ORIGINAL

16-023

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
MAY 27 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Irving Park Dialysis
Street Address: 4343 North Elston Avenue
City and Zip Code: Chicago, Illinois 60641
County: Cook Health Service Area: 6 Health Planning Area: 6

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

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

Type of Ownership of Applicant/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.

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

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name: Tim Tincknell
Title: Administrator
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13th Street, Suite 3 Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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

Name: Brent Habitz
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13th Street, Suite 3 Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: brent.habitz@davita.com
Fax Number: 855-237-5324

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Irving Park Dialysis
Street Address: 4343 North Elston Avenue
City and Zip Code: Chicago, Illinois 60641
County: Cook Health Service Area: 6 Health Planning Area: 6

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

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

Type of Ownership of Applicant/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.

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

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name: Tim Tincknell
Title: Administrator
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13th Street, Suite 3 Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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

Name: Brent Habitz
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13th Street, Suite 3 Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: brent.habitz@davita.com
Fax Number: 855-237-5324

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Clark Street Real Estate, LLC
Address of Site Owner: 980 North Michigan Avenue, Suite 1280, Chicago, Illinois 60611
Street Address or Legal Description of Site: 4343 North Elston Avenue, Chicago, Illinois 60641

PROPERTY DESCRIPTION:

LOTS 13 TO 27, BOTH INCLUSIVE IN BLOCK 1 IN WALKER'S SUBDIVISION OF BLOCKS 1 TO 31, BOTH INCLUSIVE IN W.B. WALKERS ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13 EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.
AND
LOT 1 IN THE RESUBDIVISION OF LOT 28 IN BLOCK 1 IN THE SUBDIVISION OF BLOCKS 1 TO 31 BOTH INCLUSIVE, IN W.B. WALKERS ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS ALSO TRIANGULAR PIECE OF GROUND FORMERLY STREET VACATED BY CITY COUNCIL ON MARCH 16, 1908, ALL IN COOK COUNTY ILLINOIS.
AND
THAT PART OF THE EAST-WEST ALLEY PUBLIC ALLEY LYING SOUTH OF THE SOUTH LINE OF LOT 18; LYING NORTH AND NORTHEASTERLY OF THE NORTH AND NORTHEASTERLY LINES OF LOTS 19, 20 AND 21; AND LYING WEST OF THE EAST LINE OF LOT 18 PRODUCED SOUTH TO THE NORTHEASTERLY LINE OF SAID LOT 21; AND LYING EAST OF A LINE DRAWN FROM THE SOUTHWEST CORNER OF LOT 18 TO THE NORTHWEST CORNER OF LOT 19 ALL IN BLOCK 1 IN THE SUBDIVISION OF BLOCKS 1 TO 31, BOTH INCLUSIVE OF W.B. WALKER'S ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13 EAST, OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED MARCH 1, 1979 AND RECORDED JUNE 18, 1979 AS DOCUMENT NUMBER 25007955, IN COOK COUNTY ILLINOIS.
SURVEYOR'S NOTE: NO LEGAL DESCRIPTION WAS PROVIDED TO SURVEYOR.

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: Total Renal Care Inc.
Address: 2000 16th Street, Denver, CO 80202

☐ 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.

DaVita HealthCare Partners Inc. and Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 4343 North Elston Avenue, Chicago, Illinois 60641. The proposed dialysis facility will include a total of 6,950 contiguous rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	$1,207,231		$1,207,231
Modernization Contracts			
Contingencies	$110,000		$110,000
Architectural/Engineering Fees	$106,450		$106,450
Consulting and Other Fees	$55,000		$55,000
Movable or Other Equipment (not in construction contracts)	$516,377		$516,377
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$2,242,647		$2,242,647
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$4,237,705**		**$4,237,705**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**CLINICAL**
Cash and Securities	$1,995,058		$1,995,058
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$2,242,647		$2,242,647
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$4,237,705**		**$4,237,705**

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 $ **1,708,587**.

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): August 31, 2018

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

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita HealthCare Partners Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Arturo Sida	Javier J. Rodriguez
PRINTED NAME	PRINTED NAME
Assistant Corporate Secretary	Chief Executive Officer – Kidney Care
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 16 day of March
Signature of Notary	Signature of Notary
Seal See Attached	Seal Michelle Bernard Notary Public State of Colorado Notary ID 20054036434 My Commission Expires December 31, 2017

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification re CON Application (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Total Renal Care, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Arturo Sida	Javier J. Rodriguez
PRINTED NAME	PRINTED NAME
Assistant Corporate Secretary	Chief Executive Officer – Kidney Care
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 16 day of March
Signature of Notary	Signature of Notary
Seal	Seal Michelle Bernard Notary Public State of Colorado Notary ID 20054036434 My Commission Expires December 31, 2017

See Attached

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification re CON Application (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary

(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

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

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	12

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

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:**

$1,995,058	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;
_____	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.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$2,242,647 (FMV of Lease)	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.
_____	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;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$4,237,705	**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

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	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 43.

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 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

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

Delaware

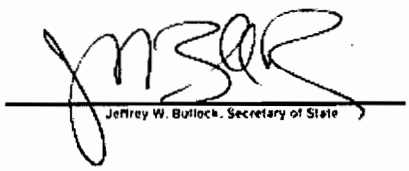
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTHCARE PARTNERS INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2391269 8300

SR# 20151041024

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

Authentication: 10475571

Date: 11-23-15

Attachment - 1

File Number 5823-002-2

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED 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* 23RD *day of* NOVEMBER *A.D.* 2015 .

Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

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

The letter of intent between Clark Street Real Estate LLC and Total Renal Care Inc. to lease the facility located at 4343 North Elston Avenue, Chicago, Illinois 60641 is attached at Attachment – 2.

Attachment - 2

DTZ Americas, Inc.
77 West Wacker Dr
Suite 1800
Chicago, IL 60601
www.dtz.com

April 19, 2016

Mr. Andy Stein
Clark Street Real Estate
980 N Michigan Ave Suite 1280
Chicago, IL 60611

RE: LOI – 4343 N Elston Ave, Chicago, IL 60641

Mr. Stein:

DTZ Americas, Inc. has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 500 company with 2,183 outpatient dialysis centers across the US and revenues of approximately $12 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	To be constructed building on approximately 32,670 sf at 4343 N Elston Ave, Chicago, IL 60641 *Please verify address of premises or provide a legal site description*
TENANT:	Total Renal Care, Inc.
GUARANTY:	DaVita Healthcare Partners, Inc.
LANDLORD:	*A special purpose entity that will be controlled by Clark Street Real Estate LLC*
SPACE REQUIREMENTS:	Requirement is for approximately 6,950 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards.
PRIMARY TERM:	15 years
BASE RENT:	$35.00 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options so long as Tenant is not in default of lease
ADDITIONAL EXPENSES:	It is the intention of the Landlord that this Lease is "absolute NNN" and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBBI. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant. P

LEASE FORM:

Tenant's standard lease form that will conform to the Logan Square lease as a starting point for negotiations.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

The current zoning designation is B1-1 and the proposed use is permitted under this designation.

PARKING:

Tenant requested dedicated parking: four (4) stalls per 1,000 rsf and four (4) handicapped stalls or such greater number as is required by applicable law or regulation. Location of parking stalls subject to architect and project manager approvalTo be determined upon final agreement of site plan.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires

property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and pylon signage at the Premises at Tenant's cost, subject to compliance with all applicable laws and regulations

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a three mile radius of Premise.

HVAC: As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B or provide an HVAC allowance.

DELIVERIES: To be determined

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services

Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to six (6) months from the latter of an executed LOI. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within six (6) months from the latter of an executed LOI date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes DTZ Americas, Inc. as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over initial10 year period, 50% shall be due upon receipt of a fully executed lease and 50% payable upon Tenant opening for business and providing copies of all final lien waviers...

PLANS: See preliminary site plan.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

In the event the Landlord is not successful in obtaining all necessary approvals including, but not limited to, zoning and use, the Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operations
DaVita Team Genesis Real Estate

DTZ

SIGNATURE PAGE

LETTER OF INTENT: **Approximately 4343 N Elston Ave, Chicago, IL 60641**

AGREED TO AND ACCEPTED THIS 14th **DAY OF APRIL 2016**

By: _____

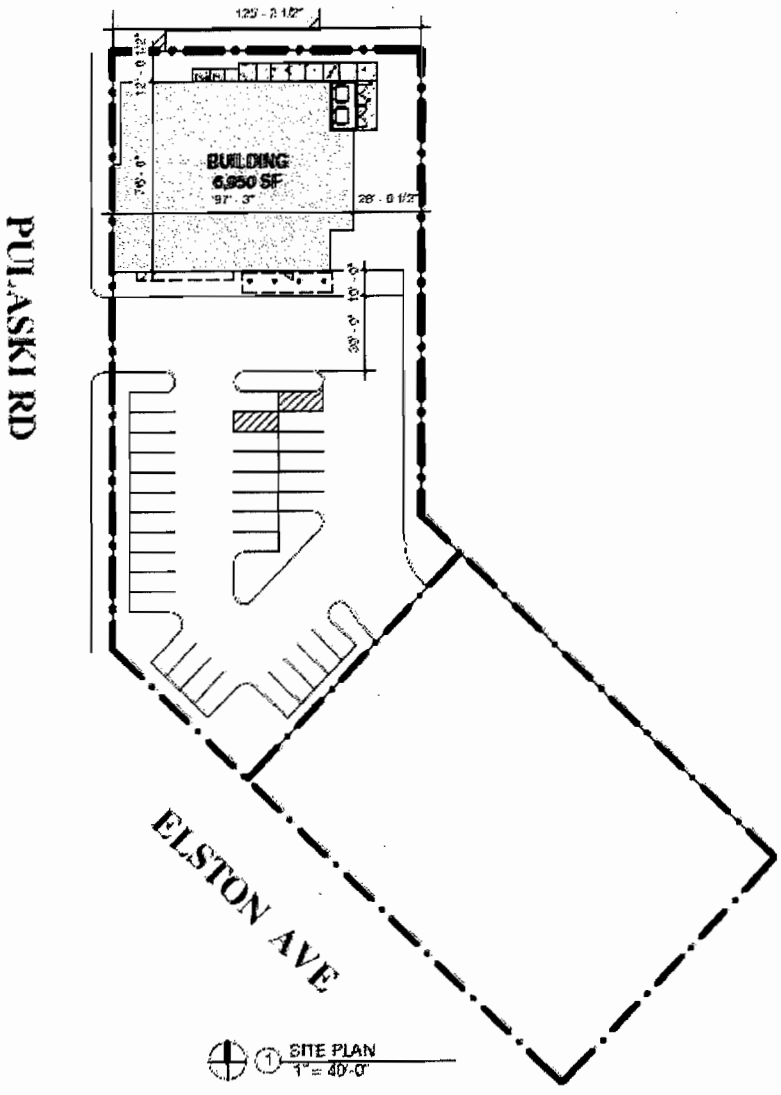
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita Healthcare Partners, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 19 **DAY OF APRIL 2016**

By: _____

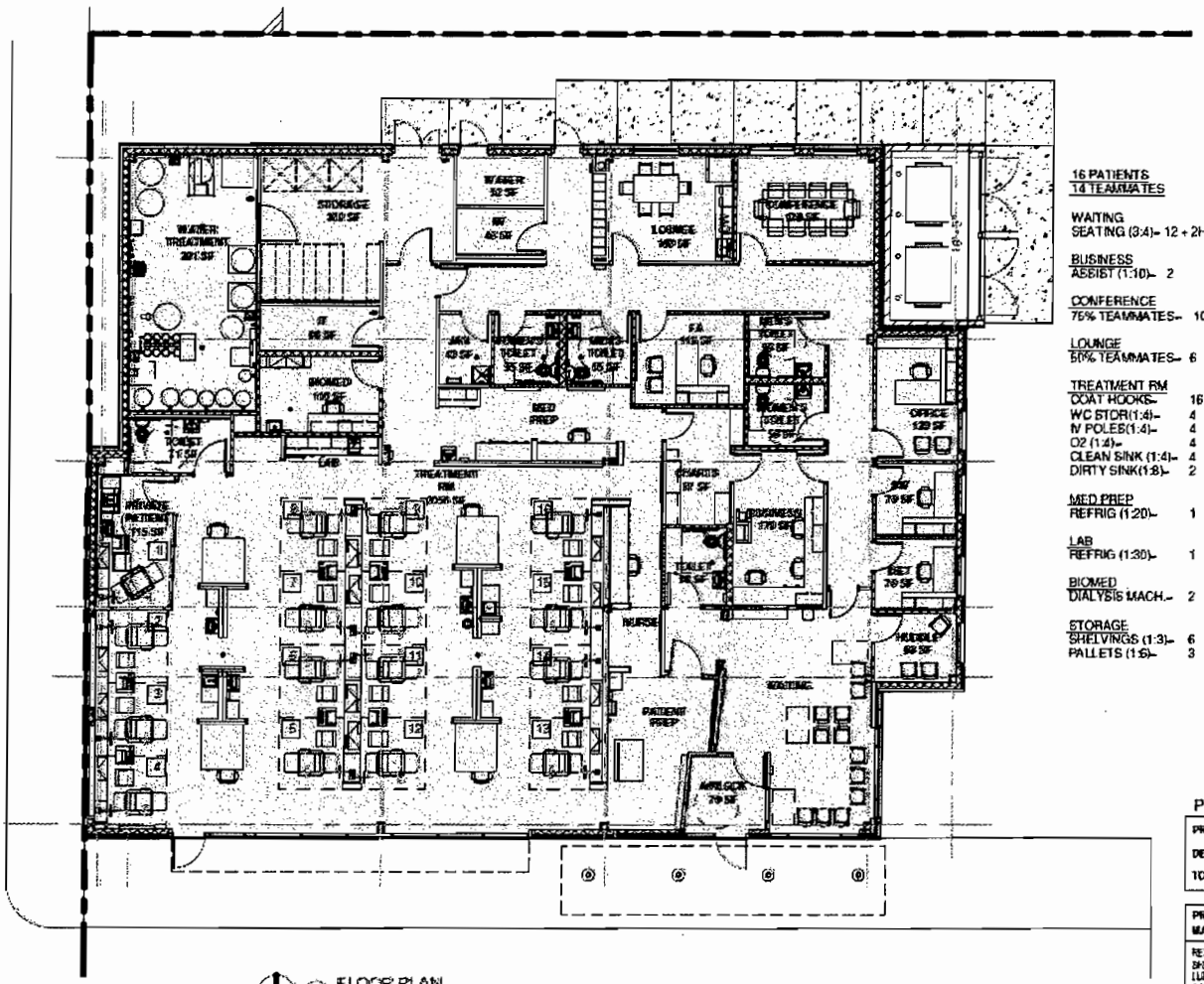
CLARK STREET REAL ESTATE LLC
("Landlord")

PRELIMINARY SITE PLAN SUBJECT TO CHANGE



DTZ

PRELIMINARY FLOOR PLAN SUBJECT TO CHANGE



1 FLOOR PLAN
3/32" = 1'-0"

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

DaVita.

OPTION 1 FOR NEW BUILDING
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 1 1.2 in California and other select States – see end of document for changes to that section)

At a minimum, the Landlord shall provide the following Base Building and Site Development Improvements to meet Tenant's Building and Site Development specifications at Landlord's sole cost:

All MBBI work completed by the Landlord will need to be coordinated and approved by the Tenant and their Consultants prior to any work being completed, including shop drawings and submittal reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) and Site Development are to be performed in accordance with all current local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes, State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer and must be coordinated with the Tenant Improvement plans and specifications.

Building design will follow DaVita Shell prototype design package – see attached exhibit. (Please send)

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic.. Landlord to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

Tenant will have access and use of all common areas i.e. Lobbies Hallways, Corridors, Restrooms, Stairwells, Utility Rooms, Roof Access, Emergency Access Points and Elevators. All common areas must be code and ADA compliant for Life Safety per current federal, state and local code requirements.

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Landlord's engineer to accommodate site-specific

Climate and soil conditions and recommendations per Landlord's soil engineering and exploration report (To be reviewed and approved by Tenant's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum of four-inch (4")) thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over a vapor barrier and granular fill per Landlord's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Landlord. Under slab plumbing shall be installed by Tenant's General Contractor in coordination with Landlord's General Contractor, inspected by municipality and Tenant for approval prior to pouring the building slab. All utility trenches installed by Lesse's general contractor to be backfilled and compacted using approved granular material to the specifications of the Lessor's testing consultant.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Coordinate column spacing and locations with Tenant's Architect. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by code requirements. If no fire rating is required, interior of walls shall be left as exposed and until Tenants completes any and all work with-in walls on the interior side of the exterior walls. Landlord shall be responsible for interior metal stud furring/framing, mold- and

moisture-resistant glass mat board, mold- and moisture-resistant gypsum board, taping and finishing on the interior side of all exterior walls.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide Tenant copy of material and labor roof warranty for record.

9.0 – Parapet

Landlord to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Façade design is subject to the review and approval of the municipality. Landlord to provide specifications for building façade for Tenant review and approval. All wall system to be signed off by a Landlord's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

Minimum 3-inch drainable exterior insulating fenestration system (EIFS) on water-vapor barrier on ¾-inch thick glass matt sheathing, AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier, system on 6" 16- or 18-ga metal stud framing

Or

Minimum 3-inch drainable exterior insulating fenestration system (EIFS), AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier system, on water-vapor barrier on 8-inch or 12-inch thick concrete masonry wall construction with 3½-inch 20-ga metal stud furring.

Or if required by local municipality

Brick or split face block Veneer on engineered 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8"exterior grade gypsum board or Dens-Glass Sheathing.

11.0 - Canopy

Canopy design per DaVita Shell Prototype, please provide. Approximate size to be based on building and site plan. Canopy to accommodate patient arrival with a level grade with barrier-free transition to the finish floor elevation. Controlled storm water drainage requirements of gutters with scuppers and/or downspouts drainage to landscape areas or connected to site storm sewer system as required or properly

discharged away from the building, sidewalks, and pavement. Steel bollards at column locations where needed.

12.0 – Waterproofing and Weatherproofing

Landlord shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Landlord shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

13.0 - Windows

Landlord to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated low –E glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Tenant's architectural floor plan and shall be coordinate with Landlord's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet all barrier-free requirements including but not limited to American Disability Act (ADA), and State Department of Health requirements. Landlord shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Tenant with a minimum of three (3) sets of keys. Final location of doors to be determined by Tenant architectural floor plan and shall be coordinate with Tenant's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Landlord:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, push button programmable lock, power assist opener, continuous hinge and lock mechanism.

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset,

- Teammate Entry Doors: Provide a minimum 36-inch wide, 20-ga, insulated, hollow metal door and thermally-broken, welded, 20-ga hollow-metal frame (both finished with rust-inhibiting paint) with

programmable keypad lockset, heavy-duty hinges, aluminum threshold, surface closer, and concealed-overhead stop.

- Emergency Egress Doors: Provide minimum 36" wide door with 20 gauge insulated hollow metal door both painted with rust-inhibiting paint,/OR (where indicated by Lessee's Architect) a minimum 42-inch wide aluminum/glass door and aluminum storefront frame, with exit-only panic bar locking hardware, hinges, surface-closer and concealed-overhead stop.

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant. Landlord is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Tenant's Architect.

17.0 - Plumbing

Landlord to provide a segregated/dedicated potable water supply line that will be sized by Tenant's Engineer based on Tenant's water requirements (not tied-in to any other Tenant spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventers arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Tenant space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Landlord to provide Tenant with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Landlord shall perform water flow and pressure test prior to lease execution. Landlord shall stub the dedicated water line into the Tenant lease space per location coordinated by Tenant.
Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Tenant.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Landlord if required by local municipality.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System

A Sprinkler System will be installed if required by AHJ or if required by Tenant. Any single story standalone building or building that could expand to greater than 10,000SF will require a sprinkler system. Landlord shall design and install a complete turnkey sprinkler system that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a

dedicated water line independent of Tenant's potable water line requirements, or as required by local municipality or water provider. Landlord shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per Code and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC. Tenant's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board.

Landlord will provide up to 5 sub panels that can accommodate up to 42 circuits based on the Electrical Engineers design.

If Tenant so chooses to require an Emergency Transfer Switch hook-up for a temporary generator, Landlord will provide one at Landlord costs per Tenants Electrical design.

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. . Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be run to HVAC units and HWH'sper design drawings. Clinic shall be individually metered and sized per demand by Engineer. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Landlord to be responsible for all costs for the HVAC system based on the below criteria.

Tenant will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenant's design criteria and local and state codes.

Landlord to furnish steel framing members, roof curbs and flashing to support Tenant exhaust fans (minimum of 4) to be located by Tenant's architect.

22.0 - Telephone

Landlord shall provide a single 2" PVC underground conduit entrance into Tenant's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Tenant.

23.0 - Cable TV

Landlord shall provide a single 2" PVC underground conduit entrance into Tenant utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Tenant. Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Tenant's architectural plan in conjunction with Landlord's civil engineering and grading plans. If required, Landlord to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be toweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Landlord shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign and emergency lights with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Landlord to provide Tenant with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Tenant Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Tenant signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;

- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Landlord so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based on Tenant's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

Landlord to allow a generator to be installed onsite if required by code or Tenant chooses to provide one at Tenants costs.

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell.

30.0 - Exterior Building Lighting

Landlord to provide adequate lighting and power per code and to illuminate the building main, exit and service entrance, landings and related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete curbs or parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.
Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

32.0 - Site Signage

Landlord will allow at Tenant's cost to install illuminated monument/pylon site sign as well as a facade mounted sign which will include electrical to both Final sign layout to be provided and approved by Landlord and City.

EXHIBIT C

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 4343 N Elston Ave, Chicago, IL 60641

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

____ Yes ____x__ No

(ii) the immediate family member of an individual involved in the healthcare business, or

____ Yes ____x____ No

(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

____ Yes ____x___ No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

____ Yes ____x____ No

_____Clark Street Real Estate_____
(Please add landlord or entity name)

By: _____Andy Stein_____

Print: _____Andy Stein_____

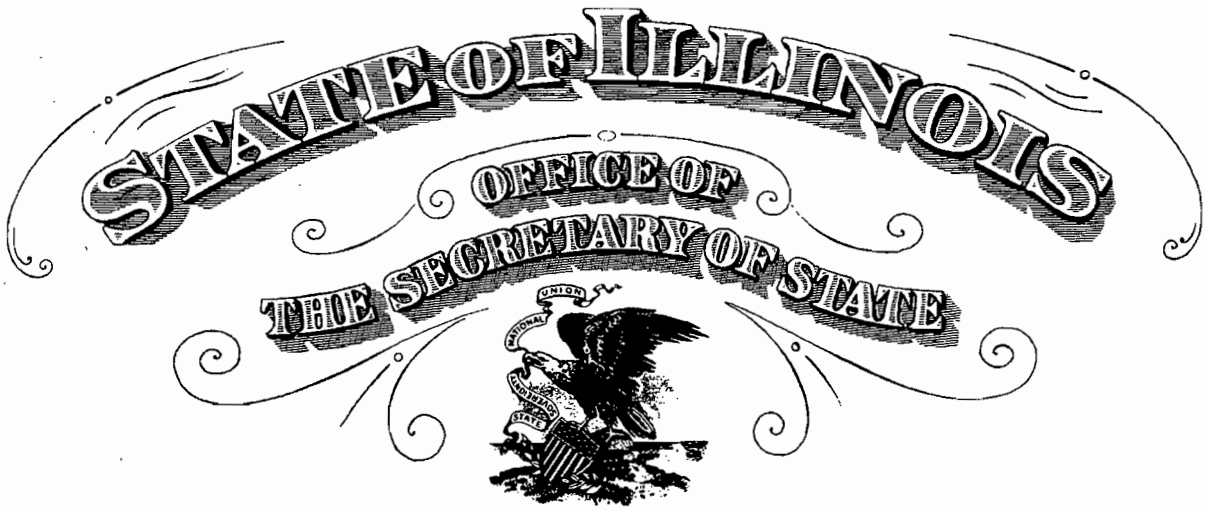
Its: _____Member_____

Date: _____4/18/16_____

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

The Illinois Certificate of Good Standing for Total Renal Care Inc. is attached at Attachment – 3. There are no individual persons with a five percent or greater ownership in Irving Park Dialysis.

File Number 5823-002-2



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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED 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* 23RD *day of* NOVEMBER *A.D.* 2015 .

Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 3

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

The organizational chart for DaVita HealthCare Partners Inc., Total Renal Care Inc., and Irving Park Dialysis is attached at Attachment – 4.

Attachment - 4

Irving Park Dialysis Organizational Chart

Attachment - 4

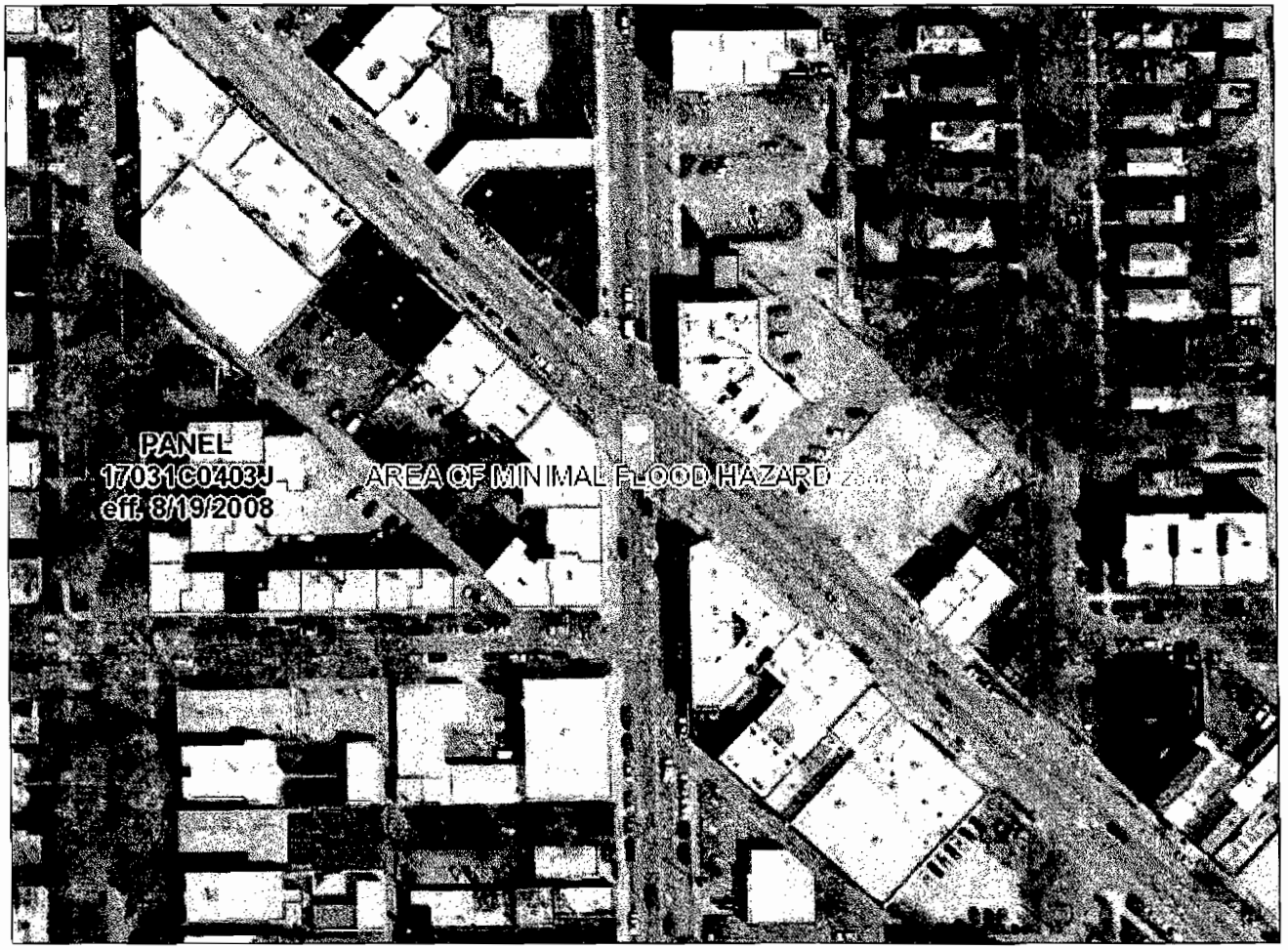
Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 4343 North Elston Avenue, Chicago, Illinois 60641. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.

Please note: As the facility will be a ground-up build, the address provided from Real Estate changed from 4316 North Pulaski Road, Chicago, Illinois 60641 to 4343 North Elston Avenue, Chicago, Illinois 60641. The 2 addresses refer to the same property that is defined in the legal description. (See Appendix-2.)

FEMA's National Flood Hazard Layer (Official)

Data from Flood Insurance Rate Maps (FIRMs) where available digitally. Try http://bit.ly/1bPpUjq (Unofficial) if this map is down



National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | scott.mcafee@fema.dhs.gov

// Make spelling changes

DFIRMs	Outreach	Services	MT-2 LOMR

Cook County Map Panels

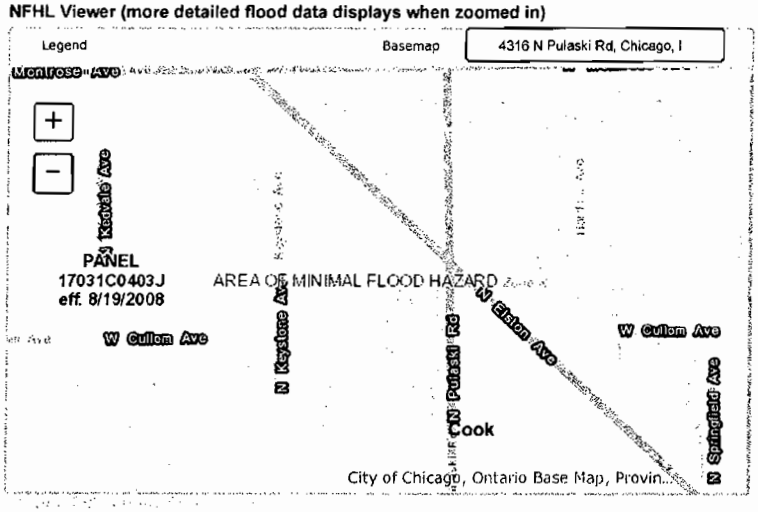
Effective Flood Insurance Rate Maps for Cook County may be viewed and/or downloaded at the

Flood Risk Review Meeting

... even more!

Below are links to resources pertaining to Cook County

NFHL Viewer (more detailed flood data displays when zoomed in)



What is a DFIRM?

