Original

16-029

RECEIVED

JUN 28 2016

HEALTH FACILITIES & SERVICES REVIEW BOARD

# 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: *Fresenius Medical Care Ross Dialysis - Englewood* | | | |
| Street Address *NW Corner of W. 63rd Street & S. Halsted Street* | | | |
| City and Zip Code: *Chicago 60621* | | | |
| County: *Cook* | Health Service Area *6* | Health Planning Area: | |

### Applicant Identification

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

| |
|---|
| Exact Legal Name: *Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood* |
| Address: *920 Winter Street, Waltham, MA 02451* |
| Name of Registered Agent: *CT Systems* |
| Name of Chief Executive Officer: *Ron Kuerbitz* |
| CEO Address: *920 Winter Street, Waltham, MA 02451* |
| Telephone Number: *800-662-1237* |

### Type of Ownership of Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- is a general or limited partner.

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

## Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: *Fresenius Medical Care Holdings, Inc.* |
| Address: *920 Winter Street, Waltham, MA 02451* |
| Name of Registered Agent: *CT Systems* |
| Name of Chief Executive Officer: *Ron Kuerbitz* |
| CEO Address: *920 Winter Street, Waltham, MA 02451* |
| Telephone Number: *800-662-1237* |

## Type of Ownership of Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

## Primary Contact

| |
|---|
| Name: *Lori Wright* |
| Title: *Senior CON Specialist* |
| Company Name: *Fresenius Medical Care* |
| Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515* |
| Telephone Number: *630-960-6807* |
| E-mail Address: *lori.wright@fmc-na.com* |
| Fax Number: *630-960-6812* |

## Additional Contact

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

| |
|---|
| Name: *Teri Gurchiek* |
| Title: Regional *Vice President* |
| Company Name: *Fresenius Medical Care* |
| Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515* |
| Telephone Number: *630-960-6806* |
| E-mail Address: *teri.gurchiek@fmc-na.com* |
| Fax Number: *630-960-6812* |

## 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: *Lori Wright* |
| Title: *Senior CON Specialist* |
| Company Name: *Fresenius Medical Care* |
| Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515* |
| Telephone Number: *630-960-6807* |
| E-mail Address: *lori.wright@fmc-na.com* |
| Fax Number: *630-960-6812* |

## Additional Contact

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

| |
|---|
| Name: *Clare Ranalli* |
| Title: *Attorney* |
| Company Name: *McDermott, Will & Emery* |
| Address: *227 W. Monroe Street, Suite 4700, Chicago, IL 60606* |
| Telephone Number: *312-984-3365* |
| E-mail Address: *cranalli@mwe.com* |
| Fax Number: *312-984-7500* |

## Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: *Englewood Square Development Partners, LP* |
| Address of Site Owner: *1050 E. 95th Street, Chicago, IL 60619* |
| Street Address or Legal Description of Site: *NW Corner of W. 63rd Street & S. Halsted Street, Chicago, 60621*<br>**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.** |
| **APPEND DOCUMENTATION AS <u>ATTACHMENT-2,</u> 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: *Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood*

Address: *920 Winter Street, Waltham, MA 02451*

| | | | | | |
|---|---|---|---|---|---|
| ☐ | 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.

## 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.

*Ross Dialysis - Englewood, LLC proposes to discontinue its 16-station Fresenius Medical Care Ross Dialysis – Engelwood ESRD facility located at 6333 S. Green Street, Chicago in HSA 6. A 24-station replacement facility will be established at the NW corner of W. 63rd Street and S. Halsted Street, Chicago, also in the Englewood neighborhood and 2 minutes from the current facility. The 90 current patients are expected to transfer to the new site upon opening. The Englewood neighborhood is a Federally Designated Medically Underserved Area.*

*According to the May 2016 Board station inventory there is a determined need for an additional 54 stations in HSA 6.*

*This project is "substantive" under Planning Board rule 1110.40 as it entails the discontinuation of a health care facility and the establishment of a replacement facility (relocation) along with the addition of 8 ESRD stations.*

## 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 | N/A | N/A | N/A |
| Site Survey and Soil Investigation | N/A | N/A | N/A |
| Site Preparation | N/A | N/A | N/A |
| Off Site Work | N/A | N/A | N/A |
| New Construction Contracts | N/A | N/A | N/A |
| Modernization Contracts | 1,482,710 | 344,883 | 1,827,593 |
| Contingencies | 142,517 | 33,150 | 175,667 |
| Architectural/Engineering Fees | 162,243 | 38,057 | 200,300 |
| Consulting and Other Fees | N/A | N/A | N/A |
| Movable or Other Equipment (not in construction contracts) | 435,000 | 185,000 | 620,000 |
| Bond Issuance Expense (project related) | N/A | N/A | N/A |
| Net Interest Expense During Construction (project related) | N/A | N/A | N/A |
| Fair Market Value of Leased Space 2,867,338<br>or Equipment 530,700 | 2,853,244 | 544,794 | 3,398,038 |
| Other Costs To Be Capitalized | N/A | N/A | N/A |
| Acquisition of Building or Other Property (excluding land) | N/A | N/A | N/A |
| **TOTAL USES OF FUNDS** | **5,075,714** | **1,145,884** | **6,221,598** |
| **SOURCE OF FUNDS** | **CLINICAL** | **NON-CLINICAL** | **TOTAL** |
| Cash and Securities | 2,222,470 | 601,090 | 2,823,560 |
| Pledges | N/A | N/A | N/A |
| Gifts and Bequests | N/A | N/A | N/A |
| Bond Issues (project related) | N/A | N/A | N/A |
| Mortgages | N/A | N/A | N/A |
| Leases (fair market value) | 2,853,244 | 544,794 | 3,398,038 |
| Governmental Appropriations | N/A | N/A | N/A |
| Grants | N/A | N/A | N/A |
| Other Funds and Sources | N/A | N/A | N/A |
| **TOTAL SOURCES OF FUNDS** | **5,075,714** | **1,145,884** | **6,221,598** |

**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
**(Discontinuation/Relocation)**

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 $ 212,428.

## 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): September 30, 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** | | | | | | | |
| | | | | | | | |
| In-Center Hemodialysis | $5,075,714 | | 8,852 | | 8,852 | | |
| | | | | | | | |
| | | | | | | | |
| Total Clinical | $5,075,714 | | 8,852 | | 8,852 | | |
| | | | | | | | |
| **NON REVIEWABLE** | | | | | | | |
| | | | | | | | |
| Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas) | $1,145,884 | | 2,059 | | 2,059 | | |
| | | | | | | | |
| Total Non-clinical | $1,145,884 | | 2,059 | | 2,059 | | |
| | | | | | | | |
| **TOTAL** | **$6,221,598** | | **10,991** | | **10,991** | | |

## CERTIFICATION

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

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

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

SIGNATURE

Teri Gurchiek
PRINTED NAME

Regional Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of Oct 2015

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

*Insert EXACT legal name of the applicant

## CERTIFICATION

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

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

**This Application for Permit is filed on the behalf of *Fresenius Medical Care Holdings, 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

Bryan Mello
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____2015

Signature of Notary

Seal

SIGNATURE

Mark Fawcett
PRINTED NAME

Senior Vice President & Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27 day of Oct 2015

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

*Insert EXACT legal name of the applicant

## 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:** ***NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE***

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 tot 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:** ***NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE***

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.**

## SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

***This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:***

### 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** | **16** | **24** |

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

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:**

| | | |
|---|---|---|
| 2,823,560 | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:<br>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<br>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| N/A | b) | Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| N/A | c) | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| 3,398,038 | 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:<br>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;<br>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;<br>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.;<br>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;<br>5) For any option to lease, a copy of the option, including all terms and conditions. |
| N/A | e) | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| N/A | f) | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| N/A | g) | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| **$6,221,598** | | **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 | ***APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.*** | | | |
| Net Margin Percentage | | | | |
| Percent Debt to Total Capitalization | | | | |
| Projected Debt Service Coverage | | | | |
| Days Cash on Hand | | | | |
| Cushion Ratio | | | | |

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

2. Variance

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

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

## X. 1120.140 - Economic Feasibility

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

**A. Reasonableness of Financing Arrangements**

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

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

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

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

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

**B. Conditions of Debt Financing**

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) | |
| ESRD | | 167.50 | | | 8,852 | | | 1,482,710 | 1,482,710 |
| Contingency | | 16.10 | | | 8,852 | | | 142,517 | 142,517 |
| **Total Clinical** | | **183.60** | | | **8,852** | | | **1,625,227** | **1,625,227** |
| Non Clinical | | 167.50 | | | 2,059 | | | 344,883 | 344,883 |
| Contingency | | 16.10 | | | 2,059 | | | 33,150 | 33,150 |
| **Total Non** | | **183.60** | | | **2,059** | | | **378,033** | **378,033** |
| **TOTALS** | | **$183.60** | | | **10,911** | | | **2,003,260** | **2,003,260** |

* Include the percentage (%) of space for circulation

*Modernization costs include only plumbing to accommodate the five additional stations.

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**
1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 40.**

| Safety Net Information per PA 96-0031 | | | |
|---|---|---|---|
| CHARITY CARE | | | |
| | 2013 | 2014 | 2015 |
| Net Revenue | $398,570,288 | $411,981,839 | $438,247,352 |
| Charity *(# of self-pay patients) | 499 | 251 | 195 |
| | | | |
| Charity (cost In dollars) | $5,346,976 | $5,211,664 | $2,983,427 |
| | | | |
| Ratio Charity Care Cost to Net Patient Revenue | 1.34% | 1.27% | .68% |
| MEDICAID | | | |
| | 2013 | 2014 | 2015 |
| Medicaid (# of patients) | 1,660 | 750 | 396 |
| | | | |
| Medicaid (revenue) | $31,373,534 | $22,027,882 | $7,310,484 |
| | | | |
| Ratio Medicaid to Net Patient Revenue | 7.87% | 5.35% | 1.67% |

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

## XII. Charity Care Information

**Charity Care information MUST be furnished for ALL projects.**

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

**Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.**

**A table in the following format must be provided for all facilities as part of Attachment 41.**

| CHARITY CARE | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015** |
| Net Patient Revenue | $398,570,288 | $411,981,839 | $438,247,352 |
| Amount of Charity Care (charges) | $5,346,976 | $5,211,664 | $2,983,427 |
| Cost of Charity Care | $5,346,976 | $5,211,664 | $2,983,427 |
| Ratio Charity Care Cost to Net Patient Revenue | 1.34% | 1.27% | 0.68% |

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

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/Co-applicant Identification including Certificate of Good Standing | 22-23 |
| 2 | Site Ownership | 24-29 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 30 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 31 |
| 5 | Flood Plain Requirements | 32 |
| 6 | Historic Preservation Act Requirements | 33 |
| 7 | Project and Sources of Funds Itemization | 34 |
| 8 | Obligation Document if required | 35 |
| 9 | Cost Space Requirements | 36 |
| 10 | Discontinuation | 37-57 |
| 11 | Background of the Applicant | 58-63 |
| 12 | Purpose of the Project | 64 |
| 13 | Alternatives to the Project | 65-66 |
| 14 | Size of the Project | 67 |
| 15 | Project Service Utilization | 68 |
| 16 | Unfinished or Shell Space | |
| 17 | Assurances for Unfinished/Shell Space | |
| 18 | Master Design Project | |
| 19 | Mergers, Consolidations and Acquisitions | |
| | | |
| | **Service Specific:** | |
| 20 | Medical Surgical Pediatrics, Obstetrics, ICU | |
| 21 | Comprehensive Physical Rehabilitation | |
| 22 | Acute Mental Illness | |
| 23 | Neonatal Intensive Care | |
| 24 | Open Heart Surgery | |
| 25 | Cardiac Catheterization | |
| 26 | In-Center Hemodialysis | 69-106 |
| 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 | 107-111 |
| 37 | Financial Waiver | 112 |
| 38 | Financial Viability | |
| 39 | Economic Feasibility | 113-117 |
| 40 | Safety Net Impact Statement | 118-119 |
| 41 | Charity Care Information | 120-122 |
| | Appendix 1 – MapQuest Travel Times | 123-196 |
| | Appendix 2– Physician Referral Letter | 197-200 |

## Applicant Identification

| |
|---|
| Exact Legal Name: *Ross Dialysis – Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood* |
| Address: *920 Winter Street, Waltham, MA 02451* |
| Name of Registered Agent: *CT Systems* |
| Name of Chief Executive Officer: *Ron Kuerbitz* |
| CEO Address: *920 Winter Street, Waltham, MA 02451* |
| Telephone Number: *800-662-1237* |

## Type of Ownership of Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- is a general or limited partner.

***Certificate of Good Standing for Ross Dialysis - Englewood, LLC on following page.***

## Co - Applicant Identification

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

| |
|---|
| Exact Legal Name: *Fresenius Medical Care Holdings, Inc.* |
| Address: *920 Winter Street, Waltham, MA 02451* |
| Name of Registered Agent: *CT Systems* |
| Name of Chief Executive Officer: *Ron Kuerbitz* |
| CEO Address: *920 Winter Street, Waltham, MA 02541* |
| Telephone Number: *781-669-9000* |

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

## Type of Ownership – 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.

*File Number* 0221541-1

# 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*

ROSS DIALYSIS-ENGLEWOOD, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 23, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1529203128 verifiable until 10/19/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT - 1

**Site Ownership**
[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: *Englewood Square Development Partners, LP* |
| Address of Site Owner: *1050 E. 95th Street, Chicago, IL 60619* |
| Street Address or Legal Description of Site: *NW Corner of W. 63rd Street & S. Halsted Street, Chicago, 60621*<br><br>**Legal Description**<br><br>LOTS 6, 7 AND 8 IN HALSTED PARKWAY RESUBDIVISION OF PART OF THE SOUTHEAST ¼ OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 30, 2015, AS DOCUMENT 1508916071, IN COOK COUNTY, ILLINOIS.<br><br>**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.** |
| **APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.** |



