephrology practice in the immediate area are developing a dialysis clinic, to better serve the needs of their ESRD patients.

Purpose
Attachment-12

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 Olympia Fields, 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 Olympia Fields, once operational will meet and possibly exceed the clinical outcomes set by the Renal Network, as well as Centers for Medicare and Medicaid services.

- Demographic data contained in the application was taken from http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- HSA Data from Health Facilities Inventories and Data updated 3/31/16 http://www.hfsrb.illinois.gov/pdf/Other%20Services%20Update%203-30-16.pdf

Alternatives to the project

Proposing a project of greater or lesser scope and cost

The only option that would entail a lesser scope and cost than the project proposed in this application would be to do nothing, which was considered. This option however does not address the need for 57 additional stations needed for the HSA 7 area. Not planning for future ESRD patients will do nothing more than allow area facilities to reach capacity as access declines in the area HFSRB identified need. There is no cost to this alternative.

The proposed facility that is identified for Dialysis Care Center Olympia Fields is a shell ready facility, by using this site the costs associated with this project are significantly lower compared to building a ESRD facility from ground up. This cost effective method will ensure the need for the additional stations are met with a reduced cost for the facility.

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

Section is not applicable as this facility is 100% physician owned and operated directly by the physicians working in the area.

- Physician owned and managed compared to corporate owned facilities

  There are currently no solely physician owned ESRD facilities in the area, the Medical Director and the physician partners identified that will refer their ESRD patients to Dialysis Care Center Olympia Fields has no options where they can refer their patients to and have the independence they need to make improved clinical decisions and can focus on maximizing patient care.

Utilizing other health care resources that are available to serve all or portion of the population proposed to be served by the project

Utilizing other health care ESRD facilities was considered but there is no alternative. As mentioned 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.

Reasons why the chosen alternatives were selected

The project utilizes space that will be leased, as opposed to building a new facility from ground up, the cost of the proposed project is a fraction of the cost of developing a new facility. We expect to spend less than $340,000.00 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 $992,000 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 Olympia Fields 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.

Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility will exceed the quality expectations set by the Board.

Size of Project

Dept. / Service	Proposed BGSF/DGSF	State Standard	Difference	Met Standard?
ESRD In-center Hemodialysis	4,000 (11 Stations)	360- 520 DGSF	0	Yes

As seen in the chart above, the state standard for ESRD is 360-520 is between 360-520 DGSF per station. The project is being accomplished in leased space with in the state guidelines, at 364 DGSF per station.

Project Service Utilization

	DEPT./ SERVICE	UTILIZATION HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A		80%	
YEAR 1	IN-CENTER HEMODIALYSIS	PROPOSED FACILITY	65%	80%	NO
YEAR 2	IN-CENTER HEMODIALYSIS		90%	80%	YES

Our Nephrologists have identified 130 Chronic Kidney Disease stage-4 patients (a total of 91 patients after accounting for a 30% patient loss prior to dialysis commencement) with lab values indicative of active kidney failure who live in HSA 7 in Olympia Fields and surrounding areas that are expected to require dialysis services in the first two years after the Dialysis Care Center Olympia Fields facility begins operations.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b)(1), Planning area need

Dialysis Care Center Olympia Fields will be located in HSA 7, Where there is an additional need of 57 stations based on the Monthly updates to the inventory of health care facilities and services as of March, 31, 2016.

REVISED NEED DETERMINATIONS 3/30/2016

ESRD STATIONS

ESRD STATIONS				
ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED 2015	ADDITIONAL STATIONS NEEDED 2018	EXCESS ESRD STATIONS 2018
HSA 1	182	191	9	0
HSA 2	171	155	0	16
HSA 3	168	140	0	28
HSA 4	182	175	0	7
HSA 5	191	173	0	18
HSA 6	1,217	1,271	54	0
HSA 7	**1,315**	**1,372**	**57**	**0**
HSA 8	399	421	22	0
HSA 9	265	284	19	0
HSA 10	95	66	0	29
HSA 11	205	194	0	11
ILLINOIS TOTAL	4,390	4,442	161	109

Planning Area Need
Attachment-26b1

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b)(2), Planning area need – Service to Planning area residents

The primary purpose of this project is to ensure that the ESRD patient population of the greater Olympia Fields area and planning area of HSA 7 has access to life sustaining dialysis. We anticipate that well over 90% of Dialysis Care Center Olympia Fields will be residents of the planning area HSA 7.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b)(3), Planning area need – Service Demand- Establishment of Category of services

As evidenced in our Medical Directors referral letter and an another Nephrologist practicing in the Olympia Fields area, our physicians anticipate approximately 91 patients conservatively, based upon attrition due to patient death, transplant, of return of function, will be referred to the proposed facility in the next 12 to 24 months. All these patients reside within 20 minutes of the proposed facility.

Physician Referrals
Attachment-26 b-3

KIDNEY CARE CENTER

3214 Vollmer Rd.
Olympia Fields, IL 60461
Ph: 708.898.0811
Fax: 708.898.1839

May 17, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Dialysis Care Center Olympia Fields

Dear Ms. Avery,

I am pleased to support Dialysis Care Center Olympia Fields. The proposed 11-Station chronic renal dialysis facility, to be located at 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461, will directly benefit my patients.

Dialysis Care Center Olympia Fields facility will improve access to necessary dialysis services in the Olympia Fields community.

Along with my partner, Dr Tauseef Sarguroh, we have experienced extreme growth of both population and of End Stage Renal Disease (ESRD) patients in this area. I have many pre-ESRD patients in my practice that I anticipate in referring to the Dialysis Care Center Olympia Fields. This facility will better serve the growing number of dialysis patients in my practice.

There are currently around 130 Chronic Kidney Disease (CKD) Stage 4 pre-ESRD patients in my practice, which does not include any patients that are CKD Stage 3. These numbers are within the list provided as well but have not been accounted for in any calculation purposes, of these I expect approximately 30% to expire, regain function, move out of the area or choose home dialysis before dialysis therapy has commenced. I expect that approximately 91 of said patients would be referred to Dialysis Care Center Olympia Fields. Although, my partner and I will continue to refer patients to the other area facilities per the patient's place of residence and choice, we are also strong supporters of home dialysis through our Home Dialysis Services Olympia Fields home therapies program. We will continue to refer those patients who are good candidates for Home Dialysis Services.

I respectfully ask you to consider the constant growth of ESRD in Southland Cook County and approve the Dialysis Care Center Olympia Fields facility to maintain access for future dialysis patients.

Thank you for your consideration.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.

Sincerely,

Suresh Samson, M.D.

Notarization:
Subscribed and sworn to before me
This 17th day of May, 2016

Signature of Notary

Seal

OFFICIAL SEAL
JESSICA LAMACIAS
Notary Public State of Illinois
My Commission Expires Jul 23, 2017

Physician Referrals
Attachment-26 b-3

PRE –ESRD Patient list by ZIP CODE

Patient	Zip	ICD Code
MA	60448	CKD Stage 3
JA	60466	CKD Stage 4
WA	60633	CKD Stage 4
PA	60430	CKD Stage 4
JA	60652	CKD Stage 4
MB	60430	CKD Stage 3
MB	60466	CKD Stage 3
SB	60411	CKD Stage 3
LB	60409	CKD Stage 4
BB	60619	CKD Stage 3
DB	60478	CKD Stage 4
SB	60411	CKD Stage 4
TB	60827	CKD Stage 4
PB	60430	CKD Stage 4
NB	60443	CKD Stage 3
JB	60466	CKD Stage 3
VB	60417	CKD Stage 3
LB	60469	CKD Stage 3
BB	60466	CKD Stage 4
HB	60425	CKD Stage 3
LB	60411	CKD Stage 3
DB	60473	CKD Stage 3
TB	60404	CKD Stage 3
DB	46312	CKD Stage 3
EB	60428	CKD Stage 3
KB	60430	CKD Stage 3
PB	60411	CKD Stage 3
NB	60473	CKD Stage 4
RB	60478	CKD Stage 3
LB	60411	CKD Stage 4
WB	60475	CKD Stage 3
DB	60473	CKD Stage 4
AB	60473	CKD Stage 3
WB	60411	CKD Stage 4
JB	60426	CKD Stage 4