The DFIRM Database is a digital version of the FEMA flood insurance rate map that is designed for use with digital mapping and analysis software.

A sample DFIRM showing areas of greater flood risk in blue

The DFIRM is designed to provide the user with the ability to determine the flood zone, base flood elevation and the floodway status for a particular location. It also has NFIP community information, map panel information, cross section and hydraulic structure information, and base map information like road, stream, and public land survey data.

© 2015 • University of Illinois Board of Trustees; Email the with questions and comments.

Attachment - 5

FEMA
(//www.fema.gov/)

FEMA Flood Map Service Center : Search By Address

Navigation

Search

Languages

MSC Home (/portal/)

MSC Search by Address (/portal/search)

MSC Search All Products (/portal/advanceSearch)

MSC Products and Tools (/portal/resources/productsandtools)

Hazus (/portal/resources/hazus)

LOMC Batch Files (/portal/resources/lomc)

Product Availability (/portal/productAvailability)

MSC Frequently Asked Questions (FAQs) (/portal/resources/faq)

MSC Email Subscriptions (/portal/subscriptionHome)

Contact MSC Help (/portal/resources/contact)

Enter an address, place, or coordinates:

4316 N Pulaski Rd, Chicago, IL 60641 Search

The buttons below let you view and print the selected flood map, download the flood map image, open an interactive flood map (if available), or expand the search to all products to view effective, preliminary, pending, or historic maps, and risk products for the community. The locator map shows flood map boundaries in your area of interest. You can choose a new flood map by clicking elsewhere on the locator map or entering a new location in the search box.

Search Results—Products for **CHICAGO, CITY OF**

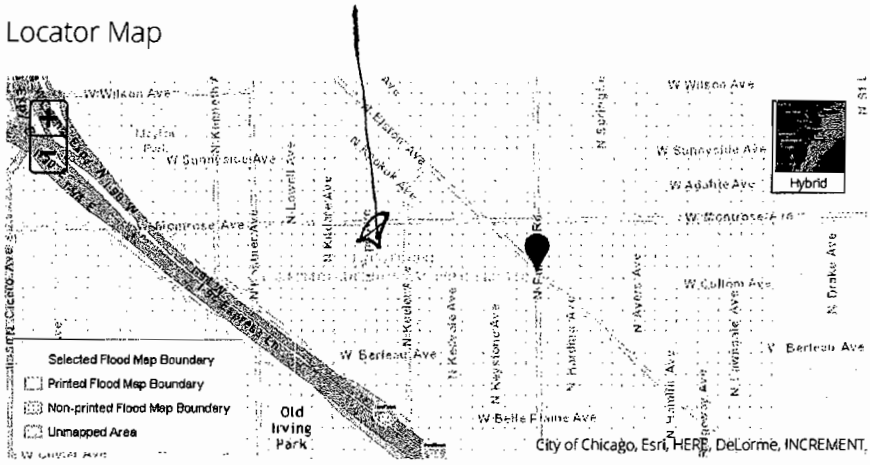
There is no flood map printed for the selected location. A digital version of the map panel for the selected location in the National Flood Hazard Layer (NFHL) can be viewed by clicking the "Interactive Map" icon below. Here you can track the status of effective Letters of Map Revision (LOMR) and Amendment (LOMA), and search details regarding individual map panels. You can view or download the FIRM Panel Index by selecting the "Show all products for this area" link at the bottom of this section.

(http://fema.maps.arcgis.com/home/webmap=cbe088e7c8704464aa0fc34el

Show all prod this a (https v/portal/availab addc 700748&communit CITY OF#searchresultsanchor)

17031C0403J

Locator Map



Share This Page.

Attachment - 5

Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.

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

Illinois Historic Preservation Agency

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

FAX 217/524-7525
www.illinoishistory.gov

Cook County
Chicago
4343 North Elston Avenue
Section:14-Township:40N-Range:13E
IHFSRB
New construction, 12-station dialysis facility

PLEASE REFER TO: IHPA LOG #004030316

March 25, 2016

Timothy Tincknell
DaVita Healthcare Partners, Inc.
1600 W. 13th St., Suite 3
Chicago, IL 60608

Dear Mr. Tincknell:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

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

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts	$1,207,231		$1,207,231
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	$110,000		$110,000
Architectural/Engineering Fees	$106,450		$106,450
Consulting and Other Fees	$55,000		$55,000
Moveable and Other Equipment			
Communications	$81,850		$81,850
Water Treatment	$141,675		$141,675
Bio-Medical Equipment	$8,885		$8,885
Clinical Equipment	$194,945		$194,945
Clinical Furniture/Fixtures	$18,030		$18,030
Lounge Furniture/Fixtures	$3,065		$3,065
Storage Furniture/Fixtures	$5,862		$5,862
Business Office Fixtures	$26,065		$26,065
General Furniture/Fixtures	$26,000		$26,000
Signage	$10,000		$10,000
Total Moveable and Other Equipment	$516,377		$516,377
Fair Market Value of Leased Space	$2,242,647		$2,242,647
Total Project Costs	**$4,237,705**		**$4,237,705**

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

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

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of project obligation being contingent upon permit issuance.

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

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	$4,237,705		6,950	6,950			
Total Clinical	**$4,237,705**		**6,950**	**6,950**			
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	**$4,237,705**		**6,950**	**6,950**			

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
13-070	Belvidere Dialysis	Establishment	9/30/2016
14-020	Chicago Ridge Dialysis	Establishment	4/30/2016
14-042	Tinley Park Dialysis	Establishment	10/31/2016
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-004	Machesney Park Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-033	Lincoln Park Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-016	Jerseyville Dialysis	Expansion	6/30/2017

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Irving Park Dialysis, a 12-station in-center hemodialysis facility to be located at 4343 North Elston Avenue, Chicago, Illinois 60641.

DaVita HealthCare Partners Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2015 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach is attached hereto as Attachment – 11A.

Based upon January 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the third straight year. Nationwide, only 1.4 percent of DaVita centers did not meet QIP standards, significantly outperforming other large dialysis providers. Further, DaVita ranked first in four clinical measures in the end stage renal disease ("ESRD") QIP program. QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed as the nation's first pay-for-performance quality incentive program.

On October 8, 2015, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the second year in a row, DaVita outperformed its competitors. As referenced in the report, DaVita led the industry in quality. Of the 586 dialysis facilities awarded five stars, DaVita owned 202 (or 34 percent).

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCOs are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCOs encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications.

On May 19, 2016, DaVita and Northwell Health announced a joint venture to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:

- Physician education and support
- Chronic kidney disease education
- Network of outpatient centers
- Hospital services
- Vascular access
- Integrated care
- Clinical research
- Transplant services

The joint venture will encourage more in-home treatment at centers operated by DaVita and Northwell Health. See Attachment – 11B.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on these programs was previously included in the application for Proj. No. 16-009.

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

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.[1]

- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[2]

- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).[3]

- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).[4]

- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.[5]

- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.[6]

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[7]

- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-one percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD

---

[1] US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 15 (2014).

[2] Id.

[3] Id. at 79

[4] Id.

[5] US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 160 (2013).

[6] Id.

[7] Id at 161.

nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.[8]

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.[9] Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,

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

- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid

---

[8] US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 107 (2014).

[9] Id at 4.

infection-related hospitalizations. DaVita led the industry with more than 90 percent of its dialysis patients immunized for influenza in 2015.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

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

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

DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications

to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and *Military Spouse Magazine*, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34th among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. DaVita was also named as a Civilianjobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2016, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the ninth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. See Attachment – 11C. For the fifth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. See Attachment – 11D. DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the twelfth year in a row. See Attachment – 11E. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2016 – for the ninth consecutive year and tenth year overall. See Attachment – 11F.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Platinum certification for its corporate headquarters See Attachment – 11G.. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2015, more than 550 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised $1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. DaVita Way of Giving program donated $2 million in 2015 to 1.235 locally based charities across the United States. Since 2011, DaVita teammates have donated $6.8 million to thousands of organizations through DaVita Way of Giving. DaVita teammates and their families and friends have volunteered more than 111,000 hours through 2,500 Village Service Days projects since 2006. See Attachment – 11A.

DaVita does not limit its community engagement to the U.S. alone. In 2015, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 32 international medical missions and over 50 domestic missions and CKD screening events. More than 300 DaVita volunteers supported these missions, impacting nearly 17,000 men, women and children in 15 countries.

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

2. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11H. Dialysis facilities are currently not subject to State Licensure in Illinois.

   Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11I.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11I.

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

   - North approximately 20 minutes normal travel time to Winnetka, IL.
   - Northeast approximately 30 minutes normal travel time to Loyola University Chicago (Rogers Park).
   - East approximately 20 minutes normal travel time to Lake Michigan.
   - Southeast approximately 30 minutes normal travel time to Soldier Field (Chicago).
   - South approximately 25 minutes normal travel time to Garfield Park (Chicago).
   - Southwest approximately 25 minutes normal travel time to River Grove, IL.
   - West approximately 30 minutes normal travel time to Schiller Park, IL.
   - Northwest approximately 30 minutes normal travel time to Park Ridge, IL.

3. The purpose of this project is to improve access to life sustaining dialysis to residents of the North side of Chicago and the immediately surrounding areas. As noted above, 16.0% of residents in the 60641 zip code live below the federal poverty level, compared with 14.4% of total Illinois residents. According to a recent study, individual in low income household have a 4 times higher rate of ESRD compared to individuals in more affluent households. Further, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis. With the anticipated influx of ERDS patients due to health care reform initiatives the number of patients requiring dialysis within the next couple of years is expected to increase. Accordingly, there will be insufficient capacity to accommodate all of the projected ESRD patients.

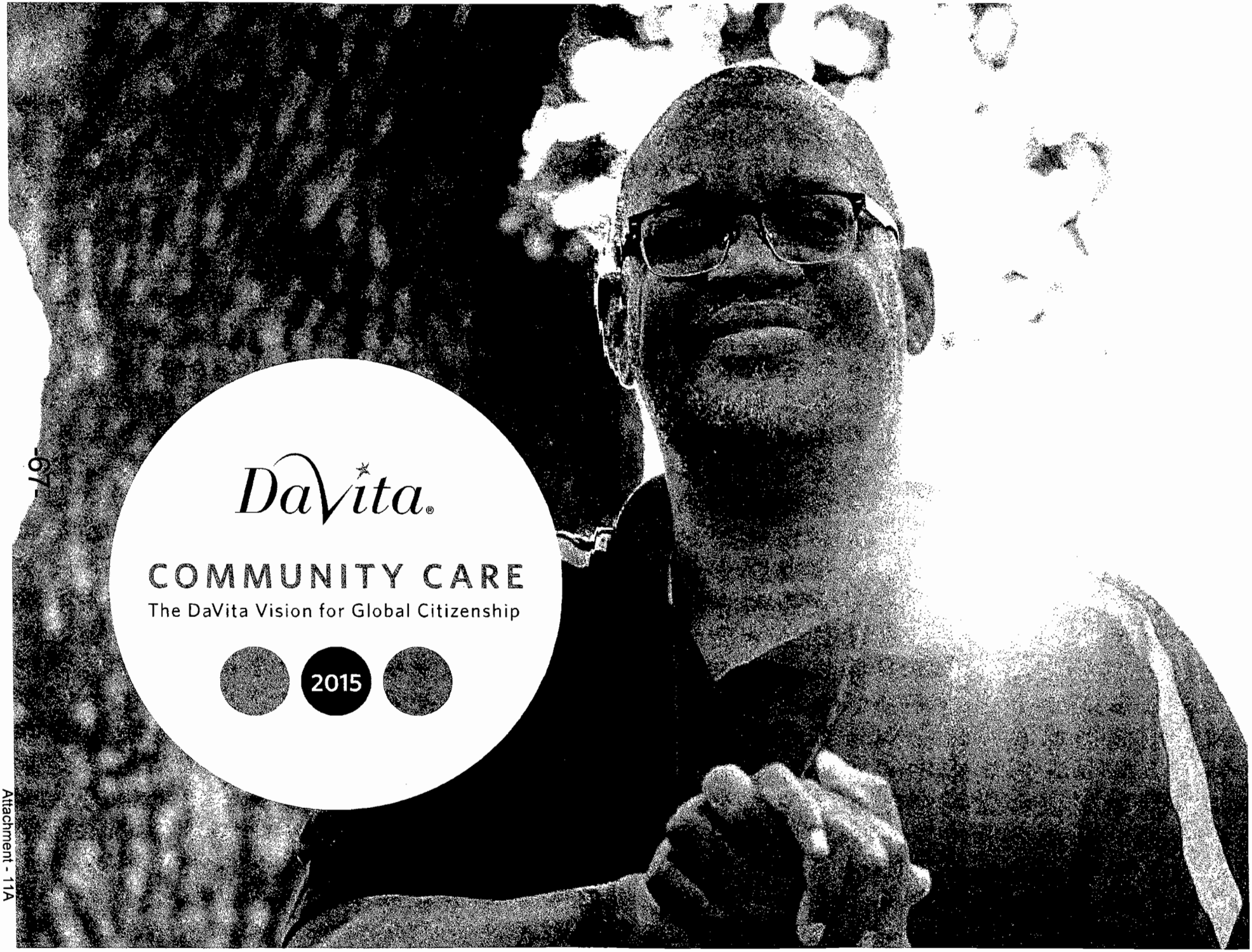
4. Source Information

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

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

5. The proposed facility will improve access to dialysis services to the residents of the North side of Chicago and the surrounding area. Given the high utilization in the GSA, the increasing size of Dr. No's patient-base, and projected influx of ESRD patients due to health care reform initiatives this facility is necessary to ensure sufficient access to dialysis services in this community.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.



Attachment - 11A

DaVita®

GROWING WITH OUR TRILOGY OF CARE

The DaVita® Village has grown to more than 64,000 teammates serving approximately 2 million patients around the world. Through the growth of DaVita Kidney Care, HealthCare Partners (a DaVita Medical Group), Paladina Health and our international kidney and health care centers, we have kept a sharp focus on our approach to healthcare—providing exceptional care for our patients; supporting the development of our teammates both at work and at home; caring for the communities in which we live and operate around the world; and utilizing sustainable environmental practices.

We define our corporate social responsibility (CSR) programs as our Trilogy of Care—Caring for Our Patients, **Caring for Each Other** and Caring for Our World. It is what makes us a community first and a company second.

Leading Industry Quality

DaVita continuously works to improve quality of care, and our standards have been recognized publicly by the federal government. For two years in a row, the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System recognized DaVita Kidney Care as a leader in quality care, with twice as many Four- and Five-Star centers than other major dialysis providers.[1] HealthCare Partners in California was also recognized for high-quality care through an elite status award from the CAPG 2015 Standards of Excellence survey.

OUR VISION

To Build the Greatest Healthcare Community the World Has Ever Seen

OUR MISSION

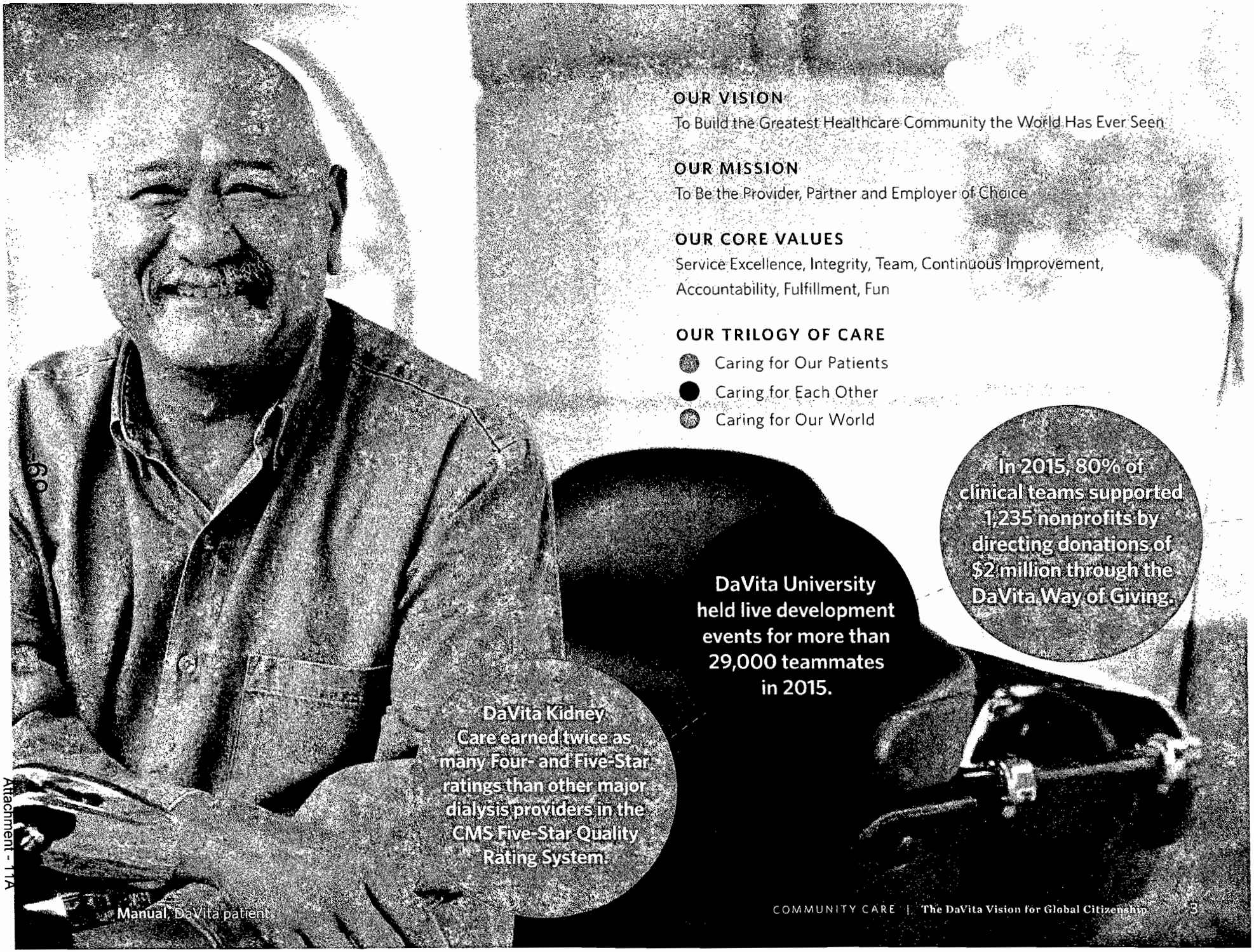
To Be the Provider, Partner and Employer of Choice

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun

OUR TRILOGY OF CARE

- Caring for Our Patients
- Caring for Each Other
- Caring for Our World



DaVita Kidney Care earned twice as many Four- and Five-Star ratings than other major dialysis providers in the CMS Five-Star Quality Rating System.

DaVita University held live development events for more than 29,000 teammates in 2015.

In 2015, 80% of clinical teams supported 1,235 nonprofits by directing donations of $2 million through the DaVita Way of Giving.

Manual, DaVita patient

Attachment - 11A

Becky, DaVita patient, and **Teresa,** DaVita teammate, share a moment during treatment.

CARING FOR OUR PATIENTS

Innovating Care, Improving Lives

DaVita continuously works to improve our integrated care model to help enhance the lives of our patients. The kidney care division supports approximately 190,000 people with end stage renal disease (ESRD) around the globe, and the medical group division provides coordinated primary and specialty care for more than 1.5 million people across the United States. Our innovative clinical programs help coordinate all facets of health, including diet, medications, patient education and emotional support to help improve clinical outcomes, reduce healthcare costs and enhance patient quality of life.

VillageHealth®. As one of the nation's leading integrated kidney care management organizations, VillageHealth now touches 28,000 lives a month through a variety of value-based reimbursement programs. They include three End Stage Renal Disease Seamless Care Organizations (ESCOs) and five full-risk Chronic Special Needs Plans (C-SNPs). Results from one of the C-SNPs include:

- Less than six percent hemodialysis central venous catheter rates for the last three years
- 24 percent fewer hospital admissions compared to the Medicare benchmark
- 16 percent lower non-dialysis cost for ESRD care

Compliance. By maintaining integrity through our robust compliance program, DaVita is able to provide ethical, quality care to our patients.

HealthCare Partners. The CAPG awarded HealthCare Partners in California with elite status in its annual 2015 Standards of Excellence survey. This recognition for giving

Attachment - 11A

quality care is the highest-possible designation given by CAPG, one of the nation's largest professional organizations of physician groups focused on coordinated care.

Paladina Health. Paladina Health, a primary care medical home subsidiary of DaVita, makes care easy through a patient-centric approach and 24/7 access to personal physicians. In 2015, Paladina Health achieved a 73 percent Net Promoter Score in patient satisfaction.

International. DaVita Kidney Care is committed to elevating the health and quality of life for patients around the world. In 2015, we achieved several milestones internationally.

- **Saudi Arabia.** We opened our 8th dialysis clinic, allowing us to care for nearly 800 patients in the Kingdom of Saudi Arabia.
- **Germany.** We held our first Medical Affairs Summit, which brought together local leading physicians and DaVita global medical officers to discuss kidney care and patient quality of life.
- **China.** In the Shandong province, we formed a joint venture kidney care specialty hospital chain—the first of its kind between a multinational healthcare provider and the private sector in China. This gives us the opportunity to help raise the quality of kidney care services in the Shandong province.

Health Tools. DaVita Kidney Care provides some of the most comprehensive kidney disease education tools available to help patients take control of their health:

- **myDaVita:** A personalized platform to help people manage their kidney disease
- **DaVita Diet Helper™:** A robust diet-planning tool for people on a kidney diet
- **DaVita Health Portal™:** A portal that allows DaVita dialysis patients to track their health online

HealthCare Partners in California received SCAN Health Plan's 2015 Top Performing Medical Group award.

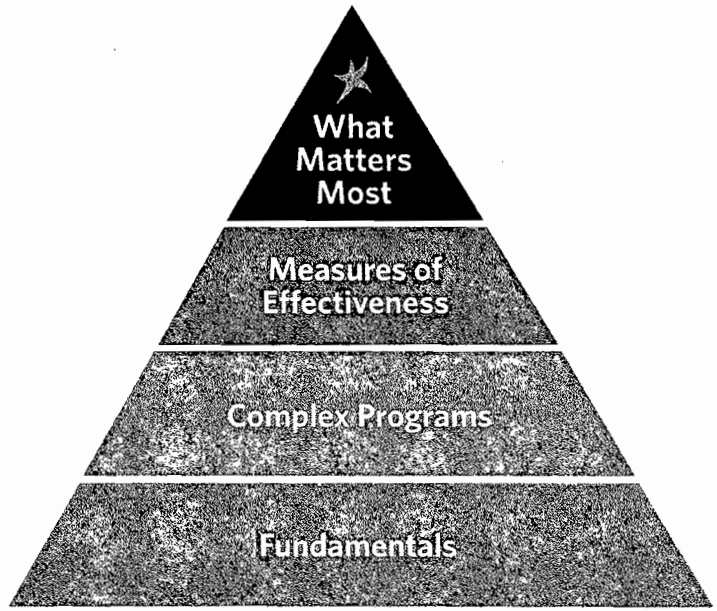
DaVita Kidney Care outperformed the rest of the industry by 5x in CMS Quality Incentive Program metrics.

DaVita's Medical Group in Colorado Springs ranked best for urgent care and in the top three for physician group and medical facility in the Colorado Springs Business Journal.

DAVITA'S PATIENT-FOCUSED QUALITY PYRAMID: KIDNEY CARE

DaVita.com/Pyramid

Through evidence-based clinical initiatives, DaVita's Patient-Focused Quality Pyramid provides an infrastructure that supports the pursuit of quality for people with kidney disease. With this framework, we have improved clinical outcomes each year since 2000 and have been recognized through the CMS Quality Incentive Program and Five-Star Quality Rating System as a leader in clinical performance.



-71-
Attachment - 11A

Teammates, **Tara Poysnick** and **Paul Hegarty** ride the Tour DaVita course in North Carolina in 2015.

CARING FOR EACH OTHER

Inspired by Teammates, for Teammates

We provide unique opportunities for our teammates to help them succeed at work and at home through leadership courses, professional development, educational scholarships for children and grandchildren, support in times of crisis and avenues to allow each teammate's voice to be heard.

DaVita University. DaVita University, which offers leadership, management, operational and clinical education opportunities, focuses on growing better leaders, family members and citizens. In 2015, DaVita University held live development events for 29,000 teammates, including division and clinical meetings, teaching and presenting internationally, and much more.

Continuing Education. DaVita provides tuition, license renewal and recertification reimbursement to teammates. In 2015, we awarded 640,000 continuing education contact hours. We value continuing education credit hours at $15 per hour and last year invested more than $9.6 million in continuing education contact hours.

DaVita Academy. This two-day event introduces new field and corporate teammates to the DaVita culture and empowers them to be leaders in their communities, families and teams. In 2015, more than 8,100 teammates participated in Academy.

HealthCare Partners. DaVita Way Days and monthly activities introduce teammates to our Core Values, and various symbols and traditions for celebrating success. Teammates learn how to create and lead DaVita Way activities in their centers and offices.

Attachment - 11A

Redwoods Leadership Program. More than 470 DaVita teammates have grown within the company through the Redwoods Leadership Development Program. The Redwoods curricula provide on-the-job and classroom learning, mentorship, a leadership practicum and opportunities to work cross-functionally. In 2015, the Redwoods program built specialized leadership practicums for HealthCare Partners, VillageHealth and DaVita Rx®.

Star Troopers. Through the Star Troopers program, we honor fellow teammates, family members and friends on active military duty. Teammates have sent 9,000 letters, notes and care packages overseas since the program began in 2007.

Idea Hub. This innovation platform is focused on improving the quality of patient care, streamlining our operations and alleviating teammate pain points. The number of unique contributors increased 39 percent year over year to 1,521 teammates in 2015, and ideas ranged from a facility administrator dashboard to new patient buddies.

Voice of the Village Calls and State of HealthCare Partners Calls. These calls are held every eight weeks, one for DaVita Kidney Care teammates and the other for HealthCare Partners teammates. Teammates are invited to hear about the state of the company from senior leaders and ask questions about any subject they choose. Enterprise-wide Voice of the Village Calls are held periodically with all DaVita teammates and feature senior leaders from across the enterprise.

DaVita Village Network. The DaVita Village Network gives teammates the opportunity to help one another during times of crisis, such as a natural disaster, an accident or an illness. Teammates can make payroll contributions, which DaVita provides funding to match up to $250,000 per year.

DaVita Children's Foundation and KT Family Foundation. DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of $1,000 to $3,000. The DaVita Children's Foundation, funded by DaVita, awards students in college or 12th grade. The KT Family Foundation, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, awards students in grades six through 11. Together, the programs have awarded nearly $2 million to 1,000 students.

Woody Brittain Scholarship. The Woody Brittain Scholarship was established in 2012 to honor a past DaVita board member. Woody was a successful businessman who was dedicated to community service. DaVita offers two $7,500 scholarships annually to teammates' children and grandchildren who are African American high school seniors interested in pursuing a career in science, technology or healthcare. Students also receive exposure to DaVita's culture and mentor opportunities while attending college.

DaVita University hosted four DaVita Way Days in Singapore, Malaysia, Germany and Poland, impacting 241 international teammates in 2015.

35,500 teammates and family members participate in the health-promoting Vitality Points program.

The DaVita Children's Foundation and the KT Family Foundation have given nearly $2M in educational assistance to 1,000 children and grandchildren of DaVita teammates.

DEVELOPING LEADERS

Through DaVita's School of Leadership, School of Clinical Education and Village Gatherings, DaVita directly provided personal and professional development for more than 29,000 teammates in 2015.

DaVita University also launched a dozen new and innovative leadership and educational programs, expanded the availability of distance learning, and rolled out leadership and development programs to international teammates in multiple countries.

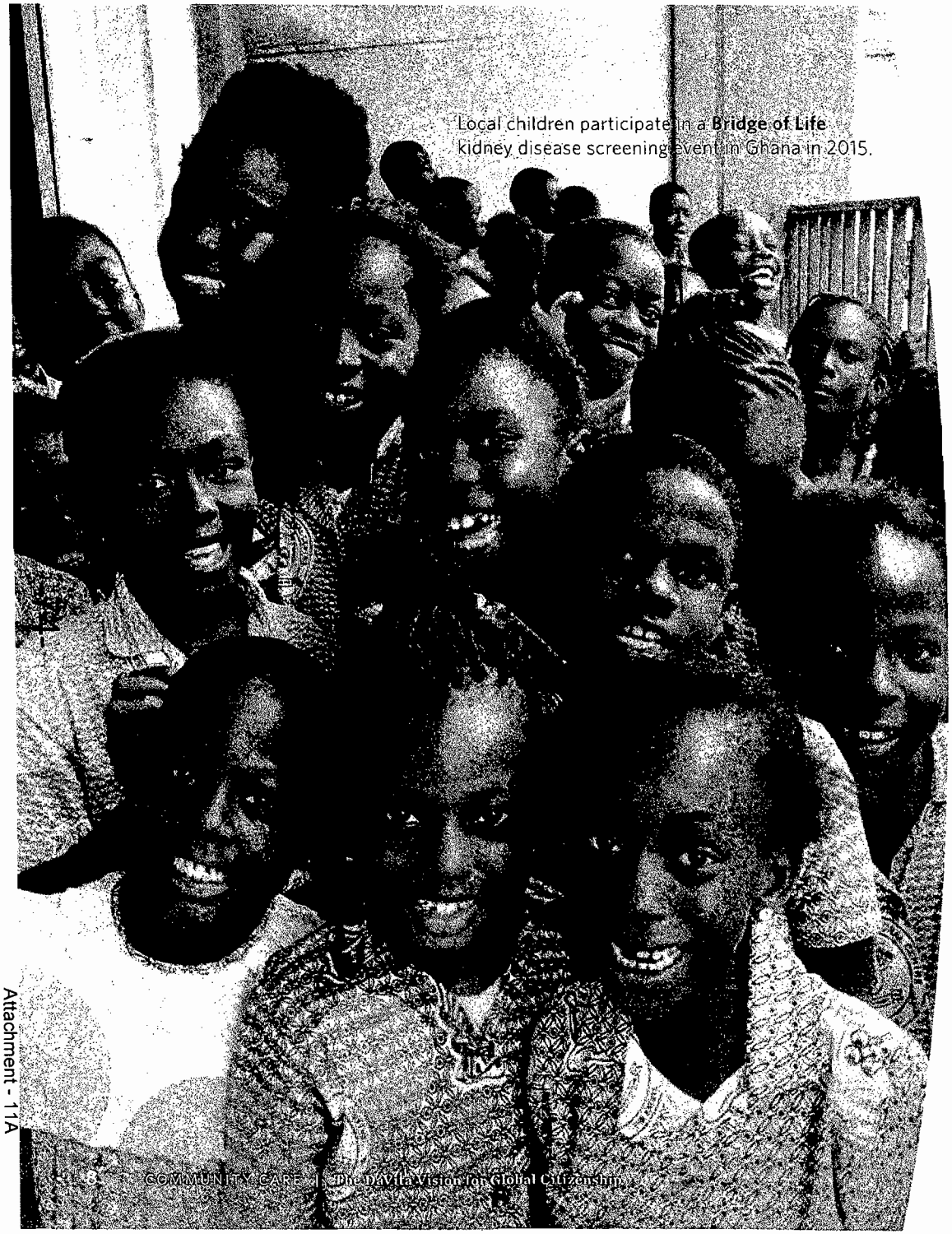
VILLAGE VITALITY

Our Village Vitality program offers teammates multiple tools for making healthy choices, including:

- Free biometric screenings at work sites
- Stress-management courses
- Tobacco-use cessation programs
- Challenges such as Match the Mayor, a six-week program in which teammates try to match Chairman and CEO Kent Thiry and DaVita Kidney Care CEO Javier Rodriguez in adding a variety of fruits and vegetables to their daily meals

Teammates also have the opportunity to earn free health insurance with the We Are Well award for their commitment to achieving their health goals.