**Site Owner**
ATTACHMENT – 2

**Englewood Square Development Partners, LP**
1050 E 95th St.
Chicago, Illinois 60619
*Office:* 773-721-3400
*Fax:* 773-721-3500
www.englewoodsquare.com

June 17, 2016

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
200 South Wacker Drive
Suite 2800
Chicago, IL 60606

**RE: Letter of Intent – Fresenius Medical Care of Illinois Proposed Lease of Space at Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL. (the "Shopping Center").**

Dear Mr. Guzik:

**Englewood Square Development Partners, LP ("Landlord")** submits the following proposal to lease retail space at the Shopping Center. This proposal is subject to final review and approval by Landlord's lenders. The terms and conditions of the proposed lease are as follows:

| | |
|---|---|
| LANDLORD: | Englewood Square Development Partners, LP |
| TENANT: | Fresenius Medical Care Chicagoland, LLC |
| SHOPPING CENTER: | The Shopping Center commonly known as Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL, which is legally described on **Exhibit A** attached hereto. |
| PREMISES: | The Premises will consist of approximately 10,911 square feet of retail space in the location on the site plan attached as **Exhibit B**. Tenant may verify the actual size of the Premises upon delivery of possession in accordance with industry standard measurement methodology. |
| USE: | Tenant will have the right to use the Premises as a dialysis health center. Landlord represents that this permitted use does not violate and is not violated by any use restriction affecting the Shopping Center.<br><br>Tenant shall not do, or permit to be done, anything in or about the Premises which in any way constitutes a "Prohibited Use" as specified in **Exhibit D**, or violates an exclusive use granted to any other tenant in the Shopping Center. See **Exhibit D**. |
| EXCLUSIVE: | Landlord will not lease space in the Shopping Center to any other tenant for the operation of a dialysis health center.<br><br>Notwithstanding the foregoing, Tenant's Exclusive Use shall not apply to Whole Foods Market Chipotle, or Starbucks. |
| LEASE TERM: | The lease term will consist of a ten (10) year initial term, with two five (5) year renewal terms. Tenant will give Landlord 180 day's prior written notice of its election to renew the term. |
| BASE RENT: | $24.00 psf NNN with 2% annual increases. |

ATTACHMENT 2

| | |
|---|---|
| | Base rent includes all charges other than taxes, insurance and common area maintenance expenses. |
| SECURITY DEPOSIT: | One months' rent. |
| LEASE CONTINGENCY: | The Lease is conditioned upon Tenant's receipt of a Certificate of Need for the relocation of existing Englewood dialysis clinic pursuant to Illinois Health Services board approval. Satisfaction of this condition must occur on or before August 1, 2016.<br><br>The Lease is also conditioned upon the "buy out" of the current tenant lease with Oak Street Health. Satisfaction of this condition must occur on or before November 1, 2016. |
| TENANT IMPROVEMENT ALLOWANCE | None |
| COMMON AREA MAINTENANCE, TAXES AND INSURANCE: | Tenant will pay its pro rata share of Landlord's actual, reasonable, auditable, and out-of-pocket costs for real estate taxes, insurance, and common area maintenance (CAM) based on the leasable area of the Premises compared to the total leasable area of the Shopping Center<br><br>Tenant's proportionate share of real estate taxes, insurance, and CAM for the first full calendar year is estimated at:<br><br>Real estate taxes: $4.00<br>CAM: $5.50<br>Insurance: $0.50<br><br>**Total: $10.00**<br><br>**Tenant's Proportionate Share 23.06%** |
| RENT COMMENCEMENT: | The Rent Commencement Date will be the date that is the earlier of (i) the date Tenant opens for business to the public at the Premises, and (ii) 90 days after the Turnover Date. Based on the Scheduled Turnover Date, defined below, Rent Commencement will be March 1, 2016 |
| TURNOVER DATE: | The Scheduled Turnover Date is **January 1, 2016.**<br><br>The Turnover Date will not occur until Landlord delivers possession of the Premises to Tenant free and clear of all tenancies. The space will be delivered in "as is" condition.<br><br>The Rent Commencement Date will be postponed by an additional day for each day after the Scheduled Turnover Date that the Turnover Date is delayed. |
| CONDITION OF THE PREMISES | Landlord shall deliver the Premises in "as is" condition which is described in the attached **Exhibit C**. Tenant shall be solely responsible for the costs of constructing Tenant's initial improvements. |
| OPERATION AND MAINTENANCE: | Landlord will operate, repair and maintain the Shopping Center and will maintain customary property damage and commercial general liability insurance. Landlord is responsible for all structural conditions of the Shopping Center and Premises, including, but not limited to the roof, and building façade, sidewalks, lighting, landscaping, parking lots, and common areas. All expenditures for such repair and maintenance shall be part of the costs and expenses of operating and |

| | |
|---|---|
| | maintaining the common areas of the Shopping Center. |
| COMMON AREAS: | Tenant will have a nonexclusive right to use the common areas, parking lots, appurtenances and easements to support its intended use of the Premises and will have access to such portions of the Shopping Center outside the Premises as are necessary to enable it to exercise its rights under the Lease.<br><br>Provided, however, Tenant shall not park, nor permit its employees, customers, invitees or agents to park, in the area designated for Whole Foods Market as depicted on **Exhibit B**. |
| LANDLORD WORK: | Landlord will deliver the premises in "as is" condition more fully described in **Exhibit C**.<br><br>Landlord will provide Tenant with construction drawings of the Premises within five (5) business days after execution of this Letter of Intent.<br><br>If requested by Tenant, warranties for all improvements including but not limited to mechanical, electrical and plumbing systems will be assigned and provided to Tenant. |
| HAZARDOUS MATERIALS: | Landlord will remove any hazardous materials as required for issuance of the Final NFR. Landlord will also represent that the Premises and the Shopping Center are in compliance with the Final NFR. Landlord will indemnify, defend and hold harmless Tenant from any and all losses, claims, liabilities, and damages arising out of or relating to a violation of this covenant and representation, excepting any violation that is the result of Tenant's willful or negligent act or omission. |
| ASSIGNMENT AND SUBLETTING: | Tenant shall not assign, transfer, mortgage or otherwise encumber all or any part of Tenant's interest in this Lease or in the Premises, and shall not sublet or license all or any part of the Premises, without the prior written consent of Landlord in each instance. Any attempted assignment, transfer, mortgage, encumbrance, sublet or license without such consent shall be wholly void.<br><br>No sublet or assignment, even with the consent of Landlord, shall relieve Tenant of its obligations to pay the Rent and to perform all of the other obligations to be performed by Tenant hereunder. The acceptance of rent by Landlord from any other person shall not be deemed to be a waiver by Landlord of any provision of this Lease or to be a consent to any assignment, subletting or other transfer. Consent to one assignment, subletting or other transfer shall not be deemed to constitute consent to any subsequent assignment, subletting or other transfer. Tenant shall pay to Landlord a $500 assignment fee and any costs (including attorney's fees) incurred by Landlord in order for Landlord to review any request for permission to assign or sublease. |
| SIGNAGE: | Tenant will install in and on the Premises its standard sign(s) package as approved by Landlord. Tenant will also have the right at no additional rent to place its sign on any monument/pylon sign.<br><br>Within 30 days prior to opening for business and during 30 days after opening, Tenant will also be permitted to hang its pre-opening banners, including, but not limited to "Coming Soon", "Now Hiring" and "Finally Open".<br><br>Tenant will submit sign elevations to Landlord for reasonable approval prior to or concurrent with lease execution.<br><br>Notwithstanding the foregoing, Tenant shall comply with the Landlord's Signage |

| | |
|---|---|
| | Criteria attached hereto as Exhibit E. |
| ALTERATION AND TRADE DRESS: | Tenant may construct Landlord approved initial improvements in the Premises, so long as it complies with applicable law and Tenant's then existing design and signage program. Landlord will have approval rights with respect to aspects of Tenant's construction that affect building-wide systems or structural items.<br><br>Throughout the term, Tenant may make such interior, non-structural alterations, improvements and additions to the Premises including, without limitation, changing color schemes and signage, installing new countertops, flooring, wall covering and modifying the layout of Tenant's fixtures, as Tenant deems necessary or desirable, so long as such alterations do not exceed $20,000.00, unless Landlord approves in writing.<br><br>All personal property, furnishings, machinery and trade fixtures, equipment and improvements that Tenant installs in the Premises will remain the property of Tenant. Upon the termination or expiration of the Term, Tenant shall remove such property and such other items and structural characteristics that are indicative of Tenant's brand and otherwise "de-identify" the Premises. Tenant shall repair any damage to the Premises caused by such removal. |
| UTILITIES: | Landlord shall provide to the Premises adequate utilities required for Tenant's permitted use (including water, sewer, gas, electricity, including electricity for lighting, HVAC, and fire equipment) and separate meters for all such utilities, provided, however, water shall not be separately metered. To the extent that utilities are not separately metered, Tenant shall pay its pro-rata share of utility expenses.<br><br>Tenant shall pay to Landlord, on a monthly basis, Landlord's monthly estimate of submeter water chargers, which Landlord may adjust quarterly. |
| TRASH REMOVAL: | Landlord will provide Tenant with a suitable dumpster location sufficient to adequately service the Premises. |
| RADIUS RESTRICTION: | 1 mile. Tenant shall not open another Fresenius Dialysis Center within 1 mile of the Shopping Center. |
| CONTINUOUS OPERATIONS: | Tenant agrees to operate at least eight (8) hours per day Monday through Friday, during the Lease Term. |
| NEW MARKETS TAX CREDITS COMPLIANCE | Tenant acknowledges that Landlord has utilized New Markets Tax Credit financing to allow development of the Shopping Center and Tenant hereby agrees to the terms and conditions as specified in **Exhibit F** attached hereto. |
| LEASE FORM: | Landlord's standard lease form |
| BROKER: | Cushman & Wakefield of Illinois, Inc. shall be entitled to a brokerage commission who will be paid by Landlord pursuant to the listing agreement executed with Landlord.<br><br>Both Landlord and Tenant warrant that no other brokers are involved in this transaction. The parties shall indemnify each other from and against any claims by any 3rd party brokers not identified above. |

If the terms outlined in this proposal are acceptable to you, please sign a copy of this letter below under "Agreed and Accepted" and return it to Englewood Square Development Partners, LP.

ATTACHMENT 2

Except for the provisions set forth below, this letter of intent is not intended to be a binding lease agreement between Landlord and Tenant, and there will be no binding agreement to lease unless and until such time as Landlord and Tenant have executed a formal, definitive lease containing the terms set forth herein and such other terms as are mutually acceptable to the parties.

Sincerely,

DRAFT

Leon I. Walker

AGREED AND ACCEPTED TO AS OF 6/23/16.

By: Fresenius Medical Care of Illinois, LLC

Signature: Teri A Gurchiek

Name: Teri Gurchiek

Title: Regional Vice President

ATTACHMENT 2

**Operating Identity/Licensee**

| |
|---|
| Exact Legal Name *Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood* |
| Address: *920 Winter Street, Waltham, MA 02451* |
| Name of Registered Agent: *CT Systems* |
| Name of Chief Executive Officer: *Ron Kuerbitz* |
| CEO Address: *920 Winter Street, Waltham, MA 02451* |
| Telephone Number: *800-662-1237* |

**Type of Ownership of Applicant**

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

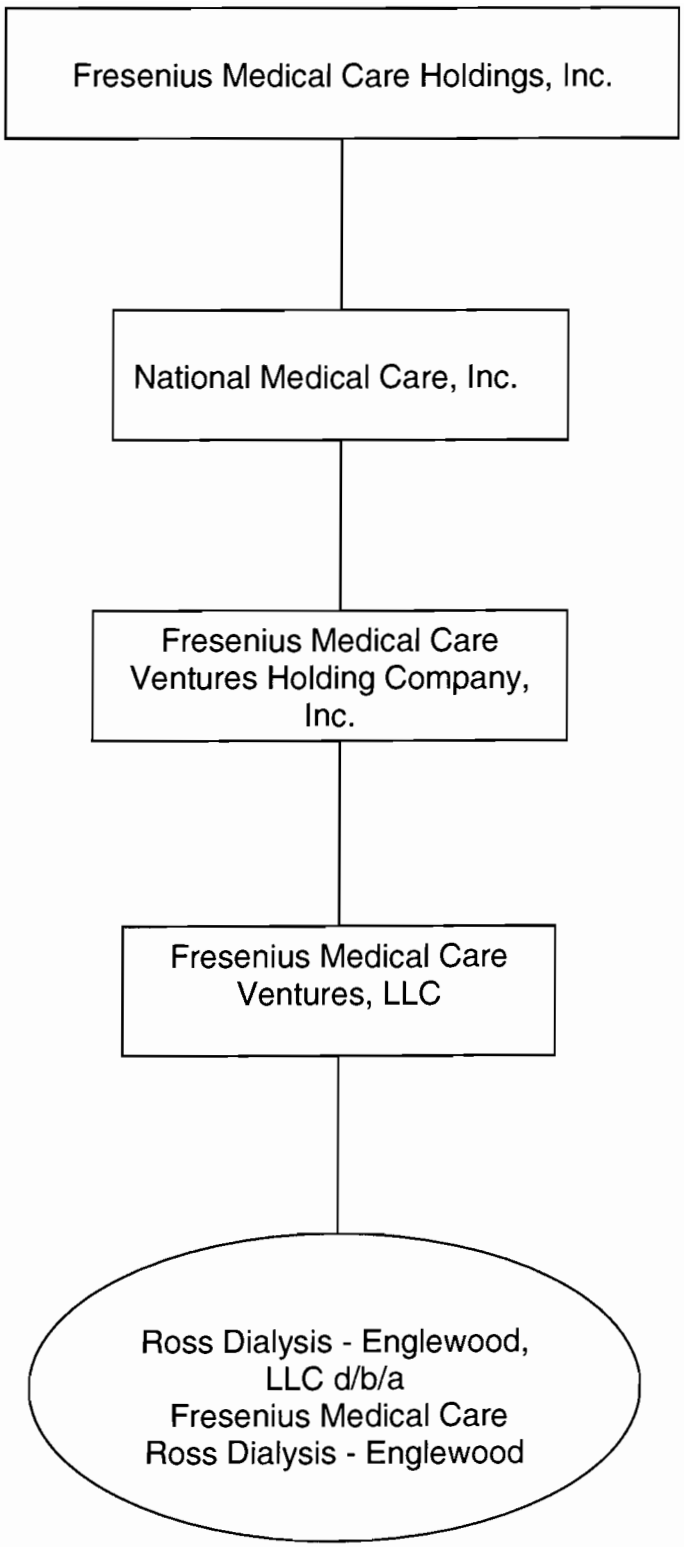
- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- is a general or limited partner.