WB	60429	CKD Stage 3
DB	60445	CKD Stage 4
RB	60620	CKD Stage 3
WB	60472	CKD Stage 3
NB	60465	CKD Stage 3
JB	28202	CKD Stage 3
RC	60425	CKD Stage 3
SC	60411	CKD Stage 4
JC	60443	CKD Stage 3
OC	60411	CKD Stage 4
JC	60430	CKD Stage 3
PC	60445	CKD Stage 3
TC	60477	CKD Stage 4
AC	60411	CKD Stage 4
MC	60438	CKD Stage 3
EC	60426	CKD Stage 4
CC	60411	CKD Stage 3
RC	60411	CKD Stage 3
SC	60443	CKD Stage 4
EC	60425	CKD Stage 3
KC	60466	CKD Stage 4
AC	60411	CKD Stage 4
JC	60475	CKD Stage 3
MC	60466	CKD Stage 3
DC	60803	CKD Stage 4
CG	60445	CKD Stage 3
CF	60478	CKD Stage 3
CJ	60617	CKD Stage 3
CD	60473	CKD Stage 4
CJ	60419	CKD Stage 4
CC	60428	CKD Stage 3
CA	60422	CKD Stage 4
DE	60428	CKD Stage 3
DG	60452	CKD Stage 3
DD	60411	CKD Stage 4
DG	60620	CKD Stage 3
DJ	60472	CKD Stage 4
DM	60452	CKD Stage 4
DR	60471	CKD Stage 3
DJ	60429	CKD Stage 4
DH	60417	CKD Stage 3

DN	60411	CKD Stage 3
DE	60466	CKD Stage 4
DM	60445	CKD Stage 4
DD	60422	CKD Stage 3
DB	60484	CKD Stage 3
DL	60487	CKD Stage 4
DB	60478	CKD Stage 4
DG	60431	CKD Stage 4
EP	60445	CKD Stage 3
EC	60411	CKD Stage 3
AE	60473	CKD Stage 3
CE	60428	CKD Stage 3
EJ	60419	CKD Stage 4
EB	60478	CKD Stage 3
EJ	60478	CKD Stage 4
EB	60466	CKD Stage 4
FT	60465	CKD Stage 4
FD	60473	CKD Stage 3
FJ	60411	CKD Stage 4
FS	60475	CKD Stage 3
FC	60429	CKD Stage 3
FC	60473	CKD Stage 3
GR	60452	CKD Stage 4
GC	60428	CKD Stage 3
GB	60425	CKD Stage 4
GK	60452	CKD Stage 3
GR	60411	CKD Stage 4
GT	60429	CKD Stage 4
GJ	60473	CKD Stage 4
GG	60417	CKD Stage 3
GH	60401	CKD Stage 3
GP	60477	CKD Stage 3
GM	60478	CKD Stage 3
GB	60901	CKD Stage 3
GH	60651	CKD Stage 3
GK	60426	CKD Stage 4
GM	60426	CKD Stage 3
GR	60417	CKD Stage 3
HA	60466	CKD Stage 3
HT	60429	CKD Stage 4
HC	60426	CKD Stage 3

HS	60430	CKD Stage 4
HS	60406	CKD Stage 3
HL	60430	CKD Stage 4
HR	60429	CKD Stage 4
HD	60409	CKD Stage 4
HD	60428	CKD Stage 4
HL	60411	CKD Stage 3
HV	60449	CKD Stage 4
HD	60651	CKD Stage 4
HJ	60422	CKD Stage 4
HL	60429	CKD Stage 3
HT	60411	CKD Stage 3
HE	60478	CKD Stage 3
HD	60443	CKD Stage 3
HJ	60202	CKD Stage 3
HD	60419	CKD Stage 4
HL	60409	CKD Stage 3
HO	60411	CKD Stage 4
HM	60411	CKD Stage 4
HT	60471	CKD Stage 3
HL	60411	CKD Stage 3
HD	60633	CKD Stage 3
HT	60466	CKD Stage 3
HB	60426	CKD Stage 3
HR	60411	CKD Stage 4
ID	60411	CKD Stage 3
JB	60901	CKD Stage 4
JD	60426	CKD Stage 3
JH	60411	CKD Stage 3
JW	60616	CKD Stage 4
JT	60628	CKD Stage 3
JR	60426	CKD Stage 4
JW	60471	CKD Stage 3
JS	60411	CKD Stage 3
JA	60473	CKD Stage 3
JJ	60411	CKD Stage 4
JL	60443	CKD Stage 4
JM	60425	CKD Stage 3
JM	60419	CKD Stage 3
JR	60445	CKD Stage 4
JS	60612	CKD Stage 4

JT	60406	CKD Stage 3
JA	60411	CKD Stage 4
JC	60628	CKD Stage 3
JJ	60586	CKD Stage 4
JS	60425	CKD Stage 3
JB	60411	CKD Stage 3
KG	60466	CKD Stage 3
KJ	60445	CKD Stage 3
KC	60419	CKD Stage 3
LS	60411	CKD Stage 3
LR	60471	CKD Stage 3
LP	60466	CKD Stage 4
LE	60430	CKD Stage 4
LR	60411	CKD Stage 3
LA	60411	CKD Stage 4
LF	60426	CKD Stage 3
LT	60443	CKD Stage 4
LD	60445	CKD Stage 4
MD	60473	CKD Stage 4
MN	60471	CKD Stage 3
MG	60429	CKD Stage 3
MJ	60627	CKD Stage 3
MG	60429	CKD Stage 3
MW	60448	CKD Stage 4
MD	60429	CKD Stage 3
MR	60411	CKD Stage 4
MC	60655	CKD Stage 4
MD	60452	CKD Stage 4
MJ	60478	CKD Stage 3
MS	60412	CKD Stage 4
MD	60443	CKD Stage 4
MI	60428	CKD Stage 3
MS	60628	CKD Stage 3
MW	60411	CKD Stage 4
MJ	60429	CKD Stage 3
MM	60411	CKD Stage 3
MF	60419	CKD Stage 3
MJ	60484	CKD Stage 3
MQ	60478	CKD Stage 4
MJ	60425	CKD Stage 3
MJ	46307	CKD Stage 3

MC	60411	CKD Stage 4
ML	60428	CKD Stage 4
NN	60466	CKD Stage 3
NK	60473	CKD Stage 3
NR	60443	CKD Stage 3
NR	60475	CKD Stage 4
NV	60429	CKD Stage 3
OA	60478	CKD Stage 4
OD	60426	CKD Stage 3
PM	60461	CKD Stage 4
PW	60411	CKD Stage 4
PL	60411	CKD Stage 4
PD	60469	CKD Stage 4
PJ	60429	CKD Stage 4
PJ	60452	CKD Stage 3
PG	60419	CKD Stage 3
PA	60411	CKD Stage 4
PG	60473	CKD Stage 3
P	60443	CKD Stage 4
PC	60425	CKD Stage 4
QB	60633	CKD Stage 3
RI	60426	CKD Stage 3
RR	60426	CKD Stage 3
RK	60411	CKD Stage 4
RW	60426	CKD Stage 3
RM	60409	CKD Stage 3
RB	60425	CKD Stage 4
RD	60426	CKD Stage 3
RS	60429	CKD Stage 3
RB	60411	CKD Stage 4
RD	60429	CKD Stage 3
RW	60438	CKD Stage 4
RB	60430	CKD Stage 4
RD	60475	CKD Stage 4
RE	60478	CKD Stage 3
RS	60473	CKD Stage 4
RR	60628	CKD Stage 4
RW	60621	CKD Stage 4
RI	60429	CKD Stage 4
RK	60411	CKD Stage 4
RS	60428	CKD Stage 4

RW	60628	CKD Stage 3
RR	60411	CKD Stage 4
RD	60452	CKD Stage 3
SM	60475	CKD Stage 4
SS	60478	CKD Stage 3
SA	60411	CKD Stage 3
SD	60478	CKD Stage 3
SA	60425	CKD Stage 3
SM	60411	CKD Stage 4
SG	60447	CKD Stage 3
SJ	60621	CKD Stage 3
SG	60471	CKD Stage 3
SA	60643	CKD Stage 3
SB	60411	CKD Stage 3
SN	60466	CKD Stage 3
SM	60661	CKD Stage 3
SR	60411	CKD Stage 4
SM	60443	CKD Stage 4
SD	60452	CKD Stage 3
SM	60478	CKD Stage 3
SR	60411	CKD Stage 3
SA	60478	CKD Stage 4
SA	60478	CKD Stage 3
SK	60401	CKD Stage 3
SD	60409	CKD Stage 3
SP	46410	CKD Stage 3
SE	60411	CKD Stage 3
SP	60445	CKD Stage 3
SA	60478	CKD Stage 3
SP	60466	CKD Stage 4
TK	60827	CKD Stage 4
TJ	60653	CKD Stage 4
TC	60429	CKD Stage 3
TC	60428	CKD Stage 3
TT	60411	CKD Stage 3
TC	60466	CKD Stage 3
TB	60428	CKD Stage 4
TS	60411	CKD Stage 3
TJ	60411	CKD Stage 4
VY	60466	CKD Stage 3
VR	60461	CKD Stage 3

VR	60466	CKD Stage 4
VJ	60477	CKD Stage 4
WC	60443	CKD Stage 4
WC	60428	CKD Stage 3
WK	60409	CKD Stage 3
WM	60430	CKD Stage 4
WJ	60430	CKD Stage 4
WL	60466	CKD Stage 3
WB	60411	CKD Stage 4
WL	60411	CKD Stage 4
WN	60430	CKD Stage 3
WB	60426	CKD Stage 3
WR	60426	CKD Stage 3
WJ	60628	CKD Stage 4
WL	60428	CKD Stage 4
WR	60478	CKD Stage 3
WR	60827	CKD Stage 3
WV	60429	CKD Stage 4
WE	60466	CKD Stage 3
YS	60409	CKD Stage 4

NEW Dialysis Referrals per Year

2014*	17
2015	37
2016	54

*2014 was the first year of practice

KIDNEY CARE CENTER

3214 Vollmer Rd.
Olympia Fields, IL 60461
Ph: 708.898.0811
Fax: 708.898.1839

May 17, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Dialysis Care Center Olympia Fields

Dear Ms. Avery,

My name is Dr. Tauseef Sarguroh and I am a nephrologist practicing in the Olympia Fields area. I am writing to express my strong support for the proposed Dialysis Care Center Olympia Fields dialysis facility.