-73-
Attachment - 11A



Local children participate in a **Bridge of Life** kidney disease screening event in Ghana in 2015.

CARING FOR OUR WORLD

Improving Lives, Sustainably

We are working to improve the lives of our patients, of people in the regions in which we operate and those in need throughout the world by examining and reducing our environmental impact, performing international medical missions, offering health screenings and pursuing philanthropic endeavors.

Bridge of Life. This nonprofit improves access to primary care and dialysis treatments in underserved communities around the world. It also focuses on prevention of chronic kidney disease through early-detection testing and education.

In 2015, Bridge of Life completed 32 international medical missions in 15 countries, hosted 28 domestic kidney disease screenings and assisted with 21 medical camps for kids sessions. In total, nearly 17,000 people were served with the support of more than 300 teammate volunteers.

DaVita Way of Giving. Each year, teammates in DaVita centers support nonprofits in their communities across the nation by making charitable contributions through the DaVita Way of Giving. In 2015, a record-breaking 80 percent of clinical teams participated in the program, supporting 1,235 organizations by directing donations of $2 million. In total, teammates have donated $6.8 million to thousands of nonprofits since the DaVita Way of Giving began in 2011.

KT Community Foundation. The KT Community Foundation offers backing for teammate-led projects that make a difference in teammates' local communities and overseas. To date, it has funded more than $400,000 for such projects.

Attachment - 11A

Tour DaVita®. Since 2007, this annual 250-mile bicycle ride has raised more than $7.3 million, and both teammate and patient riders have collectively ridden 735,487 miles in different locations across the nation, to help increase kidney disease awareness.

World Kidney Day. As part of the global World Kidney Day campaign, DaVita held 30 kidney disease awareness events in seven countries. During these events in 2015, more than 1,300 people were screened for kidney disease.

Village Service Days. DaVita teammates and their families and friends have volunteered more than 111,000 hours through 2,500 community service projects—known as Village Service Days—since 2006.

Dynamic Volunteerism. In 2015, teammates at the Casa del Mundo, DaVita's World Headquarters in Denver, launched a new community engagement strategy focused on making a direct and measurable impact on the way local nonprofits conduct business. Through Dynamic Volunteerism, teams assist nonprofits with strategic planning, corporate development, board development, IT consultancy, coaching, capacity building, staffing and more.

Home-State Engagement. In addition to teammates donating more than $2 million nationwide through DaVita Way of Giving in 2015, DaVita contributed nearly $1.4 million to 116 community and nonprofit organizations across Colorado.

Bridge of Life completed 32 international medical missions in 2015.

DaVita Kidney Care centers used 30% fewer gallons of water per treatment in 2015 compared to 2010.

DaVita contributed nearly $1.4 million to 116 community and nonprofit organizations across Colorado in 2015.

SUSTAINABILITY

At DaVita, we recognize the strong connection between healthy workplaces and healthy teammates and patients. We continue to help improve our patients' and teammates' health and quality of life while reducing our environmental footprint. For example, we saved 350 million gallons of water from 2014 through 2015. If those gallons were individual water bottles, they would stretch from Los Angeles to Paris. And in 2015, HealthCare Partners opened a new environmentally friendly office—complete with a "green team" that oversees all environmental efforts—in California. DaVita met or surpassed three of the five environmental goals it aimed to accomplish by the end of 2015, as noted below.

GOAL	2015 RESULTS
Reduce energy consumption per treatment by 15%	We reduced consumption by 5%. We are seeking an additional 10% reduction by 2020.
Reduce water consumption per treatment by 10%	We surpassed the goal with 30% reduction. We are seeking an additional 30% reduction by 2020.
Reduce office paper consumption by 20%	We reduced consumption by 5%. We are seeking an additional 15% reduction by 2020.
Increase environmental training presentations by 10%	We achieved 10% and incorporated this into the 2020 goal, as well.
Add 1 teammate education program each year	We achieved this goal by adding more than one new educational program each year since 2011.

-75-
Attachment - 11A

LOOKING AHEAD

In reflecting on the progress we made in 2015, we're excited to continue our legacy this year and work to improve quality of life for our patients and teammates, and in the communities in which we live and work.

Caring for Our Patients

With a focus on providing the highest-quality care, HealthCare Partners will work in 2016 to develop defined national care models and protocols for specific areas of disease—cardiovascular disease, respiratory disease, dementia, behavioral health, chronic kidney disease and palliative care. DaVita Kidney Care's primary clinical focus will be to help reduce hospitalizations through ongoing fluid and infection management.

Caring for Each Other

As we continue to grow, DaVita University will broaden education offerings that target our new physician and clinician leaders within DaVita Kidney Care. We will also expand our leadership and management programs for our HealthCare Partners clinician leaders.

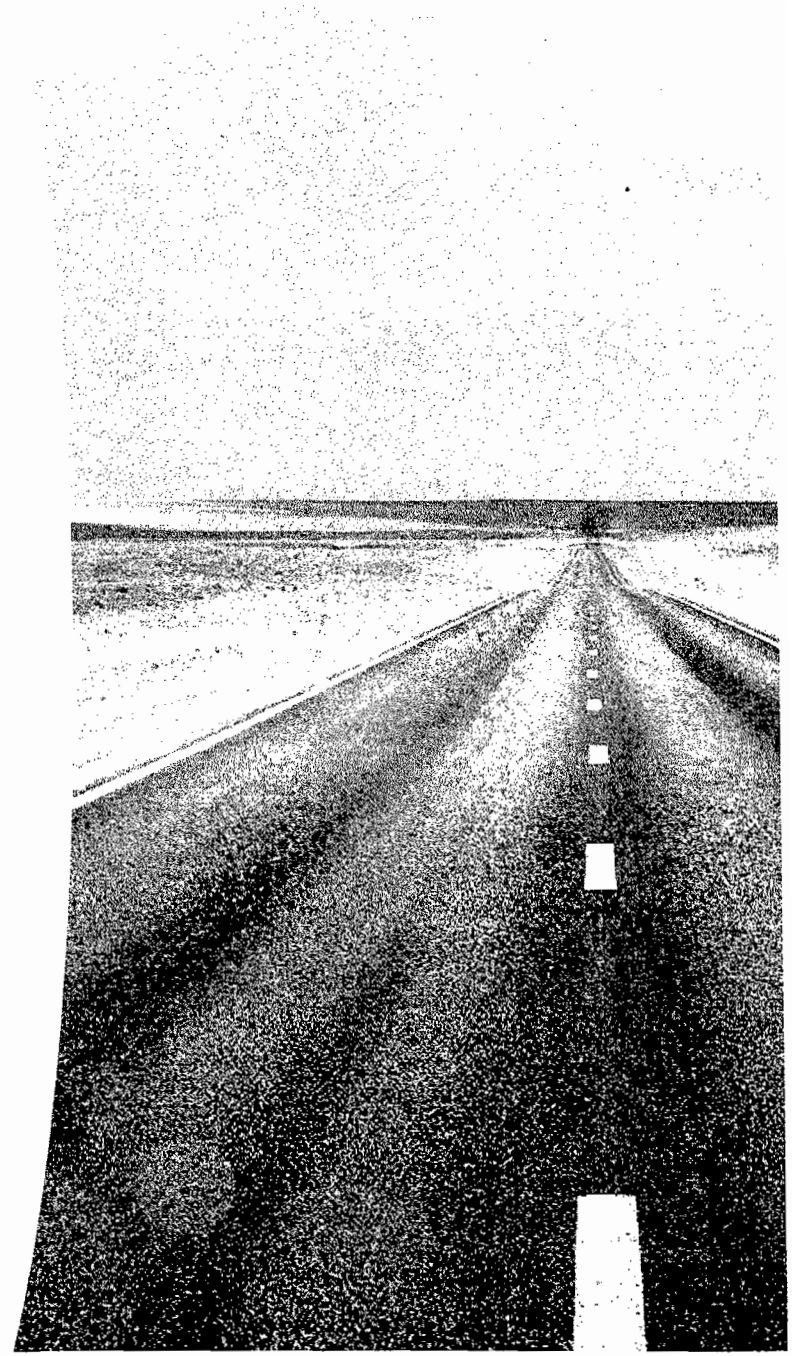
In 2016, DaVita University plans to expand course offerings to include teammates in Malaysia, India, Germany, Poland, the Netherlands, Portugal, China and Brazil.

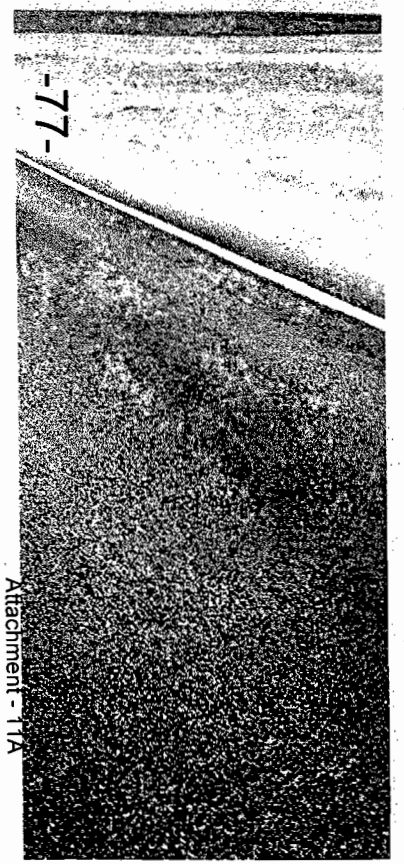
The Redwoods Resident program will expand its placement to international markets, as well. The Idea Hub will provide greater transparency to ongoing innovation projects, in addition to encouraging increased engagement and collaboration.

Caring for Our World

Bridge of Life plans to complete 40 international medical missions, 24 domestic chronic kidney disease screenings and seven medical camps for kids sessions in 2016. Altogether, this will directly impact more than 16,000 people.

In the future, HealthCare Partners plans to implement more green teams to expand on its environmental goals. DaVita Kidney Care teammates from across the country and across several teams came together in April 2015 for a Sustainability Summit to brainstorm ideas for our next set of environmental goals. We sought to determine key challenges and how to craft goals around those issues to inspire a larger impact. The final product—our 2020 goals—focuses on our ambitious objectives to reduce our environmental impact in the areas of energy, water, waste, buildings and supply chain.





Attachment - 11A

2015 HIGHLIGHTS

Caring for Our Patients

:: When selected from thousands of applicants and awarded a five- year National Institutes of Health award, HealthCare Partners launched Strategies to Reduce Injuries and Develop Independence in Elders (STRIDE). This is the largest and most visible pragmatic study in the nation's history for fall injury prevention in vulnerable, older individuals.

:: For the third straight year, DaVita Kidney Care led the industry in the CMS Quality Incentive Program, ranking first in four clinical measures.

:: As part of the American Medical Group Association's Anceta Collaborative (40 million patients nationally), DaVita's Medical Group in Colorado Springs ranked first in the percentage of diabetics with controlled blood pressure at 89 percent.

Caring for Each Other

:: To date, 470 DaVita teammates have grown within the company through the Redwoods Leadership Development Program.

:: DaVita provided personal and professional development for more than 42,000 teammates in 2015 through DaVita's School of Leadership, School of Clinical Education and Village Gatherings.

:: Through the Star Troopers program, 8,500 teammates sent letters of encouragement, notes and care packages to active-duty military personnel overseas in 2015.

Caring for Our World

:: Bridge of Life completed 32 international medical missions in 15 countries, hosted 28 domestic kidney disease screenings and assisted with 21 camps for kids with chronic illnesses. In total, nearly 17,000 people were served with the support of more than 300 teammate volunteers.

:: We saved 350 million gallons of water from 2014 through 2015. If those gallons were individual water bottles, they would stretch from Los Angeles to Paris.

:: A record-breaking 80 percent of clinical teams participated in DaVita Way of Giving, supporting 1,235 organizations by directing donations of $2 million.

For nine consecutive years, HealthCare Partners (a DaVita Medical Group) has earned Elite status from the CAPG—the highest honor for physician organizations practicing coordinated care.

DaVita was honored as a Training Top 125 company for the 12th consecutive year.

On Earth Day 2015, approximately 1,600 teammates, their families and friends contributed 5,400 hours toward 110 environmental projects in their local communities.

2015 AWARDS

» FORTUNE® World's Most Admired Companies

» Denver Post Top Workplaces Colorado

» Training Top 125

» LearningElite

» WorldBlu Most Freedom-Centered Workplaces

» Becker's Hospital Review 150 Great Places to Work in Healthcare

» Top Military Employer (GI Jobs)

» Newsweek Green Rankings for corporate sustainability and environmental impact

» Communitas for corporate philanthropy

» 21 HealthCare Partners physicians named "Top Doctors" in Nevada and New Mexico

» National Health Information

» Digital Health Information

» Web Health

» eHealthCare Leadership

» Modern Healthcare 100 Most Influential People in Healthcare

» Outstanding Report Card from HealthNet

» SCAN Health Plan Top Performing Medical Group

» ERE Recruiting Excellence Awards

» Integrated Healthcare Association Medicare Advantage 4.5 Star

DaVita®

DAVITA.COM/COMMUNITYCARE

News Release Archive

DaVita, Northwell Health Announce Joint Venture to Deliver Full Suite of Kidney Care Services

NEW HYDE PARK, N.Y., May 19, 2016 /PRNewswire-USNewswire/ -- Northwell Health (formerly North Shore-LIJ Health System) and DaVita Kidney Care, a division of DaVita HealthCare Partners (NYSE: DVA) today announced a new joint venture to serve thousands of patients in Queens and Long Island with integrated kidney care.

The joint venture between DaVita, which runs more than 2,300 outpatient dialysis centers in 11 countries, including the United States, and Northwell Health, New York state's largest health care provider and private employer, also includes plans for additional expansion in Staten Island over the coming years.

"Bringing together the resources of two high-quality health care providers like Northwell Health and DaVita will significantly enhance the services we'll be able to provide to kidney dialysis patients throughout the New York area," said Steven Fishbane, MD, chief of nephrology and vice president of dialysis services at Northwell Health, and medical director of the new dialysis network being established with DaVita. "It's a major development that will lead to new cutting-edge advancements in the delivery of nephrology services, including greater expansion of in-home dialysis services, which are currently limited to about 325 of the approximately 7,000 residents of Long Island and Queens receiving dialysis treatment."

"We have a shared vision for kidney care services that combines an exciting strategy, resources and cutting-edge services," said Javier Rodriguez, president and CEO of DaVita Kidney Care. "It will impact thousands of lives for years to come."

The joint venture will provide kidney care services in a multi-phased approach, including:

- Physician education and support
- Chronic kidney disease education
- Network of outpatient centers
- Hospital services
- Vascular access
- Integrated care
- Clinical research
- Transplant services

As part of the first phase of the partnership, construction is ongoing on Nassau County's first freestanding home dialysis center at Cisney Avenue in Floral Park, which is scheduled to open later this year. Nurses at the new facility will instruct dialysis patients on how to use in-home dialysis equipment and also visit their homes regularly to ensure they are using it properly. It enables patients to care for themselves in the convenience and privacy of their own homes -- most patients require three weekly dialysis sessions. "Autonomy is important for our dialysis patients and greatly improves their quality of life," said Dr. Fishbane.

The new partnership between DaVita and Northwell will encourage more in-home treatment at the joint centers being opened throughout Long Island and Queens. DaVita and Northwell

have already assumed joint ownership and operation of the DaVita Dialysis Center at 50 Seaview Blvd. in Port Washington. Later this year, two other existing DaVita facilities in Huntington Station and Syosset will also become part of the new joint venture. By year five, the joint venture should serve 1,200 patients in the area.

"This partnership with DaVita is the latest in a series of joint ventures that Northwell Health has signed to provide convenient, easy access to our continuum of care in communities throughout the metropolitan area, while leveraging the expertise of business partners like DaVita who have well-established reputations for their clinical leadership," said Michael Dowling, president and chief executive officer of Northwell Health.

To see a video of this story, click here.

About Northwell Health
Northwell Health (formerly North Shore-LIJ Health System) is New York State's largest health care provider and private employer. With 21 hospitals and nearly 450 outpatient practices, we serve more than 1.8 million people annually in the metro New York area and beyond. Our 61,000 employees work to change health care for the better. We're making breakthroughs in medicine at the Feinstein Institute. We're training the next generation of medical professionals at the visionary Hofstra Northwell School of Medicine and the School of Graduate Nursing and Physician Assistant Studies. And we offer health insurance through CareConnect. For information on our services in more than 100 medical specialties, visit Northwell.edu.

About DaVita Kidney Care
DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

Forward-Looking Statements
This release contains forward-looking statements within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future, including the prospective performance of or synergies created by the joint venture, anticipated and prospective growth of its business operations and the demand for its services, and the clinical outcomes that the joint venture and its partners might deliver. Factors which could impact future results include the risks and uncertainties associated with our ability to complete the formation of any joint venture

that we might be considering or announce, or successfully operate or complete the development of any joint venture we may form or plan to grow, general economic and other local market conditions, competition, and the risk factors set forth in our filings with the U.S. Securities and Exchange Commission, including our Annual Report on Form 10-K for the year ended December 31, 2015, and subsequent quarterly reports filed on Form 10-Q. The forward-looking statements should be considered in light of these risks and uncertainties. We base our forward-looking statements on information currently available to us at the time of this release, and we undertake no obligation to update or revise any forward-looking statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

Media Contacts:
Terry Lynam/Northwell Health
516-321-6702/6701
tlynam@northwell.edu

Kevin Downey, DaVita
303-876-6600
kevin.downey@davita.com

Logo - DaVita HealthCare Partners

http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners

---

http://pressreleases.davitahealthcarepartners.com/2016-05-19-DaVita-Northwell-Health-Announce-Joint-Venture-to-Deliver-Full-Suite-of-Kidney-Care-Services

News Release Archive

DaVita HealthCare Partners Certified as Freedom-Centered Workplace by WorldBlu

Company celebrates nine consecutive years of recognition

DENVER, May 12, 2016 /PRNewswire/ -- DaVita HealthCare Partners (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced that the company has been certified as a "Freedom-Centered Workplace" by WorldBlu. This is the ninth consecutive year the company has been recognized on the list, formerly known as "most democratic" workplaces.

"We believe ourselves to be a community first and a company second," said Kent Thiry, chairman and CEO of DaVita. "When you see the world through that lens, freedom-centered and citizenship-oriented behaviors flow naturally."

"DaVita operates like a Village, not like a large organization," said Casey Michalski Stock, corporate sustainability program manager for DaVita. "I feel that my voice is not only heard on a local level with my direct team, but throughout the organization."

DaVita HealthCare Partners regularly seeks input from teammates on both small and large matters that impact the direction of the company. The company conducts "town halls" and "Voice of the Village" calls where teammates can hear directly from senior leaders and ask questions about the business, policies, strategic direction and more. Teammates also have opportunities to recognize one another for exemplifying the company's core values.

DaVita HealthCare Partners emphasizes collaboration and teamwork to deliver industry-leading care as reflected in two reports from the Centers for Medicare and Medicaid Services (CMS). In the CMS Five-Star Rating System, DaVita Kidney Care outperformed major providers in the percentage of four- and five-star centers by two times. According to the CMS Quality Incentive Program, 98.6 percent of DaVita Kidney Care centers are rated in the top clinical performance tier.

Organizations become eligible for a spot on the WorldBlu List of Most Freedom-Centered Workplaces™ after teammates complete The WorldBlu Freedom at Work™ Assessment, a survey evaluating their practice of the WorldBlu 10 Principles of Organizational Democracy™. The assessment was developed based on a decade of research into what makes a successful freedom-centered company. Organizations from the for-profit and non-profit sectors that have been in operation for at least one full year and have five or more employees can apply for the certification.

Learn more about DaVita HealthCare Partners' award-winning culture at DaVita.com/CSR.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure

and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida, Colorado and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of March 31, 2016 HealthCare Partners provided integrated care management for approximately 790,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information

Media:
Caitlyn Shuket
(303) 876-7547
Caitlyn.Shuket@davita.com

Logo - DaVita HealthCare Partners.

http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners

---

http://pressreleases.davitahealthcarepartners.com/2016-05-12-DaVita-HealthCare-Partners-Certified-as-Freedom-Centered-Workplace-by-WorldBlu

News Release Archive

DaVita HealthCare Partners Recognized as Top Workplace by The Denver Post

Company celebrates five consecutive years on list

DENVER, May 11, 2016 /PRNewswire/ -- DaVita HealthCare Partners (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced that the company was recognized as a 2016 Top Workplace by *The Denver Post*. This is the fifth consecutive year the company has appeared on the list.

"We selected Denver as our home because we align with the local values of civic engagement and the great quality of life," said Javier Rodriguez, CEO of DaVita Kidney Care. "We are thrilled with the local team's passion and energy to make our work environment unique and special."

Top Workplaces are determined based solely on teammate feedback. The survey is conducted by WorkplaceDynamics, LLP, a leading research firm on organizational health and teammate engagement.

DaVita strives to build a values-based environment that cares for patients, supports teammates and engages the community. Teammates have the opportunity to live out "The DaVita Way" through:

Providing Quality Care

DaVita continuously works to improve quality of care with standards that have been recognized by the federal government. For two years in a row, the Centers for Medicare and Medicaid Services recognized DaVita Kidney Care as a leader in quality care, with twice as many four- and five-star centers than any other major dialysis provider.

By advancing an integrated care model that helps patients with unique health conditions individually and holistically, DaVita works to improve patients' total health and quality of life – not just treat their condition.

Developing as Leaders

DaVita University, a continuing education and leadership program, offers a variety of classes related to team-building, clinical initiatives, management and leadership. In addition to management training courses, DaVita offers clinical teammates multiple learning opportunities, such as the Preceptor program, that are guided by an expert who gives practical training and an immersion into adult learning concepts.

Engaging the Community

In addition to teammates directing donations of more than $2 million nationwide through DaVita Way of Giving in 2015, DaVita contributed nearly $1.4 million to 116 community and nonprofit organizations across Colorado.

Teammates at DaVita's world headquarters in Denver also launched a new community engagement strategy that focuses on making a direct and measurable impact on local nonprofits and their way of conducting business. Dynamic Volunteerism was created as a local initiative with the purpose of leveraging the unique skillsets of our teammates, individually and collectively, to enable nonprofits to perform at a higher level.

Learn more about DaVita's award-winning culture at DaVita.com/CSR.

About DaVita Kidney Care
DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

About DaVita HealthCare Partners
DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida, Colorado and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of March 31, 2016 HealthCare Partners provided integrated care management for approximately 790,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information

Media:
Caitlyn Shuket
(303) 876-7547
Caitlyn.Shuket@davita.com

Logo - DaVita HealthCare Partners.

http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners

---

http://pressreleases.davitahealthcarepartners.com/2016-05-11-DaVita-HealthCare-Partners-Recognized-as-Top-Workplace-by-The-Denver-Post

News Release Archive

DaVita HealthCare Partners Recognized Among 2016 Training Top 125

Company offers robust training and development program for teammates

DENVER, Feb. 18, 2016 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced the company was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs. The company has appeared on the list for 12 years in a row.

"We focus on whole-person learning because we believe that who we are at work is the same as who we are at home and in our communities around the world," said Dave Hoerman, chief wisdom officer of DaVita HealthCare Partners. "We encourage all of our teammates to grow, both personally and professionally, so that they can lead more fulfilled and healthy lives. In turn, it allows our teammates to deliver quality care that helps our patients live more full and healthy lives as well."

DaVita HealthCare Partners offers a variety of in-person and online courses and programs to help create a special place for its teammates. For example, the company designed the DSS Leadership Program to find front line teammates who have potential for management roles and have a desire to grow as leaders. The six-month course teaches the fundamentals of leadership through lectures, self-assessment and reading assignments.

DaVita HealthCare Partners has also been named as a finalist in *Chief Learning Officer* magazine's LearningElite program which recognizes organizations for their learning and development strategies that deliver business results.

Explore how DaVita HealthCare Partners invests in its teammates' professional and personal growth at DaVita.com/CSR.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of December 31, 2015, DaVita Kidney Care operated or provided administrative services at 2,251 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 118 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of December 31, 2015 HealthCare Partners provided integrated care management for approximately 807,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

DaVita and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

Contact Information

Media:
David Gilles
(303) 876-7497
david.gilles@davita.com

Logo - DaVita HealthCare Partners

http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners

---

http://pressreleases.davitahealthcarepartners.com/2016-02-18-DaVita-HealthCare-Partners-Recognized-Among-2016-Training-Top-125

News Release Archive

DaVita HealthCare Partners Celebrates 10 Years Among FORTUNE Magazine's World's Most Admired Companies

Company's Award-winning Culture Helps Deliver Leading Quality Care

DENVER, March 16, 2016 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced the company has been recognized as one of FORTUNE® Magazine's World's Most Admired Companies in 2016. This is the ninth consecutive year and 10th year overall the company has appeared on the list.

In addition to being named to the list, DaVita HealthCare Partners ranked first in innovation for the health care medical facilities category for the sixth time.

"Thank you to our teammates and physicians who go above and beyond every day to provide exceptional care for our patients," said Kent Thiry, chairman and CEO of DaVita HealthCare Partners. "So many of our teammates put patients first and care for each other with the same intensity that they care for their patients."

DaVita Kidney Care is the recognized clinical leader according to two government reports, the Centers for Medicare and Medicaid Services' (CMS) Quality Incentive Program and Five-Star Quality Star Rating System. For the third year in a row, DaVita outperformed other major dialysis providers in the Quality Incentive Program and for the second year, outperformed the industry by two times in the Five-Star Quality Rating System. According to the 2016 ratings, 46 percent of DaVita centers are rated with four or five stars, compared to 23 percent for all other dialysis providers combined.

FORTUNE surveys company executives, board members and industry analysts to compile its rankings. Other factors include people management, use of corporate assets, quality of management, financial soundness, long-term investment and global competitiveness.

Learn how DaVita HealthCare Partners' award-winning culture helps deliver quality patient care at DaVita.com/CSR.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Dec. 31, 2015, DaVita Kidney Care operated or provided administrative services at 2,251 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 118 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of Dec. 31, 2015 HealthCare Partners provided integrated care management for approximately 807,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information
Media:
Caitlyn Shuket
(303) 876-7547
Caitlyn.Shuket@davita.com

Logo - DaVita HealthCare Partners.

http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners Inc.

---

http://pressreleases.davitahealthcarepartners.com/2016-03-16-DaVita-HealthCare-Partners-Celebrates-10-Years-Among-FORTUNE-Magazines-Worlds-Most-Admired-Companies

News Release Archive

DaVita World Headquarters Awarded LEED Platinum Certification by U.S. Green Building Council

Company Stewards Resources with 2020 Environmental Goals

DENVER, March 9, 2016 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced its world headquarters building was awarded LEED Platinum Certification for Operations and Maintenance by the U.S. Green Building Council.

"We believe in the connection between a healthy environment and the health of our patients and teammates," said Kent Thiry, CEO of DaVita HealthCare Partners. "Our environmental goals challenge us to steward resources while delivering high quality patient care."

DaVita World Headquarters is the fourth LEED Platinum building in Denver and fifth in Colorado. The LEED Platinum certification is the highest recognition a building can earn from the U.S. Green Building Council.

The building was awarded points for:

- **Alternative Commuting Transportation:** Nearly 75 percent of teammates take public transportation, bike or walk to work.
- **Water Reduction:** Teammates helped reduce indoor plumbing fixture & potable water use by nearly 45 percent.
- **Waste Management:** Teammates helped increase the building's waste diversion rate (rate diverted from landfill) from nearly 30 percent to nearly 70 percent through composting and recycling.
- **Optimized Energy Efficiency Performance:** The building achieved 15/18 points possible because it has an Energy Star score of 90. A score of 75 indicates a high-performing building.

DaVita Kidney Care also set new five-year environmental commitment goals. The plan focuses on opportunities to continue reducing its environmental impact on energy and water use, waste production and building and supply chain management across the country.

DaVita Kidney Care organized its 2020 Environmental Goals into five categories:

- **Energy**: Reduce energy use and carbon emissions by 10 percent per treatment.
- **Water**: Reduce water use by 30 percent per treatment.
- **Buildings**: Build one new LEED-certified clinic as a prototype, certify major offices as LEED Silver and implement internal certification for remaining buildings.
- **Waste**: Increase solid waste recycling to 45 percent and transition to reusable sharps containers in 70 percent of chronic care facilities.

- **Supply Chain**: Increase availability of environmentally preferable products and equipment, reduce packaging and conduct annual reviews with national vendors to assess sustainability practices.

DaVita Kidney Care set its 2020 environmental commitment plan with higher benchmarks of similar goals outlined for 2015. The company met or surpassed three out of the five 2015 goals, including reducing water use by 30 percent per treatment and increasing procurement of environmentally preferable products and equipment.

For more information on DaVita's environmental commitment and sustainability practices, visit DaVita.com/CSR.

About DaVita HealthCare Partners
DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of December 31, 2015, DaVita Kidney Care operated or provided administrative services at 2,251 outpatient dialysis centers located in the United States serving approximately 177,000 patients. The company also operated 118 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of December 31, 2015 HealthCare Partners provided integrated care management for approximately 808,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information

Media:
David Gilles
(303) 876-7497
david.gilles@davita.com

Info - DaVita. HealthCare Partners.

http://photos.prnewswire.com/prnh/20160309/342456-INFO
Logo - http://photos.prnewswire.com/prnh/20140318/DC85712LOGO

SOURCE DaVita HealthCare Partners

---

http://pressreleases.davitahealthcarepartners.com/2016-03-09-DaVita-World-Headquarters-Awarded-LEED-Platinum-Certification-by-U-S-Green-Building-Council

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	6950 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	**Address 1**	**Address 2**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

DaVita. | HealthCare Partners.