***Certificate of Good Standing at Attachment – 1.**

**Ownership**

Fresenius Medical Care Ventures, LLC has a 60% membership interest in Ross Dialysis - Englewood, LLC. Its address is 920 Winter Street, Waltham, MA 02451

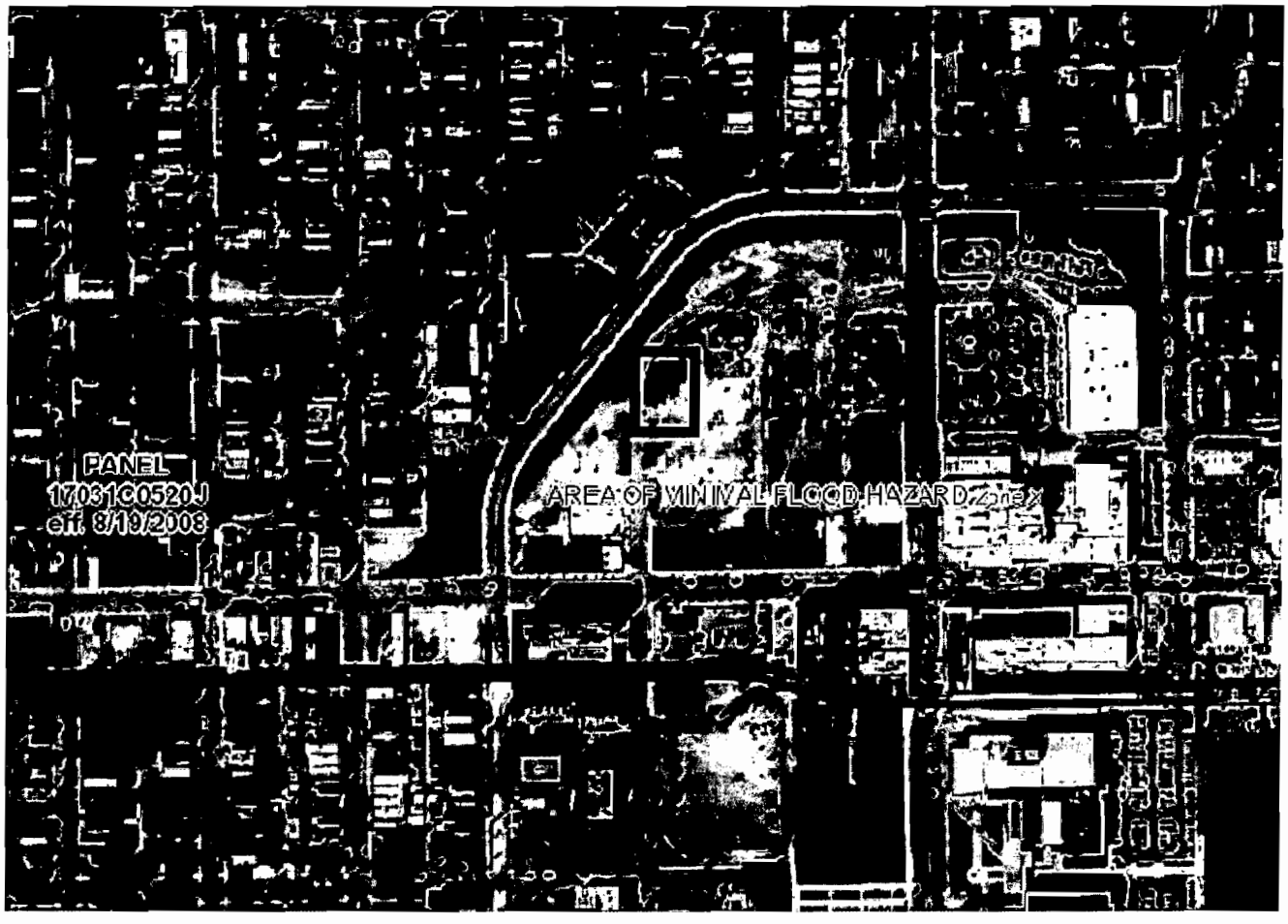
AIN Ventures, LLC has a 40% membership interest in Ross Dialysis - Englewood, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.




Org Chart
ATTACHMENT - 4

**Flood Plain Requirements**

The proposed site for the relocation of Fresenius Medical Care Ross Dialysis - Englewood complies with the requirements of Illinois Executive Order #2005-5. The site, NW corner of 63rd Street and Halsted Street in Chicago, is not located in a flood plain.




Flood Plain Determination
ATTACHMENT - 5

**Illinois Historic Preservation Agency**

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

FAX 217/524-7525
www.illinoishistory.gov

Cook County
Chicago
NW of W. 63rd Street & S. Halsted Street
IHFSRB
New construction, Ross Dialysis-Englewood Dialysis Facility

PLEASE REFER TO: IHPA LOG #029053116

June 21, 2016

Lori Wright
Fresenius Medical Care
3500 Lacey Road, suite 900
Downers Grove, IL 60515

Dear Ms. Wright:

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



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

Historical Determination
ATTACHMENT 6

**SUMMARY OF PROJECT COSTS**

| **Modernization** | |
|---|---|
| General Conditions | 91,380 |
| Temp Facilities, Controls, Cleaning, Waste Management | 4,570 |
| Concrete | 23,400 |
| Masonry | 27,780 |
| Metal Fabrications | 13,700 |
| Carpentry | 160,645 |
| Thermal, Moisture & Fire Protection | 32,530 |
| Doors, Frames, Hardware, Glass & Glazing | 125,190 |
| Walls, Ceilings, Floors, Painting | 295,150 |
| Specialities | 22,853 |
| Casework, Fl Mats & Window Treatments | 10,965 |
| Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations | 584,830 |
| Wiring, Fire Alarm System, Lighting | 352,360 |
| Miscelleanous Construction Costs | 82,240 |
| **Total** | **1,827,593** |

| **Contingencies** | **$175,667** |
|---|---|

| **Architecture/Engineering Fees** | **$200,300** |
|---|---|

| **Moveable or Other Equipment** | |
|---|---|
| Dialysis Chairs | 60,000 |
| Clinical Furniture & Equipment | 35,000 |
| Office Equipment & Other Furniture | 45,000 |
| Water Treatment | 210,000 |
| TVs & Accessories | 80,000 |
| Telephones | 30,000 |
| Generator | 110,000 |
| Facility Automation | 30,000 |
| Other miscellaneous | 20,000 |
| **Total** | **620,000** |

| **Fair Market Value of Leased Space and Equipment** | |
|---|---|
| FMV Leased Space (10,911 GSF) | 2,867,338 |
| FMV Leased Dialysis Machines | 515,700 |
| FMV Leased Office Equipment | 15,000 |
| | **$3,398,038** |

| **Grand Total** | **$6,221,598** |
|---|---|

Itemized Costs

ATTACHMENT - 7

## Current Fresenius CON Permits and Status

| Project Number | Project Name | Project Type | Completion Date | Comment |
|---|---|---|---|---|
| #14-012 | Fresenius Medical Care Gurnee | Relo/Expansion | 12/31/2016 | Open 3/21/16 awaiting CMS certification |
| #14-019 | Fresenius Medical Care Summit | Establishment | 12/31/2016 | Opening 6/16 |
| #13-040 | Fresenius Medical Care Lemont | Establishment | 09/30/2016 | Opening 6/16 |
| #14-041 | Fresenius Medical Care Elgin | Expansion | 06/30/2016 | Done – Waiting for CMS certification Permit Renewal In |
| #14-026 | Fresenius Medical Care New City | Establishment | 06/30/2016 | Construction Underway, Permit Renewal In |
| #14-047 | Fresenius Medical Care Humboldt Park | Establishment | 12/31/2016 | Construction Underway |
| #14-065 | Fresenius Medical Care Plainfield North | Relocation | 12/31/2016 | Construction End Date 8/16 |
| #15-001 | Fresenius Medical Care Steger | Expansion | 12/31/2016 | Done – Waiting for CMS certification |
| #15-022 | Fresenius Medical Care Blue Island | Expansion | 12/31/2016 | Construction End Date 6/16 |
| #15-024 | Fresenius Medical Care Chicago | Change Ownership | 12/31/2016 | In Negotiations |
| #15-034 | Fresenius Medical Care South Holland | Expansion | 12/31/2015 | Construction Underway |
| #15-028 | Fresenius Medical Care Schaumburg | Establishment | 02/28/2017 | Bidding/Permitting Phase |
| #15-036 | Fresenius Medical Care Zion | Establishment | 06/30/2017 | Bidding/Permitting Phase |
| #15-062 | Fresenius Medical Care Belleville | Establishment | 12/31/2017 | Bidding/Permitting Phase |
| | | | | |

**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

| | | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|---|---|---|---|---|---|---|---|
| **Dept. / Area** | **Cost** | **Existing** | **Proposed** | **New Const.** | **Modernized** | **As Is** | **Vacated Space** |
| **REVIEWABLE** | | | | | | | |
| | | | | | | | |
| In-Center Hemodialysis | $5,075,714 | | 8,852 | | 8,852 | | |
| | | | | | | | |
| | | | | | | | |
| Total Clinical | $5,075,714 | | 8,852 | | 8,852 | | |
| | | | | | | | |
| **NON REVIEWABLE** | | | | | | | |
| | | | | | | | |
| Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas) | $1,145,884 | | 2,059 | | 2,059 | | |
| | | | | | | | |
| Total Non-clinical | $1,145,884 | | 2,059 | | 2,059 | | |
| | | | | | | | |
| **TOTAL** | **$6,221,598** | | **10,991** | | **10,991** | | |

## 1110.130 – DISCONTINUATION

### GENERAL INFORMATION REQUIREMENTS

Ross Dialysis – Englewood, LLC proposes to discontinue its 16-station ESRD facility located at 6333 S. Green Street, Chicago, operating at 94% utilization as of March 2016. It proposes relocating the existing 16-station facility and establishing a 24-station replacement facility to be located at the NW corner of W. 63rd Street and S. Halsted Street, Chicago within the Englewood Square development. Both sites are located in the Medically Underserved Englewood neighborhood of Chicago in HSA 6. All patients are expected to transfer to the new facility and therefore all medical records will be transferred to the new site as well.

The discontinuation is expected to occur simultaneously with the opening of the new facility, on or before September 30, 2018. There will be no break in service to the patients involved. The evacuated building at 6333 S. Green Street is leased space so will be released back to the landlord.

### REASONS FOR DISCONTINUATION

This facility is located in one of the poorest and highest crime neighborhoods of Chicago. In 2007 when the facility was facing closure Fresenius Medical Care acquired it in order to preserve dialysis services in Englewood.

After assuming ownership Fresenius made numerous repairs and renovations to keep the facility in operable condition. Despite these efforts there are ongoing issues that are beyond repair. It is a tri-level building with no emergency exit on the treatment floor level with only one entrance/exit to serve patients, staff and deliveries. The HVAC system, RO/water system, roof and electrical service all need replacing. Even if these repairs were within reason, the location of the clinic poses safety issues for staff and patients.

It is located at the end of an isolated dead-end road surrounded by abandoned boarded up buildings, abandoned parking lot and the "L" tracks. The only available parking is in an abandoned parking lot across the street. A new modern clinic in a more visible and safe area with available parking is desperately needed to serve the ESRD patients in Englewood.

### IMPACT ON ACCESS

The "relocation" and addition of eight stations to the Ross facility at an alternate site will not have any impact on any area ESRD providers. Given its current census, the proposed facility will be above 63% utilization after the addition of the eight stations. Only 25 more patients will bring the facility back above 80% utilization. No patients are being transferred from any other facility. The "relocation" and additional stations will have a positive impact for ESRD patients in the medically underserved Englewood neighborhood. Although no longer required, a written request for an impact statement was sent to all non-Fresenius facilities within a 45-minute travel time. No responses were received.