Over the last year I have witnessed substantial growth of the End Stage Renal Disease (ESRD) patient population in this area. We have also noticed an increase in the number of chronic kidney disease patients during this same period who are expected to progress and require dialysis in the near future. I do anticipate these patients to get their dialysis at the Dialysis Care Center Olympia Fields. My partner and I, along with our patients, are hopeful to have this new dialysis facility located in their community.

We provide care for these pre-ESRD patients in the immediate area and expect the clinic to fill up quickly. This clinic is in a highly dense population prone to diseases leading to kidney failure primarily from long-standing Diabetes and Hypertension.

I request you to approve this dialysis clinic for the residents of Olympia Fields.

Sincerely,

Tauseef Sarguroh, M.D.
Nephrologist.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b)(5), Planning area need – Service Accessibility

As set fourth throughout this application, the proposed ESRD facility is needed to maintain access to life-sustaining dialysis for patients in the greater Olympia Fields area. Dialysis Care Center Olympia Fields is necessary to provide essential care to ESRD patients in the Olympia Fields community and address the need of shortage of HSA 7. This facility will better accommodate the current and future demand for dialysis services and ensure dialysis services are accessible to the greater Olympia Fields Community and HSA 7 area.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (1), Unnecessary Duplication

1.a. The proposed dialysis facility will be located at 3322 Vollmer Rd, Suite 3, Olympia Fields, Illinois, 60461. A list of all zip codes located, in total or in part, within 30 -45 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(c)(1)(A) below.

Population Within 30 Minutes	
Zip Code	**Population**
60401	7,797
60406	25,460
60409	37,186
60411	58,136
60417	15,547
60419	22,788
60422	9,403
60423	30,423
60425	9,117
60426	29,594
60428	12,203
60429	15,630
60430	20,094
60438	28,884
60443	21,145
60445	26,057
60448	24,423
60449	9,217
60451	34,063
60452	27,969

Unnecessary Duplication
Attachment-26 C-1

60453	56,855
60461	4,836
60463	14,671
60466	22,115
60468	6,116
60469	5,930
60471	14,101
60472	5,390
60473	22,439
60475	9,870
60476	2,391
60477	38,161
60478	16,833
60484	6,829
60487	26,928
60617	84,155
60628	72,202
60633	12,927
60803	22,285
60827	27,946
60940	3,369
Total	**941,485**

Source: U.S Census Bureau, Census 2010, Zip Code Fact Sheet
http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
last visited website May,15,2016

B. A list of existing dialysis facilities operational for 2 years located 30-45 minutes' normal travel time of the proposed dialysis facility is provided in the following attachment. Driving time from MapQuest is attached on Appendix 1

Facility	Address	City	Zip Code
DaVita Chicago Hgts	177 E Joe Orr Rd	Chicago Heights	60411
Fresenius So Suburban	2601 Lincoln Hwy	Olympia Fields	60461
Fresenius Steger[1]	**219 E 34th St**	**Steger**	**60475**
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443
DaVita Harvey	16657 Halsted St	Harvey	60426
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429
DaVita Country Hills	4215 W 167th	Country Club Hills	60478
Fresenius So Holland[2]	**17225 Paxton Ave**	**South Holland**	**60473**
DaVita So Holland[3]	**16136 S Park Ave**	**South Holland**	**60473**
DaVita Tinley Park[4]	**16767 S 80th Avenue**	**Tinley Park**	**60477**
Fresenius Oak Forest	5340 W 159th St	Oak Forest	60452
Fresenius Mokena	8910 W 192nd St	Mokena	60448
Concerto	14255 S. Cicero Ave	Crestwood	60445
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803
Fresenius Crestwood	4861 West Cal Sag Rd	Crestwood	60445
Fresenius Roseland	132 W 111th St	Chicago	60628
Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803
Fresenius South Deering	10559 S Torrence Avenue	Chicago	60617
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (2), Misdistribution

The establishment of Dialysis Care Center Olympia Fields will not result in an unnecessary duplication of services or a service misdistribution. A misdistribution 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 more 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.
Dialysis care Center Olympia Fields will also be located in HSA 7 GSA where there is a documented need for additional chairs.

Accordingly, the proposed dialysis facility will not result in a Misdistribution of services.

Section VII. Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(C) (3), Impact of project on other Area Providers

The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will be referrals from identified physicians and are on pre-ESRD list. No patients will be transferred from other existing dialysis facilities.

The proposed dialysis facility will not lower utilization of other area providers that are operating below the occupancy standard.

Also as mentioned throughout this application the facility will be located in HSA 7 where there is an additional need of 57 stations based on the Monthly updates to the inventory of health care facilities and services as of March, 31, 2016.

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

Dialysis Care Center Olympia Fields will be staffed in accordance with all state and Medicare staffing guidelines and requirements.

A. Medical Director:

Dr. Suresh Samson will serve as the Medical Director for Dialysis Care Center Olympia Fields. Attached is her curriculum vitae

Additional staffed physicians: Dr. Tauseef Sarguroh. Attached please find his curriculum vitae

B. All Other personal

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 Olympia Fields 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.

SURESH SAMSON, M.D.
3214 Vollmer Road
Olympia Fields, IL 60461
708-898-0811

EDUCATION:

7/11-6/13	Medical College of Wisconsin Fellowship – Nephrology
7/08-6/11	Yale University Bridgeport Hospital Residency – Internal Medicine
6/04-6/08	National Health System, United Kingdom Residency – Internal Medicine
6/96-5/02	Thanjavur Medical College – India Bachelor of Medicine and Surgery

WORK HISTORY:

7/13 – Present	Kidney Care Center Olympia Fields – Olympia Fields, IL Nephrologist

CERTIFICATIONS:

6/12	Specialist in Hypertension
8/11	American Board of Internal Medicine
11/13	American Board of Nephrology

AWARDS, HONORS AND MEMBERSHIPS:

The Pasquale Perillie Award for OUtsanting Leadership and Scholarship, Yale University Bridgeport Hospital 2011
Member of American Society of Nephrology
Member of American Society of Hypertesion
Member of General Medicine Council, United Kingdom

Suresh Samson, M.D.

CURRENT TRAINING

07/2011 - 06/2013 Nephrology Fellowship
Medical College of Wisconsin, Milwaukee, USA

CURRENT RESEARCH

1. Evaluating the difference in urinary macromolecules and urinary net charge between Calcium Oxalate stone formers and non-stone formers.

2. Evaluation of osmoregulation in stone formers and non stone formers.

PREVIOUS TRAINING

07/2008 – 06/2011 **Resident in Internal Medicine**
Yale University Bridgeport Hospital. Connecticut, USA

02/2008 - 06/2008 **Senior Senior House Officer in Medicine**
University Hospital Lewisham, National Health Service (NHS), United Kingdom

08/2007 - 01/2008 **Senior Senior House Officer in Medicine**
Furness General Hospital, National Health Service (NHS), United Kingdom

02/2007 - 07/2007 **Senior House Officer in Nephrology**
New Cross Hospital, National Health Service (NHS), United Kingdom

08/2006 - 01/2007 **Senior House Officer in Medicine**
Bedford General Hospital, National Health Service (NHS), United Kingdom.

08/2005 - 07/2006 **Foundation Year 2**
Walsall Hospitals, National Health Service(NHS), United Kingdom

07/2004 - 07/2005 **House Officer in Medicine**
Furness General Hospital, National Health Service (NHS), United Kingdom

07/2002 – 06/2004 **Resident Medical Officer**
GD Hospital, Mayavaram, Tamil Nadu, India

PUBLICATIONS AND POSTER PRESENTATIONS

Peer Reviewed Journal Articles/Abstracts

S. Samson. *Correct use of antihypertensive drugs according to the principles of clinical Pharmacology.* American J Cardiovascular Drugs. 2011 Aug 1;11(4):285.

P.-T. Liu, **S. Samson**, J.-D. Maurellet and C. Manthous. *Placement of the dialysis catheter in the right atrium or superior vena cava?* Clinical Nephrology. 2011 Mar; 75(3):269-70.