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

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

_____
Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

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

1. Purpose of Project

The purpose of the project is to improve access to life sustaining dialysis services to the residents of the North side of Chicago. Excluding the 2 facilities that are pediatric-specific, there are 59 dialysis facilities within 30 minutes of the proposed Irving Park Dialysis that have been operational for at least 2 years. Collectively, the 59 facilities were operating at 71.3% as of December 31, 2015 and lack sufficient capacity to accommodate Dr. No's projected ESRD patients. Based upon data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)[10] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[11] more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. No, M.D.'s practice, Kap J. No, M.D., S.C. is currently treating 200 CKD patients, with 141 CKD patients residing within 20 minutes of the proposed site for Irving Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. No anticipates that at least 67 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

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

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago zip code of 60641 has 16.0% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than $20,000 compared to those making more than $75,000. Data from the Renal Network bears this out, 23.9% of all ESRD patients in the State reside within 30 minutes of the proposed Irving Park Dialysis. Further, due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

---

[10] According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT SNAPSHOT – WEEK 13 (2016) *available at* https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html (last visited May 24, 2016)).

[11] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

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

   - North approximately 20 minutes normal travel time to Winnetka, IL.
   - Northeast approximately 30 minutes normal travel time to Loyola University Chicago (Rogers Park).
   - East approximately 20 minutes normal travel time to Lake Michigan.
   - Southeast approximately 30 minutes normal travel time to Soldier Field (Chicago).
   - South approximately 25 minutes normal travel time to Garfield Park (Chicago).
   - Southwest approximately 25 minutes normal travel time to River Grove, IL.
   - West approximately 30 minutes normal travel time to Schiller Park, IL.
   - Northwest approximately 30 minutes normal travel time to Park Ridge, IL.

3. The purpose of this project is to improve access to life sustaining dialysis to residents of the North side of Chicago and the immediately surrounding areas. As noted above, 16.0% of residents in the 60641 zip code live below the federal poverty level, compared with 14.4% of total Illinois residents. According to a recent study, individual in low income household have a 4 times higher rate of ESRD compared to individuals in more affluent households. Further, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis. With the anticipated influx of ERDS patients due to health care reform initiatives the number of patients requiring dialysis within the next couple of years is expected to increase. Accordingly, there will be insufficient capacity to accommodate all of the projected ESRD patients.

4. Source Information

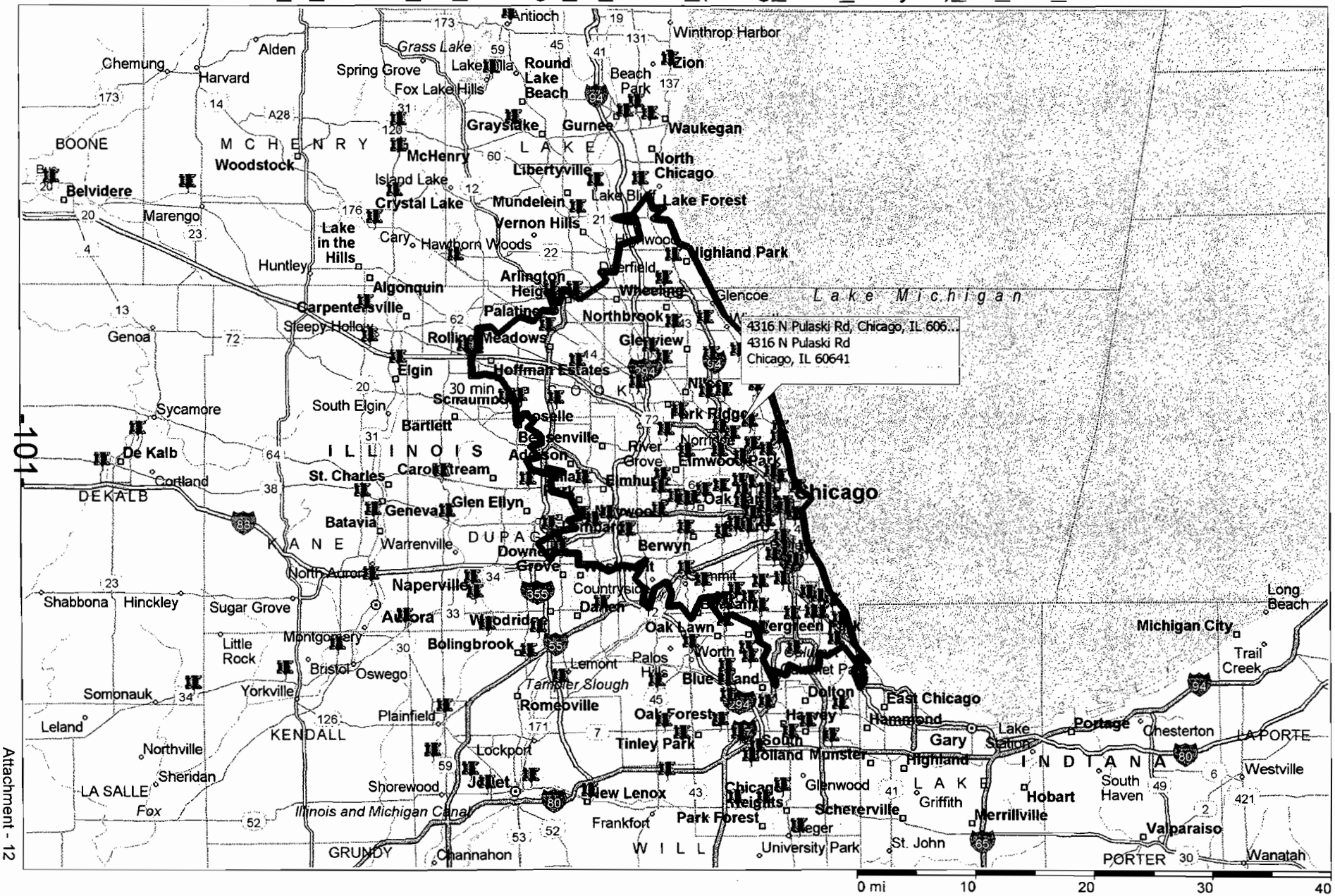
   US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (2013).

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

5. The proposed facility will improve access to dialysis services to the residents of the North side of Chicago and the surrounding area. Given the high utilization in the GSA, the increasing size of Dr. No's patient-base, and projected influx of ESRD patients due to health care reform initiatives this facility is necessary to ensure sufficient access to dialysis services in this community.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

4316_N_Pulaski_Rd_Chicago_IL_60641_(Irving_Park_Dialysis)_30_Min_GSA



Attachment - 12

Copyright © and (P) 1988–2010 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

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

Alternatives

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

1. Utilize Existing Facilities.

2. Establish a new facility.

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

Utilize Existing Facilities

Excluding the 2 facilities that are pediatric-specific, there are 59 dialysis facilities within 30 minutes of the proposed Irving Park Dialysis that have been operational for at least 2 years. Collectively, the 59 facilities were operating at 71.3% as of December 31, 2015 and lack sufficient capacity to accommodate Dr. No's projected ESRD patients. Based upon data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)[12] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[13] more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. No, M.D.'s practice, Kap J. No, M.D., S.C., is currently treating 200 CKD patients, with 141 CKD patients residing within 20 minutes of the proposed site for Irving Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. No anticipates that at least 67 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

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

---

[12] According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT SNAPSHOT – WEEK 13 (2016) *available at* https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html (last visited May 24, 2016)).

[13] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

There is no capital cost with this alternative.

Establish a New Facility

As noted above, the existing dialysis facilities within the proposed Irving Park Dialysis' GSA were operating at an average utilization of 71.3% as of December 31, 2015 and lack sufficient capacity to accommodate Dr. No's projected referrals. Based on data from the Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is expected to increase. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago zip code of 60641 has 16.0% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than $20,000 compared to those making more than $75,000. Data from the Renal Network bears this out, 23.9% of all ESRD patients in the State reside within 30 minutes of the proposed Irving Park Dialysis. Further, due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

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

The cost of this alternative is **$4,237,705**.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Irving Park Dialysis is 6,950 gross square feet (or 579.17 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	6,950	5,400 – 7,800	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. No is currently treating 141 CKD patients who all reside within 20 minutes of the proposed facility, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 67 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	10,452	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 4343 North Elston Avenue, Chicago, Illinois 60641. As shown in Attachment – 26A, when excluding the 2 facilities that are pediatric-specific, there are 59 dialysis facilities within 30 minutes of the proposed Irving Park Dialysis that have been operational for at least 2 years. Collectively, the 59 facilities were operating at a utilization rate of 71.3% as of December 31, 2015 and lack sufficient capacity to accommodate Dr. No's projected ESRD patients. Based upon December 31, 2015 data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is expected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)[14] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[15] more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Gloria No, M.D.'s practice, Kap J. No, M.D., S.C., is currently treating 200 CKD patients, with 141 patients residing within 20 minutes of the proposed site for Irving Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. No anticipates that at least 67 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals on the North side of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago zip code of 60641 has 16.0% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than $20,000 compared to those making more than $75,000. Data from the Renal Network bears this out, 23.9% of all ESRD patients in the State reside within 30 minutes of the proposed Irving Park Dialysis. Further, due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

---

[14] According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT SNAPSHOT – WEEK 13 (2016) *available at* https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html (last visited May 24, 2016)).

[15] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the North side of Chicago. As evidenced in the physician referral letter attached at Appendix - 1, 141 pre-ESRD patients reside within 20 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. No and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60053	1
60076	3
60077	5
60610	1
60613	5
60614	2
60618	17
60622	2
60625	37
60630	12
60631	1
60634	2
60639	2
60641	8
60646	14
60647	2
60651	1
60657	3
60659	17
60706	2
60707	2
60712	2
Total	**141**

5. Service Accessibility

As set forth throughout this application, the proposed facility is needed to improve access to life-sustaining dialysis for residents of the North side of Chicago. Currently, when excluding the 2 facilities that are pediatric-specific, there are 59 dialysis facilities that have been in operation for at least 2 years, within 30 minutes of the proposed Irving Park Dialysis. The 59 facilities were all operating at an average utilization of 71.3% as of December 31, 2015 and lack sufficient capacity to accommodate Dr. No's projected ESRD patients. Based upon December 31, 2015 data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is expected to increase. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

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

1. Unnecessary Duplication of Services

a. The proposed dialysis facility will be located at 4343 North Elston Avenue, Chicago, Illinois 60641. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
60163	BERKELEY	5,209
60164	MELROSE PARK	22,048
60106	BENSENVILLE	20,309
60018	DES PLAINES	30,099
60016	DES PLAINES	59,690
60609	CHICAGO	64,906
60653	CHICAGO	29,908
60165	STONE PARK	4,946
60160	MELROSE PARK	25,432
60153	MAYWOOD	24,106
60130	FOREST PARK	14,167
60305	RIVER FOREST	11,172
60707	ELMWOOD PARK	42,920
60131	FRANKLIN PARK	18,097
60176	SCHILLER PARK	11,795
60171	RIVER GROVE	10,246
60634	CHICAGO	74,298
60706	HARWOOD HEIGHTS	23,134
60656	CHICAGO	27,613
60631	CHICAGO	28,641
60304	OAK PARK	17,231
60301	OAK PARK	2,539
60302	OAK PARK	32,108
60804	CICERO	84,573
60623	CHICAGO	92,108
60644	CHICAGO	48,648
60639	CHICAGO	90,407
60651	CHICAGO	64,267
60624	CHICAGO	38,105

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60641	CHICAGO	71,663
60630	CHICAGO	54,093
60646	CHICAGO	27,177
60712	LINCOLNWOOD	12,590
60068	PARK RIDGE	37,475
60714	NILES	29,931
60025	GLENVIEW	39,105
60062	NORTHBROOK	39,936
60035	HIGHLAND PARK	29,763
60053	MORTON GROVE	23,260
60029	GOLF	482
60093	WINNETKA	19,570
60077	SKOKIE	26,825
60076	SKOKIE	33,415
60203	EVANSTON	4,523
60091	WILMETTE	27,020
60022	GLENCOE	8,153
60608	CHICAGO	82,739
60647	CHICAGO	87,291
60612	CHICAGO	33,472
60622	CHICAGO	52,548
60607	CHICAGO	23,897
60616	CHICAGO	48,433
60642	CHICAGO	18,480
60614	CHICAGO	66,617
60661	CHICAGO	7,792
60654	CHICAGO	14,875
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60610	CHICAGO	37,726
60618	CHICAGO	92,084
60625	CHICAGO	78,651
60659	CHICAGO	38,104
60645	CHICAGO	45,274
60657	CHICAGO	65,996
60613	CHICAGO	48,281
60640	CHICAGO	65,790
60660	CHICAGO	42,752

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	**City**	**Population**
60626	CHICAGO	50,139
60605	CHICAGO	24,668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11,110
60611	CHICAGO	28,718
60202	EVANSTON	31,361
60201	EVANSTON	43,125
60043	KENILWORTH	2,513
Total		**2,650,714**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (last visited March 23, 2016).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of the existing approved adult ICHD facilities that have been operational for at least 2 years is 71.3%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 139.2% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population			
	Population	**Dialysis Stations**	**Stations to Population**
Geographic Service Area	2,650,714	1,264	1:2,097
State	12,830,632	4,396	1:2,918

b. Historic Utilization of Existing Facilities

Excluding the 2 facilities that are pediatric-specific, there are 59 dialysis facilities within 30 minutes of the proposed Irving Park Dialysis that have been operational for at least 2 years. Their average utilization was 71.3% as of December 31, 2015. Based upon December 31, 2015 data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD

patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is expected to increase. As a result, there will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

c. Sufficient Population to Achieve Target Utilization

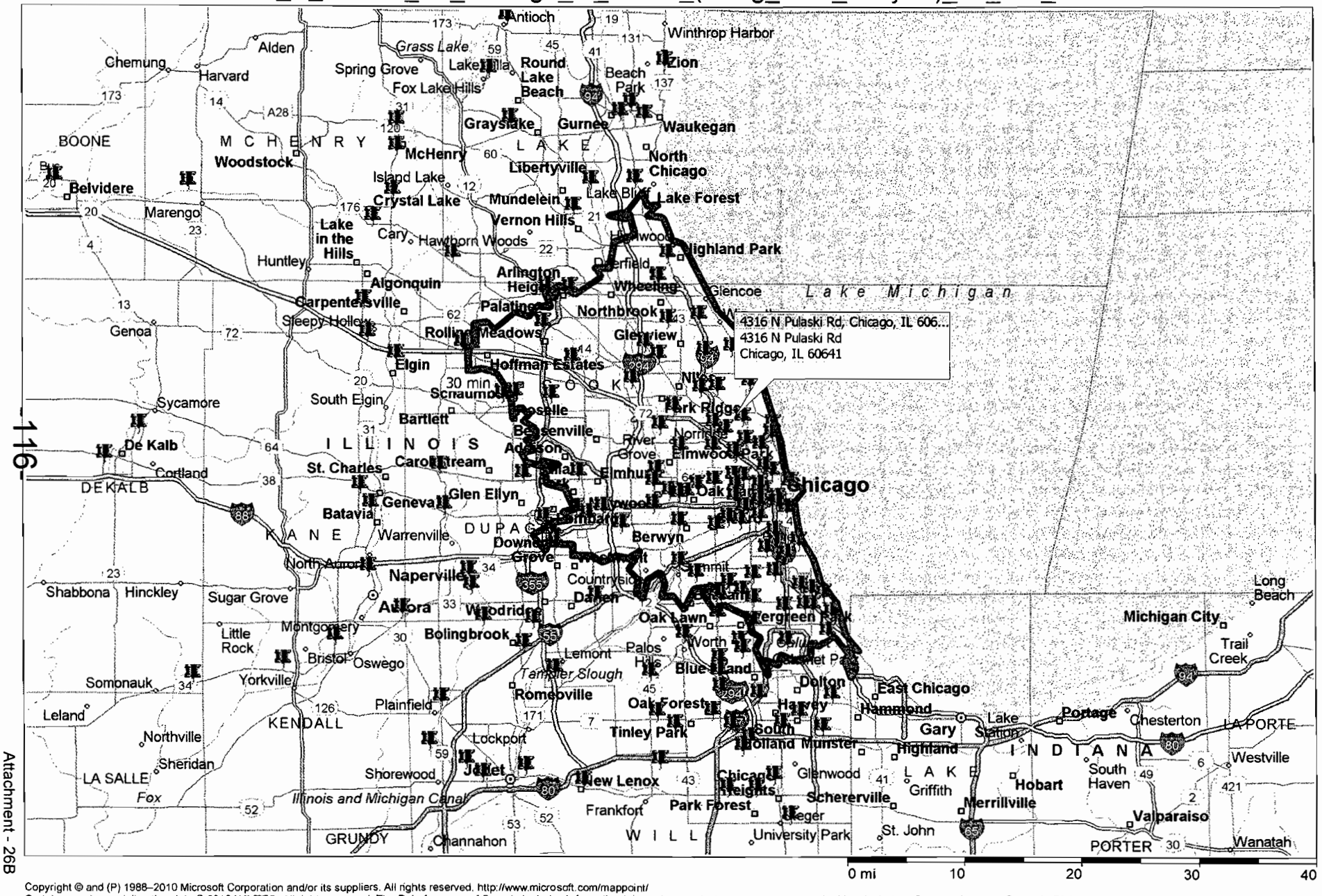
The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 ESRD patients. Dr. No is currently treating 141 CKD patients that reside within a 20 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. No anticipates that at least 67 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of adult ICHD facilities operating for over 2 years and within 30 minutes of the proposed Irving Park Dialysis is 71.3%. Importantly, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed facility and this number is projected to increase. Further, no patients are expected to transfer from the existing dialysis facilities to the proposed Irving Park Dialysis.

b. Excluding the 2 facilities that are pediatric-specific, there are 59 existing dialysis facilities that have been operating for 2 or more years within the proposed 30 minute GSA for Irving Park Dialysis. As of December 31, 2015, the 59 facilities were operating at an average utilization of 71.3%. . Based upon December 31, 2015 data from The Renal Network, 4,663 ESRD patients (or 23.9% of Illinois ESRD patients) reside within 30 minutes of the proposed Irving Park Dialysis, and this number is expected to increase.

4316_N_Pulaski_Rd_Chicago_IL_60641_(Irving_Park_Dialysis)_30_Min_GSA



Copyright © and (P) 1988–2010 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

   a. Medical Director: Gloria No, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. No's curriculum vitae is attached at Attachment – 26C.

   b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

      Administrator
      Registered Nurse (2.1 FTE)
      Patient Care Technician (5.1 FTE)
      Biomedical Technician (0.24 FTE)
      Social Worker (licensed MSW) (0.49 FTE)
      Registered Dietitian (0.49 FTE)
      Administrative Assistant 0.71 FTE)

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

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

   d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care Inc., attached at Attachment – 26E, Irving Park Dialysis will maintain an open medical staff.

Gloria Jinny No

2740 W. Foster Ave, Suite 113, Chicago, IL 60625

gloriajinnyno126@gmail.com (847) 204-4111

Education and Training

Undergraduate: University of Illinois at Urbana-Champaign, 2001-2004

- B.S. in Biology, Minor in Chemistry: December, 2004

Medical School: University of Illinois at Chicago, 2005-2009

- M.D.: May, 2009

Internal Medicine Residency: University of Illinois at Chicago, 2009-2012

Nephrology Fellowship: University of California, San Francisco, 2012-2014

Research Experiences

SPRINT: Systolic Blood Pressure Intervention Trial, 2011-2012

- Multicenter randomized trial to test whether lowering systolic blood pressure below the currently recommended goal will reduce cardiovascular risk. The trial will involve approximately 9250 patients with one cardiovascular risk factor, of which approximately 4300 patients will have CKD (eGFR 25-59 ml/min/1.73 m^2).
- My role has been in recruitment, by identifying patients that would be eligible for this study.

Works in Progress

Chronic Renal Disease: Sexual Dysfunction in Chronic Kidney Disease

- Book chapter submitted in fall 2013 for publication with Dr. Tavis Dancik and Dr. Kirsten Johansen

Physiologic Approach to Electrolyte Disorders

- Course for fourth year medical students to be offered in Spring 2015, pending approval.
- Created lectures and interactive cases on electrolyte and acid-base disorders with mentor Dr. Lowell Lo

Volunteer Experiences

Medical Mission trip to Mexico: October, 2008

- For one week, served as Spanish translator and member of medical team

Medical Mission trip to Santa Domingo, Dominican Republic : November, 2006

- Served as a Spanish translator for medical team. Over 300+ patients were seen in three clinics.

Education Committee- UIC College of Medicine Health Fair : April, 2006

- First UIC College of Medicine Health Fair, acted as co-leader in the Cardiovascular/Pulmonary division of the Education Committee.

Student Run Free Clinic Volunteer : Fall 2006 – Spring 2007

- Volunteered as a medical student at the SRFC. The clinic serves a large Latino & Polish population.

Volunteer at health fairs : Fall 2006

- Chinese Health Fair: September 2006
- Korean Health Fair: October 2006

VIP blood drive volunteer : Fall 2002 - 2004

- Volunteered with blood drive on campus at the University of Illinois Urbana-Champaign.

Amigos de las Americas Volunteer : Summer 2000

- Spent two months in Honduras, surveyed the local community's needs and facilitated community-based development in the towns.
- Set up educational talks at the local elementary school in Rio Grande stressing the importance of hygiene and dental care.
- Initiated and completed a garden project at the local elementary school based on the nutritional needs of the community.

Gloria Jinny No

2740 W. Foster Ave, Suite 113, Chicago, IL 60625

gloriajinnyno126@gmail.com (847) 204-4111

Medical Mission trips to Tijuana, Mexico: Summer 1998 & Summer 2000

- For one week, served as a Spanish translator for medical teams. Helped teams provide medical care to the underserved in Rosarito, Mexico and nearby towns.

Extracurricular Activities

Merit Instructor- Organic Chemistry II at Univ. of Illinois Urbana-Champaign : Fall 2003 - Fall 2004

- Based on academic achievement & performance as a Supplemental Instructor in Organic Chemistry, was invited to be a teaching assistant for the Merit Program at UIUC, which targets underrepresented minority students and helps them successfully complete Organic Chemistry.

Supplemental Instructor- Organic Chemistry II at Univ of Illinois Urbana-Champaign : Spring 2003

- Based on academic achievement, was invited to be an SI for Organic Chemistry at UIUC.

COINED- Comision de Intercambio Educativo : Summer 2006

- Attended 80 hours of group and 30 hours of individual language classes in Cordoba, Argentina.

Medicina Hispana classes : La Raza Medical Student Association: Fall 2006

American Medical Student Association : 2005 - 2009
Asian-Pacific American Medical Student Association : 2005 - 2009
La Raza Medical Student Association : 2005 - 2009
Pre-Health Professions Society : Spring 2002 - 2004

Honors

Dean's List at University of Illinois at Urbana-Champaign : 2001 - 2004

- Ranked in top 20% of the class, minimum of 14 hours of classes per semester

James Scholar, University of Illinois at Urbana-Champaign : 2001 - 2004

- Requirements include: ranking within top 15% of admitted class, minimum GPA of 3.5/4.0

Golden Key International Honor Society : 2004

- Recognition for scholastic achievement and excellence for college and university students

Phi Eta Sigma Honors Society : 2001

- Induction requirements include ranking within top 20% of class, minimum GPA of 3.5/4.0

National Merit Scholarship Recognition : May, 2001

United States of America Presidential Student Service Award : August, 2000

- For > 100 hours of community service

Languages

Conversational Spanish, conversational Korean

References

Kerry C. Cho, MD
Fellowship Program Director
Associate Professor of Clinical Medicine
Division of Nephrology
University of California San Francisco
521 Parnassus Ave, Box 0532, Suite C443
San Francisco, CA 94143-0532
Clinic: (415) 353-2507
Dialysis: (415) 476-2173
Fellowship: (415) 476-1812
Fax: (415) 476-3381
kerry.cho@ucsf.edu

Lowell J. Lo, MD
Assistant Clinical Professor
Renal Ambulatory Service and Practice Chief
Mount Zion Dialysis Unit Medical Director
Division of Nephrology
University of California San Francisco
521 Parnassus Ave, Box 0532, Room C443
San Francisco, CA 94143-0532
Clinical tel: 415.353.2340
Fax: 415.476.3381
lowell.lo@ucsf.edu

Chi-yuan Hsu, MD, MSc
Division Chief
Professor in Residence
Division of Nephrology
University of California, San Francisco
C443, Clinical Sciences
521 Parnassus Avenue, Box 0532
San Francisco, CA 94143-0532
Tel: 415-353-2379
Fax: 415-476-3381
hsuchi@medicine.ucsf.edu

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission
DaVita's Basic Training Program for Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content
Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

I. Program Overview (TR1-01-01)
II. Program Description (TR1-01-02)
- Basic Training Class ICHD Outline (TR1-01-02A)
- Basic Training Nursing Fundamentals ICHD Class Outline (TR1-01-02B)

III. Education Enrollment Information (TR1-01-03)
IV. Education Standards (TR1-01-04)
V. Verification of Competency
- New teammate without prior experience (TR1-01-05)
- New teammate with prior experience (TR1-01-06)
- Medical Director Approval Form (TR1-01-07)

VI. Evaluation of Education Program
- Program Evaluation
- Basic Training Classroom Evaluation (TR1-01-08A)
- Basic Training Nursing Fundamentals ICHD Classroom Evaluation (TR1-01-08B)
- Curriculum Evaluation

VII. Additional Educational Forms
- New Teammate Weekly Progress Report for the PCT (TR1-01-09)
- New Teammate Weekly Progress Report for Nurses (TR1-01-10)
- Training hours tracking form (TR1-01-11)

VIII. State-specific information/forms (as applicable)

Property of DaVita HealthCare Partners Inc.
Confidential and Copyrighted ©1995-present
Origination Date: 1995
Revision Date: March 2014

TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

The Basic Training Program for Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An **experienced teammate** is defined as:

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

The curriculum of the Basic Training Program for Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

Property of DaVita HealthCare Partners Inc. Confidential and Copyrighted ©1995-present
Origination Date: 1995
Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015

"Day in the Life" is DaVita's learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "Basic Training Workbook."

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

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

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

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

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online (DVU2069-EXAM). The new teammate's preceptor will proctor the online exam. DVU2069-EXAM is part of the new teammate's new hire curriculum in the LMS. If the exam is administered in class and the teammate attains a passing score, The LMS curriculum will show that training has been completed.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in a classroom setting, or be completed online. For online completion, if DVU2069-EXAM has not yet been taken in the teammate's curriculum no additional enrollment into the exam is necessary. If the new teammate took DVU2069-EXAM as the initial exam, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS DaVita Basic Training Final Exam (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

Property of DaVita HealthCare Partners Inc. Confidential and Copyrighted ©1995-present
Origination Date: 1995
Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

The **didactic phase** for nurses includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
    - Culture of Safety, Conducting a Homeroom Meeting
    - Nurse Responsibilities, Time Management
    - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
    - Surfing the VillageWeb – Important sites and departments, finding information

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training workbook for Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. The new teammate with experience will be auto-enrolled in the *DaVita Basic Training Final Exam* (DVU2069-EXAM) in the LMS as part of their new hire curriculum. The new teammate's preceptor will proctor the exam.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online. If it is completed online, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS *DaVita Basic Training Final Exam* (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. If the new teammate receives a score of less than 80% on the *DaVita Basic Training Final Exam* after class, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom exam or the *Initial Competency Exam*. Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Confidential and Copyrighted ©1995-present

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

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

DaVita. | HealthCare Partners.

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

Re: Certification of Support Services

Dear Chair Olson:

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

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

- DaVita utilizes a dialysis electronic data system;
- Irving Park Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

2000 16th Street, Denver, CO 80202 | P (303) 876-6000 | F (310) 536-2675 | DaVitaHealthcarePartners.com

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Certification of Support Services (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

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

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

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

Total Renal Care Inc., a subsidiary of DaVita HealthCare Partners Inc., has an agreement with Swedish Covenant Hospital to provide inpatient care and other hospital services for the patients of Irving Park Dialysis. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

IRVING PARK DIALYSIS
c/o DaVita HealthCare Partners Inc
4343 N. Elston Avenue
Chicago, Illinois 60641
(P): 847-647-2008
(F): 866-770-2748

DaVita

March 11, 2016

VIA U.S. MAIL
Swedish Covenant Hospital
5145 N. California Avenue
Chicago, Illinois 60625
Attn: Mary Shehan, Vice President of Nursing

Re: **Notification of Change of Address for Irving Park Dialysis**

To Whom It May Concern:

This letter is to notify Swedish Covenant Hospital of Irving Park Dialysis' change of address. The new address will be 4343 N. Elston Avenue, Chicago, Illinois 60641. The [illegible] date of this change will be March 7, 2016. Should you have any questions or need anything further, please do not hesitate to contact me at the telephone number listed above.

Warm Regards,

Brent Habitz
Regional Operations [illegible]
DaVita HealthCare Part[illegible]

DocuSign Envelope ID: 819A0CB0-2D94-4FD8-BC83-4462374DD7B1

FOR COMPANY USE ONLY:
Clinic #: 5449

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Swedish Covenant Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.,** a subsidiary of DaVita HealthCare Partners Inc. ("Company").

RECITALS

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

Irving Park Dialysis
4316 N. Pulaski Road
Chicago, IL 60641

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

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

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

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

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

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

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

2. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital, Company agrees:

i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;

ii. Original medical records kept by each of the parties shall remain the property of that institution; and

iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

i. current medical findings;

ii. diagnosis;

iii. rehabilitation potential;

iv. discharge summary;

v. a brief summary of the course of treatment followed;

vi. nursing and dietary information;

vii. ambulating status; and

viii. administrative and pertinent social information.

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

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

4. HIPAA. Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this

Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

6. INSURANCE. Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, commercial general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of $1,000,000 per occurrence and $3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

7. INDEMNIFICATION.

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to

any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

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

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

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

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. AMENDMENT. This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. ENFORCEABILITY/SEVERABILITY. The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction

shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

12. COMPLIANCE RELATED MATTERS. The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

13. EXCLUDED PROVIDER. Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

14. NOTICES. All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital:
Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625
Attention: Mary Shehan, VP of Nursing

If to Company:
Total Renal Care, Inc.
c/o: DaVita HealthCare Partners Inc.
5200 Virginia Way
Brentwood, TN 37027
Attention: Group General Counsel

With copies to:
Irving Park Dialysis
c/o: DaVita HealthCare Partners Inc.
4316 N. Pulaski Road
Chicago, IL 60641
Attention: Facility Administrator

DaVita HealthCare Partners Inc.
2000 16th St., 12th Floor
Denver, CO 80202
Attention: General Counsel

DocuSign Envelope ID: 819A0CB0-2D94-4FD8-BC83-4462374DD7B1

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

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

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

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

18. WAIVER. The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

19. GOVERNING LAW. The laws of the State of Illinois shall govern this Agreement.

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth by their respective names to be effective as of the Effective Date.