**FRESENIUS MEDICAL CARE**

June 7, 2016

Tim Tincknell
DaVita HealthCare Partners, Inc.
1600 W. 13th Street, Suite 3
Chicago, IL 60608

Dear Tim:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to the DaVita facilities within 45-minutes travel time (see list attached). Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facilities.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

## DaVita Facilities Within 45-minutes Travel Time of Fresenius Medical Care Ross Dialysis - Englewood

| Name | Address | City | ZIP Code |
|---|---|---|---|
| DaVita Beverly | 8109 S Western Ave | Chicago | 60620 |
| DaVita Big Oaks | 5623 W Touhy | Niles | 60714 |
| DaVita Chicago Heights | 177 E Joe Orr Rd | Chicago Heights | 60411 |
| DaVita Chicago Ridge | 10511 S Harlem | Worth | 60482 |
| DaVita Country Hills | 4215 W 167th | Country Hills | 60478 |
| DaVita Emerald | 710 W 43rd St | Chicago | 60609 |
| DaVita Evanston | 1922 Dempster Street | Evanston | 60201 |
| DaVita Garfield | 3250 W Franklin Blvd | Chicago | 60624 |
| DaVita Grand Crossing | 7319 S Cottage Grove Ave | Chicago | 60619 |
| DaVita Harvey | 16657 Halsted St | Harvey | 60426 |
| DaVita Hazel Crest | 3470 183rd St | Hazel Crest | 60429 |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 60653 |
| DaVita Lawndale | 3934 W 24th Street | Chicago | 60623 |
| DaVita Lincoln Park | 3157 N Lincoln Ave | Chicago | 60657 |
| DaVita Little Village | 2335 W Cermak Rd | Chicago | 60608 |
| DaVita Logan Square | 2816 N Kimball | Chicago | 60618 |
| DaVita Loop | 1101 S Canal St | Chicago | 60607 |
| DaVita Lurie Children's | 1333 N Kingsbury Street | Chicago | 60642 |
| DaVita Montclare | 7009 W Belmont Ave | Chicago | 60634 |
| DaVita Mt. Greenwood | 3401 W 111th St | Chicago | 60655 |
| DaVita Olympia Fields | 4557 Lincoln Hwy | Matteson | 60443 |
| DaVita Palos Park | 13155 S La Grange Rd | Orland Park | 60462 |
| DaVita Park Manor | 95th & Colfax | Chicago | 60617 |
| DaVita So Holland | 16136 S Park Ave | South Holland | 60473 |
| DaVita Stoney Creek | 5433 W. 95th St | Oak Lawn | 60453 |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 60617 |
| DaVita Tinley Park | 16767 S 80th Avenue | Tinley Park | 60477 |
| DaVita Washington Heights | 10620 S. Halsted Street | Chicago | 60628 |
| DaVita West Lawn | 7000 S Pulaski Rd | Chicago | 60629 |
| DaVita West Side | 1600 W 13th Street | Chicago | 60608 |
| DaVita Woodlawn | 5060 S State Street | Chicago | 60609 |

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Circle Medical Management Dialysis
1426 W. Washington Blvd.
Chicago, IL 60607

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Concerto Renal Services
14255 S. Cicero Avenue
Crestwood, IL 60445

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Loyola Center for Dialysis
1201 W. Roosevelt Road
Maywood, IL 60153

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700



Discontinuation – Request for Impact Letter
ATTACHMENT 10

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Maple Avenue Kidney Center
610 S. Maple Avenue, Suite 4100
Oak Park, IL 60304

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Mt. Sinai Hospital Medical Center Renal Unit
2700 W. 15th Street
Chicago, IL 60608

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Nephron Dialysis Center
5140 N. California Avenue
Chicago, IL 60625

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Nocturnal Spa Dialysis
1634 S. Ardmore Avenue
Villa Park, IL 60181

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Center for Renal Replacement
7301 N. Lincoln Avenue, Suite 205
Lincolnwood, IL 60712

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
Resurrection Medical Center Outpatient Dialysis Center
7435 W. Talcott
Chicago, IL 60631

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
St. Anthony Hospital Dialysis
3059 W. 26th Street
Chicago, IL 60623

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
U.S. Renal Care - Scottsdale Dialysis
4651 W. 79th Street, Suite 100
Chicago, IL 60652

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
John H. Stroger Cook County Hospital Dialysis
1901 W. Harrison Street
Chicago, IL 60612

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

**FRESENIUS MEDICAL CARE**

June 7, 2016

Facility Manager
University of Illinois Hospital Dialysis
1859 W. Taylor Street, Room 1003
Chicago, IL 60612

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to your facility. Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

# Shipment Receipt

**Transaction Date:** 07 Jun 2016 **Tracking Number:** 1ZE3E1451390302765

## 1 Address Information

**Ship To:**
DaVita Healthcare Partners
Tim Tincknell
1600 W. 13th Street
Suite 3
CHICAGO IL 606081306
Telephone:312-243-9286

**Ship From:**
Fresenius Medical Care NA
Leslie Schatz
3500 Lacey Rd
suite 900
Downers Grove IL 60515
Telephone:630-960-6701

**Return Address:**
Fresenius Medical Care NA
Lori Wright
3500 Lacey Rd
suite 900
Downers Grove IL 60515
Telephone:630-960-6701

## 2 Package Information

| | Weight | Dimensions / Packaging | Declared Value | Reference Numbers |
|---|---|---|---|---|
| 1. | Letter<br>(Letter billable) | UPS Letter | | |

## 3 UPS Shipping Service and Shipping Options

| | |
|---|---|
| **Service:** | UPS Next Day Air Saver |
| **Guaranteed By:** | 3:00 PM Wednesday, Jun 8, 2016 |
| **Shipping Fees Subtotal:** | **21.96 USD** |
| **Transportation** | 21.27 USD |
| **Fuel Surcharge** | 0.69 USD |

## 4 Payment Information

**Bill Shipping Charges to:** Shipper's Account E3E145

| | |
|---|---|
| **Charges:** | **21.96 USD** |

**A discount has been applied to the Daily rates for this shipment**

| | |
|---|---|
| **Negotiated Charges:** | **5.71 USD** |
| **Total Charges:** | **5.71 USD** |

Note: Your invoice may vary from the displayed reference rates.

* For delivery and guarantee information, see the UPS Service Guide. To speak to a customer service representative, call 1-800-PICK-UPS for domestic services and 1-800-782-7892 for international services.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Circle Medical Management Dialysis
1426 W. Washington Blvd.
Chicago, IL 60607

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6-13-16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0485

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Concerto Renal Services
14255 S. Cicero Avenue
Crestwood, IL 60445

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/9/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0478

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Loyola Center for Dialysis
1201 W. Roosevelt Road
Maywood, IL 60153

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X S. Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. DAVIS C. Date of Delivery 6/9/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0461

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Nephron Dialysis Center
5140 N. California Avenue
Chicago, IL 60625

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 1010 0002 8450 0430

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Center for Renal Replacement
7301 N. Lincoln Avenue, Suite 205
Lincolnwood, IL 60712

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
6.9.16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 1010 0002 8450 0416

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Resurrection Medical Center
Outpatient Dialysis Center
7435 W. Talcott
Chicago, IL 60631

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 1010 0002 8450 0409

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
St. Anthony Hospital Dialysis
3059 W. 26th Street
Chicago, IL 60623

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
x D. Pinkston ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0393

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
U.S. Renal Care - Scottsdale Dialysis
4651 W. 79th Street, Suite 100
Chicago, IL 60652

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
x Joan Kruse ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0386

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
John H. Stroger/Cook County
Hospital Dialysis
1901 W. Harrison Street
Chicago, IL 60612

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
x ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 8450 0379

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



Discontinuation – Request for Impact Letter
ATTACHMENT 10

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Nocturnal Spa Dialysis
1634 S. Ardmore Avenue
Villa Park, IL 60181

VILLA PARK IL 60181 JUN 22 2016 USPS

***COMPLETE THIS SECTION ON DELIVERY***

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
*(Transfer from service label)* 7012 1010 0002 8450 0423

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

## Fresenius Kidney Care

Fresenius Kidney Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

**Quality Measures** – Fresenius Kidney Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

**INITIATIVES** that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

**TOPs Program** (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

**Right Start Program** – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

**Catheter Reduction Program** – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

**Diabetes Care Partnership** - Fresenius Kidney Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

**Locally**, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised $22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another $25,000 annually to the NKFI and another $5,000 in downstate Illinois.

**Fresenius Kidney Care In-center Clinics in Illinois**

| Clinic | Provider # | Address | City | Zip |
|---|---|---|---|---|
| Aledo | 14-2658 | 409 NW 9th Avenue | Aledo | 61231 |
| Alsip | 14-2630 | 12250 S. Cicero Ave Ste. #105 | Alsip | 60803 |
| Antioch | 14-2673 | 311 Depot St., Ste. H | Antioch | 60002 |
| Aurora | 14-2515 | 455 Mercy Lane | Aurora | 60506 |
| Austin Community | 14-2653 | 4800 W. Chicago Ave., 2nd Fl. | Chicago | 60651 |
| Belleville | - | 6525 W. Main Street | Belleville | 62223 |
| Berwyn | 14-2533 | 2601 S. Harlem Avenue, 1st Fl. | Berwyn | 60402 |
| Blue Island | 14-2539 | 12200 S. Western Avenue | Blue Island | 60406 |
| Bolingbrook | 14-2605 | 329 Remington | Boilingbrook | 60440 |
| Breese | 14-2637 | 160 N. Main Street | Breese | 62230 |
| Bridgeport | 14-2524 | 825 W. 35th Street | Chicago | 60609 |
| Burbank | 14-2641 | 4811 W. 77th Street | Burbank | 60459 |
| Carbondale | 14-2514 | 1425 Main Street | Carbondale | 62901 |
| Centre West Springfield | 14-2546 | 1112 Centre West Drive | Springfield | 62704 |
| Champaign | 14-2588 | 1405 W. Park Street | Champaign | 61801 |
| Chatham | 14-2744 | 333 W. 87th Street | Chicago | 60620 |
| Chicago Dialysis | 14-2506 | 1806 W. Hubbard Street | Chicago | 60622 |
| Chicago Westside | 14-2681 | 1340 S. Damen | Chicago | 60608 |
| Cicero | 14-2754 | 3000 S. Cicero | Chicago | 60804 |
| Congress Parkway | 14-2631 | 3410 W. Van Buren Street | Chicago | 60624 |
| Crestwood | 14-2538 | 4861W. Cal Sag Road | Crestwood | 60445 |
| Decatur East | 14-2603 | 1830 S. 44th St. | Decatur | 62521 |
| Deerfield | 14-2710 | 405 Lake Cook Road | Deefield | 60015 |
| Des Plaines | 14-2774 | 1625 Oakton Place | Des Plaines | 60018 |
| Downers Grove | 14-2503 | 3825 Highland Ave., Ste. 102 | Downers Grove | 60515 |
| DuPage West | 14-2509 | 450 E. Roosevelt Rd., Ste. 101 | West Chicago | 60185 |
| DuQuoin | 14-2595 | 825 Sunset Avenue | DuQuoin | 62832 |
| East Peoria | 14-2562 | 3300 North Main Street | East Peoria | 61611 |
| Elgin | 14-2726 | 2130 Point Boulevard | Elgin | 60123 |
| Elk Grove | 14-2507 | 901 Biesterfield Road, Ste. 400 | Elk Grove | 60007 |
| Elmhurst | 14-2612 | 133 E. Brush Hill Road, Suite 4 | Elmhurst | 60126 |
| Evanston | 14-2621 | 2953 Central Street, 1st Floor | Evanston | 60201 |
| Evergreen Park | 14-2545 | 9730 S. Western Avenue | Evergreen Park | 60805 |
| Garfield | 14-2555 | 5401 S. Wentworth Ave. | Chicago | 60609 |
| Geneseo | 14-2592 | 600 North College Ave, Suite 150 | Geneseo | 61254 |
| Glendale Heights | 14-2617 | 130 E. Army Trail Road | Glendale Heights | 60139 |
| Glenview | 14-2551 | 4248 Commercial Way | Glenview | 60025 |
| Greenwood | 14-2601 | 1111 East 87th St., Ste. 700 | Chicago | 60619 |
| Gurnee | 14-2549 | 101 Greenleaf | Gurnee | 60031 |
| Hazel Crest | 14-2607 | 17524 E. Carriageway Dr. | Hazel Crest | 60429 |
| Highland Park | 14-2782 | 1657 Old Skokie Road | Highland Park | 60035 |
| Hoffman Estates | 14-2547 | 3150 W. Higgins, Ste. 190 | Hoffman Estates | 60195 |
| Humboldt Park | - | 3500 W. Grand Avenue | Chicago | 60651 |
| Jackson Park | 14-2516 | 7531 South Stony Island Ave. | Chicago | 60649 |
| Joliet | 14-2739 | 721 E. Jackson Street | Joliet | 60432 |
| Kewanee | 14-2578 | 230 W. South Street | Kewanee | 61443 |
| Lake Bluff | 14-2669 | 101 Waukegan Rd., Ste. 700 | Lake Bluff | 60044 |
| Lakeview | 14-2679 | 4008 N. Broadway, St. 1200 | Chicago | 60613 |
| Lemont | - | 16177 W. 127th Street | Lemont | 60439 |
| Logan Square | 14-2766 | 2721 N. Spalding | Chicago | 60647 |
| Lombard | 14-2722 | 1940 Springer Drive | Lombard | 60148 |
| Macomb | 14-2591 | 523 E. Grant Street | Macomb | 61455 |
| Maple City | 14-2790 | 1225 N. Main Street | Monmouth | 61462 |
| Marquette Park | 14-2566 | 6515 S. Western | Chicago | 60636 |
| McHenry | 14-2672 | 4312 W. Elm St. | McHenry | 60050 |
| McLean Co | 14-2563 | 1505 Eastland Medical Plaza | Bloomington | 61704 |
| Melrose Park | 14-2554 | 1111 Superior St., Ste. 204 | Melrose Park | 60160 |
| Merrionette Park | 14-2667 | 11630 S. Kedzie Ave. | Merrionette Park | 60803 |
| Metropolis | 14-2705 | 20 Hospital Drive | Metropolis | 62960 |
| Midway | 14-2713 | 6201 W. 63rd Street | Chicago | 60638 |
| Mokena | 14-2689 | 8910 W. 192nd Street | Mokena | 60448 |
| Moline | 14-2526 | 400 John Deere Road | Moline | 61265 |
| Morris | 14-2596 | 1401 Lakewood Dr., Ste. B | Morris | 60450 |
| Mundelein | 14-2731 | 1400 Townline Road | Mundelein | 60060 |
| Naperbrook | 14-2765 | 2451 S Washington | Naperville | 60565 |