Christian Rojas, **Suresh Samson**, Jorge Florindez, C Manthous. *Are international and American graduates equally ACGME competent? Results of a pilot study.* Connecticut Medicine Journal. 2011 Jan;75(1):31-4; quiz 35-6.

S.Chalkias, **S.Samson**, A.Sofair, E.Tiniakou. *Post streptococcal cutaneous leukocytoclastic vasculitis- A case report.* Connecticut Medicine Journal. 2010 Aug; 74(7):399-402.

Suresh Samson , Jay Krishnakarup, Vivian Argento. *Effect of low serum creatinine on Mortality/ Morbidity in hospitalized Elderly population – A retrospective study of 4000 patients.* Amer Journal of kidney Disease. Volume 55, Issue 4 , B97, April 2010 suppl.

Santhi Adigopula, Varsha Babu, Konstantinos M Parperis, Sumi Sukumaran Nair, **Suresh N Samson**, Rukshin Vladimir, Janardhan Srinivasan, Zarich Stuart. *Hyperglycemia in Heart Failure Patients is Associated With Increased Length of Stay and Costs.* Abstract 1708. *Circulation.* 2009;120:S548

Verma P, **Samson S**, Monk B. *A curious eruption: erythema gyratum repens in resolving pustular psoriasis.* Journal of European Academy of Dermatology and Venereology. 2008 May; 22(5): 637-8.

Poster Presentations

Suresh Samson MD, Jay Krishnakarup MD, C.Gourineni MD. *Effect of low serum creatinine on Mortality/ Morbidity in hospitalized Elderly population – A retrospective study of 4000 patients.* Poster presented at NKF Spring Clinical Meeting, Florida. .April 2010

Pei-Tsung Liu, **Suresh Samson**. *Placement of Dialysis catheter tip in the right atrium or SVC and incidence of arrhythmias?-a retrospective study on 200 acute dialysis patients.* Poster presented at: AMA National Scientific Session; Houston, TX. Nov 2009

Suresh Samson, C.Rojas, Jorge Florindez, C.Manthous. *International vs. American Graduates Basic Understanding of the ACGME Competencies..* Poster presented at: ACP Regional Coneference; Southington, CT. Oct 2009

Suresh Samson MD, Spyros Chalkias MD, Sandeep Ravi MD *A rare case of splenic rupture due to Human Granulocytic Anaplasmosis - A case report.* Poster presented at National ACP conference ;Toronto, Canada. April 2010

Suresh.N.Samson,S.Ravi,S.Adigopula,C.Manthous. *RV Collapse secondary to cardiac tamponade presenting with Hypertensive crisis.* ACP Conference; Hartford, CT. Nov 2008

WORK HISTORY FOR SURESH NELSON SAMSON

1. From: 06/2002 To: 04/2004
   Month Year Month Year
   Activity: worked in GD Hospital, Mayavaram, India as a Resident Medical Officer

2. From: 05/2004 To: 07/2004
   Month Year Month Year
   Activity: Preparing for the PLAB exam in UK

3. From: 08/2004 To: 07/2005
   Month Year Month Year
   Activity: Pre Registration House Officer, Furness General Hospital, UK

4. From: 08/2005 To: 07/2006
   Month Year Month Year
   Activity: Foundation Year 2 , Walsall Hospital, UK

5. From: 08/2006 To: 01/2007
   Month Year Month Year
   Activity: Senior House Officer, Bedford Hospital, UK

6. From: 02/2007 To: 07/2007
   Month Year Month Year
   Activity: Senior House Officer, New Cross Hospital, UK

7 From : 08/2007 To: 01/2008
Activity : Senior House Officer, Furness General Hospital,UK

8. From : 02/2008 To : 05/2008
Activity: Senior Hospital, Lewisham Hospital, UK (through locum agency)

Tauseef Sarguroh, M.D.
9750 Crescent Park Circle #355
Orland Park, IL 60462
718-710-1152

tauseef.sarguroh@gmail.com

Sarguroh, Tauseef, M.D.

Personal Information
Date of Birth: February 16, 1984
Place of Birth: Mumbai, India

Certifications

The American Board of Internal Medicine	09/2013
Education Commission for Foreign Medical Graduates	03/2008

Nephrology Fellowship

Organization	Position	Dates
Harlem Hospital Center affiliated with Columbia University College of Physicians and Surgeons, New York, New York.	PGY-5 Chief Nephrology Fellow	07/2013 - 06/2015

Internal Medicine Residency

Organization	Position	Dates
St. Barnabas Hospital, Bronx, New York.	Resident	07/2010 - 06/2013

Fellowship and Residency Awards

-Fellow of the year; Jun 2015

-Resident of the year for excellence in professionalism; Jun 2011.

-Resident of the year for excellence in communication skills; Jun 2011.

Medical Education

Institution & Location	Degree	Dates Attended	Degree Date
Dr. D. Y. Patil Medical College and Hospital, Navi Mumbai, India.	M. B. B. S. (Bachelor of Medicine, Bachelor of Surgery)	10/2001 - 02/2007	04/2007

Medical School Awards

-Certificate of excellence for having secured second rank in internal medicine in the final year of medicine; Mar 2006.

-Certificate of excellence for having secured distinction in ophthalmology; Mar 2005.

Exams

Examination	Status	Date
USMLE Step 3	Passed	04/2009
USMLE Step 2 CS (Clinical Skills)	Passed	11/2007
USMLE Step 2 CK (Clinical Knowledge)	Passed	11/2007
USMLE Step 1	Passed	05/2007

Tauseef Sarguroh, M.D.
9750 Crescent Park Circle #355
Orland Park, IL 60462
718-710-1152

WORK HISTORY:

- Kidney Care Center Olympia Fields – Olympia Fields, IL — 7/15 – Present
  Nephrologist
- P.D.Hinduja National Hospital and Research Center, Mumbai, India. — Junior Medical Staff — 12/2009 - 03/2010
  Description:
  I did a three-month post in Nephrology and my duties involved taking histories and carrying out physical examinations of newly admitted patients and following them on a daily basis. I also learned procedures such as insertion of hemodialysis catheters, renal biopsies and assisting in permacatheter insertion. My seniors supervised me while we attended rounds in the Dialysis unit and for patients who underwent renal transplants.
- P.D.Hinduja National Hospital and Research Center, Mumbai, India. — Junior Medical Staff — 06/2008 - 08/2008
  Description:
  I worked at one of India's top medical hospitals under renowned consultants. It developed in me a sense of work rhythm with which every major hospital functions. I rotated in the departments of cardiology and oncology handling a range of cases in each sub specialty.
- Dapoli Hospital, Dapoli, India. — House Officer — 06/2007 - 08/2007
  Description:
  This was my first placement after completing medical school. The rural location of the hospital gave me an opportunity to manage unusual cases like snake and scorpion bite poisonings, infectious diseases like tuberculosis and leprosy. It taught me the art of practicing medicine in situations with minimal facilities.

Observerships

Organization	Position	Dates
1) P.D.Hinduja National Hospital and Research Center, Mumbai, India.	I. C. U. Observer	03/2010 - 04/2010

Description:
This post helped me understand the basics in critical care medicine involving management of patients requiring ventilators, inotropic support and fluid management. I also learned how to manage critically ill patients with various medical illnesses. This rotation also helped me understand problems related to ethics and end of life issues.

2) Memorial Hermann: Heart and Vascular Institute, Houston, U. S. A.	International Observer	06/2009 - 07/2009

Description:
To further my insight into the U.S. medical system; I worked as an observer at the Heart and Vascular Institute of Memorial Hermann in Houston.

Elective

I did a one month elective in nephrology at St. Barnabas Hospital, Bronx, NY with Dr. James Croll and Dr. Ahmed Abdurrehman in 2011 where I was an integral part of the team involved in the day to day management of patients both at the inpatient and outpatient facilities. My duties entailed work-up of clinical nephrology cases/consults and follow-up of their dialysis. Being efficient in central lines I also performed vascular catheter insertions under supervision. It was a wonderful experience and my interest in and knowledge of nephrology only got stronger.

ACLS

Advanced Cardiac Life Support (ACLS) Exp. Date: 2016

Yaseer Sargiron, M.D.
9750 Crescent Park Circle #355
Orland Park, IL 60462
718-710-1152

Publications and Posters

-Poster presentation on a case of scleroderma and pauci immune glomerulonepritits as first author with Dr. Jeffrey Wallach at the ASN 2014.