Hospital:

Swedish Covenant Hospital

DocuSigned by:
By: Kathy Donofrio
B90B00405327434...

Name: Kathy Donofrio

Its: CNO

Date: February 18, 2016

Company:

Total Renal Care, Inc.

DocuSigned by:
By: Brent Habitz
4B2398E382914AB...

Name: Brent Habitz

Its: Regional Operations Director

Date: February 18, 2016

APPROVED AS TO FORM ONLY:

DocuSigned by:
By: Jack Seal
414DE08086D74AA...

Name: Jack Seal

Its: Group General Counsel

DocuSign SECURED

Certificate Of Completion

Envelope Id: 819A0CB02D944FD8BC834462374DD7B1 Status: Completed

Subject: Please DocuSign this document: IL - PTA - Irving Park Dialysis and Swedish Covenant Hospital.pdf

Source Envelope:

Document Pages: 7	Signatures: 3	Envelope Originator:
Certificate Pages: 5	Initials: 0	Jennifer Schroeder
AutoNav: Enabled		2000 16th Street
EnvelopeId Stamping: Enabled		Denver, CO 80202
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		jennifer.schroeder@davita.com
		IP Address: 76.114.93.153

Record Tracking

Status: Original	Holder: Jennifer Schroeder	Location: DocuSign
2/18/2016 9:31:43 AM	jennifer.schroeder@davita.com	

Signer Events	Signature	Timestamp
Kathy Donofrio KDONOFRIO@SCHOSP.ORG CNO Security Level: Email, Account Authentication (None)	DocuSigned by: Kathy Donofrio B90B00405327434...	Sent: 2/18/2016 9:36:03 AM Viewed: 2/18/2016 10:20:18 AM Signed: 2/18/2016 10:22:45 AM
	Using IP Address: 50.204.145.2	
Electronic Record and Signature Disclosure: Accepted: 2/18/2016 10:20:18 AM ID: 5be54d3c-ff37-460c-85f0-04ea6a89e52d		
Brent Habitz Brent.Habitz@davita.com Regional Operations Director Security Level: Email, Account Authentication (None)	DocuSigned by: Brent Habitz 4B2398E382914A8...	Sent: 2/18/2016 10:22:46 AM Viewed: 2/18/2016 11:07:57 AM Signed: 2/18/2016 11:08:34 AM
	Using IP Address: 104.129.196.70	
Electronic Record and Signature Disclosure: Accepted: 2/18/2016 11:07:57 AM ID: e0376946-74e0-434c-9d52-bb4d1bedd51b		
Jack Seal Jack.Seal@davita.com Group General Counsel Security Level: Email, Account Authentication (None)	DocuSigned by: Jack Seal 414DE08086D74AA...	Sent: 2/18/2016 11:08:36 AM Viewed: 2/20/2016 5:49:39 AM Signed: 2/20/2016 5:49:44 AM
	Using IP Address: 23.114.161.35	
Electronic Record and Signature Disclosure: Accepted: 2/20/2016 5:49:39 AM ID: f05d8738-fee3-4cd6-9cdf-37d0a7ee8afa		

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**

Carbon Copy Events	Status	Timestamp
Linda Oconnell Linda.oconnell@davita.com DaVita Healthcare Partners Inc. Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	COPIED	Sent: 2/20/2016 5:49:46 AM

Notary Events	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/20/2016 5:49:46 AM
Certified Delivered	Security Checked	2/20/2016 5:49:46 AM
Signing Complete	Security Checked	2/20/2016 5:49:46 AM
Completed	Security Checked	2/20/2016 5:49:46 AM

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DaVita:
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: emily.briggs@davita.com

To advise DaVita of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from DaVita
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DaVita
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	•Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

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

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

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

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

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

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

DaVita. | HealthCare Partners.

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

- By the second year after project completion, Irving Park Dialysis expects to achieve and maintain 80% target utilization; and
- Irving Park Dialysis 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 Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is~~/are~~ subscribed to the within instrument and acknowledged to me that he~~/she/they~~ executed the same in his~~/her/their~~ authorized capacity~~(ies)~~, and that by his~~/her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re In-Center Hemodialysis Assurances (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Clark Street Real Estate LLC. A copy of DaVita's 2015 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted. A letter of intent to lease the facility is attached at Attachment – 36.

Attachment – 36

DTZ Americas, Inc.
77 West Wacker Dr
Suite 1800
Chicago, IL 60601
www.dtz.com

April 19, 2016

Mr. Andy Stein
Clark Street Real Estate
980 N Michigan Ave Suite 1280
Chicago, IL 60611

RE: LOI – 4343 N Elston Ave, Chicago, IL 60641

Mr. Stein:

DTZ Americas, Inc. has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 500 company with 2,183 outpatient dialysis centers across the US and revenues of approximately $12 billion.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	To be constructed building on approximately 32,670 sf at 4343 N Elston Ave, Chicago, IL 60641 *Please verify address of premises or provide a legal site description*
TENANT:	Total Renal Care, Inc.
GUARANTY:	DaVita Healthcare Partners, Inc.
LANDLORD:	*A special purpose entity that will be controlled by Clark Street Real Estate LLC*
SPACE REQUIREMENTS:	Requirement is for approximately 6,950 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards.
PRIMARY TERM:	15 years
BASE RENT:	$35.00 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options so long as Tenant is not in default of lease
ADDITIONAL EXPENSES:	It is the intention of the Landlord that this Lease is "absolute NNN" and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBBI. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant. P

LEASE FORM:

Tenant's standard lease form that will conform to the Logan Square lease as a starting point for negotiations.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

The current zoning designation is B1-1 and the proposed use is permitted under this designation.

PARKING:

Tenant requested dedicated parking: four (4) stalls per 1,000 rsf and four (4) handicapped stalls or such greater number as is required by applicable law or regulation. Location of parking stalls subject to architect and project manager approvalTo be determined upon final agreement of site plan.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires

property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and pylon signage at the Premises at Tenant's cost, subject to compliance with all applicable laws and regulations

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a three mile radius of Premise.

HVAC: As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B or provide an HVAC allowance.

DELIVERIES: To be determined

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services

Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to six (6) months from the latter of an executed LOI. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within six (6) months from the latter of an executed LOI date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes DTZ Americas, Inc. as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over initial10 year period, 50% shall be due upon receipt of a fully executed lease and 50% payable upon Tenant opening for business and providing copies of all final lien waviers...

PLANS: See preliminary site plan.

CONTINGENCIES: This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

In the event the Landlord is not successful in obtaining all necessary approvals including, but not limited to, zoning and use, the Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operations
DaVita Team Genesis Real Estate

DTZ

SIGNATURE PAGE

LETTER OF INTENT: **Approximately 4343 N Elston Ave, Chicago, IL 60641**

AGREED TO AND ACCEPTED THIS 19th DAY OF APRIL 2016

By: _____

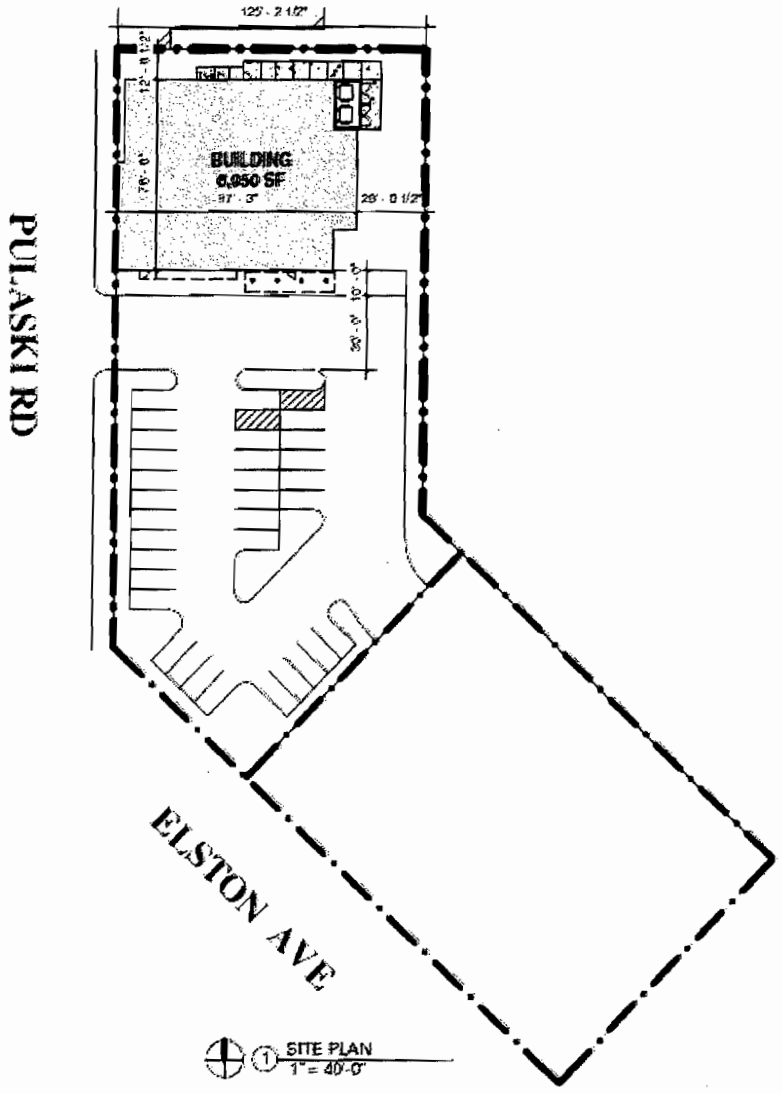
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita Healthcare Partners, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 19 DAY OF APRIL 2016

By: _____

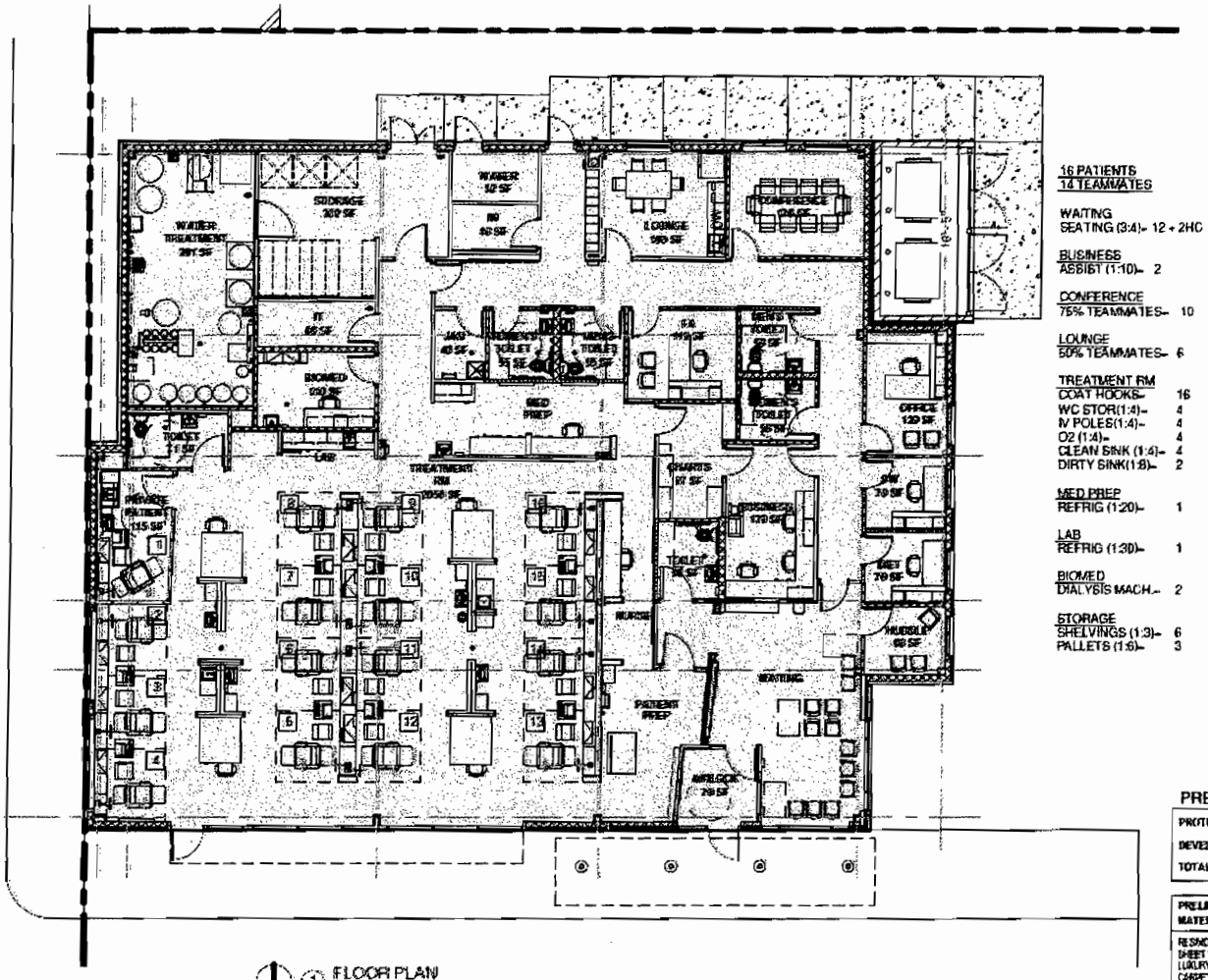
CLARK STREET REAL ESTATE LLC
("Landlord")

PRELIMINARY SITE PLAN SUBJECT TO CHANGE



DTZ

PRELIMINARY FLOOR PLAN SUBJECT TO CHANGE



1 FLOOR PLAN
3/32" = 1'-0"

PRELIMINARY 031116

PROTOTYPE:	V1.4
DEVELOPMENT:	GROUND UP
TOTAL AREA:	6,950 SF

PRELIMINARY FLOORING MATERIALS TAKE-OFFS
RESINOUS SHEET VINYL LUXURY VINYL TILE CARPET TILE

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

DaVita

OPTION 1 FOR NEW BUILDING
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for I 1.2 in California and other select States – see end of document for changes to that section)

At a minimum, the Landlord shall provide the following Base Building and Site Development Improvements to meet Tenant's Building and Site Development specifications at Landlord's sole cost:

All MBBI work completed by the Landlord will need to be coordinated and approved by the Tenant and their Consultants prior to any work being completed, including shop drawings and submittal reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) and Site Development are to be performed in accordance with all current local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes, State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer and must be coordinated with the Tenant Improvement plans and specifications.

Building design will follow DaVita Shell prototype design package – see attached exhibit. (Please send)

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic.. Landlord to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

Tenant will have access and use of all common areas i.e. Lobbies Hallways, Corridors, Restrooms, Stairwells, Utility Rooms, Roof Access, Emergency Access Points and Elevators. All common areas must be code and ADA compliant for Life Safety per current federal, state and local code requirements.

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Landlord's engineer to accommodate site-specific

Climate and soil conditions and recommendations per Landlord's soil engineering and exploration report (To be reviewed and approved by Tenant's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum of four-inch (4")) thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over a vapor barrier and granular fill per Landlord's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Landlord. Under slab plumbing shall be installed by Tenant's General Contractor in coordination with Landlord's General Contractor, inspected by municipality and Tenant for approval prior to pouring the building slab. All utility trenches installed by Lesse's general contractor to be backfilled and compacted using approved granular material to the specifications of the Lessor's testing consultant.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Coordinate column spacing and locations with Tenant's Architect. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by code requirements. If no fire rating is required, interior of walls shall be left as exposed and until Tenants completes any and all work with-in walls on the interior side of the exterior walls. Landlord shall be responsible for interior metal stud furring/framing, mold- and

moisture-resistant glass mat board, mold- and moisture-resistant gypsum board, taping and finishing on the interior side of all exterior walls.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide Tenant copy of material and labor roof warranty for record.

9.0 – Parapet

Landlord to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Façade design is subject to the review and approval of the municipality. Landlord to provide specifications for building façade for Tenant review and approval. All wall system to be signed off by a Landlord's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

Minimum 3-inch drainable exterior insulating fenestration system (EIFS) on water-vapor barrier on ¾-inch thick glass matt sheathing, AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier, system on 6" 16- or 18-ga metal stud framing

Or

Minimum 3-inch drainable exterior insulating fenestration system (EIFS), AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier system, on water-vapor barrier on 8-inch or 12-inch thick concrete masonry wall construction with 3½-inch 20-ga metal stud furring.

Or if required by local municipality

Brick or split face block Veneer on engineered 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8"exterior grade gypsum board or Dens-Glass Sheathing.

11.0 - Canopy

Canopy design per DaVita Shell Prototype, please provide. Approximate size to be based on building and site plan. Canopy to accommodate patient arrival with a level grade with barrier-free transition to the finish floor elevation. Controlled storm water drainage requirements of gutters with scuppers and/or downspouts drainage to landscape areas or connected to site storm sewer system as required or properly

discharged away from the building, sidewalks, and pavement. Steel bollards at column locations where needed.

12.0 – Waterproofing and Weatherproofing

Landlord shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Landlord shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

13.0 - Windows

Landlord to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated low –E glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Tenant's architectural floor plan and shall be coordinate with Landlord's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet all barrier-free requirements including but not limited to American Disability Act (ADA), and State Department of Health requirements. Landlord shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Tenant with a minimum of three (3) sets of keys. Final location of doors to be determined by Tenant architectural floor plan and shall be coordinate with Tenant's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Landlord:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, push button programmable lock, power assist opener, continuous hinge and lock mechanism.

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset,

- Teammate Entry Doors: Provide a minimum 36-inch wide, 20-ga, insulated, hollow metal door and thermally-broken, welded, 20-ga hollow-metal frame (both finished with rust-inhibiting paint) with

programmable keypad lockset, heavy-duty hinges, aluminum threshold, surface closer, and concealed-overhead stop.

- Emergency Egress Doors: Provide minimum 36" wide door with 20 gauge insulated hollow metal door both painted with rust-inhibiting paint,/OR (where indicated by Lessee's Architect) a minimum 42-inch wide aluminum/glass door and aluminum storefront frame, with exit-only panic bar locking hardware, hinges, surface-closer and concealed-overhead stop.

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant. Landlord is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Tenant's Architect.

17.0 - Plumbing

Landlord to provide a segregated/dedicated potable water supply line that will be sized by Tenant's Engineer based on Tenant's water requirements (not tied-in to any other Tenant spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventers arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Tenant space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Landlord to provide Tenant with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Landlord shall perform water flow and pressure test prior to lease execution. Landlord shall stub the dedicated water line into the Tenant lease space per location coordinated by Tenant.
Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Tenant.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Landlord if required by local municipality.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System

A Sprinkler System will be installed if required by AHJ or if required by Tenant. Any single story standalone building or building that could expand to greater than 10,000SF will require a sprinkler system. Landlord shall design and install a complete turnkey sprinkler system that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a

dedicated water line independent of Tenant's potable water line requirements, or as required by local municipality or water provider. Landlord shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per Code and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC. Tenant's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board.

Landlord will provide up to 5 sub panels that can accommodate up to 42 circuits based on the Electrical Engineers design.

If Tenant so chooses to require an Emergency Transfer Switch hook-up for a temporary generator, Landlord will provide one at Landlord costs per Tenants Electrical design.

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. . Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be run to HVAC units and HWH'sper design drawings. Clinic shall be individually metered and sized per demand by Engineer. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Landlord to be responsible for all costs for the HVAC system based on the below criteria.

Tenant will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenant's design criteria and local and state codes.

Landlord to furnish steel framing members, roof curbs and flashing to support Tenant exhaust fans (minimum of 4) to be located by Tenant's architect.

22.0 - Telephone

Landlord shall provide a single 2" PVC underground conduit entrance into Tenant's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Tenant.

23.0 - Cable TV

Landlord shall provide a single 2" PVC underground conduit entrance into Tenant utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Tenant. Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Tenant's architectural plan in conjunction with Landlord's civil engineering and grading plans. If required, Landlord to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be toweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Landlord shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign and emergency lights with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Landlord to provide Tenant with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Tenant Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Tenant signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;

- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Landlord so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based on Tenant's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

Landlord to allow a generator to be installed onsite if required by code or Tenant chooses to provide one at Tenants costs.

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell.

30.0 - Exterior Building Lighting

Landlord to provide adequate lighting and power per code and to illuminate the building main, exit and service entrance, landings and related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete curbs or parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.
Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

32.0 - Site Signage

Landlord will allow at Tenant's cost to install illuminated monument/pylon site sign as well as a facade mounted sign which will include electrical to both Final sign layout to be
provided and approved by Landlord and City.

EXHIBIT C

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 4343 N Elston Ave, Chicago, IL 60641

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

____ Yes ____x__ No

(ii) the immediate family member of an individual involved in the healthcare business, or

____ Yes ____x____ No

(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

____ Yes ____x____ No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

____ Yes ____x____ No

_____Clark Street Real Estate_____
(Please add landlord or entity name)

By: _____Andy Stein_____

Print: _____Andy Stein_____

Its: _____Member_____

Date: _____4/18/16_____

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2015 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted.

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

Attached at Attachment – 39A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners, Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 39A

DaVita. | HealthCare Partners.

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Reasonableness of Financing Arrangements (Irving Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary
(Title(s))

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Total Renal Care, Inc.

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

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

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD	$173.70		6,950				$1,207,231		$1,207,231
Contingency	$15.83		6,950				$110,000		$110,000
TOTAL CLINICAL	$189.53		6,950				$1,317,231		$1,317,231
NON-CLINICAL									
ESRD									
Contingency									
TOTAL NON-CLINICAL									
TOTAL	**$189.53**		**6,950**				**$1,317,231**		**$1,317,231**
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
New Construction Contracts & Contingencies	$1,317,231	$270.09 x 6,950 GSF =$1,877,126	Below State Standard
Contingencies	$110,000	10% of New Construction Contracts 10% x $1,207,231 = $120,723	Below State Standard
Architectural/Engineering Fees	$106,450	6.64% - 9.98% of New Construction Contracts + Contingencies) = 6.64% - 9.98% x ($1,207,231 + $110,000) = 6.64% - 9.98% x	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		$1,317,231 = $87,464 - $131,459	
Consulting and Other Fees	$55,000	No State Standard	No State Standard
Moveable Equipment	$516,377	$52,119.16 per station x 12 stations $52,119.16 x 12 = $625,430	Below State Standard
Fair Market Value of Leased Space or Equipment	$2,242,647	No State Standard	No State Standard

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

Operating Expenses: $2,464,090

Treatments: 10,452

Operating Expense per Treatment: $235.75

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

Capital Costs:

Depreciation:	$172,270
Amortization:	$ 7,866
Total Capital Costs:	$180,136

Treatments: 10,452

Capital Costs per Treatment: $17.23

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2015 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment - 40. As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), the utilization of adult ICHD facilities operating for over 2 years and within 30 minutes of the proposed Irving Park Dialysis is 71.3%. There are 200 patients from Dr. No's practice suffering from Stage 3, 4, or 5 CKD. 141 patients reside within 20 minutes of the proposed site for Irving Park Dialysis. At least 67 of these patients will be expected to commence dialysis treatment at the proposed Irving Park Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at a more optimum capacity, while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
Charity (# of patients)	187	146	109
Charity (cost In dollars)	$2,175,940	$2,477,363	$2,791,566
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	679	708	422
Medicaid (revenue)	$10,371,416	$8,603,971	$7,381,390

Attachment – 40

DaVita®
COMMUNITY CARE
The DaVita Vision for Global Citizenship
2015

DaVita®

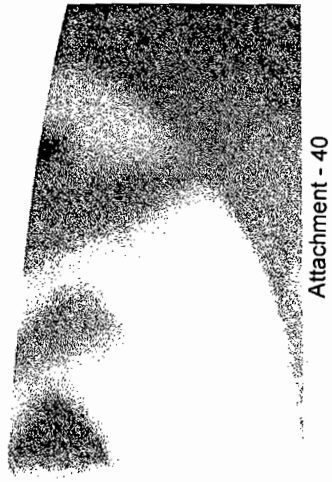
GROWING WITH OUR TRILOGY OF CARE

The DaVita® Village has grown to more than 64,000 teammates serving approximately 2 million patients around the world. Through the growth of DaVita Kidney Care, HealthCare Partners (a DaVita Medical Group), Paladina Health and our international kidney and health care centers, we have kept a sharp focus on our approach to healthcare—providing exceptional care for our patients; supporting the development of our teammates both at work and at home; caring for the communities in which we live and operate around the world; and utilizing sustainable environmental practices.

We define our corporate social responsibility (CSR) programs as our Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World. It is what makes us a community first and a company second.

Leading Industry Quality

DaVita continuously works to improve quality of care, and our standards have been recognized publicly by the federal government. For two years in a row, the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System recognized DaVita Kidney Care as a leader in quality care, with twice as many Four- and Five-Star centers than other major dialysis providers.[1] HealthCare Partners in California was also recognized for high-quality care through an elite status award from the CAPG 2015 Standards of Excellence survey.



Attachment - 40

-180-

OUR VISION

To Build the Greatest Healthcare Community the World Has Ever Seen

OUR MISSION

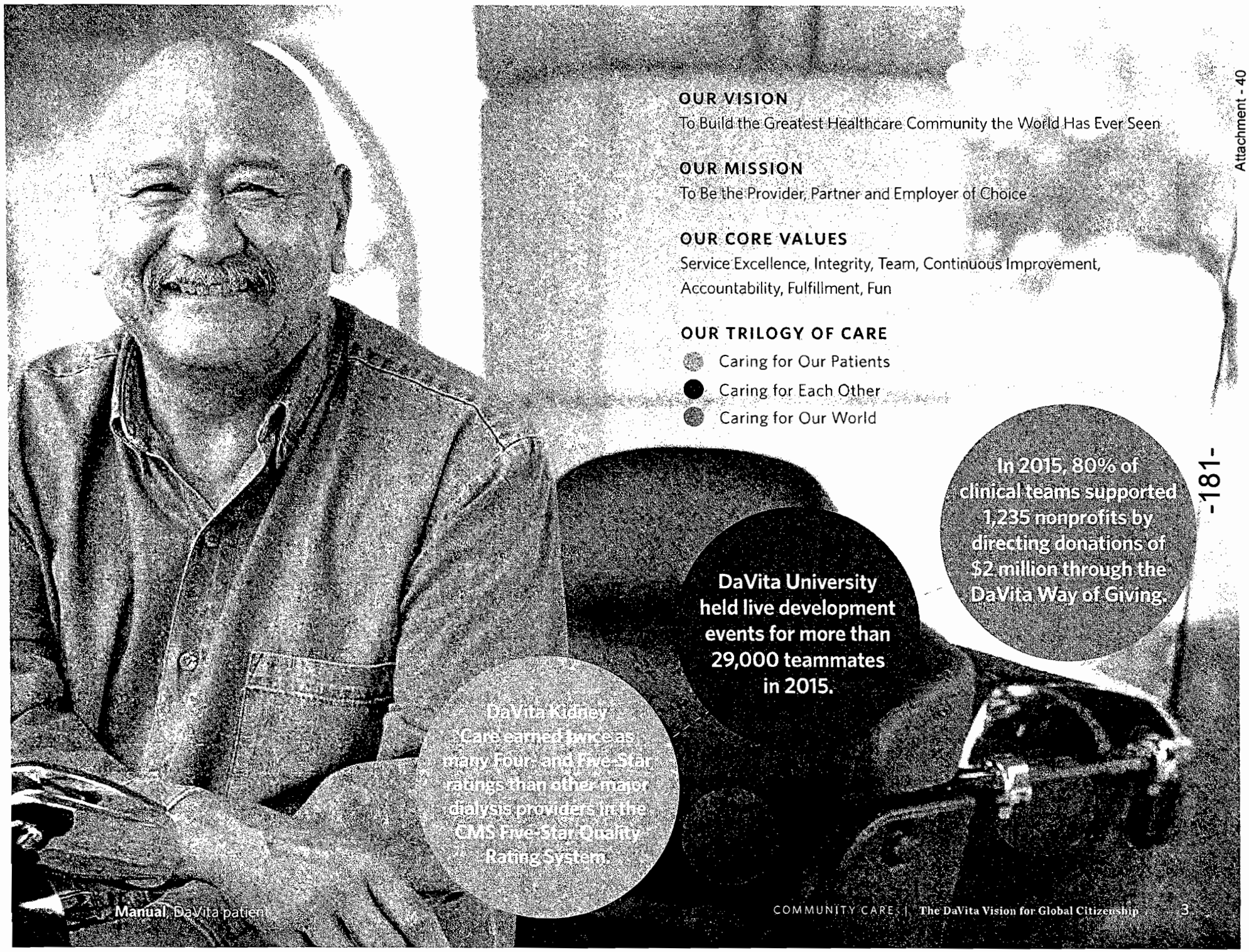
To Be the Provider, Partner and Employer of Choice

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun

OUR TRILOGY OF CARE

- Caring for Our Patients
- Caring for Each Other
- Caring for Our World



Manual, DaVita patient

DaVita Kidney Care earned twice as many Four- and Five-Star ratings than other major dialysis providers in the CMS Five-Star Quality Rating System.

DaVita University held live development events for more than 29,000 teammates in 2015.

In 2015, 80% of clinical teams supported 1,235 nonprofits by directing donations of $2 million through the DaVita Way of Giving.

Becky, DaVita patient, and **Teresa,** DaVita teammate, share a moment during treatment.

CARING FOR OUR PATIENTS

Innovating Care, Improving Lives

DaVita continuously works to improve our integrated care model to help enhance the lives of our patients. The kidney care division supports approximately 190,000 people with end stage renal disease (ESRD) around the globe, and the medical group division provides coordinated primary and specialty care for more than 1.5 million people across the United States. Our innovative clinical programs help coordinate all facets of health, including diet, medications, patient education and emotional support to help improve clinical outcomes, reduce healthcare costs and enhance patient quality of life.

VillageHealth®. As one of the nation's leading integrated kidney care management organizations, VillageHealth now touches 28,000 lives a month through a variety of value-based reimbursement programs. They include three End Stage Renal Disease Seamless Care Organizations (ESCOs) and five full-risk Chronic Special Needs Plans (C-SNPs). Results from one of the C-SNPs include:

- Less than six percent hemodialysis central venous catheter rates for the last three years
- 24 percent fewer hospital admissions compared to the Medicare benchmark
- 16 percent lower non-dialysis cost for ESRD care

Compliance. By maintaining integrity through our robust compliance program, DaVita is able to provide ethical, quality care to our patients.