Facility List
ATTACHMENT - 11

| Clinic | Provider # | Address | City | Zip |
|---|---|---|---|---|
| Naperville North | 14-2678 | 516 W. 5th Ave. | Naperville | 60563 |
| New City | - | 4622 S. Bishop Street | Chicago | 60609 |
| Niles | 14-2500 | 7332 N. Milwaukee Ave | Niles | 60714 |
| Normal | 14-2778 | 1531 E. College Avenue | Normal | 61761 |
| Norridge | 14-2521 | 4701 N. Cumberland | Norridge | 60656 |
| North Avenue | 14-2602 | 911 W. North Avenue | Melrose Park | 60160 |
| North Kilpatrick | 14-2501 | 4800 N. Kilpatrick | Chicago | 60630 |
| Northcenter | 14-2531 | 2620 W. Addison | Chicago | 60618 |
| Northfield | 14-2771 | 480 Central Avenue | Northfield | 60093 |
| Northwestern University | 14-2597 | 710 N. Fairbanks Court | Chicago | 60611 |
| Oak Forest | 14-2764 | 5340A West 159th Street | Oak Forest | 60452 |
| Oak Park | 14-2504 | 773 W. Madison Street | Oak Park | 60302 |
| Orland Park | 14-2550 | 9160 W. 159th St. | Orland Park | 60462 |
| Oswego | 14-2677 | 1051 Station Drive | Oswego | 60543 |
| Ottawa | 14-2576 | 1601 Mercury Circle Drive, Ste. 3 | Ottawa | 61350 |
| Palatine | 14-2723 | 691 E. Dundee Road | Palatine | 60074 |
| Pekin | 14-2571 | 3521 Veteran's Drive | Pekin | 61554 |
| Peoria Downtown | 14-2574 | 410 W Romeo B. Garrett Ave. | Peoria | 61605 |
| Peoria North | 14-2613 | 10405 N. Juliet Court | Peoria | 61615 |
| Plainfield | 14-2707 | 2320 Michas Drive | Plainfield | 60544 |
| Polk | 14-2502 | 557 W. Polk St. | Chicago | 60607 |
| Pontiac | 14-2611 | 804 W. Madison St. | Pontiac | 61764 |
| Prairie | 14-2569 | 1717 S. Wabash | Chicago | 60616 |
| Randolph County | 14-2589 | 102 Memorial Drive | Chester | 62233 |
| Regency Park | 14-2558 | 124 Regency Park Dr., Suite 1 | O'Fallon | 62269 |
| River Forest | 14-2735 | 103 Forest Avenue | River Forest | 60305 |
| Rock Island | 14-2703 | 2623 17th Street | Rock Island | 61201 |
| Rock River - Dixon | 14-2645 | 101 W. Second Street | Dixon | 61021 |
| Rogers Park | 14-2522 | 2277 W. Howard St. | Chicago | 60645 |
| Rolling Meadows | 14-2525 | 4180 Winnetka Avenue | Rolling Meadows | 60008 |
| Roseland | 14-2690 | 135 W. 111th Street | Chicago | 60628 |
| Ross-Englewood | 14-2670 | 6333 S. Green Street | Chicago | 60621 |
| Round Lake | 14-2616 | 401 Nippersink | Round Lake | 60073 |
| Saline County | 14-2573 | 275 Small Street, Ste. 200 | Harrisburg | 62946 |
| Sandwich | 14-2700 | 1310 Main Street | Sandwich | 60548 |
| Schaumburg | - | 815 Wise Road | Schaumburg | 60193 |
| Silvis | 14-2658 | 880 Crosstown Avenue | Silvis | 61282 |
| Skokie | 14-2618 | 9801 Wood Dr. | Skokie | 60077 |
| South Chicago | 14-2519 | 9200 S. Chicago Ave. | Chicago | 60617 |
| South Deering | 14-2756 | 10559 S. Torrence Ave. | Chicago | 60617 |
| South Holland | 14-2542 | 17225 S. Paxton | South Holland | 60473 |
| South Shore | 14-2572 | 2420 E. 79th Street | Chicago | 60649 |
| Southside | 14-2508 | 3134 W. 76th St. | Chicago | 60652 |
| South Suburban | 14-2517 | 2609 W. Lincoln Highway | Olympia Fields | 60461 |
| Southwestern Illinois | 14-2535 | 7 Professional Drive | Alton | 62002 |
| Spoon River | 14-2565 | 340 S. Avenue B | Canton | 61520 |
| Spring Valley | 14-2564 | 12 Wolfer Industrial Drive | Spring Valley | 61362 |
| Steger | 14-2725 | 219 E. 34th Street | Steger | 60475 |
| Streator | 14-2695 | 2356 N. Bloomington Street | Streator | 61364 |
| Summit | - | 7319-7322 Archer Avenue | Summit | 60501 |
| Uptown | 14-2692 | 4720 N. Marine Dr. | Chicago | 60640 |
| Waterloo | 14-2789 | 624 Voris-Jost Drive | Waterloo | 62298 |
| Waukegan Harbor | 14-2727 | 101 North West Street | Waukegan | 60085 |
| West Batavia | 14-2729 | 2580 W. Fabyan Parkway | Batavia | 60510 |
| West Belmont | 14-2523 | 4943 W. Belmont | Chicago | 60641 |
| West Chicago | 14-2702 | 1859 N. Neltnor | West Chicago | 60185 |
| West Metro | 14-2536 | 1044 North Mozart Street | Chicago | 60622 |
| West Suburban | 14-2530 | 518 N. Austin Blvd., 5th Floor | Oak Park | 60302 |
| West Willow | 14-2730 | 1444 W. Willow | Chicago | 60620 |
| Westchester | 14-2520 | 2400 Wolf Road, Ste. 101A | Westchester | 60154 |
| Williamson County | 14-2627 | 900 Skyline Drive, Ste. 200 | Marion | 62959 |
| Willowbrook | 14-2632 | 6300 S. Kingery Hwy, Ste. 408 | Willowbrook | 60527 |
| Zion | - | 1920-1920 N. Sheridan Road | Zion | 60099 |

Certification & Authorization

Ross Dialysis - Englewood, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Ross Dialysis - Englewood, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

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

By: _____

ITS: Regional Vice President

Notarization:
Subscribed and sworn to before me
this 26th day of Oct, 2015

Candace M. Turoski
Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

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

By:_____

ITS: Bryan Mello
Assistant Treasurer

By:_____

ITS: Mark Fawcett
Senior Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2015

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 27 day of Oct, 2015

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

**Criterion 1110.230 – Purpose of Project**

1. Fresenius Kidney Care acquired the Ross-Dialysis Englewood facility in 2007 when the prior owners could no longer sustain it. The purpose of this project is to maintain access to life-sustaining dialysis treatment in a Federally Designated Medically Underserved area (MUA) in the Englewood neighborhood of Chicago. Fresenius proposes to relocate this facility, operating at 94%, from 6333 S. Green Street to the NW corner of W. 63rd Street & S. Halsted Street also in the Englewood neighborhood and add an additional 8 ESRD stations. Along with the relocation the physicians supporting this project desire to locate a Chronic Kidney Disease (CKD) clinic at this site to help pre-dialysis patients with earlier detection and management of their disease to hold off the need for dialysis as long as possible.

2. The facility's current location and the relocation site are both in the Englewood community in HSA 6, which is made up of the City of Chicago. Fresenius Ross-Englewood currently serves 90 patients who mostly reside within a 2-mile radius of the facility.

3. The Ross-Englewood facility has extensive physical plant issues that are beyond reasonable to repair and also issues due to the layout and location of the building that cannot be corrected. The building is in one of the poorest and highest crime neighborhoods of Chicago located at the end of a dead-end street and is completely isolated. In order to maintain dialysis services in a structure that meets Fresenius standards and to provide a safe environment for patients and staff, a new building and location is necessary. Fresenius Medical Care is willing to invest in the relocation/upgrade of this facility although it is not a financially viable clinic. These patients need and deserve a safe, modern facility to treat at.

4. Not Applicable

5. Relocating the 16-station Ross facility, along with 8 additional stations, to a new building and safer more visible location while remaining in the Englewood neighborhood will allow patients a new, more modern facility along with easier access with improved patient parking. A more aesthetic environment will also make the need for dialysis services a more pleasant experience. There will be no interruption in service to the current patients of the Ross clinic since the "relocation" of the facility will occur on a Sunday when there are no patient treatments scheduled.

6. The goal of Fresenius Kidney Care is to keep dialysis access available to this underserved patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would continue to have similar quality outcomes after the relocation however a new facility with better access may encourage less missed treatments. Currently the Ross-Englewood patients have the quality values below:

    - 92% of patients had a URR $\geq$ 65%
    - 93% of patients had a Kt/V $\geq$ 1.2

**Alternatives**

**1) All Alternatives**

A. Proposing a project of greater or lesser scope and cost

Two alternatives were considered that would entail a lesser scope and cost than the project proposed in this application, however they were determined not to be feasible options.

- Due to the extensive physical plant issues as well as safety issues related to the location of the current site and the viability of the clinic it could have met with the fate of closure. However, because Fresenius maintains its commitment to serve all patients and the physician's, who are co-owners, dedication to this community this alternative was never truly an option.

- The next alternative was to relocate only the 16 stations and not add the 8 additional stations. The cost for this would be about $350,000 less than the current project. While this alternative is feasible, the clinic is operating at 94% utilization causing access issues and reducing treatment shift availability. It will only take 6 more patients before reaching capacity. To address historic utilization and growth, due to high prevalence of ESRD in the area, the additional stations are necessary. This alternative was rejected.

B. Pursuing a joint venture

This facility is currently a joint venture between Fresenius Kidney Care and physicians at Associates in Nephrology who have been dedicated to caring for ESRD patients on the south side of Chicago for over 30 years. Project costs are the same however split between joint venture members.

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

The Associates in Nephrology physicians currently admit patients to many of the area clinics of which all are operating at high utilization rates. Also, due to the economic condition of many Englewood patients travelling to other neighborhoods for treatment would be difficult. There is no cost related to this alternative.

D. Project as outlined in the application

The most desirable alternative to maintain access to dialysis services in the underserved Englewood neighborhood and to address the conditions of the current facility is to relocate the 16-station Ross facility and add 8 stations to address the near capacity utilization. The cost of this project is $6,221,598.

## 2) Comparison of Alternatives

| | Total Cost | Patient Access | Quality | Financial |
|---|---|---|---|---|
| Maintain Status Quo | $0 | Clinic would continue to work in an inefficient space, at 94% capacity with no access to treatment schedules for new patients.<br><br>Building conditions that are beyond repair may force closure. | Facility quality would remain above standards, however if access to treatment declines further patients could have more missed treatments lowering individual quality. | Patients would experience excessive transportation costs if forced to travel outside of market for services. |
| Relocate only the 16 current stations | $5,871,598 | Clinic would have sufficient physical space, however no access for new patients because of current utilization of 94%. | Facility quality would remain above standards, however if access to treatment declines further patients could have more missed treatments lowering individual quality. | Patients would experience excessive transportation costs if forced to travel outside of market for services. |
| Relocate the 16-station Ross facility and add eight stations. | $6,221,598 | Improved access in a safe and modern environment with ample parking allowing treatment shift availability. | Patient clinical quality would remain above standards.<br><br>Patient satisfaction would improve with easier accessibility and a more modern facility. | The cost of relocation is necessary to keep dialysis services accessible in the Englewood neighborhood and to update to current standards. This is a cost only to Fresenius Kidney Care. |

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care Ross Dialysis - Englewood has had above standard quality outcomes.

- 92% of patients had a URR $\geq$ 65%
- 93% of patients had a Kt/V $\geq$ 1.2

**Criterion 1110.234, Size of Project**

| SIZE OF PROJECT | | | | |
|---|---|---|---|---|
| **DEPARTMENT/SERVICE** | **PROPOSED BGSF/DGSF** | **STATE STANDARD 450-650 BGSF Per Station** | **DIFFERENCE** | **MET STANDARD?** |
| ESRD IN-CENTER HEMODIALYSIS | 8,852 (24 Stations) | 10,800 – 15,060 BGSF | None | Yes |
| Non-clinical | 2,059 | N/A | N/A | N/A |

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 10,800 – 15,060 BGSF. The proposed 8,852 BGSF for the in-center hemodialysis space meets the State standard.

**Criterion 1110.234, Project Services Utilization**

| UTILIZATION | | | | | |
|---|---|---|---|---|---|
| | **DEPT/SERVICE** | **HISTORICAL UTILIZATION** | **PROJECTED UTILIZATION** | **STATE STANDARD** | **MET STANDARD?** |
| | IN-CENTER HEMODIALYSIS | 94% March 2016 16 Stations | | 80% | Yes |
| **YEAR 1** | IN-CENTER HEMODIALYSIS | N/A | 24 Stations | 83% | Yes |
| **YEAR 2** | IN-CENTER HEMODIALYSIS | N/A | 24 Stations | 88% | Yes |

The Fresenius Ross-Englewood facility was treating 90 patients at a utilization rate of 94% as of March 31, 2016 with 16 stations. Dr. Kennedy has identified an additional 68 patients who reside in the immediate Englewood facility who will be requiring dialysis services in the first two years after the relocation/expansion of the facility and will be referred there. After accounting for an estimated 30% patient attrition it is expected that at least 48 of these patients will utilize the Ross-Englewood facility.

This calculation does not account for the overwhelming number of patients whose first contact with the nephrologist is at the point of kidney failure determined in the emergency room.

**Planning Area Need – Formula Need Calculation:**

The proposed relocation site of Fresenius Medical Care Ross Dialysis - Englewood is located in the Englewood neighborhood of the City of Chicago in HSA 6. HSA 6 is comprised of the City of Chicago. According to the May 2016 Inventory there is a need for an additional 54 stations in this HSA.