-Poster presentation on a case of 5-oxoproline causing high anion gap metabolic acidosis as third author with Dr. Jeffrey Wallach at Harlem Hospital Center annual research day, New York. (5/2013)

-Publication in Hemeonc Today on Nephrotic Syndrome of unclear etiology hid two primary malignancies as second author with Dr. Fulger Illmana. (8/2013)

-Publication in Vol. 4 No. 5 of International Journal of Collaborative Research on Internal Medicine and Public Health (IJCRIMPH) on Acute Renal Failure and Fanconi's syndrome in an HIV Patient treated with tenofovir as second author with Dr. Muthyala Padmini. (4/2012)

-Poster presentation on "Spousal Renal Transplants" comparing the outcome of spousal renal transplants versus live related renal transplants as first author with Dr. Alan Almeida presented at the XXIII International Congress of the Transplantation Society, Vancouver. (4/2010)

-Poster presentation on a research study showing Hyponatremia with ACEi and ARBs as second author with Dr. James Croll at Einstein College of Medicine 9th Annual Doctors Recognition Day physicians expo poster presentations and symposium, Bronx NY. (4/2012)

-Poster presentation on a case of emphysematous pyelonephritis and concomitant emphysematous cystitis in a diabetic female as second author with Dr. Abdurrehman Ahmed at St. Barnabas Hospital annual research day, Bronx NY. (5/2012)

-Poster presentation on Vitamin D deficiency in HIV patients and co-relation with CD4 counts as fifth author with Dr. Victoria Bengualid at St. Barnabas Hospital annual research day, Bronx, NY. (5/2011)

-Poster presentation on a case of Candida meningitis as third author with Dr. Judith Berger at St. Barnabas Hospital annual research day, Bronx, NY. (5/2011)

-Worked on a research proposal involving drug eluting antimicrobial tympanostomy tubes with Dr. Sohel Shaikh, of the Case Western Reserve University and Dr. Paul Krakovitz M.D., of the Head and Neck Institute, Cleveland Clinic, Cleveland, Ohio. (2/2008)

Language Fluency

-Besides English I am able to speak basic conversational Spanish, which gives me more opportunity to interact with patients from varied ethnic backgrounds.

-I also speak Hindi and my mother tongue Marathi.

Other Career Accomplishments

-Conducted weekly lectures for nurses in the hemodialysis unit on topics related to CKD, ESRD and hemodialysis, 2014.

-Organized workshop on Cardio Pulmonary Cerebral Resuscitation, Dr. D.Y. Patil Medical College, (10/2006)

9750 Crescent Park Circle #355
Orland Park, IL 60462
718-710-1152

-Helped Organize a blood donation camp in BVIT Campus Khargar, Navi Mumbai. (02/2006)

Working as a doctor in the Bronx and Harlem has given me immense experience in dealing with large number of patients on a daily basis. I have excellent communication skills that help me deal with difficult patients tactfully. I have been trained to rely on my clinical acumen and observational skills in order to reach a diagnosis. The high patent numbers have developed in me an impressive ability to be efficient and organized yet compassionate and sensitive at the same time.

Hobbies & Interests

-I enjoy playing soccer and have captained my high school and university soccer teams. In addition to the exercise, it helps me unwind from my usual routine.

-I am also a passionate aquarist and take active interest in tropical fish life.

Gap Info:

1)March 07-May 07:

I was caring for my 35 year old cousin sister in Dapoli, India who was suffering from metastatic breast cancer and passed away later that year.

2)September 07-May 08:

For the first 6 months-Worked on a research proposal involving drug eluting antimicrobial tympanostomy tubes with Dr. Sohel Shaikh, of the Case Western Reserve University and Dr. Paul Krakovitz M.D., of the Head and Neck Institute, Cleveland Clinic, Cleveland , Ohio. Took a vacation to Goa, India after.

3)September 08-November 08:

Was in Houston Texas where I studied for and took my USMLE step 3 exam.

4)December 08-May 09:

Played for the RNA springs soccer team in a soccer league in Mumbai, India.

5)August 09-November 09:

Visited Roorkee india, and then New York for medicine residency interviews.

6)May 10:

Took a one month Spanish speaking course in Mumbai, India.

My internal medicine residency orientation started in the first week of June.

Tauseef Sarguroh

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

Please find the Attached letter consistent with Section 1110.1430f, attesting that Dialysis Care Center Olympia Fields will participate in a dialysis data system, will make health support services available to patients, and will provide training for self-care dialysis, self-care instructions, home and home-assisted dialysis, and home training.

Support Services
Attachment-26 f

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

I herby certify under of perjury as provided in § 1-109 of the Illinois code of civil procedure, 735 ILCS 5/109 and pursuant to 77 III. Admin. Code § 1110-1430 (f) that Dialysis Care Center Olympia Fields will maintain an open medical staff.

I also certify the following with regards to need support services:

- Dialysis Care Center Olympia Fields will utilize a dialysis electronic patient data tracking system
- Dialysis Care Center Olympia Fields 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
- Patients will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal Dialysis

Sincerely,

Asim M Shazzad
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 17th day of May, 2016

Signature of Notary

Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

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

Dialysis Care Center Olympia Fields will provide eleven ESRD stations, as identified in section 1110-1430g as the minimum number of eight dialysis stations to be provided at an ESRD Facility to be located in a Metropolitan statistical area ("MSA"). Accordingly, this criterion is met.

Minimum Number of Stations
Attachment-26 g

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

Dialysis Care Center Olympia Fields has an agreement with Advocate Health and hospitals corporation to provide inpatient care and other hospital services. Attached is a copy of the service agreement with the area hospital.

Continuity of Care
Attachment-26 h

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

Attached please the attached letter consistent with Section 1110.1430 j, attesting that Dialysis Care Center Olympia Fields will achieve target utilization by the second year of operation and will also expect to meet if not exceed the hemodialysis outcome measures.

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

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

- By the second year after project completion, Dialysis Care Center Olympia Fields expects to achieve and maintain 80% target utilization
- Dialysis Care Center Olympia Fields also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:

  ≥85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and

  ≥85% of hemodialysis patient population achieves Kt/V Daurgirdas II .1.2

Sincerely,

Asim M Shazzad
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 17th day of May, 2016

Signature of Notary

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

Section VIII. Financial and economic Feasibility
Criterion 1110.120 Availability of funds

Dialysis Care Center Olympia Fields will be funded entirely with cash and cash equivalents, and a lease with Meridian Investment Partners LLC

An attestation letter is attached with a copy of the LOI as attachment 36

Availability of funds
Attachment-36

CHASE

Leticia G. Ruffolo
Vice President
Business Relationship Manager
Business Banking

May 17, 2016

Ms.Courtney Avery
Administrator
Illinois Health Facilities & Services ReviewBoard
525 W. Jeferson St. 2nd Floor
Springfield, IL 623761

Dear Ms. Avery

My name is Leticia Ruffolo, I'm a Business Relationship Manager with Chase Bank. I've been with Chase for over 20yr. I'm currently managing Dr. Alausa's accounts for all his Kidney Care Centers/ Home Dialysis centers. It's been a pleasure to work with Dr. Alausa & his staff.

Dr. Alausa kidney Care Centers have a strong relationship with the bank since 2004, and growing to this date. All of the Kidney Care Centers accounts have always been in good standing. Between all the Home Dialysis Care Centers they have in excess of $1,180,000 in balances.

If you should have any additional questions I can be reached at 708-579-4272.

Sincerely,

Leticia Ruffolo
Business Relationship Manager
Vice President Business Relationship Manager III|Chase Business Banking
14 South La Grange Rd LaGrange, IL 60525 (:708.579.4272 | E-fax.877-837-5158
Leticia.g.ruffolo@chase.com

Arthur J. Rogers & Co.
www.arthurjrogers.com
Sales • Management • Leasing • Construction

May 6, 2016

Meridian Investment Partners
C/O Azam Chandran & Gilani LLP
Mr. Salman Azam, Esq.
333N. Michigan Ave.
Suite 1815
Chicago, IL 60601

RE: 3322 Vollmer Rd.
Olympia Fields, IL

Dear Salman,

On Behalf of Dialysis Care Center Olympia Fields, we have been authorized to submit for your review the following letter of intent outlining the general terms and conditions in which to Lease the premises:

Landlord:	Meridian Investment Partners
Tenant:	Dialysis Care Center Olympia Fields
Premises:	Approximately 4,000 rentable square feet.
Use:	The Premises shall be used for the operation of a dialysis facility and related medical/administrative offices. Tenant may operate on the premises, at tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
Primary Lease Term:	An initial lease term of Five (5) years, five (5) months from rent commencement.
Possession Date:	September 1, 2016 or sooner (Upon CON awarded by the Illinois State Board per the May 20th application date, see attached schedule).
CON Contingency:	Lease is contingent upon tenant receiving a CON (Certificate of Need) awarded by the State of Illinois per the application date of May 20, 2016, per the attached State of Illinois schedule.
Base Rental Rate:	$12.00 psf NNN
Rent Commencement Date:	Tenant shall have ninety (90) days from possession to complete the tenant improvements, rent to commence thereafter (Dec. 1).
Escalation:	3% increases compounded annually.
Option Periods:	Two (2), three (3) year options to renew. Tenant shall provide to Landlord a ninety (90) day prior written notice of its desire to exercise each option.
CAM:	Tenant shall be responsible for their proportionate share of CAM. (Please state what is included in CAM.)
RE Taxes:	Tenant shall be responsible for their proportionate of real estate taxes.