HealthCare Partners. The CAPG awarded HealthCare Partners in California with elite status in its annual 2015 Standards of Excellence survey. This recognition for giving

quality care is the highest-possible designation given by CAPG, one of the nation's largest professional organizations of physician groups focused on coordinated care.

Paladina Health. Paladina Health, a primary care medical home subsidiary of DaVita, makes care easy through a patient-centric approach and 24/7 access to personal physicians. In 2015, Paladina Health achieved a 73 percent Net Promoter Score in patient satisfaction.

International. DaVita Kidney Care is committed to elevating the health and quality of life for patients around the world. In 2015, we achieved several milestones internationally.

:: Saudi Arabia. We opened our 8th dialysis clinic, allowing us to care for nearly 800 patients in the Kingdom of Saudi Arabia.

:: Germany. We held our first Medical Affairs Summit, which brought together local leading physicians and DaVita global medical officers to discuss kidney care and patient quality of life.

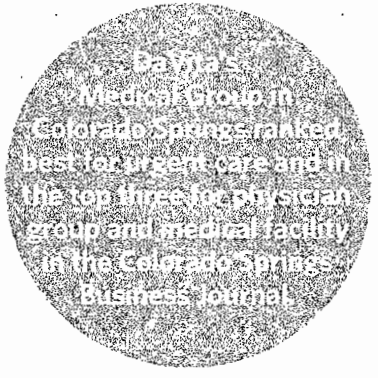
:: China. In the Shandong province, we formed a joint venture kidney care specialty hospital chain—the first of its kind between a multinational healthcare provider and the private sector in China. This gives us the opportunity to help raise the quality of kidney care services in the Shandong province.

Health Tools. DaVita Kidney Care provides some of the most comprehensive kidney disease education tools available to help patients take control of their health:

:: myDaVita: A personalized platform to help people manage their kidney disease

:: DaVita Diet Helper™: A robust diet-planning tool for people on a kidney diet

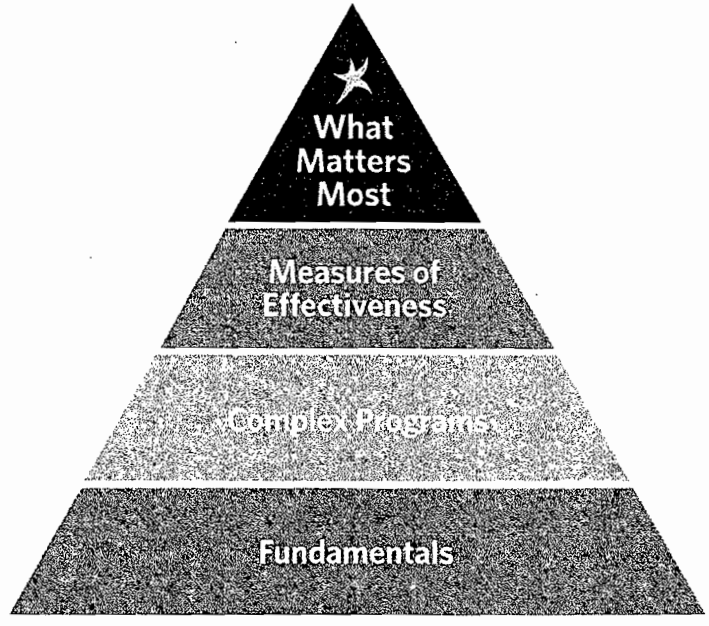
:: DaVita Health Portal™: A portal that allows DaVita dialysis patients to track their health online



DAVITA'S PATIENT-FOCUSED QUALITY PYRAMID: KIDNEY CARE

DaVita.com/Pyramid

Through evidence-based clinical initiatives, DaVita's Patient-Focused Quality Pyramid provides an infrastructure that supports the pursuit of quality for people with kidney disease. With this framework, we have improved clinical outcomes each year since 2000 and have been recognized through the CMS Quality Incentive Program and Five-Star Quality Rating System as a leader in clinical performance.



Attachment - 40
-183-

Teammates **Tara Poysnick** and **Paul Hegarty** ride the Tour DaVita course in North Carolina in 2015.

CARING FOR EACH OTHER

Inspired by Teammates, for Teammates

We provide unique opportunities for our teammates to help them succeed at work and at home through leadership courses, professional development, educational scholarships for children and grandchildren, support in times of crisis and avenues to allow each teammate's voice to be heard.

DaVita University. DaVita University, which offers leadership, management, operational and clinical education opportunities, focuses on growing better leaders, family members and citizens. In 2015, DaVita University held live development events for 29,000 teammates, including division and clinical meetings, teaching and presenting internationally, and much more.

Continuing Education. DaVita provides tuition, license renewal and recertification reimbursement to teammates. In 2015, we awarded 640,000 continuing education contact hours. We value continuing education credit hours at $15 per hour and last year invested more than $9.6 million in continuing education contact hours.

DaVita Academy. This two-day event introduces new field and corporate teammates to the DaVita culture and empowers them to be leaders in their communities, families and teams. In 2015, more than 8,100 teammates participated in Academy.

HealthCare Partners. DaVita Way Days and monthly activities introduce teammates to our Core Values, and various symbols and traditions for celebrating success. Teammates learn how to create and lead DaVita Way activities in their centers and offices.

Attachment - 40

Redwoods Leadership Program. More than 470 DaVita teammates have grown within the company through the Redwoods Leadership Development Program. The Redwoods curricula provide on-the-job and classroom learning, mentorship, a leadership practicum and opportunities to work cross-functionally. In 2015, the Redwoods program built specialized leadership practicums for HealthCare Partners, VillageHealth and DaVita Rx®.

Star Troopers. Through the Star Troopers program, we honor fellow teammates, family members and friends on active military duty. Teammates have sent 9,000 letters, notes and care packages overseas since the program began in 2007.

Idea Hub. This innovation platform is focused on improving the quality of patient care, streamlining our operations and alleviating teammate pain points. The number of unique contributors increased 39 percent year over year to 1,521 teammates in 2015, and ideas ranged from a facility administrator dashboard to new patient buddies.

Voice of the Village Calls and State of HealthCare Partners Calls. These calls are held every eight weeks, one for DaVita Kidney Care teammates and the other for HealthCare Partners teammates. Teammates are invited to hear about the state of the company from senior leaders and ask questions about any subject they choose. Enterprise-wide Voice of the Village Calls are held periodically with all DaVita teammates and feature senior leaders from across the enterprise.

DaVita Village Network. The DaVita Village Network gives teammates the opportunity to help one another during times of crisis, such as a natural disaster, an accident or an illness. Teammates can make payroll contributions, which DaVita provides funding to match up to $250,000 per year.

DaVita Children's Foundation and KT Family Foundation. DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of $1,000 to $3,000. The DaVita Children's Foundation, funded by DaVita, awards students in college or 12th grade. The KT Family Foundation, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, awards students in grades six through 11. Together, the programs have awarded nearly $2 million to 1,000 students.

Woody Brittain Scholarship. The Woody Brittain Scholarship was established in 2012 to honor a past DaVita board member. Woody was a successful businessman who was dedicated to community service. DaVita offers two $7,500 scholarships annually to teammates' children and grandchildren who are African American high school seniors interested in pursuing a career in science, technology or healthcare. Students also receive exposure to DaVita's culture and mentor opportunities while attending college.

DaVita University hosted four DaVita Way Days in Singapore, Malaysia, Germany and Poland, impacting 241 international teammates in 2015.

35,500 teammates and family members participate in the health-promoting Vitality Points program.

The DaVita Children's Foundation and the KT Family Foundation have given nearly $2M in educational assistance to 1,000 children and grandchildren of DaVita teammates.

DEVELOPING LEADERS

Through DaVita's School of Leadership, School of Clinical Education and Village Gatherings, DaVita directly provided personal and professional development for more than 29,000 teammates in 2015.

DaVita University also launched a dozen new and innovative leadership and educational programs, expanded the availability of distance learning, and rolled out leadership and development programs to international teammates in multiple countries.

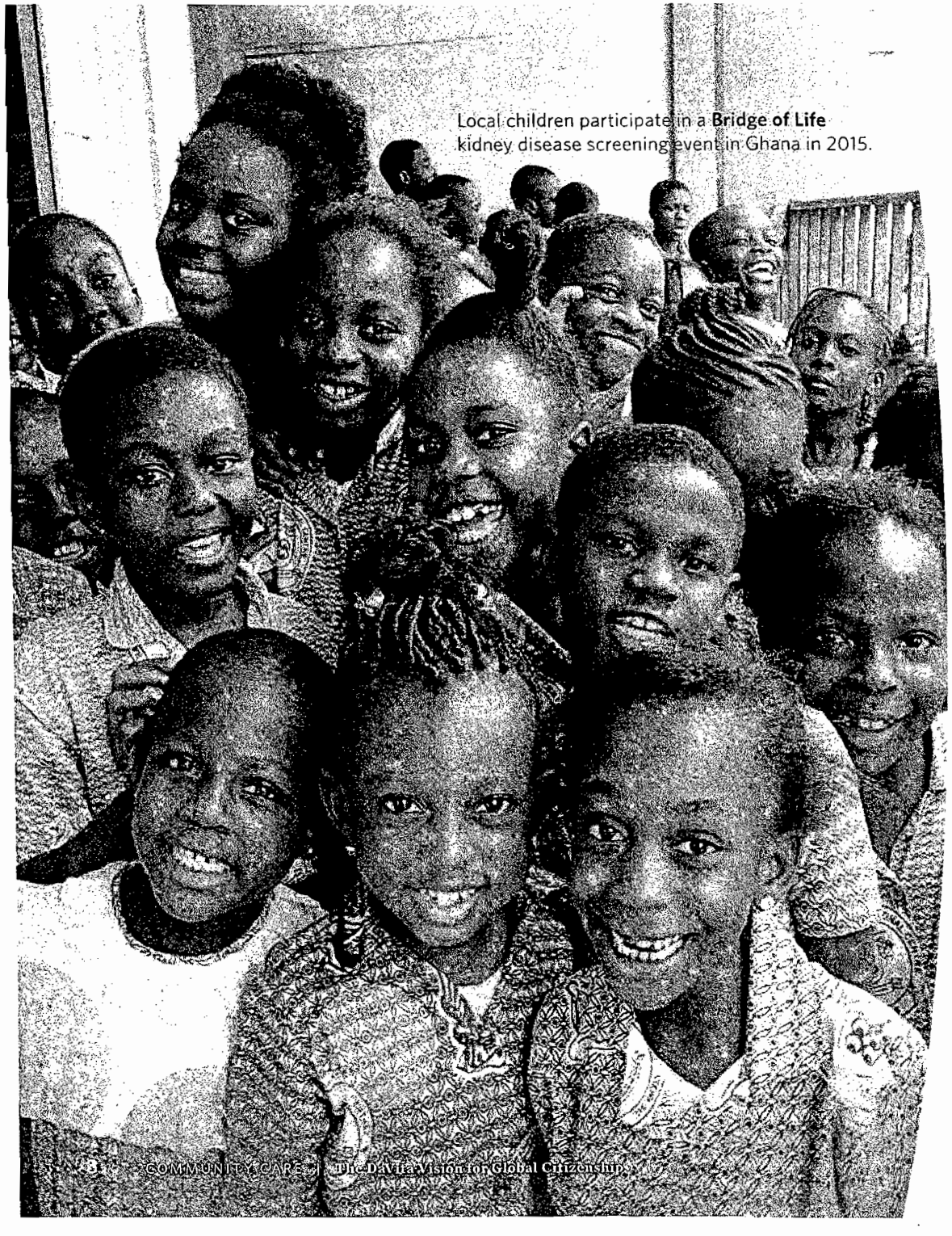
VILLAGE VITALITY

Our Village Vitality program offers teammates multiple tools for making healthy choices, including:

- Free biometric screenings at work sites
- Stress-management courses
- Tobacco-use cessation programs
- Challenges such as Match the Mayor, a six-week program in which teammates try to match Chairman and CEO Kent Thiry and DaVita Kidney Care CEO Javier Rodriguez in adding a variety of fruits and vegetables to their daily meals

Teammates also have the opportunity to earn free health insurance with the We Are Well award for their commitment to achieving their health goals.

Attachment - 40
-185-



Local children participate in a **Bridge of Life** kidney disease screening event in Ghana in 2015.

CARING FOR OUR WORLD

Improving Lives, Sustainably

We are working to improve the lives of our patients, of people in the regions in which we operate and those in need throughout the world by examining and reducing our environmental impact, performing international medical missions, offering health screenings and pursuing philanthropic endeavors.

Bridge of Life. This nonprofit improves access to primary care and dialysis treatments in underserved communities around the world. It also focuses on prevention of chronic kidney disease through early-detection testing and education.

In 2015, Bridge of Life completed 32 international medical missions in 15 countries, hosted 28 domestic kidney disease screenings and assisted with 21 medical camps for kids sessions. In total, nearly 17,000 people were served with the support of more than 300 teammate volunteers.

DaVita Way of Giving. Each year, teammates in DaVita centers support nonprofits in their communities across the nation by making charitable contributions through the DaVita Way of Giving. In 2015, a record-breaking 80 percent of clinical teams participated in the program, supporting 1,235 organizations by directing donations of $2 million. In total, teammates have donated $6.8 million to thousands of nonprofits since the DaVita Way of Giving began in 2011.

KT Community Foundation. The KT Community Foundation offers backing for teammate-led projects that make a difference in teammates' local communities and overseas. To date, it has funded more than $400,000 for such projects.

Attachment - 40

-186-

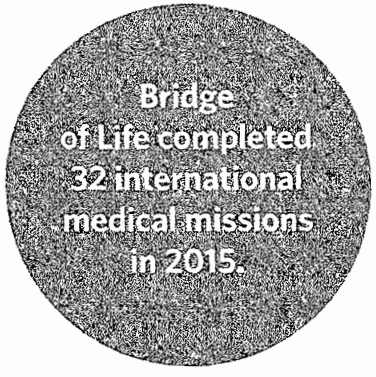
Tour DaVita®. Since 2007, this annual 250-mile bicycle ride has raised more than $7.3 million, and both teammate and patient riders have collectively ridden 735,487 miles in different locations across the nation, to help increase kidney disease awareness.

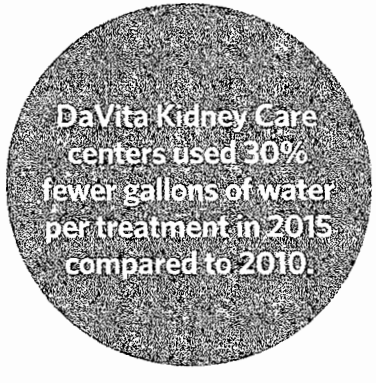
World Kidney Day. As part of the global World Kidney Day campaign, DaVita held 30 kidney disease awareness events in seven countries. During these events in 2015, more than 1,300 people were screened for kidney disease.

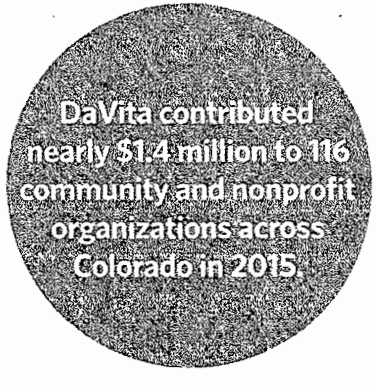
Village Service Days. DaVita teammates and their families and friends have volunteered more than 111,000 hours through 2,500 community service projects—known as Village Service Days—since 2006.

Dynamic Volunteerism. In 2015, teammates at the Casa del Mundo, DaVita's World Headquarters in Denver, launched a new community engagement strategy focused on making a direct and measurable impact on the way local nonprofits conduct business. Through Dynamic Volunteerism, teams assist nonprofits with strategic planning, corporate development, board development, IT consultancy, coaching, capacity building, staffing and more.

Home-State Engagement. In addition to teammates donating more than $2 million nationwide through DaVita Way of Giving in 2015, DaVita contributed nearly $1.4 million to 116 community and nonprofit organizations across Colorado.







SUSTAINABILITY

At DaVita, we recognize the strong connection between healthy workplaces and healthy teammates and patients. We continue to help improve our patients' and teammates' health and quality of life while reducing our environmental footprint. For example, we saved 350 million gallons of water from 2014 through 2015. If those gallons were individual water bottles, they would stretch from Los Angeles to Paris. And in 2015, HealthCare Partners opened a new environmentally friendly office—complete with a "green team" that oversees all environmental efforts—in California. DaVita met or surpassed three of the five environmental goals it aimed to accomplish by the end of 2015, as noted below.

GOAL	2015 RESULTS
	We reduced consumption by 5%. We are seeking an additional 10% reduction by 2020.
	We surpassed the goal with 30% reduction. We are seeking an additional 30% reduction by 2020.
	We reduced consumption by 5%. We are seeking an additional 15% reduction by 2020.
	We achieved 10% and incorporated this into the 2020 goal, as well.
	We achieved this goal by adding more than one new educational program each year since 2011.

Attachment - 40
-187-

LOOKING AHEAD

In reflecting on the progress we made in 2015, we're excited to continue our legacy this year and work to improve quality of life for our patients and teammates, and in the communities in which we live and work.

Caring for Our Patients

With a focus on providing the highest-quality care, HealthCare Partners will work in 2016 to develop defined national care models and protocols for specific areas of disease—cardiovascular disease, respiratory disease, dementia, behavioral health, chronic kidney disease and palliative care. DaVita Kidney Care's primary clinical focus will be to help reduce hospitalizations through ongoing fluid and infection management.

Caring for Each Other

As we continue to grow, DaVita University will broaden education offerings that target our new physician and clinician leaders within DaVita Kidney Care. We will also expand our leadership and management programs for our HealthCare Partners clinician leaders.

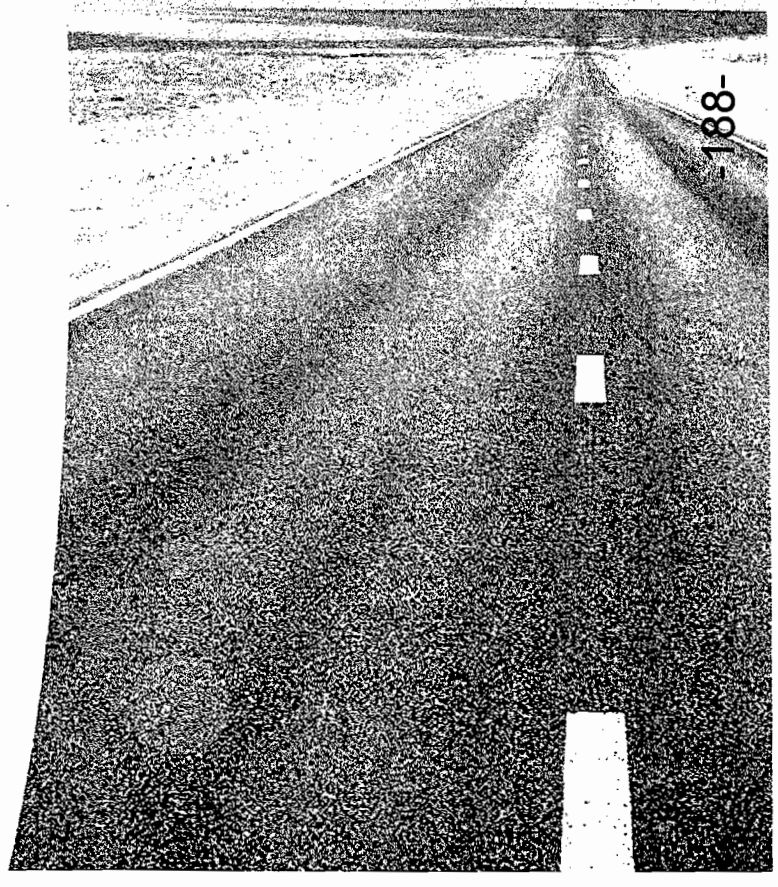
In 2016, DaVita University plans to expand course offerings to include teammates in Malaysia, India, Germany, Poland, the Netherlands, Portugal, China and Brazil.

The Redwoods Resident program will expand its placement to international markets, as well. The Idea Hub will provide greater transparency to ongoing innovation projects, in addition to encouraging increased engagement and collaboration.

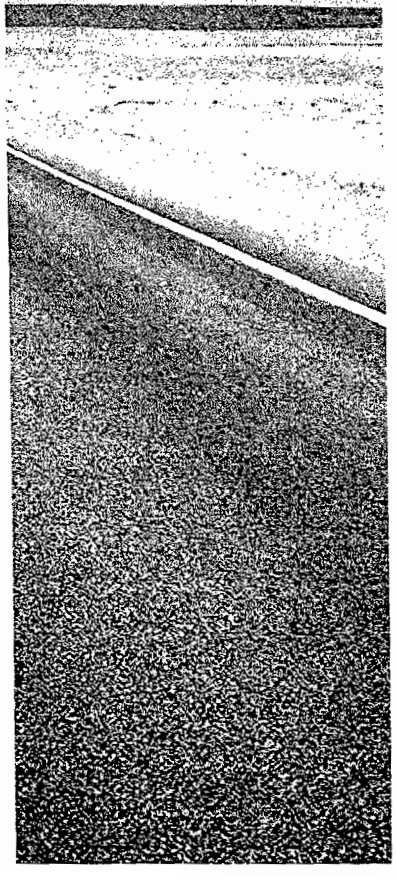
Caring for Our World

Bridge of Life plans to complete 40 international medical missions, 24 domestic chronic kidney disease screenings and seven medical camps for kids sessions in 2016. Altogether, this will directly impact more than 16,000 people.

In the future, HealthCare Partners plans to implement more green teams to expand on its environmental goals. DaVita Kidney Care teammates from across the country and across several teams came together in April 2015 for a Sustainability Summit to brainstorm ideas for our next set of environmental goals. We sought to determine key challenges and how to craft goals around those issues to inspire a larger impact. The final product—our 2020 goals—focuses on our ambitious objectives to reduce our environmental impact in the areas of energy, water, waste, buildings and supply chain.



Attachment - 40
-188-



2015 HIGHLIGHTS

Caring for Our Patients

:: When selected from thousands of applicants and awarded a five- year National Institutes of Health award, HealthCare Partners launched Strategies to Reduce Injuries and Develop Independence in Elders (STRIDE). This is the largest and most visible pragmatic study in the nation's history for fall injury prevention in vulnerable, older individuals.

:: For the third straight year, DaVita Kidney Care led the industry in the CMS Quality Incentive Program, ranking first in four clinical measures.

:: As part of the American Medical Group Association's Anceta Collaborative (40 million patients nationally), DaVita's Medical Group in Colorado Springs ranked first in the percentage of diabetics with controlled blood pressure at 89 percent.

Caring for Each Other

:: To date, 470 DaVita teammates have grown within the company through the Redwoods Leadership Development Program.

:: DaVita provided personal and professional development for more than 42,000 teammates in 2015 through DaVita's School of Leadership, School of Clinical Education and Village Gatherings.

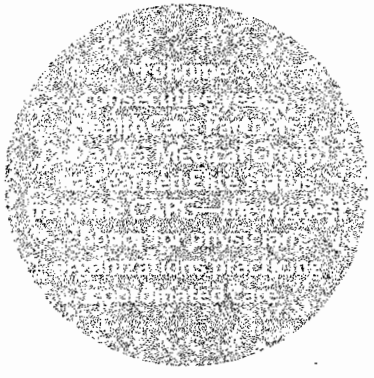
:: Through the Star Troopers program, 8,500 teammates sent letters of encouragement, notes and care packages to active-duty military personnel overseas in 2015.

Caring for Our World

:: Bridge of Life completed 32 international medical missions in 15 countries, hosted 28 domestic kidney disease screenings and assisted with 21 camps for kids with chronic illnesses. In total, nearly 17,000 people were served with the support of more than 300 teammate volunteers.

:: We saved 350 million gallons of water from 2014 through 2015. If those gallons were individual water bottles, they would stretch from Los Angeles to Paris.

:: A record-breaking 80 percent of clinical teams participated in DaVita Way of Giving, supporting 1,235 organizations by directing donations of $2 million.



DaVita was honored as a Training Top 125 company for the 12th consecutive year.

On Earth Day 2015, approximately 1,600 teammates, their families and friends contributed 5,400 hours toward 110 environmental projects in their local communities.

2015 AWARDS

- FORTUNE® World's Most Admired Companies
- Denver Post Top Workplaces Colorado
- Training Top 125
- LearningElite
- WorldBlu Most Freedom-Centered Workplaces
- Becker's Hospital Review 150 Great Places to Work in Healthcare
- Top Military Employer (GI Jobs)
- Newsweek Green Rankings for corporate sustainability and environmental impact
- Communitas for corporate philanthropy
- 21 HealthCare Partners physicians named "Top Doctors" in Nevada and New Mexico
- National Health Information
- Digital Health Information
- Web Health
- eHealthCare Leadership
- Modern Healthcare 100 Most Influential People in Healthcare
- Outstanding Report Card from HealthNet
- SCAN Health Plan Top Performing Medical Group
- ERE Recruiting Excellence Awards
- Integrated Healthcare Association Medicare Advantage 4.5 Star

Attachment - 40
-189-

DaVita®

DAVITA.COM/COMMUNITYCARE

Section XII, Charity Care Information

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

	CHARITY CARE		
	2013	2014	2015
Net Patient Revenue	**$228,115,132**	**$266,319,949**	**$311,351,089**
Amount of Charity Care (charges)	$2,175,940	$2,477,363	$2,791,566
Cost of Charity Care	$2,175,940	$2,477,363	$2,791,566

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. No projecting 67 pre-ESRD patients will be referred to Irving Park Dialysis within 12 to 24 months of project completion.

Gloria No, M.D.
Kap J. No, M.D., S.C.
2740 West Foster Avenue, Suite 113
Chicago, Illinois 60625

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Irving Park Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 4343 North Elston Avenue, Chicago, Illinois 60641 will directly benefit my patients.

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

The site of the proposed facility is close to Interstates 90 and 94 (I-90 and I-94) and U.S. Route 41 (Lake Shore Drive) and will provide better access to patients residing on Chicago's north side. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 71.3%, according to December 31, 2015 reported census data.

I have identified 200 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. 141 patients reside within 20 minutes of the proposed facility. Conservatively, I predict at least 67 of these patients will progress to dialysis within 12 to 24 months of completion of Irving Park Dialysis. My large patient base, the significant utilization at nearby facilities, and the present 56-station need identified in Health Service Area 6 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, for the most recent 4 years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 2 years is provided at Attachment – 2. The list of zip codes for the 141 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Irving Park Dialysis.

Sincerely,

Gloria No, M.D.
Nephrologist
Kap J. No, M.D., S.C.
2740 West Foster Avenue, Suite 113
Chicago, Illinois 60625

Subscribed and sworn to me
This 16th day of MARCH, 2016

Notary Public: HELEN H PARK

OFFICIAL SEAL
HELEN H PARK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/17/19

Historical Patient Utilization

Logan Square Dialysis							
2012		2013		2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60085	1	60085	1	60085	1	60612
1	60453	1	60422	2	60612	1	60614
3	60614	1	60453	2	60614	8	60618
8	60618	1	60612	6	60618	3	60622
1	60622	1	60614	3	60622	4	60625
1	60623	8	60618	4	60625	2	60626
4	60625	3	60622	2	60626	2	60630
1	60626	2	60623	3	60630	1	60632
3	60630	4	60625	1	60632	3	60634
1	60632	1	60626	4	60634	6	60639
2	60634	3	60630	1	60638	4	60641
1	60638	1	60632	8	60639	1	60645
8	60639	1	60634	4	60641	1	60646
2	60641	1	60638	2	60642	7	60647
2	60642	10	60639	2	60644	2	60651
2	60645	4	60641	17	60647	1	60804
11	60647	2	60642	2	60651		
2	60651	2	60644	1	60654		
1	60659	1	60645	1	60707		
1	60706	18	60647	1	60804		
1	60714	5	60651				
		1	60654				
		1	60706				
		2	60804				

Historical Patient Utilization

Lincoln Park Dialysis							
2012		2013		2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60409	1	60409	1	60409	1	60409
2	60613	2	60613	3	60613	4	60613
3	60614	3	60614	2	60614	3	60614
2	60618	2	60618	1	60617	3	60618
1	60624	1	60624	3	60618	1	60624
1	60625	2	60626	1	60624	1	60625
1	60626	1	60630	1	60625	1	60626
1	60630	1	60639	1	60626	1	60630
1	60639	2	60640	1	60630	5	60640
3	60640	1	60641	3	60640	1	60641
1	60641	1	60657	1	60647	1	60653
3	60657	1	60712	1	60653	2	60659
				1	60657		

Historical Patient Utilization

Montclare Dialysis							
2012		2013		2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60634	2	60634	2	60634	1	60634
1	60641	1	60641	1	60641	1	60641
1	60645	1	60707				
1	60657						
1	60707						

Historical Patient Utilization

Big Oaks Dialysis							
2012		2013		2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60714	2	60714	3	60714	1	60630
						4	60714

New Patients

Logan Square Dialysis			
2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code
1	60612	4	60618
1	60614	4	60625
1	60625	1	60626
3	60634	1	60630
1	60639	2	60639
5	60647	4	60641
		1	60645
		1	60646
		1	60647

New Patients

Lincoln Park Dialysis			
2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code
1	60613	1	60613
1	60614	1	60614
1	60617	1	60618
1	60618	2	60640
1	60625	1	60641
1	60640	2	60659
1	60647		
1	60653		
2	6657		

New Patients

Montclare Dialysis			
2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	NA	NA

Attachment - 2

New Patients

Big Oaks Dialysis			
2014		2015	
Pt Count	Zip Code	Pt Count	Zip Code
1	60714	1	60630
		1	60714

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60053	1
60076	3
60077	5
60610	1
60613	5
60614	2
60618	17
60622	2
60625	37
60630	12
60631	1
60634	2
60639	2
60641	8
60646	14
60647	2
60651	1
60657	3
60659	17
60706	2
60707	2
60712	2
Total	**141**

Appendix 2 – Time & Distance Determination

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

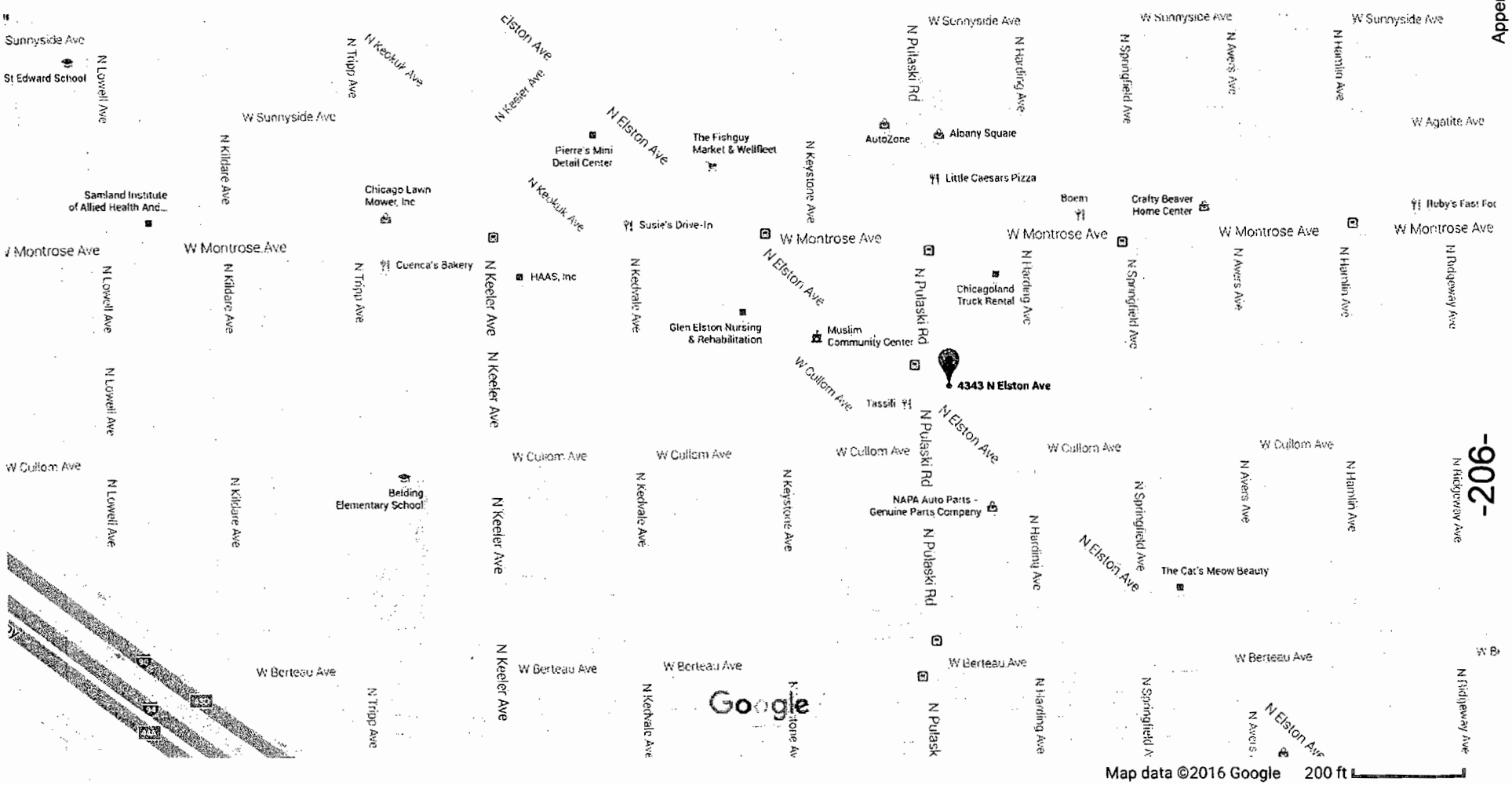
Please note: For reference, the legal description for the property is attached on the following page. As the facility will be a ground-up build, the address provided from Real Estate changed from 4316 North Pulaski Road, Chicago, Illinois 60641 to 4343 North Elston Avenue, Chicago, Illinois 60641. Per the attached maps of the 2 addresses, they refer to the same location that is described in the legal description for the property.