## 2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to a Federally Designated Medically Underserved Area (MUA) in the Englewood neighborhood in the City of Chicago (HSA 6). 99% of the current Ross-Englewood patients and 100% of the pre-ESRD patients identified for the relocated and expanded facility reside in Chicago/HSA 6 as shown below.

Current Ross-Englewood Patients

| City | Zip Code | Patients |
|---|---|---|
| Chicago | 60473 | 1 |
| Chicago | 60609 | 3 |
| Chicago | 60615 | 4 |
| Chicago | 60617 | 2 |
| Chicago | 60619 | 3 |
| Chicago | 60620 | 15 |
| Chicago | 60621 | 21 |
| Chicago | 60628 | 4 |
| Chicago | 60629 | 5 |
| Chicago | 60636 | 17 |
| Chicago | 60637 | 6 |
| Chicago | 60649 | 5 |
| Chicago | 60652 | 1 |
| Chicago | 60653 | 2 |
| Cicero | 60804 | 1 |
| | **Total** | **90** |

Pre-ESRD Patients

| City | Zip Code | Patients |
|---|---|---|
| Chicago | 60621 | 13 |
| Chicago | 60636 | 38 |
| Chicago | 60637 | 17 |
| | **Total** | **68** |

**Service Demand – Expansion of In-center Hemodialysis Service**

A. Historical Service Demand

i) Fresenius Medical Care Ross Dialysis - Englewood 16-station dialysis facility has been operating at an average utilization rate of 93% for the past 12 months and at 94% for the past two years. The clinic is at 94% utilization as of March 2016 with 16-stations and 90 patients.

See physician support/referral letter on following page and at Appendix 1.

**ASSOCIATES IN NEPHROLOGY, S.C.**
*NEPHROLOGY AND HYPERTENSION*
210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.S.N.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.
NIC I. HRISTEA, M.D., F.A.S.N.
DONALD CRONIN, M.D.
SEJAL PATEL, M.D.
SUMANTH MULAMALLA, M.D.
MARCO PAGANI, M.D.
JAWAD MUNIR, M.D.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, M.D., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

June 21, 2016

Ms. Kathy Olson, Chairman
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am writing to convey my utmost support for the relocation and expansion of the Fresenius Medical Care Ross Dialysis – Englewood facility. I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Ross-Englewood facility. This facility is severely over utilized and combining that with the building's poor physical condition and undesirable location demands action to keep access to dialysis available to my patients in Englewood as well as providing for their physical safety.

The south Chicago area where I practice has a population that is economically and medically at risk. Englewood is an African American community where nearly half the residents are living below the poverty level. Hypertension and diabetes is rampant in this population resulting in End Stage Renal Disease. These high risk patients need additional access in their community to dialyze in a safe and more modern environment than the current Ross-Englewood facility can offer them.

Over the past three years the AIN physicians in the facilities in this area at Fresenius Ross–Englewood, Evergreen Park and Roseland were treating 204 hemodialysis patients at the end of 2013, 206 patients at the end of 2014, 241 patients at the end of 2015, and 227 as of March 2016 as reported to The Renal Network.

Over the past twelve months AIN has referred 46 new patients for hemodialysis services to Fresenius Ross-Englewood, Evergreen Park and Roseland. I currently have 68 pre-ESRD patients that live in the immediate Englewood area who will require dialysis within 24 months of the relocation and expansion of the Ross-Englewood facility and will be referred there when necessary.

I respectfully ask the Board to approve the relocation and expansion of the Ross–Englewood facility to keep much needed dialysis services available in the Englewood neighborhood. Thank you for your consideration.

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

Sincerely,

April Kennedy, M.D.

April Kennedy, M.D.

Notarization:
Subscribed and sworn to before me
this 22 day of June, 2016

Signature of Notary

Seal

OFFICIAL SEAL
CHARLOTTE CHAPPLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/20/16

## PRE-ESRD PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL CARE ROSS DIALYSIS - ENGLEWOOD IN THE 1ST 2 YEARS (24 MONTHS) AFTER PROJECT COMPLETION

| Zip Code | Pre-ESRD Patients |
|---|---|
| 60621 | 13 |
| 60636 | 38 |
| 60637 | 17 |
| **Total** | **68** |

## NEW REFERRALS OF AIN FOR ENGLEWOOD AREA 05/2015 THROUGH 04/2016

| | Fresenius Kidney Care | | | |
|---|---|---|---|---|
| Zip Code | Evergreen Park | Roseland | Ross | Total |
| 60419 | | | 1 | 1 |
| 60457 | 1 | | | 1 |
| 60472 | 1 | | | 1 |
| 60609 | | | 2 | 2 |
| 60617 | 1 | | | 1 |
| 60619 | | | 1 | 1 |
| 60620 | 2 | | 7 | 9 |
| 60621 | | | 6 | 6 |
| 60628 | 1 | 3 | 2 | 6 |
| 60629 | | | 1 | 1 |
| 60632 | | | 2 | 2 |
| 60636 | | | 4 | 4 |
| 60637 | | | 2 | 2 |
| 60642 | 1 | | | 1 |
| 60643 | | 1 | | 1 |
| 60649 | 1 | | 1 | 2 |
| 60652 | | | 1 | 1 |
| 60805 | 1 | | | 1 |
| 60827 | 1 | 1 | | 2 |
| **Total** | **10** | **5** | **31** | **46** |

# HEMODIALYSIS PATIENTS OF AIN FOR THE ENGLEWOOD AREA

| Zip | Fresenius Evergreen Park | | | | Fresenius Roseland | | | | Fresenius Ross - Englewood | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | Dec-13 | Dec-14 | Dec-15 | Mar-16 | Dec-13 | Dec-14 | Dec-15 | Mar-16 | Dec-13 | Dec-14 | Dec-15 | Mar-16 |
| 60110 | | | | | | | | | | | | 1 |
| 60406 | 2 | 1 | 1 | 1 | | | | | | | | |
| 60409 | 2 | 1 | | | | | | | | | | |
| 60419 | 1 | 1 | 1 | 1 | | | | | | | 2 | 1 |
| 60426 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60438 | 1 | 1 | | | | | | | | | | |
| 60453 | 1 | 1 | 1 | 1 | 1 | | | | 1 | | | |
| 60457 | | | 1 | 1 | | | | | | | | |
| 60459 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| 60472 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60473 | | 1 | 1 | 1 | | | | | | | | |
| 60477 | | | 1 | 1 | | | | | | | | |
| 60605 | | | 1 | 1 | | 1 | | | | | | |
| 60609 | 1 | | | | | | | | 2 | 2 | 2 | 3 |
| 60610 | | | 1 | | | | | | | | | |
| 60612 | | | | | | | | | 1 | | | |
| 60615 | 2 | 1 | 2 | 1 | | | | | 1 | 1 | 1 | 1 |
| 60616 | | | 1 | 1 | | | | | | | | |
| 60617 | 2 | 2 | 5 | 3 | 1 | 1 | 2 | 1 | 4 | 3 | 5 | 2 |
| 60619 | 2 | 2 | 5 | 4 | 1 | | | | 3 | 2 | | |
| 60620 | 19 | 21 | 28 | 23 | | | | | 12 | 16 | 15 | 14 |
| 60621 | 3 | 1 | 2 | 2 | 1 | | | | 19 | 19 | 23 | 24 |
| 60627 | | | | | | 1 | 2 | 1 | | | | |
| 60628 | 12 | 12 | 17 | 15 | 22 | 29 | 32 | 33 | 4 | 8 | 3 | 6 |
| 60629 | | 1 | 1 | 1 | | | | | 2 | 3 | 4 | 2 |
| 60631 | | | | | | | | | 1 | | | |
| 60632 | | | | | | | | | | | | 1 |
| 60636 | 4 | 2 | 1 | | 1 | 1 | | | 15 | 20 | 19 | 15 |
| 60637 | | | | | | | | | 5 | 5 | 6 | 5 |
| 60643 | 11 | 12 | 16 | 18 | 12 | 8 | 6 | 7 | 1 | | | |
| 60644 | | | | | | | 1 | | 1 | | | |
| 60649 | 1 | | 3 | 3 | | | | | 7 | 3 | 2 | 2 |
| 60652 | 2 | 4 | 4 | 4 | | | | | | | | 1 |
| 60653 | 1 | 2 | 3 | 3 | | | | | | 1 | 1 | 1 |
| 60655 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60690 | | 1 | 1 | 1 | | | | | | | | |
| 60805 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | | | | |
| 60827 | 6 | 5 | 7 | 7 | 5 | 4 | 4 | 5 | | | | 1 |
| Total | 79 | 77 | 110 | 99 | 46 | 46 | 48 | 48 | 79 | 83 | 83 | 80 |

| Total All Clinics | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| | 204 | 206 | 241 | 227 |

**Service Accessibility – Service Restrictions**

- The proposed Fresenius Ross Dialysis - Englewood facility will be located in HSA 6 in in the Englewood neighborhood of Chicago, which is a Medically Underserved Area (MUA). According to the May 2016 station inventory there is a need for 54 stations in this HSA. This project is essentially a relocation of the Ross-Englewood facility and addition of 8 stations. Due to current station need in the HSA and high utilization of the facility there will be a positive impact on access to care in this market.

- While dialysis services are available in HSA 6, the State Board's inventory shows a need for an additional 54 stations. Existing problems at the Ross facility relate to the poor physical condition of the building, some of which is beyond repair, the isolated location in an area of high crime, area demographics/income and the clinics utilization rate of 94%.

  Fresenius Ross-Englewood is located in one of the poorest neighborhoods in Chicago with one of the highest crime rates. The building, which does not have a proper design for a dialysis clinic, has physical plant issues that are beyond repair. Its location, at the end of a dead-end street surrounded by abandoned buildings, parking lots and the "L" tracks is an unsafe area for patients and staff, especially at night.

- Twenty one percent of the patients at the facility are Medicaid recipients and 57% Medicare. This is reflected in the statistics below of the Englewood neighborhood.

  <u>According to the 2000 U.S. Census</u>

| | |
|---|---|
| Africian American | 98% |
| Individuals living below Poverty Level | 42% |
| Utilize Public Transportation | 40% |

  <u>According to the 2014 American Community Survey</u>

| | |
|---|---|
| Food Stamp/Snap Benefits | 49% |
| No Insurance Coverage | 22% |
| Public Insurance Coverage | 60% |

- The proposed site in the Englewood Square development at the NW corner of W. 63rd Street and S. Halsted, will allow these patients the opportunity to dialyze in a newer, more aesthetic and most importantly safer environment, ease of access to a single story building and ample on-site parking. The relocated site along with the addition of 8 stations will alleviate the high utilization making access for new ESRD patients and greater treatment shift choice.