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Landlord's Work:	Landlord shall warranty that the roof and mechanicals are in good working order and shall maintain them throughout the term of the lease. Landlord shall make the necessary building repairs which shall consist of tuck-pointing and all parking lot and sidewalk improvements. All work shall be performed prior to rent commencement.
TI Allowance:	Landlord shall provide a tenant improvement allowance of $15.00psf.
Demised Premises Shell and Site:	Landlord shall deliver the Premises as is, except for its commitment to perform (or provide) Landlord Work.
Contractor for Tenant Improvements:	Tenant will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant, allowance. Tenant shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.
HVAC:	Equipment as-is. Landlord to maintain pursuant to its Landlord maintenance, described below.
Deliveries:	Tenant requires delivery access to the Premises 24 hours per day, 7 days per week.
Emergency Generator:	Tenant shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.
Space Planning/Architectural And Mechanical Drawings:	Tenant will provide all space planning and architectural and mechanical drawings required to build out and demolish existing improvement not needed, the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.
Utilities:	Separately metered. Tenant shall be responsible for their electric, gas, Telephone/internet.
Signage:	Tenant may install signs, at Tenant's expense, in and on the Premises to the maximum extent permitted by local law. Landlord will have the right to approve signage. Landlord's approval will not be unreasonably withheld. Landlord will grant Tenant signage space on any monument due the Premises.
Parking:	Landlord shall grant Tenant five (5) designated parking spaces plus one (1) ambulance space in addition to the designated handicap spaces
Building Codes:	Tenant has or will, perform its own building code analysis and acknowledges the demised premises will be delivered by the Landlord as described herein, without any repos or warranties regarding current or future codes.
Assignment/ Subletting:	Tenant requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided guarantor remains fully liable under its guaranty. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

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Landlord Maintenance:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, roof supports, columns, retaining walls, footings as well as water mains, gas and sewer lines serving the Premises. *Landlord shall warranty HVAC for the first 18 months of lease term.*

With respect to the parking and other exterior areas of the Premises and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices and reasonable management and administrative fees throughout the term: repainting or routine tuck-pointing the exterior surfaces of the building when necessary: repairing, resurfacing, repaving, re-striping, and resealing of the parking areas: repairing and maintaining the roof (other than its structure, which is Landlord's responsibility); repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises, including all windows and doors, in good repair, free of refuse and rubbish. Tenant shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes expected. Tenant shall be responsible for maintenance and repair of all equipment serving the Premises.

Surrender:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

Zoning and Restrictive Covenants:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of Tenant's dialysis clinic.

Flood Plain:

Landlord confirms that the property and premises is not in a Flood Plain or in a flood zone.

Financing:

Landlord will use its best efforts to cause its lender to provide a non-disturbance agreement.

Exclusivity:

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

Environmental:

A Phase One Environmental Study may be conducted.

Lease Execution:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

Security Deposit:

equal to one (1) month's gross rent payable upon full lease execution.

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Confidential: The material contained herein is confidential. It is intended for use of the Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

Agency: Arthur J. Rogers & Co. represents the Tenant. Landlord shall be responsible to pay all brokerage fees per separate agreement.

Disclaimer: This proposal is submitted subject to errors, omissions, and changes in information, modification, and withdrawal, with or without notice.

This proposal is not intended as, and does not constitute, a binding agreement by any party, nor an agreement by any party to enter into a binding agreement, but is merely intended to specify some of the proposed terms and conditions of the transaction contemplated herein. Neither party may claim any legal rights against the other by reason of the signing of this letter or by taking any action in reliance thereon. Each party hereto fully understands that no party shall have any legal obligations to the other, or with respect to the proposed transaction have been negotiated, agreed to by all parties and set forth in a fully executed lease. The only legal obligations, which any party shall have, shall be those contained in such signed and delivered definitive agreement referred to above.

Notwithstanding any provision to the contrary contained herein, this letter shall not constitute an agreement to negotiate and solely constitutes an outline of certain key terms. Landlord and Tenant each acknowledge and agree that each party is proceeding with negotiations relating to the proposed Lease at its sole cost and expense and that either party may terminate negotiations at any time and for any reason without any liability or obligation whatsoever.

Selman, we look forward to working with you towards successfully completing this proposed Lease transaction.

Thanks,

Arthur J. Rogers & Co.

Carole Caveney
Vice President-Commercial Properties

AGREED AND ACCEPTED:

THIS 7 **DAY OF** May, **2016.**

TENANT:

By: _____

Its: cfo/coo

LANDLORD:

By: _____

Its: Manager

Individual Membership

Kathryn Olson
Chair
Illinois Health Facilities and services review Board
525 west Jefferson Street, 2nd floor
Springfield, Illinois, 62761

Dear Chairwoman Olson:

I hereby certify the following:

- Dialysis Care Center Olympia Fields will be funded through cash and cash equivalents, and a lease, and no debt financing to be used

- Dialysis Care Center maintains sufficient cash and short term securities to fund this project; and

- The expenses to be incurred through the lease of space and selected equipment are less than those associated with the construction of a new facility or the purchase of equipment.

Sincerely,

Asim M Shazzad
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 17th day of May, 2014

Signature of Notary

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public State of Illinois
My Commission Expires Jul 23, 2017

Availability of funds
Attachment-36

Section VIII. Financial and economic Feasibility
Criterion 1110.310 Financial Waiver

Dialysis Care Center Olympia Fields will be funded entirely with cash and cash equivalents, thereby meeting the criteria for the financial waiver

Financial Waiver
Attachment-37

Section VIII. Financial and economic Feasibility
Criterion 1120.310 (c) Reasonableness of project and related cost

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		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
ESRD		85.00			4000			$340,000	$340,000
Contingency		2.5			4000			$10,000	$10,000
TOTALS		87.50			4000			$350,000	$350,000

Section VIII. Financial and economic Feasibility
Criterion 1120.310 (D) Project Operating cost

Project operating cost, Year 2

Salaries, Benefits, & Medical Supplies: $598,000.00

Annual treatments	5,200
Operating Cost per treatment	$115.00

Section VIII. Financial and economic Feasibility
Criterion 1120.310 (e) Total Effect of the project on capital costs

Project operating cost, Year 2

Depreciation/Amortization and interest $ 72,498

Treatments	5,200
Capital cost per treatment	$13.94

Safety Net Impact statement

The establishment of Dialysis Care Center Olympia Fields will not have any impact on safety net services in the Olympia Fields area. Outpatient dialysis facilities services are not typically considered or viewed as "safety net" services. As a result, the presence of Dialysis Care Center Olympia Fields as a provider is not expected to alter the way any other healthcare providers function in the community.

Dialysis Care Center Olympia Fields 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 Olympia Fields will be committed to providing ESRD services to all patients with or with out insurance or patients to no regards for source of payment. Dialysis Care Center Olympia Fields will not refuse any patients. Medicaid patients wishing to be served at Dialysis Care Center Olympia Fields 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.

Charity Care

Dialysis Care Center Olympia Fields will be committed to work with any patient to try and find any sources and qualify for any programs for which they may qualify for.

Currently as Dialysis Care Center Olympia Fields will be a new entity there is no current documentation that can be provided to the board

YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

7 MIN | 3.4 MI

Trip time based on traffic conditions as of 3:05 PM on May 17, 2016. Current Traffic: Heavy

DaVita Chicago Hgts., Highway Route

1. Start out going **west** on E Joe Orr Rd toward Peoria St.

Then 0.68 miles — 0.68 total mile

2. Turn **right** onto Dixie Hwy.

Dixie Hwy is 0.2 miles past Chicago Rd.

If you reach Willow Dr you've gone about 0.1 miles too far.

Then 0.63 miles — 1.31 total mile

3. Turn **slight left** onto Vollmer Rd.

Vollmer Rd is 0.1 miles past Ashland Ave.

Then 2.03 miles — 3.34 total mile

4. Make a **U-turn** onto Vollmer Rd.

Then 0.04 miles — 3.38 total mile

5. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

5 MIN | 3.6 MI

Trip time based on traffic conditions as of 3:07 PM on May 17, 2016. Current Traffic: Light

Fresenius S. Suburban, Highway Route

1. Start out going **west** on Lincoln Hwy/US-30 W toward Orchard Dr.

Then 1.73 miles — 1.73 total mile

2. Turn **right** onto Crawford Ave.

Crawford Ave is just past Roslyn Rd.

Then 0.11 miles — 1.84 total mile

3. Take the 1st **right** onto Governors Hwy.

If you reach Lindenwood Dr you've gone about 0.1 miles too far.

Then 1.60 miles — 3.44 total mile

4. Turn **right** onto Vollmer Rd.

Vollmer Rd is 0.1 miles past Governors Dr.

Then 0.19 miles — 3.63 total mile

5. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

20 MIN | 8.4 MI

Trip time based on traffic conditions as of 3:07 PM on May 17, 2016. Current Traffic: Heavy

Fresenius Steger, Highway Route

1. Start out going **east** on E 34th St toward Loverock Ave.

Then 0.39 miles — 0.39 total mile

2. Turn **left** onto State St.

State St is 0.1 miles past Wentworth Ave.