PROPERTY DESCRIPTION:

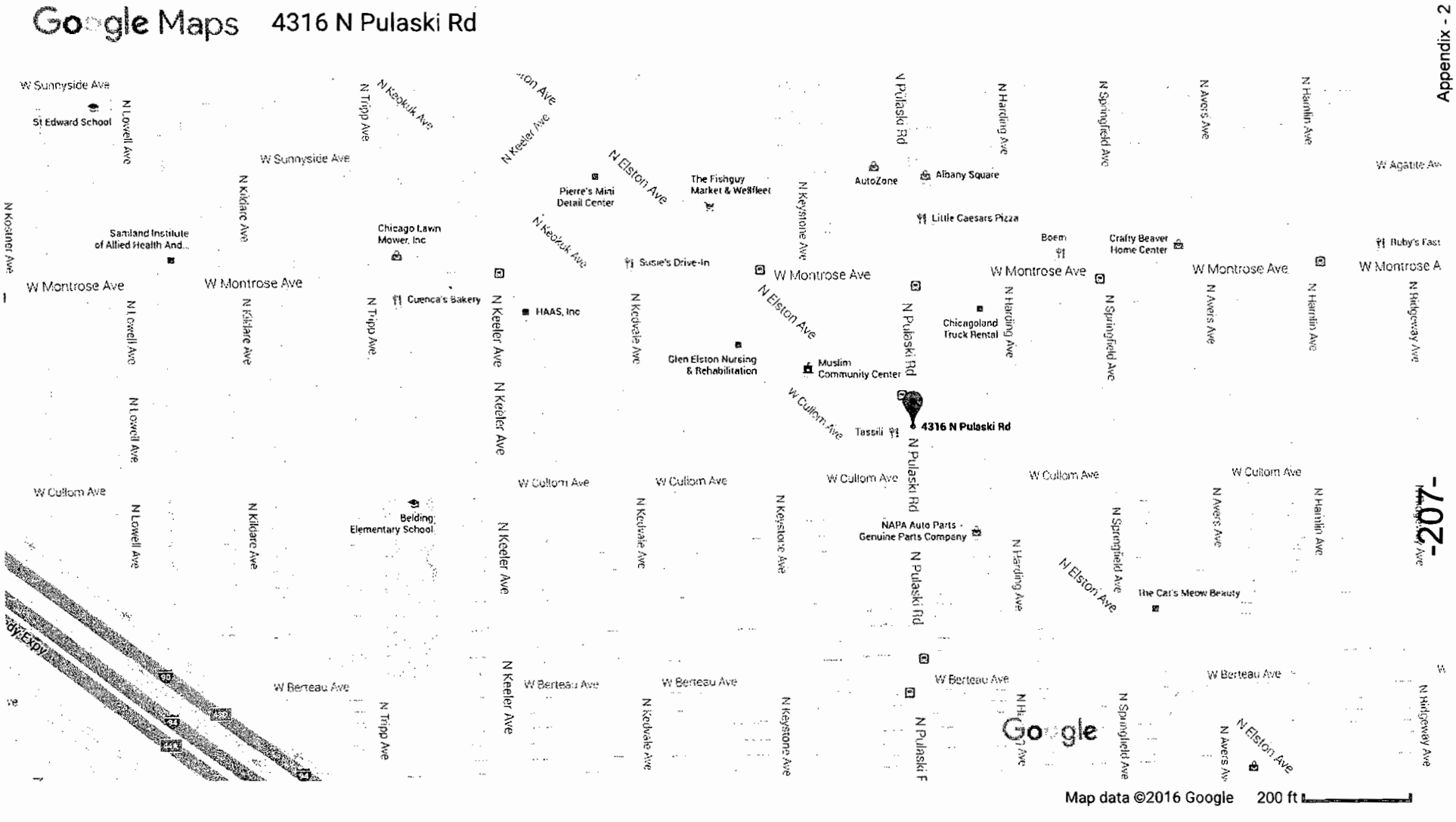
LOTS 13 TO 27, BOTH INCLUSIVE IN BLOCK 1 IN WALKER•S SUBDIVISION OF BLOCKS 1 TO 31, BOTH INCLUSIVE IN W.B. WALKERS ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13 EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.
AND
LOT 1 IN THE RESUBDIVISION OF LOT 28 IN BLOCK 1 IN THE SUBDIVISION OF BLOCKS 1 TO 31 BOTH INCLUSIVE, IN W.B. WALKERS ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ALSO TRIANGULAR PIECE OF GROUND FORMERLY STREET VACATED BY CITY COUNCIL ON MARCH 16, 1908, ALL IN COOK COUNTY ILLINOIS.
AND
THAT PART OF THE EAST-WEST ALLEY PUBLIC ALLEY LYING SOUTH OF THE SOUTH LINE OF LOT 18; LYING NORTH AND NORTHEASTERLY OF THE NORTH AND NORTHEASTERLY LINES OF LOTS 19, 20 AND 21; AND LYING WEST OF THE EAST LINE OF LOT 18 PRODUCED SOUTH TO THE NORTHEASTERLY LINE OF SAID LOT 21; AND LYING EAST OF A LINE DRAWN FROM THE SOUTHWEST CORNER OF LOT 18 TO THE NORTHWEST CORNER OF LOT 19 ALL IN BLOCK 1 IN THE SUBDIVISION OF BLOCKS 1 TO 31, BOTH INCLUSIVE OF W.B. WALKER•S ADDITION TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH RANGE 13 EAST, OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED MARCH 1, 1979 AND RECORDED JUNE 18, 1979 AS DOCUMENT NUMBER 25007955, IN COOK COUNTY ILLINOIS.
SURVEYOR'S NOTE: NO LEGAL DESCRIPTION WAS PROVIDED TO SURVEYOR.

Appendix - 2

Google Maps 4343 N Elston Ave



-206-

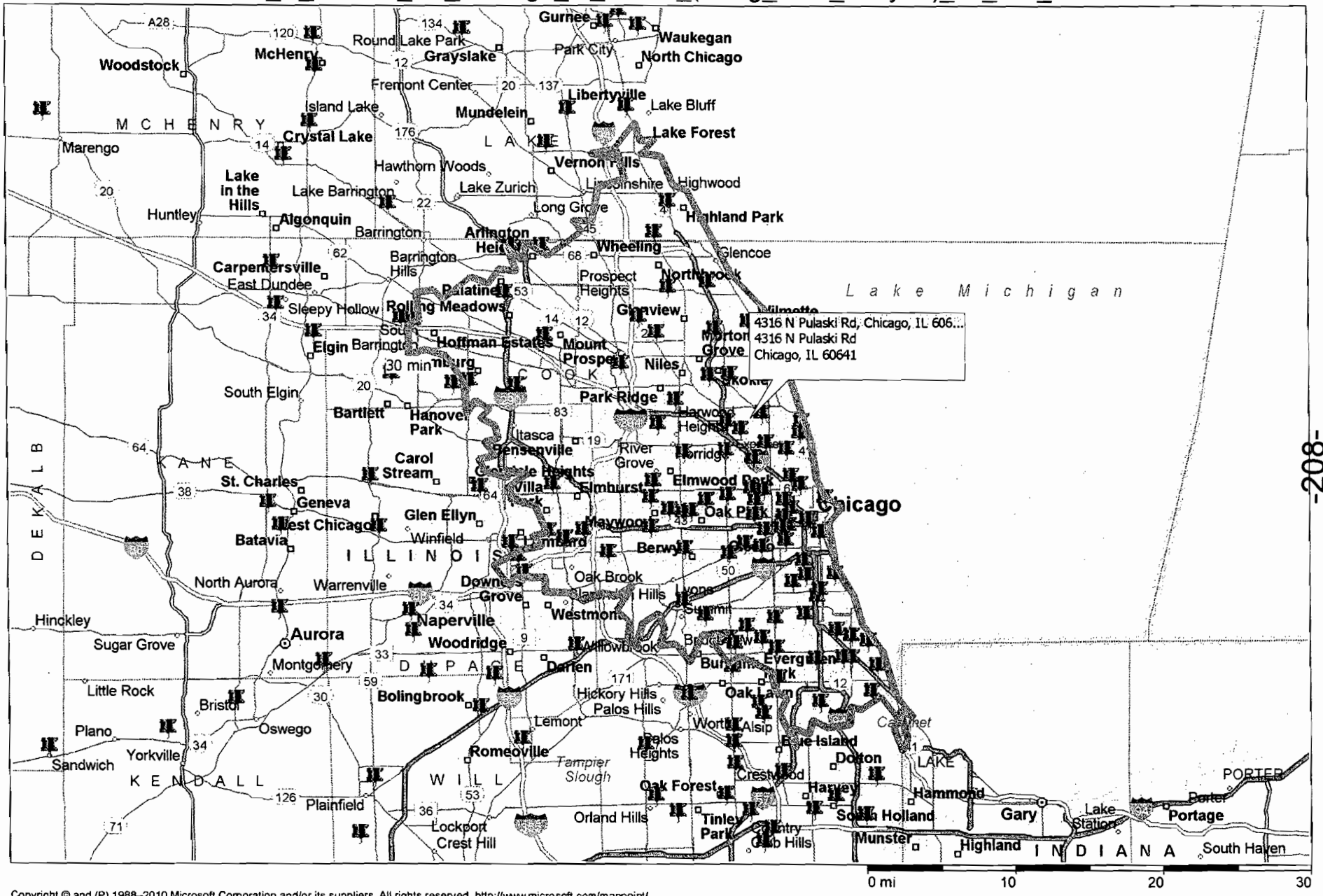


4316 N Pulaski Rd

Chicago, IL 60641

Google Maps

4316_N_Pulaski_Rd_Chicago_IL_60641_(Irving_Park_Dialysis)_30_Min_GSA



Copyright © and (P) 1988–2010 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

mapquest

Notes

Arlington Heights Renal Center to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

16.66 miles / 21 minutes

		Download Free App
	17 W Golf Rd, Arlington Heights, IL 60005-3905	
	1. Start out going **east** on **W Golf Rd / IL-58** toward **S Arlington Heights Rd**.	**0.09 Mi** *0.09 Mi Total*
	2. Take the 1st **right** onto **S Arlington Heights Rd**.	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-90 E** toward **Chicago** (Portions toll).	**14.9 Mi** *15.7 Mi Total*
	4. Take the **IL-19 / Irving Park Rd / Keeler Ave** exit, **EXIT 44A**.	**0.3 Mi** *16.1 Mi Total*
	5. Turn **slight left** onto **IL-19 / W Irving Park Rd**.	**0.2 Mi** *16.2 Mi Total*
	6. Turn **left** onto **N Pulaski Rd**.	**0.4 Mi** *16.7 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **16.66 miles - about 21 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Chatham to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

18.33 miles / 24 minutes

	8710 S Holland Rd, Chicago, IL 60620-1332	**Download Free App**
	1. Start out going **northwest** on **S Holland Rd** toward **S Princeton Ave**.	**0.08 Mi** *0.08 Mi Total*
	2. Take the 1st **right** onto **W 87th St**.	**0.4 Mi** *0.5 Mi Total*
	3. Turn **left** onto **S State St**.	**0.06 Mi** *0.6 Mi Total*
	4. Merge onto **I-94 W** via the ramp on the **left**.	**17.0 Mi** *17.6 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *17.8 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *18.3 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **18.33 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC - Ross Dialysis - Englewood to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
15.90 miles / 24 minutes

6333 S Green St, Chicago, IL 60621-1921

Download Free App

1. Start out going **south** on **S Green St** toward **W 65th St**.	**0.1 Mi** *0.1 Mi Total*
2. Take the 1st **left** onto **W 65th St**.	**0.07 Mi** *0.2 Mi Total*
3. Take the 1st **left** onto **S Halsted St**.	**0.3 Mi** *0.4 Mi Total*
4. Take the 2nd **right** onto **W 63rd St**.	**0.8 Mi** *1.2 Mi Total*
5. Turn **left** onto **S Wentworth Ave**.	**0.07 Mi** *1.2 Mi Total*
6. Merge onto **I-94 W** via the ramp on the **left**.	**13.9 Mi** *15.2 Mi Total*
7. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *15.4 Mi Total*
8. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *15.9 Mi Total*
9. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **15.90 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC New City to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
14.37 miles / 23 minutes

	4622 S Bishop St, Chicago, IL 60609-3240	**Download Free App**
	1. Start out going **south** on **S Bishop St** toward **W 47th St**.	**0.08 Mi** *0.08 Mi Total*
	2. Turn **left** onto **W 47th St**.	**1.6 Mi** *1.7 Mi Total*
	3. Turn **left** onto **S La Salle St**.	**0.08 Mi** *1.7 Mi Total*
	4. Merge onto **I-94 W** via the ramp on the **left**.	**11.9 Mi** *13.6 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *13.9 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *14.4 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **14.37 miles - about 23 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Garfield to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
13.60 miles / 20 minutes

5401 S Wentworth Ave, 18, Chicago, IL 60609-6300

Download Free App

1. Start out going **north** on **S Wentworth Ave** toward **W 54th St**.	**0.9 Mi** *0.9 Mi Total*
2. **S Wentworth Ave** becomes **S La Salle St**.	**0.07 Mi** *1.0 Mi Total*
3. Merge onto **I-94 W** via the ramp on the **left**.	**11.9 Mi** *12.9 Mi Total*
4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *13.1 Mi Total*
5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *13.6 Mi Total*
6. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **13.60 miles - about 20 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Emerald Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

12.94 miles / 19 minutes

	710 W 43rd St, Chicago, IL 60609-3435	**Download Free App**
	1. Start out going **east** on **W 43rd St** toward **S Union Ave**.	**0.7 Mi** *0.7 Mi Total*
	2. Turn **left** onto **S La Salle St**.	**0.01 Mi** *0.7 Mi Total*
	3. Merge onto **I-94 W** via the ramp on the **left**.	**11.5 Mi** *12.2 Mi Total*
	4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *12.4 Mi Total*
	5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *12.9 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **12.94 miles - about 19 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Bridgeport to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
10.96 miles / 17 minutes

	825 W 35th St, Chicago, IL 60609-1511	**Download Free App**
	1. Start out going **east** on **W 35th St** toward **S Halsted St**.	**0.06 Mi** *0.06 Mi Total*
	2. Take the **1st left** onto **S Halsted St**.	**2.7 Mi** *2.7 Mi Total*
	3. Turn **right** onto **W Taylor St**.	**0.1 Mi** *2.9 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**7.4 Mi** *10.2 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *10.5 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *11.0 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **10.96 miles - about 17 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Grand Crossing Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
17.53 miles / 24 minutes

	7319 S Cottage Grove Ave, Chicago, IL 60619-1909	**Download Free App**
	1. Start out going **south** on **S Cottage Grove Ave** toward **E 74th St**.	**0.2 Mi** *0.2 Mi Total*
	2. Take the 2nd **right** onto **E 75th St**.	**1.0 Mi** *1.2 Mi Total*
	3. Turn **right** onto **S State St**.	**0.03 Mi** *1.3 Mi Total*
	4. Merge onto **I-94 W** via the ramp on the **left**.	**15.5 Mi** *16.8 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *17.0 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *17.5 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **17.53 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Woodlawn Dialysis to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
13.51 miles / 20 minutes

5060 S State St, Chicago, IL 60609-5328

Download Free App

1. Start out going **south** on **S State St** toward **W 51st St**.	**0.04 Mi**	*0.04 Mi Total*
2. Take the 1st **right** onto **W 51st St**.	**0.2 Mi**	*0.3 Mi Total*
3. Take the 2nd **right** onto **S Wentworth Ave**.	**0.5 Mi**	*0.8 Mi Total*
4. **S Wentworth Ave** becomes **S La Salle St**.	**0.07 Mi**	*0.9 Mi Total*
5. Merge onto **I-94 W** via the ramp on the **left**.	**11.9 Mi**	*12.8 Mi Total*
6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi**	*13.0 Mi Total*
7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi**	*13.5 Mi Total*
8. **4316 N PULASKI RD** is on the **left**.		

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **13.51 miles - about 20 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Kenwood Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
13.42 miles / 20 minutes

	4253 S Cottage Grove Ave, Chicago, IL 60653-2929	**Download Free App**
	1. Start out going **south** on **S Cottage Grove Ave** toward **E 43rd St**.	**0.05 Mi** *0.05 Mi Total*
	2. Take the 1st **right** onto **E 43rd St**.	**1.2 Mi** *1.2 Mi Total*
	3. Turn **right** onto **S La Salle St**.	**0.01 Mi** *1.2 Mi Total*
	4. Merge onto **I-94 W** via the ramp on the **left**.	**11.5 Mi** *12.7 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *12.9 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *13.4 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **13.42 miles - about 20 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Loyola Dialysis Center to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

18.80 miles / 24 minutes

	1201 W Roosevelt Rd, Maywood, IL 60153-4046	**Download Free App**
	1. Start out going **east** on **W Roosevelt Rd** toward **S 12th Ave**.	**0.2 Mi** *0.2 Mi Total*
	2. Turn **left** onto **S 9th Ave**.	**0.5 Mi** *0.7 Mi Total*
	3. Turn **right** onto **Bataan Dr**.	**0.02 Mi** *0.7 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**10.1 Mi** *10.8 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *18.1 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *18.3 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *18.8 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **18.80 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Melrose Park to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
9.95 miles / 24 minutes

There is a timed restriction on your route

		Download Free App
	1111 Superior St, Melrose Park, IL 60160-4137	
	1. Start out going **east** on **Superior St** toward **N 11th Ave**.	**0.01 Mi** *0.01 Mi Total*
	2. Turn **left** onto **N 11th Ave**.	**0.06 Mi** *0.08 Mi Total*
	3. Turn **right** onto **Chicago Ave**.	**0.6 Mi** *0.7 Mi Total*
171	4. Turn **left** onto **N 1st Ave / IL-171**. Continue to follow **IL-171**.	**3.2 Mi** *3.9 Mi Total*
	5. Turn **right** onto **W Forest Preserve Ave**.	**1.8 Mi** *5.7 Mi Total*
	6. **W Forest Preserve Ave** becomes **W Forest Preserve Dr**.	**0.8 Mi** *6.5 Mi Total*
	7. Stay **straight** to go onto **W Forest Preserve Ave**.	**0.02 Mi** *6.5 Mi Total*
	8. **W Forest Preserve Ave** becomes **W Montrose Ave**.	**3.3 Mi** *9.8 Mi Total*
	9. Turn **slight right** onto **N Elston Ave**.	**0.1 Mi** *10.0 Mi Total*
	10. Turn **sharp left** onto **N Pulaski Rd**.	
	11. **4316 N PULASKI RD** is on the **left**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **9.95 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC - Dialysis Center of America - Berwyn to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
18.23 miles / 24 minutes

	2601 S Harlem Ave, Berwyn, IL 60402-2100	**Download Free App**
	1. Start out going **north** on **Harlem Ave / IL-43** toward **26th St**.	**2.1 Mi** *2.1 Mi Total*
	2. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E**.	**8.1 Mi** *10.2 Mi Total*
	3. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *17.5 Mi Total*
	4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *17.7 Mi Total*
	5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *18.2 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **18.23 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Maple Avenue Kidney Center to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

16.62 miles / 21 minutes

610 S Maple Ave, Oak Park, IL 60304-1003

Download Free App

1. Start out going **south** on **S Maple Ave** toward **Adams St**.	**0.1 Mi** *0.1 Mi Total*
2. Turn **right** onto **Jackson Blvd**.	**0.05 Mi** *0.2 Mi Total*
3. Take the 1st **left** onto **Harlem Ave / IL-43**.	**0.3 Mi** *0.4 Mi Total*
4. Make a **U-turn** at **Harrison St** onto **Harlem Ave / IL-43**.	**0.09 Mi** *0.5 Mi Total*
5. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E**.	**8.1 Mi** *8.6 Mi Total*
6. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *15.9 Mi Total*
7. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *16.1 Mi Total*
8. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *16.6 Mi Total*
9. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **16.62 miles - about 21 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC North Avenue to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
8.86 miles / 22 minutes

There is a timed restriction on your route

		Download Free App
	719 W North Ave, Melrose Park, IL 60160-1631	
	1. Start out going **west** on **W North Ave / IL-64** toward **N 9th Ave**.	**0.1 Mi** *0.1 Mi Total*
64	2. Make a **U-turn** at **N 9th Ave** onto **W North Ave / IL-64**.	**0.5 Mi** *0.6 Mi Total*
171	3. Turn **left** onto **1st Ave / IL-171**. Continue to follow **IL-171**.	**2.2 Mi** *2.8 Mi Total*
	4. Turn **right** onto **W Forest Preserve Ave**.	**1.8 Mi** *4.6 Mi Total*
	5. **W Forest Preserve Ave** becomes **W Forest Preserve Dr**.	**0.8 Mi** *5.4 Mi Total*
	6. Stay **straight** to go onto **W Forest Preserve Ave**.	**0.02 Mi** *5.4 Mi Total*
	7. **W Forest Preserve Ave** becomes **W Montrose Ave**.	**3.3 Mi** *8.7 Mi Total*
	8. Turn **slight right** onto **N Elston Ave**.	**0.1 Mi** *8.9 Mi Total*
	9. Turn **sharp left** onto **N Pulaski Rd**.	
	10. **4316 N PULASKI RD** is on the **left**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **8.86 miles - about 22 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Northwest to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

7.94 miles / 12 minutes

		Download Free App
	4701 N Cumberland Ave, Norridge, IL 60706-2905	
	1. Start out going **north** on **N Cumberland Ave / IL-171** toward **W Lawrence Ave**.	**1.2 Mi** *1.2 Mi Total*
	2. Merge onto **I-90 E / Kennedy Expy E**.	**5.8 Mi** *7.0 Mi Total*
	3. Take the **IL-19 / Irving Park Rd / Keeler Ave** exit, **EXIT 44A**.	**0.3 Mi** *7.3 Mi Total*
19	4. Turn **slight left** onto **IL-19 / W Irving Park Rd**.	**0.2 Mi** *7.5 Mi Total*
	5. Turn **left** onto **N Pulaski Rd**.	**0.4 Mi** *7.9 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **7.94 miles - about 12 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Resurrection Medical Center Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
5.97 miles / 9 minutes

	7435 W Talcott Ave, Chicago, IL 60631-3707	**Download Free App**
	1. Start out going **southeast** on **W Talcott Ave** toward **N Oketo Ave**.	**0.4 Mi** *0.4 Mi Total*
43	2. Turn **right** onto **N Harlem Ave / IL-43**.	**0.3 Mi** *0.7 Mi Total*
	3. Merge onto **I-90 E / Kennedy Expy E**.	**4.4 Mi** *5.0 Mi Total*
	4. Take the **IL-19 / Irving Park Rd / Keeler Ave** exit, **EXIT 44A**.	**0.3 Mi** *5.4 Mi Total*
19	5. Turn **slight left** onto **IL-19 / W Irving Park Rd**.	**0.2 Mi** *5.6 Mi Total*
	6. Turn **left** onto **N Pulaski Rd**.	**0.4 Mi** *6.0 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **5.97 miles - about 9 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC - West Suburban Hospital Dialysis to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
7.20 miles / 17 minutes

	518 N Austin Blvd, STE 5000, Oak Park, IL 60302-2947	**Download Free App**
	1. Start out going **north** on **N Austin Blvd** toward **W Erie St**.	**1.2 Mi** *1.2 Mi Total*
	2. **N Austin Blvd** becomes **N Austin Ave**.	**2.0 Mi** *3.3 Mi Total*
	3. Turn **right** onto **W Belmont Ave**.	**2.5 Mi** *5.8 Mi Total*
	4. Turn **left** onto **N Pulaski Rd**.	**1.4 Mi** *7.2 Mi Total*
	5. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **7.20 miles - about 17 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Cicero to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

16.89 miles / 24 minutes

3000 S Cicero Ave, Cicero, IL 60804-3638

Download Free App

1. Start out going **south** on **S Cicero Ave / IL-50** toward **W 31st St**.	**1.5 Mi** *1.5 Mi Total*
2. Merge onto **I-55 N / Adlai E Stevenson Expy N** via the ramp on the **left**.	**4.7 Mi** *6.3 Mi Total*
3. Merge onto **I-90 W / I-94 W** via **EXIT 292A** toward **Wisconsin**.	**9.9 Mi** *16.2 Mi Total*
4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *16.4 Mi Total*
5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *16.9 Mi Total*
6. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **16.89 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Lawndale Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

7.79 miles / 24 minutes

	3934 W 24th St, Chicago, IL 60623-3073	**Download Free App**
	1. Start out going **west** on **W 24th St** toward **S Pulaski Rd**.	**0.06 Mi** *0.06 Mi Total*
	2. Take the 1st **right** onto **S Pulaski Rd**.	**5.2 Mi** *5.2 Mi Total*
	3. Turn **right** onto **W Belden Ave**.	**0.02 Mi** *5.2 Mi Total*
	4. Take the 1st **left** onto **N Pulaski Rd**.	**2.5 Mi** *7.8 Mi Total*
	5. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **7.79 miles - about 24 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Austin Community to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
5.49 miles / 16 minutes

4800 W Chicago Ave, 2a, Chicago, IL 60651-3223

Download Free App

1. Start out going **east** on **W Chicago Ave** toward **N Cicero Ave / IL-50**.	**1.0 Mi** *1.0 Mi Total*
2. Turn **left** onto **N Pulaski Rd**.	**1.9 Mi** *2.9 Mi Total*
3. Turn **right** onto **W Belden Ave**.	**0.02 Mi** *2.9 Mi Total*
4. Take the 1st **left** onto **N Pulaski Rd**.	**2.5 Mi** *5.5 Mi Total*
5. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **5.49 miles - about 16 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Montclare Dialysis to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
5.26 miles / 13 minutes

7009 W Belmont Ave, Chicago, IL 60634-4533

Download Free App

1. Start out going **east** on **W Belmont Ave** toward **N Sayre Ave**.	**3.8 Mi** *3.8 Mi Total*
2. Turn **left** onto **N Pulaski Rd**.	**1.4 Mi** *5.3 Mi Total*
3. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **5.26 miles - about 13 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC West Belmont to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
2.53 miles / 7 minutes

4848 W Belmont Ave, Chicago, IL 60641-4329

Download Free App

1.	Start out going **east** on **W Belmont Ave** toward **N Cicero Ave / IL-50**.	**1.1 Mi** *1.1 Mi Total*
2.	Turn **left** onto **N Pulaski Rd**.	**1.4 Mi** *2.5 Mi Total*
3.	**4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **2.53 miles - about 7 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC North Kilpatrick to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
1.16 miles / 3 minutes

There is a timed restriction on your route

	4800 N Kilpatrick Ave, Chicago, IL 60630-1725	**Download Free App**
	1. Start out going **south** on **N Kilpatrick Ave** toward **W Lawrence Ave**.	**0.01 Mi** *0.01 Mi Total*
	2. Turn **left** onto **W Lawrence Ave**.	**0.3 Mi** *0.3 Mi Total*
	3. Turn **right** onto **N Elston Ave**.	**0.9 Mi** *1.2 Mi Total*
	4. Turn **sharp left** onto **N Pulaski Rd**.	
	5. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **1.16 miles - about 3 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Des Plaines to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