# Facilities Within 30 Minutes Travel Time of Fresenius Ross-Englewood

| Name | Address | City | MapQuest MILES | MapQuest MIN | Adjusted X 1.25 | Mar-16 Stations | 3/30/2016 Patients | 3/30/2016 Utilization |
|---|---|---|---|---|---|---|---|---|
| Fresenius Ross-Englewood | 6333 S Green St | Chicago | 0.59 | 2 | 2.5 | 16 | 90 | 93.75% |
| Fresenius Garfield | 5401 S Wentworth Ave | Chicago | 1.93 | 4 | 5 | 22 | 105 | 79.55% |
| DaVita Emerald | 710 W 43rd St | Chicago | 2.63 | 6 | 7.5 | 24 | 116 | 80.56% |
| DaVita Woodlawn | 5060 S State Street | Chicago | 3.48 | 6 | 7.5 | 32 | 120 | 62.50% |
| Fresenius Marquette Park | 6535 S Western Ave | Chicago | 2.68 | 7 | 8.75 | 16 | 90 | 93.75% |
| ***Fresenius New City*** | ***4616 S Bishop*** | ***Chicago*** | ***2.96*** | ***7*** | ***8.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita Grand Crossings | 7319 S Cottage Grove Ave | Chicago | 3.01 | 7 | 8.75 | 12 | 66 | 91.67% |
| Fresenius Bridgeport | 825 W 35th St | Chicago | 3.58 | 8 | 10 | 27 | 134 | 82.72% |
| Fresenius Chatham | 8643 S Holland Rd | Chicago | 4.34 | 8 | 10 | 16 | 85 | 88.54% |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 4.49 | 9 | 11.25 | 32 | 128 | 66.67% |
| Fresenius Jackson Park | 7531 S Stony Island Ave | Chicago | 4 | 10 | 12.5 | 24 | 101 | 70.14% |
| Fresenius South Chicago | 9200 S South Chicago Ave | Chicago | 6.4 | 10 | 12.5 | 36 | 168 | 77.78% |
| Fresenius Southside | 3134 W 76th St | Chicago | 4.67 | 11 | 13.75 | 39 | 191 | 81.62% |
| ***Fresenius Beverly Ridge*** | ***9928 S. Vincennes*** | ***Chicago*** | ***4.71*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita Beverly | 8109 S Western Ave | Chicago | 4.75 | 11 | 13.75 | 16 | 101 | 105.21% |
| Fresenius Greenwood | 1111 E 87th St | Chicago | 5.45 | 11 | 13.75 | 28 | 123 | 73.21% |
| Fresenius Prairie | 1717 S Wabash Ave | Chicago | 6.51 | 11 | 13.75 | 24 | 105 | 72.92% |
| ***DaVita Park Manor*** | ***95th & Colfax*** | ***Chicago*** | ***7.02*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| ***DaVita Washington Heights*** | ***10620 S. Halsted Street*** | ***Chicago*** | ***7.2*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita West Lawn | 7000 S Pulaski Rd | Chicago | 5.1 | 12 | 15 | 12 | 66 | 91.67% |
| DaVita Loop | 1101 S Canal St | Chicago | 7.33 | 12 | 15 | 28 | 106 | 63.10% |
| Fresenius South Shore | 2420 E 79th St | Chicago | 7.25 | 13 | 16.25 | 16 | 67 | 69.79% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 6 | 14 | 17.5 | 32 | 158 | 82.29% |
| Fresenius Evergreen Park | 9730 S Western Ave | Evergreen Park | 6.22 | 15 | 18.75 | 30 | 157 | 87.22% |
| Fresenius Polk | 557 W Polk St | Chicago | 7.72 | 15 | 18.75 | 24 | 73 | 50.69% |
| Fresenius Roseland | 132 W 111th St | Chicago | 7.96 | 15 | 18.75 | 12 | 67 | 93.06% |
| Fresenius Chicago Westside | 1340 S Damen Ave | Chicago | 9.59 | 15 | 18.75 | 31 | 89 | 47.85% |
| U.S. Renal Scottsdale | 4651 W 79th Pl | Chicago | 6.52 | 16 | 20 | 36 | 145 | 67.13% |
| U of IL Hospital Dialysis | 1859 W Taylor St | Chicago | 8.86 | 16 | 20 | 26 | - | - |
| Stroger - Cook County | 1901 W Harrison St | Chicago | 9.77 | 16 | 20 | 9 | 28 | 51.85% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 10.4 | 16 | 20 | 20 | 39 | 32.50% |
| SAH Dialysis | 3059 W 26th Street | Chicago | 7.36 | 17 | 21.25 | 15 | 32 | 35.56% |
| DaVita West Side | 1600 W 13th Street | Chicago | 8.27 | 17 | 21.25 | 12 | 22 | 30.56% |
| Fresenius Northwestern | 710 N Fairbanks Ct | Chicago | 10.2 | 17 | 21.25 | 42 | 149 | 59.13% |
| Fresenius Blue Island | 12200 Western Ave | Blue Island | 10.7 | 17 | 21.25 | 28 | 120 | 71.43% |
| DaVita Mt. Greenwood | 3401 W 111th St | Chicago | 10.7 | 17 | 21.25 | 16 | 123 | 128.13% |
| Fresenius Congress Parkway | 3410 W Van Buren St | Chicago | 11.4 | 17 | 21.25 | 30 | 130 | 72.22% |
| Fresenius Burbank | 4811 W 77th Street | Burbank | 7.13 | 18 | 22.5 | 26 | 135 | 86.54% |
| DaVita Little Village | 2335 W Cermak Rd | Chicago | 9.15 | 18 | 22.5 | 16 | 93 | 96.88% |
| Circle Medical Management | 1426 W Washington Blvd | Chicago | 9.52 | 18 | 22.5 | 27 | 106 | 65.43% |
| Fresenius Chicago | 1806 W Hubbard Street | Chicago | 10.3 | 18 | 22.5 | 12 | 64 | 88.89% |
| DaVita Lawndale | 3934 W 24th Street | Chicago | 11.6 | 18 | 22.5 | 12 | 85 | 118.06% |
| Fresenius Midway | 6201 W 63rd St | Chicago | 7.8 | 19 | 23.75 | 12 | 68 | 94.44% |
| Fresenius West Willow | 1444 W Willow St | Chicago | 11 | 19 | 23.75 | 20 | 36 | 30.00% |
| Fresenius Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 11.6 | 19 | 23.75 | 24 | 112 | 77.78% |
| Mt Sinai Dialysis | 2700 W 15th St | Chicago | 12 | 19 | 23.75 | 16 | 88 | 91.67% |
| DaVita Stoney Creek | 6246 W. 95th St | Oak Lawn | 9.28 | 20 | 25 | 12 | 70 | 97.22% |
| DaVita Lincoln Park | 2484 N Elston | Chicago | 12 | 20 | 25 | 22 | 97 | 73.48% |
| Fresenius Lakeview | 4008 N Broadway St | Chicago | 14.6 | 20 | 25 | 14 | 52 | 61.90% |
| DaVita Calumet City | 1200 Sibley Boulevard | Calumet City | 15 | 20 | 25 | 16 | 0 | 0.00% |
| Fresenius Uptown | 4720 N Marine Dr | Chicago | 15.5 | 20 | 25 | 12 | 69 | 95.83% |
| ***Fresenius Humboldt Park*** | ***3520 W Grand Avenue*** | ***Chicago*** | ***13.2*** | ***21*** | ***26.25*** | ***34*** | ***0*** | ***0.00%*** |
| ***Fresenius Summit*** | ***7319 Archer Avenue*** | ***Summit*** | ***17.2*** | ***21*** | ***26.25*** | ***12*** | ***0*** | ***0.00%*** |
| DaVita Country Hills | 4215 W 167th | Country Club Hills | 18.1 | 21 | 26.25 | 24 | 76 | 52.78% |
| DaVita Garfield | 3250 W Franklin Blvd | Chicago | 12.7 | 22 | 27.5 | 16 | 111 | 115.63% |
| DaVita South Holland | 16100 LaSalle Street | South Holland | 17 | 22 | 27.5 | 24 | 121 | 84.03% |
| Fresenius Oak Forest | 5340 W 159th St | Oak Forest | 18 | 22 | 27.5 | 12 | 44 | 61.11% |
| DaVita Logan Square | 2816 N Kimball | Chicago | 14 | 23 | 28.75 | 28 | 127 | 75.60% |
| Fresenius Alsip | 12250 S Cicero Ave | Alsip | 14.7 | 23 | 28.75 | 20 | 104 | 86.67% |
| Concerto Dialysis | 14255 S. Cicero Ave | Crestwood | 16.9 | 23 | 28.75 | 9 | 20 | 37.04% |
| DaVita Harvey | 16657 Halsted St | Harvey | 19.9 | 23 | 28.75 | 18 | 67 | 62.04% |
| Fresenius West Metro | 1044 N Mozart | Chicago | 13.2 | 24 | 30 | 12 | 180 | 250.00% |
| Fresenius South Holland | 17225 Paxton Ave | South Holland | 17.9 | 24 | 30 | 24 | 96 | 66.67% |

***Above facilities in bold print are CON approved but not yet in operation.***

Service Accessibility
ATTACHMENT – 26b-5

## Pre-ESRD and Current Patients Identified for the relocated Ross-Englewood Dialysis Center

Current Ross-Englewood Patients

| City | Zip Code | Patients |
|---|---|---|
| Chicago | 60473 | 1 |
| Chicago | 60609 | 3 |
| Chicago | 60615 | 4 |
| Chicago | 60617 | 2 |
| Chicago | 60619 | 3 |
| Chicago | 60620 | 15 |
| Chicago | 60621 | 21 |
| Chicago | 60628 | 4 |
| Chicago | 60629 | 5 |
| Chicago | 60636 | 17 |
| Chicago | 60637 | 6 |
| Chicago | 60649 | 5 |
| Chicago | 60652 | 1 |
| Chicago | 60653 | 2 |
| Cicero | 60804 | 1 |
| | **Total** | **90** |

Pre-ESRD Patients

| City | Zip Code | Patients |
|---|---|---|
| Chicago | 60621 | 13 |
| Chicago | 60636 | 38 |
| Chicago | 60637 | 17 |
| | **Total** | **68** |

U. S. Department of Health & Human Services

HRSA Health Resources and Services Administration
Data Warehouse

Looking For | Topic Areas | Tools | Data | FAQs & Resources | About HDW



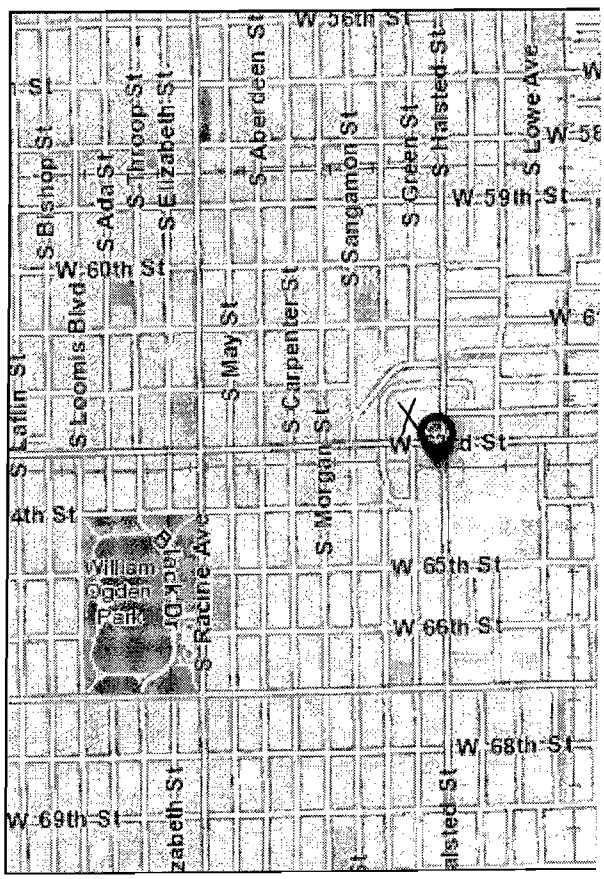
# Find Shortage Areas by Address Results

Input address: 800 W. 63rd street, Chicago, Illinois 60621
Geocoded address: 800 W 63rd St, Chicago, Illinois, 60621

Start Over

**HPSA Data as of 5/27/2016**
**MUA Data as of 5/27/2016**

[+] More about this address




**Click on the image to see an expanc**

**In a Dental Health HPSA: Yes**
HPSA Name: Low Income - Chicago Midway East
ID: 6179991740
Designation Type: Hpsa Population
Status: Designated
Score: 18
Designation Date: 08/25/2000
Last Update Date: 12/31/2013

**In a Mental Health HPSA: Yes**
HPSA Name: West Englewood/Englewood
ID: 71799917E3
Designation Type: Hpsa Geographic
Status: Designated
Score: 19
Designation Date: 08/13/2007
Last Update Date: 05/15/2012

**In a Primary Care HPSA: Yes**
HPSA Name: West Englewood/Englewood
ID: 1179991754

Designation Type: Hpsa Geographic
Status: Designated
Score: 17
Designation Date: 07/11/1978
Last Update Date: 04/17/2012

**In a MUA/P: Yes**
Service Area Name: Communities Asian-American Population
ID: 00801
Designation Type: Medically Underserved Population – Governor's Exception

**Note:** The address entered is geocoded and then compared against the HPSA and MUA/P data in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

» Data Downloads
» Data Portal
» Find a Health Center
» Find Grants
» Find Shortage Areas by Address
» HRSA in Your
» Map Tool
» Preformatted Reports
» Widgets

**Contact:**
877-464-4772
(Weekdays, from 8 a.m. to 8 p.m. ET)
HRSA Contact Center

**Connect:**

U. S. Department of Health & Human Services

HRSA U. S. Department of Health and Human Services
Health Resources and Services Administration

*Powered by the HRSA Data Warehouse*

Print Close

## Find Shortage Areas: HPSA & MUA/P by Address

**Reported location**: 6333 S Green St, Chicago, Illinois, 60621
(---- **Input location**: 6333 s green street, chicago, Illinois 60621) current site

| | |
|---|---|
| **In a Primary Care Health Professional Shortage Area: Yes** | |
| **Primary Care HPSA Name:** | West Englewood/Englewood |
| **Primary Care HPSA ID:** | 1179991754 |
| **Primary Care HPSA Status:** | Designated |
| **Primary Care HPSA Score:** | 17 |
| **Primary Care HPSA Designation Date:** | 1978/07/11 |
| **Primary Care HPSA Designation Last Update Date:** | 2012/04/17 |
| **In a Mental Health Professional Shortage Area: Yes** | |
| **Mental Health HPSA Name:** | West Englewood/Englewood |
| **Mental Health HPSA ID:** | 71799917E3 |
| **Mental Health HPSA Status:** | Designated |
| **Mental Health HPSA Score:** | 19 |
| **Mental Health HPSA Designation Date:** | 2007/08/13 |
| **Mental Health HPSA Designation Last Update Date:** | 2012/05/15 |
| **In a Dental Care Health Professional Shortage Area: Yes** | |
| **Dental Health HPSA Name:** | Low Income - Chicago Midway East |
| **Dental Health HPSA ID:** | 6179991740 |
| **Dental Health HPSA Status:** | Designated |
| **Dental Health HPSA Score:** | 18 |
| **Dental Health HPSA Designation Date:** | 2000/08/25 |
| **Dental Health HPSA Designation Last Update Date:** | 2013/12/31 |
| **In a Medically Underserved Area/Population: Yes** [Additional result analysis] | |
| **MUA/P Service Area Name:** | Communities Asian-American Population |
| **MUA/P ID:** | 00801 |

| | |
|---|---|
| **State Name:** | Illinois |
| **County Name:** | Cook |
| **County Subdivision Name:** | Chicago |
| **Census Tract Number:** | 681000 [Additional result analysis] |
| **ZIP Code:** | 60621 |
| **Post Office Name:** | Chicago |
| **Congressional District Name:** | Illinois District 01 |
| **Congressional District Representative Name:** | Bobby L. Rush |
| | |