If you reach Huntington Ter you've gone about 0.1 miles too far.

Then 3.53 miles — 3.92 total mile

3. Turn **left** onto E Joe Orr Rd.

Then 1.73 miles — 5.65 total mile

4. Turn **right** onto Dixie Hwy.

Dixie Hwy is 0.2 miles past Chicago Rd.

If you reach Willow Dr you've gone about 0.1 miles too far.

Then 0.63 miles — 6.28 total mile

5. Turn **slight left** onto Vollmer Rd.

Vollmer Rd is 0.1 miles past Ashland Ave.

Then 2.03 miles — 8.31 total mile

6. Make a **U-turn** onto Vollmer Rd.

Then 0.04 miles — 8.35 total mile

7. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

97

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

4 MIN | 2.6 MI

Trip time based on traffic conditions as of 3:11 PM on May 17, 2016. Current Traffic: Light

DaVita Olympia Fields, Highway Route

1. Start out going **east** on Lincoln Hwy/US-30 E toward Lincoln Mall Dr.

Then 0.66 miles — 0.66 total mile

2. Turn **left** onto Crawford Ave.

Crawford Ave is 0.2 miles past Keeler Ave.

If you reach Roslyn Rd you've gone about 0.1 miles too far.

Then 0.11 miles — 0.76 total mile

3. Turn **right** onto Governors Hwy.

If you reach Lindenwood Dr you've gone about 0.1 miles too far.

Then 1.60 miles — 2.36 total mile

4. Turn **right** onto Vollmer Rd.

Vollmer Rd is 0.1 miles past Governors Dr.

Then 0.19 miles — 2.55 total mile

5. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

15 MIN | 6.7 MI

Trip time based on traffic conditions as of 3:12 PM on May 17, 2016. Current Traffic: Heavy

DaVita Harvey, Highway Route

1. Start out going **north** on Halsted St/IL-1 toward E 166th St.

Then 0.07 miles — 0.07 total mile

2. Make a **U-turn** at E 166th St onto Halsted St/IL-1.

If you reach E 165th St you've gone about 0.1 miles too far.

Then 0.41 miles — 0.48 total mile

3. Take the 3rd **right** onto 171st St.

171st St is just past E 168th Pl.

Then 1.40 miles — 1.88 total mile

4. Turn **left** onto Wood St.

Wood St is just past Park Ave.

If you reach Jodave Ave you've gone a little too far.

Then 0.58 miles — 2.46 total mile

5. Wood St becomes 175th St.

Then 0.75 miles — 3.21 total mile

6. Turn **left** onto Governors Hwy.

Governors Hwy is 0.1 miles past Palmer Blvd.

If you reach Butternut Rd you've gone a little too far.

Then 3.26 miles — 6.47 total mile

7. Turn **left** onto Vollmer Rd.

If you reach Governors Dr you've gone about 0.1 miles too far.

99

Then 0.20 miles — 6.67 total mile

YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

5 MIN | 2.8 MI

Trip time based on traffic conditions as of 3:13 PM on May 17, 2016. Current Traffic: Moderate

DaVita Hazel Crest, Highway Route

1. Start out going **west** on 183rd St toward Village West Dr.

Then 0.11 miles — 0.11 total mile

2. Make a **U-turn** at Village West Dr onto 183rd St.

If you reach Fountainbleau Dr you've gone about 0.1 miles too far.

Then 0.40 miles — 0.51 total mile

3. Turn **right** onto Kedzie Ave.

Kedzie Ave is 0.2 miles past Brentwood Dr.

If you reach Robin Ln you've gone about 0.2 miles too far.

Then 1.46 miles — 1.97 total mile

4. Turn **slight right** onto Governors Hwy.

Governors Hwy is just past 194th St.

Then 0.62 miles — 2.59 total mile

5. Turn **left** onto Vollmer Rd.

If you reach Governors Dr you've gone about 0.1 miles too far.

Then 0.20 miles — 2.79 total mile

6. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

7 MIN | 3.3 MI

Trip time based on traffic conditions as of 3:14 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Hazel Crest, Highway Route

1. Start out going **south** on E Carriageway Dr toward Coach Ln.

Then 0.16 miles — 0.16 total mile

2. Turn **right** onto Stonebridge Dr.

Then 0.33 miles — 0.49 total mile

3. Turn **left** onto Kedzie Ave.

Then 2.00 miles — 2.49 total mile

4. Turn **slight right** onto Governors Hwy.

Governors Hwy is just past 194th St.

Then 0.62 miles — 3.10 total mile

5. Turn **left** onto Vollmer Rd.

If you reach Governors Dr you've gone about 0.1 miles too far.

Then 0.20 miles — 3.30 total mile

6. 3322 VOLLMER RD.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

10 MIN | 5.4 MI

Trip time based on traffic conditions as of 3:15 PM on May 17, 2016. Current Traffic: Moderate

DaVita Country Hills, Highway Route

1. Start out going **east** on 167th St toward Crawford Ave.

Then 0.41 miles — 0.41 total mile

2. Turn **right** onto Crawford Ave.

Crawford Ave is 0.2 miles past Kilbourne Ave.

If you are on W 167th St and reach Briargate Dr you've gone about 0.1 miles too far.

Then 4.02 miles — 4.43 total mile

3. Turn **left** onto Vollmer Rd.

If you are on Crawford Ave and reach Traditions Dr you've gone about 0.1 miles too far.

Then 0.93 miles — 5.37 total mile

4. 3322 VOLLMER RD.

Your destination is 0.1 miles past Governors Hwy.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

22 MIN | 11.7 MI

Trip time based on traffic conditions as of 3:15 PM on May 17, 2016. Current Traffic: Moderate

Fresenius S. Holland, Highway Route

1. Start out going **north** on Paxton Ave toward E 172nd St.

Then 0.25 miles — 0.25 total mile

2. Turn **right** onto E 170th St.

E 170th St is just past E 170th Pl.

If you reach E 169th Pl you've gone a little too far.

Then 0.50 miles — 0.75 total mile

3. Take the 3rd **right** onto Torrence Ave/US-6 E/IL-83.

Torrence Ave is 0.1 miles past River Pl.

If you reach Oak Ave you've gone about 0.1 miles too far.

Then 0.52 miles — 1.27 total mile

4. Merge onto I-94 W.

Then 0.66 miles — 1.93 total mile

5. Merge onto I-80 W/I-294 N/Tri State Tollway N via the exit on the **left** (Portions toll).

Then 3.01 miles — 4.94 total mile

6. Merge onto Halsted St/IL-1 N.

Then 0.57 miles — 5.51 total mile

7. Turn **left** onto 171st St.

If you reach E 168th Pl you've gone a little too far.

Then 1.41 miles — 6.92 total mile

103

YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

20 MIN | 8.7 MI

Trip time based on traffic conditions as of 3:16 PM on May 17, 2016. Current Traffic: Heavy

DaVita South Holland, Highway Route

1. Start out going **south** on S Park Ave toward E 161st Pl.

Then 0.08 miles — 0.08 total mile:

2. Take the 2nd **right** onto E 162nd St/US-6 W. Continue to follow US-6 W.

Then 2.12 miles — 2.19 total mile:

3. Turn **left** onto Park Ave.

Then 1.62 miles — 3.82 total mile:

4. Turn **right** onto 171st St.

Then 0.05 miles — 3.86 total mile:

5. Turn **left** onto Wood St.

Then 0.58 miles — 4.44 total mile:

6. Wood St becomes 175th St.

Then 0.75 miles — 5.19 total mile:

7. Turn **left** onto Governors Hwy.

Then 3.26 miles — 8.45 total mile:

8. Turn **left** onto Vollmer Rd.

Then 0.20 miles — 8.65 total mile:

104

9. 3322 VOLLMER RD.

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105

YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

19 MIN | 10.2 MI

Trip time based on traffic conditions as of 3:15 PM on May 17, 2016. Current Traffic: Moderate

DaVita Tinley Park, Highway Route

1. Start out going **north** on 80th Ave toward 167th St.		
Then 0.10 miles		0.10 total miles
2. Take the 1st **right** onto 167th St.		
Then 1.06 miles		1.15 total miles
3. Turn **right** onto S Harlem Ave/IL-43.		
Then 4.14 miles		5.29 total miles
4. Turn **left** onto W Vollmer Rd.		
Then 4.93 miles		10.22 total miles
5. 3322 VOLLMER RD.		

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YOUR TRIP TO:

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

15 MIN | 8.3 MI

Trip time based on traffic conditions as of 3:14 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Oak Forest, Highway Route

1. Start out going **west** on 159th St/US-6 W.	
Then 0.05 miles	0.05 total miles
2. Make a **U-turn** onto 159th St/US-6 E.	
Then 1.07 miles	1.13 total miles
3. Turn **right** onto Cicero Ave/IL-50.	
Then 5.22 miles	6.34 total miles
4. Turn **left** onto Vollmer Rd.	
Then 1.94 miles	8.28 total miles
5. 3322 VOLLMER RD.	