11.30 miles / 16 minutes

1625 E Oakton St, Des Plaines, IL 60018-2107		**Download Free App**
1. Start out going **east** on **E Oakton St** toward **Linden St**.	**0.3 Mi** *0.3 Mi Total*
2. Turn **right** onto **S River Rd**.	**1.1 Mi** *1.5 Mi Total*
3. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll).	**1.1 Mi** *2.5 Mi Total*
4. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll).	**7.8 Mi** *10.3 Mi Total*
5. Take the **IL-19 / Irving Park Rd / Keeler Ave** exit, **EXIT 44A**.	**0.3 Mi** *10.7 Mi Total*
6. Turn **slight left** onto **IL-19 / W Irving Park Rd**.	**0.2 Mi** *10.9 Mi Total*
7. Turn **left** onto **N Pulaski Rd**.	**0.4 Mi** *11.3 Mi Total*
8. **4316 N PULASKI RD** is on the **left**.	
4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.30 miles - about 16 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Glenview to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
14.92 miles / 22 minutes

	4248 Commercial Way, Glenview, IL 60025-3573	**Download Free App**
	1. Start out going **east** on **Commercial Way** toward **Dearlove Rd**.	**0.06 Mi** *0.06 Mi Total*
	2. Turn **right** onto **Dearlove Rd**.	**0.3 Mi** *0.3 Mi Total*
	3. Take the 3rd **right** onto **W Central Rd**.	**0.4 Mi** *0.7 Mi Total*
	4. Take the 2nd **left** onto **N East River Rd**.	**0.9 Mi** *1.5 Mi Total*
	5. **N East River Rd** becomes **Bender Rd**.	**0.7 Mi** *2.2 Mi Total*
	6. Turn **right** onto **E Ballard Rd**.	**0.3 Mi** *2.5 Mi Total*
	7. Turn **left** onto **Rand Rd**.	**0.4 Mi** *3.0 Mi Total*
	8. **Rand Rd** becomes **N Northwest Hwy**.	**0.1 Mi** *3.1 Mi Total*
	9. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll).	**3.1 Mi** *6.1 Mi Total*
	10. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll).	**7.8 Mi** *14.0 Mi Total*
	11. Take the **IL-19 / Irving Park Rd / Keeler Ave** exit, **EXIT 44A**.	**0.3 Mi** *14.3 Mi Total*
19	12. Turn **slight left** onto **IL-19 / W Irving Park Rd**.	**0.2 Mi** *14.5 Mi Total*
	13. Turn **left** onto **N Pulaski Rd**.	**0.4 Mi** *14.9 Mi Total*
	14. **4316 N PULASKI RD** is on the left.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **14.92 miles - about 22 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Niles to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
8.58 miles / 20 minutes

There is a timed restriction on your route

	9371 Milwaukee Ave, Niles, IL 60714-1303	**Download Free App**
	1. Start out going **northwest** on **N Milwaukee Ave / IL-21**.	**0.07 Mi** *0.07 Mi Total*
	2. Take the 1st **left**.	**0.01 Mi** *0.08 Mi Total*
	3. Take the 1st **left** onto **N Milwaukee Ave / IL-21**. Continue to follow **N Milwaukee Ave**.	**4.8 Mi** *4.9 Mi Total*
	4. Turn **slight left** onto **N Elston Ave**.	**3.7 Mi** *8.6 Mi Total*
	5. Turn **sharp left** onto **N Pulaski Rd**.	
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **8.58 miles - about 20 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Satelite Dilaysis of Glenview to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
14.59 miles / 21 minutes

There is a timed restriction on your route

		Download Free App
	2601 Compass Rd, Glenview, IL 60026-8004	
	1. Start out going **west** on **Compass Rd** toward **Patriot Blvd**.	**0.1 Mi** *0.1 Mi Total*
	2. Turn **right** onto **Patriot Blvd**.	**0.5 Mi** *0.6 Mi Total*
	3. Take the 2nd **right** onto **Willow Rd**.	**1.3 Mi** *1.9 Mi Total*
	4. **Willow Rd** becomes **New Willow Rd**.	**1.4 Mi** *3.3 Mi Total*
	5. **New Willow Rd** becomes **Willow Rd**.	**0.2 Mi** *3.5 Mi Total*
	6. Merge onto **I-94 E / Edens Expy S** toward **Chicago**.	**9.0 Mi** *12.4 Mi Total*
	7. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *13.2 Mi Total*
	8. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *14.6 Mi Total*
	9. Turn **sharp left** onto **N Pulaski Rd**.	
	10. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **14.59 miles - about 21 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Deerfield to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

16.96 miles / 21 minutes

There is a timed restriction on your route

		Download Free App
	405 Lake Cook Rd, 13, Deerfield, IL 60015-4918	
	1. Start out going **east** on **Lake Cook Rd** toward **S Waukegan Rd / IL-43**.	**2.0 Mi** *2.0 Mi Total*
SOUTH 41	2. Merge onto **US-41 S** toward **I-94 E / Chicago**.	**4.9 Mi** *6.9 Mi Total*
	3. Stay **straight** to go onto **I-94 E / Edens Expy S**.	**7.9 Mi** *14.8 Mi Total*
SOUTH 50	4. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *15.6 Mi Total*
	5. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *17.0 Mi Total*
	6. Turn **sharp left** onto **N Pulaski Rd**.	
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **16.96 miles - about 21 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Highland Park to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
17.38 miles / 21 minutes

There is a timed restriction on your route

	1657 Old Skokie Rd, Highland Park, IL 60035-2349	**Download Free App**
	1. Start out going **southeast** on **Old Skokie Rd** toward **Berkley Rd**.	**0.4 Mi** *0.4 Mi Total*
	2. Turn **left** onto **Old Skokie Valley Rd**.	**0.03 Mi** *0.4 Mi Total*
SOUTH 41	3. Merge onto **US-41 S**.	**6.9 Mi** *7.3 Mi Total*
	4. Stay **straight** to go onto **I-94 E / Edens Expy S**.	**7.9 Mi** *15.2 Mi Total*
SOUTH 50	5. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *16.0 Mi Total*
	6. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *17.4 Mi Total*
	7. Turn **sharp left** onto **N Pulaski Rd**.	
	8. **4316 N PULASKI RD** is on the **left**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **17.38 miles - about 21 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Big Oaks Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

5.02 miles / 9 minutes

There is a timed restriction on your route

	5623 W Touhy Ave, Niles, IL 60714-4019	**Download Free App**
	1. Start out going **east** on **W Touhy Ave** toward **Central Ave**.	**0.8 Mi** *0.8 Mi Total*
	2. Merge onto **I-94 E / Edens Expy S** toward **Chicago**.	**2.1 Mi** *2.9 Mi Total*
	3. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *3.6 Mi Total*
	4. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *5.0 Mi Total*
	5. Turn **sharp left** onto **N Pulaski Rd**.	
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **5.02 miles - about 9 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Skokie to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

8.93 miles / 13 minutes

There is a timed restriction on your route

9801 Woods Dr, Skokie, IL 60077-1095		**Download Free App**
1. Start out going **north** on **Woods Dr** toward **Old Orchard Rd**.	**0.3 Mi** *0.3 Mi Total*	
2. Take the 1st **right** onto **Old Orchard Rd**.	**0.2 Mi** *0.5 Mi Total*	
3. Merge onto **I-94 E / Edens Expy S** via the ramp on the **left**.	**6.3 Mi** *6.8 Mi Total*	
4. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *7.5 Mi Total*	
5. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *8.9 Mi Total*	
6. Turn **sharp left** onto **N Pulaski Rd**.		
7. **4316 N PULASKI RD** is on the **left**.		
4316 N Pulaski Rd, Chicago, IL 60641-2150		

Total Travel Estimate: **8.93 miles - about 13 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Center for Renal Replacement to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

5.45 miles / 10 minutes

There is a timed restriction on your route

		Download Free App
	7301 N Lincoln Ave, STE 205, Lincolnwood, IL 60712-1704	
	1. Start out going **northwest** on **N Lincoln Ave / US-41 N** toward **W Jarvis Ave**.	**0.4 Mi** *0.4 Mi Total*
50	2. Turn **sharp left** onto **Skokie Blvd / IL-50**. Continue to follow **IL-50**.	**0.4 Mi** *0.9 Mi Total*
	3. Turn **right** onto **W Touhy Ave**.	**0.2 Mi** *1.1 Mi Total*
	4. Merge onto **I-94 E / Edens Expy S** toward **Chicago**.	**2.2 Mi** *3.3 Mi Total*
SOUTH 50	5. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *4.1 Mi Total*
	6. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *5.4 Mi Total*
	7. Turn **sharp left** onto **N Pulaski Rd**.	
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **5.45 miles - about 10 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC - RCG - Mid America Evanston to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

10.61 miles / 16 minutes

There is a timed restriction on your route

	2953 Central St, Evanston, IL 60201-1245	**Download Free App**
	1. Start out going **west** on **Central St** toward **Central Park Ave**.	**0.6 Mi** *0.6 Mi Total*
	2. Turn **slight left** onto **Gross Point Rd**.	**0.2 Mi** *0.8 Mi Total*
	3. Turn **slight right** onto **Old Orchard Rd**.	**1.4 Mi** *2.1 Mi Total*
	4. Merge onto **I-94 E / Edens Expy S**.	**6.3 Mi** *8.5 Mi Total*
	5. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *9.2 Mi Total*
	6. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *10.6 Mi Total*
	7. Turn **sharp left** onto **N Pulaski Rd**.	
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **10.61 miles - about 16 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Northfield to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

11.41 miles / 15 minutes

There is a timed restriction on your route

		Download Free App
	480 Central Ave, Northfield, IL 60093-3016	
	1. Start out going **south** on **Central Ave** toward **Cherry St**.	**0.2 Mi** *0.2 Mi Total*
	2. Turn **left** onto **Willow Rd**.	**0.06 Mi** *0.3 Mi Total*
	3. Merge onto **I-94 E / Edens Expy S** toward **Chicago**.	**9.0 Mi** *9.3 Mi Total*
	4. Merge onto **N Cicero Ave / IL-50 S** via **EXIT 41C**.	**0.8 Mi** *10.0 Mi Total*
	5. Turn **slight left** onto **N Elston Ave**.	**1.4 Mi** *11.4 Mi Total*
	6. Turn **sharp left** onto **N Pulaski Rd**.	
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.41 miles - about 15 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

SAH Dialysis at 26th St to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

12.87 miles / 19 minutes

	3059 W 26th St, Chicago, IL 60623-4131	**Download Free App**
	1. Start out going **east** on **W 26th St** toward **S Whipple St**.	**0.3 Mi** *0.3 Mi Total*
	2. Turn **left** onto **S California Ave**.	**2.1 Mi** *2.4 Mi Total*
	3. Turn **right** onto **W Congress Pkwy**.	**0.04 Mi** *2.5 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**2.4 Mi** *4.8 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *12.1 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *12.4 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *12.9 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **12.87 miles - about 19 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Congress Parkway to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
11.36 miles / 15 minutes

	3410 W Van Buren St, Chicago, IL 60624-3358	**Download Free App**
	1. Start out going **east** on **W Van Buren St** toward **S Homan Ave**.	**0.02 Mi** *0.02 Mi Total*
	2. Take the 1st **right** onto **S Homan Ave**.	**0.1 Mi** *0.1 Mi Total*
	3. Turn **left** onto **W Harrison St**.	**0.06 Mi** *0.2 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**3.1 Mi** *3.3 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *10.6 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *10.9 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *11.4 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.36 miles - about 15 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Mt. Sinai Hospital Med Ctr Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
11.40 miles / 16 minutes

	1500 S California Ave, Chicago, IL 60608	**Download Free App**
	1. Start out going **north** on **S California Ave** toward **W Ogden Ave**.	**1.0 Mi** *1.0 Mi Total*
	2. Turn **right** onto **W Congress Pkwy**.	**0.04 Mi** *1.0 Mi Total*
	3. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**2.4 Mi** *3.4 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *10.7 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *10.9 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *11.4 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.40 miles - about 16 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Little Village Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

11.56 miles / 18 minutes

	2335 W Cermak Rd, Chicago, IL 60608-3811	**Download Free App**
	1. Start out going **west** on **W Cermak Rd** toward **S Western Ave**.	**0.04 Mi** *0.04 Mi Total*
	2. Take the 1st **right** onto **S Western Ave**.	**1.6 Mi** *1.6 Mi Total*
	3. Turn **right** onto **W Congress Pkwy**.	**0.2 Mi** *1.8 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**1.7 Mi** *3.5 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *10.8 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *11.1 Mi Total*
	7. Turn **right** onto **N Pulaski Rd.**	**0.5 Mi** *11.6 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.56 miles - about 18 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Chicago West to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

11.04 miles / 18 minutes

	1340 S Damen Ave, Chicago, IL 60608-1156	**Download Free App**
	1. Start out going **south** on **S Damen Ave** toward **W 17th St**.	**0.4 Mi** *0.4 Mi Total*
	2. Turn **left** onto **W 18th St**.	**0.5 Mi** *0.9 Mi Total*
	3. Turn **left** onto **S Ashland Ave**.	**1.2 Mi** *2.1 Mi Total*
	4. Turn **right** onto **W Congress Pkwy**.	**0.01 Mi** *2.1 Mi Total*
	5. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**0.9 Mi** *3.0 Mi Total*
	6. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *10.3 Mi Total*
	7. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *10.5 Mi Total*
	8. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *11.0 Mi Total*
	9. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **11.04 miles - about 18 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Stroger Hospital Dialysis to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
9.32 miles / 13 minutes

	1835 W Harrison St, Chicago, IL 60612-3701	**Download Free App**
	1. Start out going **east** on **W Harrison St** toward **S Wood St**.	**0.3 Mi** *0.3 Mi Total*
	2. Turn **left** onto **S Ashland Ave**.	**0.07 Mi** *0.4 Mi Total*
	3. Turn **right** onto **W Congress Pkwy**.	**0.01 Mi** *0.4 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**0.9 Mi** *1.3 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *8.6 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *8.8 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *9.3 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **9.32 miles - about 13 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

U of I Hospital - Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
10.02 miles / 14 minutes

	1859 W Taylor St, ROOM 1003, Chicago, IL 60612-4319	**Download Free App**
	1. Start out going **west** on **W Taylor St** toward **S Wolcott Ave**.	**0.2 Mi** *0.2 Mi Total*
	2. Turn **right** onto **S Damen Ave**.	**0.4 Mi** *0.6 Mi Total*
	3. Turn **right** onto **W Congress Pkwy**.	**0.01 Mi** *0.6 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**1.4 Mi** *2.0 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *9.3 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *9.5 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *10.0 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **10.02 miles - about 14 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Garfield Kidney Center to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
6.13 miles / 13 minutes

	3250 W Franklin Blvd, Chicago, IL 60624-1509	**Download Free App**
	1. Start out going **west** on **W Franklin Blvd** toward **N Sawyer Ave**.	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **N Sawyer Ave**.	**0.1 Mi** *0.1 Mi Total*
	3. Take the 1st **right** onto **W Ohio St**.	**0.06 Mi** *0.2 Mi Total*
	4. Take the 1st **left** onto **N Kedzie Ave**.	**2.0 Mi** *2.2 Mi Total*
	5. **N Kedzie Ave** becomes **N Kedzie Blvd**.	**0.5 Mi** *2.7 Mi Total*
	6. Turn **slight right** onto **W Logan Blvd**.	**0.07 Mi** *2.8 Mi Total*
	7. Turn **slight right** to stay on **W Logan Blvd**.	**0.4 Mi** *3.2 Mi Total*
	8. Turn **left** onto **N California Ave**.	**0.4 Mi** *3.6 Mi Total*
	9. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**1.8 Mi** *5.4 Mi Total*
	10. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *5.6 Mi Total*
	11. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *6.1 Mi Total*
	12. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **6.13 miles - about 13 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Humboldt Park to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
4.42 miles / 14 minutes

	3500 W Grand Ave, Chicago, IL 60651-4009	**Download Free App**
	1. Start out going **northwest** on **W Grand Ave** toward **N Drake Ave**.	**0.7 Mi** *0.7 Mi Total*
	2. Turn **right** onto **N Pulaski Rd**.	**1.1 Mi** *1.8 Mi Total*
	3. Turn **right** onto **W Belden Ave**.	**0.02 Mi** *1.9 Mi Total*
	4. Take the 1st **left** onto **N Pulaski Rd**.	**2.5 Mi** *4.4 Mi Total*
	5. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **4.42 miles - about 14 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC West Metro to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
5.10 miles / 12 minutes

	1044 N Mozart St, Chicago, IL 60622-2759	**Download Free App**
	1. Start out going **south** on **N Mozart St** toward **W Cortez St**.	**0.09 Mi** *0.09 Mi Total*
	2. Turn **left** onto **W Augusta Blvd**.	**0.06 Mi** *0.2 Mi Total*
	3. Turn **left** onto **N California Ave**.	**2.4 Mi** *2.5 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**1.8 Mi** *4.4 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *4.6 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *5.1 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **5.10 miles - about 12 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Chicago to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
7.24 miles / 11 minutes

	1806 W Hubbard St, Chicago, IL 60622-6235	**Download Free App**
	1. Start out going **east** on **W Hubbard St** toward **N Wood St**.	**0.02 Mi** *0.02 Mi Total*
	2. Take the 1st **left** onto **N Wood St**.	**0.08 Mi** *0.09 Mi Total*
	3. Take the 2nd **right** onto **W Grand Ave**.	**0.7 Mi** *0.8 Mi Total*
	4. Turn **left** onto **N Ogden Ave**.	**0.3 Mi** *1.1 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**5.4 Mi** *6.5 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *6.7 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *7.2 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **7.24 miles - about 11 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

West Side Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

9.63 miles / 14 minutes

	1600 W 13th St, Chicago, IL 60608-1304	**Download Free App**
	1. Start out going **east** on **W 13th St** toward **S Ashland Ave**.	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **left** onto **S Ashland Ave**.	**0.7 Mi** *0.7 Mi Total*
	3. Turn **right** onto **W Congress Pkwy**.	**0.01 Mi** *0.7 Mi Total*
	4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**.	**0.9 Mi** *1.6 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**.	**7.3 Mi** *8.9 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *9.1 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *9.6 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **9.63 miles - about 14 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

RUSH Peds Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
8.18 miles / 14 minutes

	1750 W Harrison St, SUITE 735, Chicago, IL 60612-3825	**Download Free App**
	1. Start out going **west** on **W Harrison St** toward **S Hermitage Ave**.	**0.3 Mi** *0.3 Mi Total*
	2. Turn **right** onto **W Ogden Ave**.	**1.8 Mi** *2.0 Mi Total*
	3. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**5.4 Mi** *7.4 Mi Total*
	4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *7.7 Mi Total*
	5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *8.2 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **8.18 miles - about 14 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Loop Renal Center to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

8.48 miles / 12 minutes

		Download Free App
	1101 S Canal St, Chicago, IL 60607-4901	
	1. Start out going **north** on **S Canal St** toward **W Taylor St**.	**0.1 Mi** *0.1 Mi Total*
	2. Turn **left** onto **W Taylor St**.	**0.3 Mi** *0.4 Mi Total*
	3. Merge onto **I-90 W / I-94 W / Kennedy Expy W**.	**7.3 Mi** *7.7 Mi Total*
	4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *8.0 Mi Total*
	5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *8.5 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **8.48 miles - about 12 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Polk Street to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

8.42 miles / 12 minutes

There is a timed restriction on your route

	557 W Polk St, Chicago, IL 60607-4314	**Download Free App**
	1. Start out going **west** on **W Polk St** toward **S Jefferson St**.	**0.1 Mi** *0.1 Mi Total*
	2. Make a **U-turn** onto **W Polk St**.	**0.03 Mi** *0.2 Mi Total*
	3. Take the 1st **right** onto **S Desplaines St**.	**0.2 Mi** *0.3 Mi Total*
	4. Take the 1st **right** onto **W Taylor St**.	**0.03 Mi** *0.3 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W**.	**7.3 Mi** *7.7 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *7.9 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *8.4 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **8.42 miles - about 12 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Circle Medical Management to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

7.47 miles / 11 minutes

	1426 W Washington Blvd, Chicago, IL 60607-1821	**Download Free App**
	1. Start out going **east** on **W Washington Blvd** toward **N Loomis St**.	**0.4 Mi** *0.4 Mi Total*
	2. Turn **left** onto **N Racine Ave**.	**0.6 Mi** *0.9 Mi Total*
	3. Turn **left** onto **W Grand Ave**.	**0.08 Mi** *1.0 Mi Total*
	4. Turn **right** onto **N Ogden Ave**.	**0.3 Mi** *1.3 Mi Total*
	5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**5.4 Mi** *6.7 Mi Total*
	6. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *7.0 Mi Total*
	7. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *7.5 Mi Total*
	8. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **7.47 miles - about 11 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC West Willow to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

4.87 miles / 8 minutes

1444 W Willow St, Chicago, IL 60642-1524

Download Free App

1. Start out going **southwest** on **W Willow St** toward **N Elston Ave**.	**0.06 Mi** *0.06 Mi Total*
2. Turn **right** onto **N Elston Ave**.	**0.3 Mi** *0.4 Mi Total*
3. Take the 3rd **left** onto **W Armitage Ave**.	**0.1 Mi** *0.5 Mi Total*
4. Merge onto **I-90 W / I-94 W / Kennedy Expy W**.	**3.6 Mi** *4.1 Mi Total*
5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *4.4 Mi Total*
6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *4.9 Mi Total*
7. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **4.87 miles - about 8 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

TRC Children's Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
6.36 miles / 10 minutes

	1333 N Kingsbury St, Chicago, IL 60642-2623	**Download Free App**
	1. Start out going **southeast** on **N Kingsbury St** toward **N Halsted St**.	**0.1 Mi** *0.1 Mi Total*
	2. Turn **right** onto **N Halsted St**.	**0.1 Mi** *0.2 Mi Total*
	3. Take the 1st **right** onto **W Division St**.	**0.7 Mi** *0.9 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W**.	**4.7 Mi** *5.6 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *5.9 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *6.4 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **6.36 miles - about 10 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Logan Square to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

2.41 miles / 6 minutes

	2721 N Spaulding Ave, Chicago, IL 60647-1338	**Download Free App**
	1. Start out going **northeast** on **N Spaulding Ave** toward **N Milwaukee Ave**.	**0.02 Mi** *0.02 Mi Total*
	2. Take the 1st **left** onto **N Milwaukee Ave**.	**0.1 Mi** *0.1 Mi Total*
	3. Turn **slight right** onto **N Kimball Ave**.	**0.7 Mi** *0.8 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**0.9 Mi** *1.7 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *1.9 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *2.4 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **2.41 miles - about 6 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Logan Square Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

2.18 miles / 5 minutes

2838 N Kimball Ave, Chicago, IL 60618-7524

Download Free App

1. Start out going **north** on **N Kimball Ave** toward **N Dawson Ave**.	**0.6 Mi** *0.6 Mi Total*
2. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**0.9 Mi** *1.4 Mi Total*
3. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *1.7 Mi Total*
4. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *2.2 Mi Total*
5. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **2.18 miles - about 5 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Northcenter to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
2.08 miles / 5 minutes

2620 W Addison St, Chicago, IL 60618-5905

Download Free App

1.	Start out going **west** on **W Addison St** toward **N Talman Ave**.	**0.8 Mi** *0.8 Mi Total*
2.	Turn **slight right** onto **N Elston Ave**.	**1.3 Mi** *2.1 Mi Total*
3.	Turn **slight right** onto **N Pulaski Rd**.	
4.	**4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **2.08 miles - about 5 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Nephron Dialysis Ctr (Swedish Covenant) to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
2.56 miles / 6 minutes

5140 N California Ave, 510, Chicago, IL 60625-2577

Download Free App

1. Start out going **south** on **N California Ave** toward **W Winona St**.	**0.4 Mi** *0.4 Mi Total*
2. Turn **right** onto **W Lawrence Ave**.	**1.5 Mi** *2.0 Mi Total*
3. Turn **left** onto **N Pulaski Rd**.	**0.6 Mi** *2.6 Mi Total*
4. **4316 N PULASKI RD** is on the **right**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **2.56 miles - about 6 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Lincoln Park Dialysis to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
3.67 miles / 10 minutes

3157 N Lincoln Ave, Chicago, IL 60657-3111

Download Free App

1. Start out going **northwest** on **N Lincoln Ave** toward **W Belmont Ave**.	**0.08 Mi** *0.08 Mi Total*
2. Turn **left** onto **W Belmont Ave**.	**1.5 Mi** *1.6 Mi Total*
3. Turn **slight right** onto **N Elston Ave**.	**2.1 Mi** *3.7 Mi Total*
4. Turn **slight right** onto **N Pulaski Rd**.	
5. **4316 N PULASKI RD** is on the **left**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **3.67 miles - about 10 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Lakeview to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
4.41 miles / 13 minutes

There is a timed restriction on your route

		Download Free App
	4008 N Broadway, SUITE 1200, Chicago, IL 60613-2111	
	1. Start out going **southeast** on **N Broadway** toward **W Irving Park Rd / IL-19**.	**0.04 Mi** *0.04 Mi Total*
19	2. Take the 1st **right** onto **W Irving Park Rd / IL-19**.	**1.5 Mi** *1.5 Mi Total*
	3. Turn **right** onto **N Lincoln Ave**.	**0.6 Mi** *2.1 Mi Total*
	4. Turn **left** onto **W Montrose Ave**.	**2.3 Mi** *4.3 Mi Total*
	5. Turn **left** onto **N Pulaski Rd**.	**0.09 Mi** *4.4 Mi Total*
	6. **4316 N PULASKI RD** is on the **right**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **4.41 miles - about 13 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Uptown to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd

Chicago, IL 60641-2150

4.73 miles / 11 minutes

4700 N Marine Dr, 200, Chicago, IL 60640-5120

Download Free App

1. Start out going **north** on **N Marine Dr** toward **W Lakeside Pl**.	**0.10 Mi** *0.10 Mi Total*
2. Turn **left** onto **W Lawrence Ave**.	**4.0 Mi** *4.1 Mi Total*
3. Turn **left** onto **N Pulaski Rd**.	**0.6 Mi** *4.7 Mi Total*
4. **4316 N PULASKI RD** is on the **right**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **4.73 miles - about 11 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Prairie to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
9.81 miles / 16 minutes

		Download Free App
	1717 S Wabash Ave, Chicago, IL 60616-1219	
	1. Start out going **north** on **S Wabash Ave** toward **E 16th St**.	**0.6 Mi** *0.6 Mi Total*
	2. Turn **left** onto **E Roosevelt Rd**.	**0.9 Mi** *1.6 Mi Total*
RAMP	3. Take the **I-290 W / I-290 E** ramp.	**0.03 Mi** *1.6 Mi Total*
	4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **I-90 W / I-94 W / Kennedy Expy / Wisconsin**.	**7.5 Mi** *9.1 Mi Total*
	5. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *9.3 Mi Total*
	6. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *9.8 Mi Total*
	7. **4316 N PULASKI RD** is on the **left**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **9.81 miles - about 16 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Northwestern to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
8.17 miles / 12 minutes

	710 N Fairbanks Ct, Chicago, IL 60611-3013	**Download Free App**
	1. Start out going **south** on **N Fairbanks Ct** toward **E Huron St**.	**0.1 Mi** *0.1 Mi Total*
	2. Turn **right** onto **E Ontario St**.	**0.9 Mi** *1.0 Mi Total*
	3. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left**.	**6.4 Mi** *7.4 Mi Total*
	4. Take the **Pulaski Rd** exit, **EXIT 44B**, toward **IL-19 / Irving Park Rd**.	**0.2 Mi** *7.7 Mi Total*
	5. Turn **right** onto **N Pulaski Rd**.	**0.5 Mi** *8.2 Mi Total*
	6. **4316 N PULASKI RD** is on the **left**.	
	4316 N Pulaski Rd, Chicago, IL 60641-2150	

Total Travel Estimate: **8.17 miles - about 12 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

FMC Rogers Park to proposed site for Irving Park Dialysis

Trip to:

4316 N Pulaski Rd
Chicago, IL 60641-2150
6.22 miles / 15 minutes

2277 W Howard St, Chicago, IL 60645-1922

Download Free App

1. Start out going **west** on **Howard St** toward **N Oakley Ave**.	**2.1 Mi** *2.1 Mi Total*
2. Turn **left** onto **Crawford Ave**.	**1.5 Mi** *3.6 Mi Total*
3. **Crawford Ave** becomes **N Pulaski Rd**.	**2.6 Mi** *6.2 Mi Total*
4. **4316 N PULASKI RD** is on the **right**.	

4316 N Pulaski Rd, Chicago, IL 60641-2150

Total Travel Estimate: **6.22 miles - about 15 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

mapquest

Notes

Evanston Renal Center to proposed site for Irving Park Dialysis

Trip to:
4316 N Pulaski Rd
Chicago, IL 60641-2150
8.62 miles / 18 minutes

	1715 Central St, Evanston, IL 60201-1509	**Download Free App**
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**0.1 Mi** *0.1 Mi Total*
	2. Turn **left** onto **Green Bay Rd**.	**0.4 Mi** *0.5 Mi Total*
	3. Take the 3rd **right** onto **McCormick Blvd**.	**5.0 Mi** *5.5 Mi Total*
	4. **McCormick Blvd** becomes **N Kimball Ave**.	**0.3 Mi** *5.8 Mi Total*
WEST 14	5. Turn **right** onto **W Peterson Ave / US-14 W**.	**0.8 Mi** *6.5 Mi Total*
	6. Turn **left** onto **N Pulaski Rd**.	**2.1 Mi** *8.6 Mi Total*
	7. **4316 N PULASKI RD** is on the **right**.	
B	**4316 N Pulaski Rd**, Chicago, IL 60641-2150	

Total Travel Estimate: **8.62 miles - about 18 minutes**

©2016 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use.

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	25-26
2	Site Ownership	27-45
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	46-47
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	48-49
5	Flood Plain Requirements	50-53
6	Historic Preservation Act Requirements	54-55
7	Project and Sources of Funds Itemization	56
8	Obligation Document if required	57
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	58-98
12	Purpose of the Project	99-101
13	Alternatives to the Project	102-103
14	Size of the Project	104
15	Project Service Utilization	105
16	Unfinished or Shell Space	106
17	Assurances for Unfinished/Shell Space	107
18	Master Design Project	108-149
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	150-168
37	Financial Waiver	169
38	Financial Viability	
39	Economic Feasibility	170-177
40	Safety Net Impact Statement	178-190
41	Charity Care Information	191
Appendix 1	Physician Referral Letter	192-203
Appendix 2	Time & Distance Determination	204-272