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

15 MIN | 8.4 MI

Trip time based on traffic conditions as of 3:12 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Mokena, Highway Route

1. Start out going **east** on W 192nd St toward 88th Ave.

Then 0.11 miles — 0.11 total mile:

2. Turn **left** onto 88th Ave.

Then 0.18 miles — 0.30 total mile:

3. Take the 1st **right** onto W 191st St/County Hwy-84.

Then 2.02 miles — 2.31 total mile:

4. Turn **right** onto IL-43/S Harlem Ave.

Then 1.11 miles — 3.42 total mile:

5. Turn **left** onto W Vollmer Rd.

Then 4.93 miles — 8.35 total mile:

6. 3322 VOLLMER RD.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

19 MIN | 9.2 MI

Trip time based on traffic conditions as of 3:20 PM on May 17, 2016. Current Traffic: Moderate

Concerto, Highway Route

1. Start out going **north** on Cicero Ave/IL-50/IL-83 toward 143rd St.

Then 0.00 miles — 0.00 total mile

2. Make a **U-turn** at 143rd St onto Cicero Ave/IL-50.

If you reach 142nd St you've gone about 0.1 miles too far.

Then 7.25 miles — 7.26 total mile

3. Turn **left** onto Vollmer Rd.

If you reach Matteson Ave you've gone about 0.1 miles too far.

Then 1.94 miles — 9.19 total mile

4. 3322 VOLLMER RD.

Your destination is 0.1 miles past Governors Hwy.

If you reach Kedzie Ave you've gone a little too far.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

22 MIN | 12.2 MI

Trip time based on traffic conditions as of 3:10 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Alsip, Highway Route

1. Start out going **south** on S Cicero Ave/IL-50 toward W 123rd St.	
Then 0.58 miles	0.58 total miles
2. Turn **left** onto W 127th St.	
Then 0.26 miles	0.83 total miles
3. Merge onto I-294 S/Tri State Tollway S toward **Indiana** (Portions toll).	
Then 4.94 miles	5.77 total miles
4. Merge onto W 159th St/US-6 W.	
Then 1.10 miles	6.87 total miles
5. Turn **left** onto Kedzie Ave.	
Then 4.48 miles	11.35 total miles
6. Turn **slight right** onto Governors Hwy.	
Then 0.62 miles	11.97 total miles
7. Turn **left** onto Vollmer Rd.	
Then 0.20 miles	12.16 total miles
8. 3322 VOLLMER RD.	

110

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

20 MIN | 10.7 MI

Trip time based on traffic conditions as of 3:09 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Crestwood, Highway Route

1. Start out going **southeast** on Cal Sag Rd/IL-83 toward Cicero Ave/IL-50.

   Then 0.11 miles — 0.11 total mile:

2. Take the 1st **right** onto Cicero Ave/IL-50/IL-83. Continue to follow Cicero Ave/IL-50.

   Then 8.67 miles — 8.78 total mile:

3. Turn **left** onto Vollmer Rd.

   Then 1.94 miles — 10.71 total mile:

4. 3322 VOLLMER RD.

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111

YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

25 MIN | 17.7 MI

Trip time based on traffic conditions as of 3:08 PM on May 17, 2016. Current Traffic: Moderate

Fresenius Roseland, Highway Route

1. Start out going **west** on W 111th Pl toward S Wentworth Ave.

Then 0.07 miles — 0.07 total miles

2. Take the 1st **right** onto S Wentworth Ave.

Then 0.06 miles — 0.14 total miles

3. Turn **left** onto W 111th St.

Then 1.70 miles — 1.84 total miles

4. Turn **left** onto S Marshfield Ave.

Then 0.24 miles — 2.07 total miles

5. Merge onto I-57 S via the ramp on the **left**.

Then 12.85 miles — 14.92 total miles

6. Take the **Vollmer Rd E** exit, EXIT 342A.

Then 0.31 miles — 15.24 total miles

7. Merge onto Vollmer Rd.

Then 2.47 miles — 17.70 total miles

8. 3322 VOLLMER RD.

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

24 MIN | 10.9 MI

Trip time based on traffic conditions as of 3:07 PM on May 17, 2016. Current Traffic: Heavy

Merrionette Park, Highway Route

1. Start out going **south** on S Kedzie Ave toward W Park Lane Dr.

   Then 10.06 miles — 10.06 total mile:

2. Turn **slight right** onto Governors Hwy.

   Then 0.62 miles — 10.67 total mile:

3. Turn **left** onto Vollmer Rd.

   Then 0.20 miles — 10.87 total mile:

4. 3322 VOLLMER RD.

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YOUR TRIP TO:

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

29 MIN | 23.1 MI

Trip time based on traffic conditions as of 3:05 PM on May 17, 2016. Current Traffic: Light

Fresenius South Deering, Highway Route

1. Start out going **north** on S Torrence Ave toward E 105th St.		
Then 0.34 miles		0.34 total miles
2. Turn **left** onto E 103rd St.		
Then 1.14 miles		1.49 total miles
3. Merge onto I-94 W toward **Chicago Loop**.		
Then 2.03 miles		3.51 total miles
4. Merge onto I-57 S via EXIT 63 on the **left** toward **Memphis**.		
Then 16.77 miles		20.28 total miles
5. Take the **Vollmer Rd E** exit, EXIT 342A.		
Then 0.31 miles		20.60 total miles
6. Merge onto Vollmer Rd.		
Then 2.47 miles		23.06 total miles
7. 3322 VOLLMER RD.		

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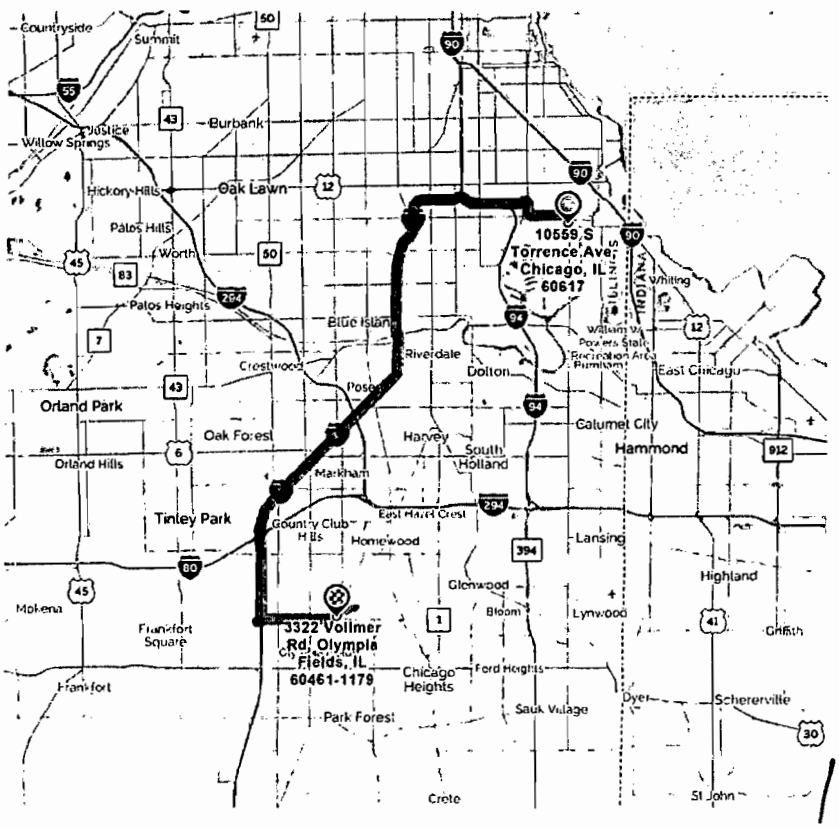

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YOUR TRIP TO:

mapquest

3322 Vollmer Rd, Olympia Fields, IL 60461-1179

28 MIN | 22.6 MI

Trip time based on traffic conditions as of 3:06 PM on May 17, 2016. Current Traffic: Light

DaVita Stony Island, Highway Route

1. Start out going **north** on S Stony Island Ave toward E 87th St.

Then 0.04 miles — 0.04 total miles

2. Make a **U-turn** at E 87th St onto S Stony Island Ave.

Then 1.31 miles — 1.35 total miles

3. Merge onto I-94 W.

Then 1.72 miles — 3.07 total miles

4. Merge onto I-57 S via EXIT 63 on the **left** toward **Memphis**.

Then 16.77 miles — 19.84 total miles

5. Take the **Vollmer Rd E** exit, EXIT 342A.

Then 0.31 miles — 20.15 total miles

6. Merge onto Vollmer Rd.

Then 2.47 miles — 22.61 total miles

7. 3322 VOLLMER RD.

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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	22-25
2	Site Ownership	26-30
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