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

**Geography: ZCTA5 60621**

| Subject | Number | Percent |
|---|---|---|
| SEX AND AGE | | |
| Total population | 35,912 | 100.0 |
| Under 5 years | 2,813 | 7.8 |
| 5 to 9 years | 2,752 | 7.7 |
| 10 to 14 years | 3,049 | 8.5 |
| 15 to 19 years | 3,548 | 9.9 |
| 20 to 24 years | 2,878 | 8.0 |
| 25 to 29 years | 2,387 | 6.6 |
| 30 to 34 years | 2,105 | 5.9 |
| 35 to 39 years | 1,921 | 5.3 |
| 40 to 44 years | 1,961 | 5.5 |
| 45 to 49 years | 2,399 | 6.7 |
| 50 to 54 years | 2,437 | 6.8 |
| 55 to 59 years | 2,003 | 5.6 |
| 60 to 64 years | 1,491 | 4.2 |
| 65 to 69 years | 1,081 | 3.0 |
| 70 to 74 years | 963 | 2.7 |
| 75 to 79 years | 850 | 2.4 |
| 80 to 84 years | 664 | 1.8 |
| 85 years and over | 610 | 1.7 |
| | | |
| Median age (years) | 31.1 | (X) |
| | | |
| 16 years and over | 26,612 | 74.1 |
| 18 years and over | 25,078 | 69.8 |
| 21 years and over | 23,069 | 64.2 |
| 62 years and over | 4,977 | 13.9 |
| 65 years and over | 4,168 | 11.6 |
| | | |
| Male population | 16,086 | 44.8 |
| Under 5 years | 1,422 | 4.0 |
| 5 to 9 years | 1,412 | 3.9 |
| 10 to 14 years | 1,545 | 4.3 |
| 15 to 19 years | 1,726 | 4.8 |
| 20 to 24 years | 1,308 | 3.6 |
| 25 to 29 years | 954 | 2.7 |
| 30 to 34 years | 894 | 2.5 |
| 35 to 39 years | 735 | 2.0 |
| 40 to 44 years | 804 | 2.2 |
| 45 to 49 years | 1,055 | 2.9 |
| 50 to 54 years | 1,108 | 3.1 |
| 55 to 59 years | 925 | 2.6 |
| 60 to 64 years | 674 | 1.9 |
| 65 to 69 years | 468 | 1.3 |
| 70 to 74 years | 356 | 1.0 |

| | | |
|---|---|---|
| 75 to 79 years | 305 | 0.8 |
| 80 to 84 years | 221 | 0.6 |
| 85 years and over | 174 | 0.5 |
| | | |
| Median age (years) | 28.4 | (X) |
| | | |
| 16 years and over | 11,380 | 31.7 |
| 18 years and over | 10,616 | 29.6 |
| 21 years and over | 9,702 | 27.0 |
| 62 years and over | 1,897 | 5.3 |
| 65 years and over | 1,524 | 4.2 |
| | | |
| Female population | 19,826 | 55.2 |
| Under 5 years | 1,391 | 3.9 |
| 5 to 9 years | 1,340 | 3.7 |
| 10 to 14 years | 1,504 | 4.2 |
| 15 to 19 years | 1,822 | 5.1 |
| 20 to 24 years | 1,570 | 4.4 |
| 25 to 29 years | 1,433 | 4.0 |
| 30 to 34 years | 1,211 | 3.4 |
| 35 to 39 years | 1,186 | 3.3 |
| 40 to 44 years | 1,157 | 3.2 |
| 45 to 49 years | 1,344 | 3.7 |
| 50 to 54 years | 1,329 | 3.7 |
| 55 to 59 years | 1,078 | 3.0 |
| 60 to 64 years | 817 | 2.3 |
| 65 to 69 years | 613 | 1.7 |
| 70 to 74 years | 607 | 1.7 |
| 75 to 79 years | 545 | 1.5 |
| 80 to 84 years | 443 | 1.2 |
| 85 years and over | 436 | 1.2 |
| | | |
| Median age (years) | 33.5 | (X) |
| | | |
| 16 years and over | 15,232 | 42.4 |
| 18 years and over | 14,462 | 40.3 |
| 21 years and over | 13,367 | 37.2 |
| 62 years and over | 3,080 | 8.6 |
| 65 years and over | 2,644 | 7.4 |
| | | |
| RACE | | |
| Total population | 35,912 | 100.0 |
| One Race | 35,589 | 99.1 |
| White | 220 | 0.6 |
| Black or African American | 35,157 | 97.9 |
| American Indian and Alaska Native | 74 | 0.2 |
| Asian | 39 | 0.1 |
| Asian Indian | 1 | 0.0 |
| Chinese | 5 | 0.0 |
| Filipino | 28 | 0.1 |
| Japanese | 1 | 0.0 |
| Korean | 0 | 0.0 |
| Vietnamese | 2 | 0.0 |
| Other Asian [1] | 2 | 0.0 |
| Native Hawaiian and Other Pacific Islander | 8 | 0.0 |
| Native Hawaiian | 2 | 0.0 |
| Guamanian or Chamorro | 5 | 0.0 |
| Samoan | 0 | 0.0 |
| Other Pacific Islander [2] | 1 | 0.0 |
| Some Other Race | 91 | 0.3 |

| | | |
|---|---|---|
| Two or More Races | 323 | 0.9 |
| White; American Indian and Alaska Native [3] | 2 | 0.0 |
| White; Asian [3] | 1 | 0.0 |
| White; Black or African American [3] | 88 | 0.2 |
| White; Some Other Race [3] | 0 | 0.0 |
| | | |
| Race alone or in combination with one or more other aces: [4] | | |
| White | 335 | 0.9 |
| Black or African American | 35,474 | 98.8 |
| American Indian and Alaska Native | 226 | 0.6 |
| Asian | 77 | 0.2 |
| Native Hawaiian and Other Pacific Islander | 27 | 0.1 |
| Some Other Race | 134 | 0.4 |
| | | |
| HISPANIC OR LATINO | | |
| Total population | 35,912 | 100.0 |
| Hispanic or Latino (of any race) | 395 | 1.1 |
| Mexican | 185 | 0.5 |
| Puerto Rican | 120 | 0.3 |
| Cuban | 15 | 0.0 |
| Other Hispanic or Latino [5] | 75 | 0.2 |
| Not Hispanic or Latino | 35,517 | 98.9 |
| | | |
| HISPANIC OR LATINO AND RACE | | |
| Total population | 35,912 | 100.0 |
| Hispanic or Latino | 395 | 1.1 |
| White alone | 88 | 0.2 |
| Black or African American alone | 200 | 0.6 |
| American Indian and Alaska Native alone | 5 | 0.0 |
| Asian alone | 2 | 0.0 |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0 |
| Some Other Race alone | 71 | 0.2 |
| Two or More Races | 29 | 0.1 |
| Not Hispanic or Latino | 35,517 | 98.9 |
| White alone | 132 | 0.4 |
| Black or African American alone | 34,957 | 97.3 |
| American Indian and Alaska Native alone | 69 | 0.2 |
| Asian alone | 37 | 0.1 |
| Native Hawaiian and Other Pacific Islander alone | 8 | 0.0 |
| Some Other Race alone | 20 | 0.1 |
| Two or More Races | 294 | 0.8 |
| | | |
| RELATIONSHIP | | |
| Total population | 35,912 | 100.0 |
| In households | 35,295 | 98.3 |
| Householder | 12,136 | 33.8 |
| Spouse [6] | 1,744 | 4.9 |
| Child | 12,874 | 35.8 |
| Own child under 18 years | 7,643 | 21.3 |
| Other relatives | 6,304 | 17.6 |
| Under 18 years | 2,977 | 8.3 |
| 65 years and over | 397 | 1.1 |
| Nonrelatives | 2,237 | 6.2 |
| Under 18 years | 173 | 0.5 |
| 65 years and over | 127 | 0.4 |
| | | |
| Unmarried partner | 944 | 2.6 |
| In group quarters | 617 | 1.7 |
| Institutionalized population | 351 | 1.0 |
| Male | 185 | 0.5 |

| | | |
|---|---|---|
| Female | 166 | 0.5 |
| Noninstitutionalized population | 266 | 0.7 |
| Male | 124 | 0.3 |
| Female | 142 | 0.4 |
| | | |
| HOUSEHOLDS BY TYPE | | |
| Total households | 12,136 | 100.0 |
| Family households (families) [7] | 7,780 | 64.1 |
| With own children under 18 years | 3,618 | 29.8 |
| | | |
| Husband-wife family | 1,744 | 14.4 |
| With own children under 18 years | 640 | 5.3 |
| Male householder, no wife present | 968 | 8.0 |
| With own children under 18 years | 327 | 2.7 |
| Female householder, no husband present | 5,068 | 41.8 |
| With own children under 18 years | 2,651 | 21.8 |
| Nonfamily households [7] | 4,356 | 35.9 |
| Householder living alone | 3,712 | 30.6 |
| Male | 1,680 | 13.8 |
| 65 years and over | 512 | 4.2 |
| Female | 2,032 | 16.7 |
| 65 years and over | 906 | 7.5 |
| | | |
| Households with individuals under 18 years | 4,891 | 40.3 |
| Households with individuals 65 years and over | 3,432 | 28.3 |
| | | |
| Average household size | 2.91 | (X) |
| Average family size [7] | 3.69 | (X) |
| | | |
| HOUSING OCCUPANCY | | |
| Total housing units | 16,904 | 100.0 |
| Occupied housing units | 12,136 | 71.8 |
| Vacant housing units | 4,768 | 28.2 |
| For rent | 1,773 | 10.5 |
| Rented, not occupied | 39 | 0.2 |
| For sale only | 342 | 2.0 |
| Sold, not occupied | 54 | 0.3 |
| For seasonal, recreational, or occasional use | 27 | 0.2 |
| All other vacants | 2,533 | 15.0 |
| | | |
| Homeowner vacancy rate (percent) [8] | 9.4 | (X) |
| Rental vacancy rate (percent) [9] | 16.6 | (X) |
| | | |
| HOUSING TENURE | | |
| Occupied housing units | 12,136 | 100.0 |
| Owner-occupied housing units | 3,245 | 26.7 |
| Population in owner-occupied housing units | 9,561 | (X) |
| Average household size of owner-occupied units | 2.95 | (X) |
| | | |
| Renter-occupied housing units | 8,891 | 73.3 |
| Population in renter-occupied housing units | 25,734 | (X) |
| Average household size of renter-occupied units | 2.89 | (X) |

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South



85

U.S Census Bureau Data

ATTACHMENT 26b-5

06/20/2016

AMERICAN FactFinder

DP-3 | Profile of Selected Economic Characteristics: 2000

Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf3.pdf

| Subject | ZCTA5 60621 | |
|---|---|---|
| | Number | Percent |
| EMPLOYMENT STATUS | | |
| Population 16 years and over | 32,257 | 100.0 |
| In labor force | 15,162 | 47.0 |
| Civilian labor force | 15,162 | 47.0 |
| Employed | 11,338 | 35.1 |
| Unemployed | 3,824 | 11.9 |
| Percent of civilian labor force | 25.2 | (X) |
| Armed Forces | 0 | 0.0 |
| Not in labor force | 17,095 | 53.0 |
| Females 16 years and over | 18,476 | 100.0 |
| In labor force | 8,286 | 44.8 |
| Civilian labor force | 8,286 | 44.8 |
| Employed | 6,341 | 34.3 |
| Own children under 6 years | 4,549 | 100.0 |
| All parents in family in labor force | 2,717 | 59.7 |
| COMMUTING TO WORK | | |
| Workers 16 years and over | 10,751 | 100.0 |
| Car, truck, or van -- drove alone | 4,353 | 40.5 |
| Car, truck, or van -- carpooled | 1,496 | 13.9 |
| Public transportation (including taxicab) | 4,347 | 40.4 |
| Walked | 302 | 2.8 |
| Other means | 63 | 0.6 |
| Worked at home | 190 | 1.8 |
| Mean travel time to work (minutes) | 43.7 | (X) |
| Employed civilian population 16 years and over | 11,338 | 100.0 |
| OCCUPATION | | |
| Management, professional, and related occupations | 1,875 | 16.5 |
| Service occupations | 3,249 | 28.7 |
| Sales and office occupations | 3,615 | 31.9 |
| Farming, fishing, and forestry occupations | 8 | 0.1 |
| Construction, extraction, and maintenance occupations | 702 | 6.2 |
| Production, transportation, and material moving occupations | 1,889 | 16.7 |
| INDUSTRY | | |
| Agriculture, forestry, fishing and hunting, and mining | 0 | 0.0 |
| Construction | 352 | 3.1 |
| Manufacturing | 1,072 | 9.5 |
| Wholesale trade | 209 | 1.8 |
| Retail trade | 1,069 | 9.4 |
| Transportation and warehousing, and utilities | 1,315 | 11.6 |
| Information | 177 | 1.6 |
| Finance, insurance, real estate, and rental and leasing | 820 | 7.2 |



86

U.S Census Bureau Data
ATTACHMENT 26b-5
05/05/2016

| | Number | Percent |
|---|---|---|
| Professional, scientific, management, administrative, ınd waste management services | 1,022 | 9.0 |
| Educational, health and social services | 2,841 | 25.1 |
| Arts, entertainment, recreation, accommodation and ood services | 1,074 | 9.5 |
| Other services (except public administration) | 705 | 6.2 |
| Public administration | 682 | 6.0 |
| CLASS OF WORKER | | |
| Private wage and salary workers | 8,530 | 75.2 |
| Government workers | 2,400 | 21.2 |
| Self-employed workers in own not incorporated ıusiness | 386 | 3.4 |
| Unpaid family workers | 22 | 0.2 |
| NCOME IN 1999 | | |
| Households | 14,973 | 100.0 |
| Less than $10,000 | 4,715 | 31.5 |
| $10,000 to $14,999 | 1,497 | 10.0 |
| $15,000 to $24,999 | 2,605 | 17.4 |
| $25,000 to $34,999 | 1,903 | 12.7 |
| $35,000 to $49,999 | 1,908 | 12.7 |
| $50,000 to $74,999 | 1,431 | 9.6 |
| $75,000 to $99,999 | 512 | 3.4 |
| $100,000 to $149,999 | 268 | 1.8 |
| $150,000 to $199,999 | 55 | 0.4 |
| $200,000 or more | 79 | 0.5 |
| Median household income (dollars) | 19,718 | (X) |
| With earnings | 9,458 | 63.2 |
| Mean earnings (dollars) | 32,700 | (X) |
| With Social Security income | 4,499 | 30.0 |
| Mean Social Security income (dollars) | 9,532 | (X) |
| With Supplemental Security Income | 2,422 | 16.2 |
| Mean Supplemental Security Income (dollars) | 6,451 | (X) |
| With public assistance income | 3,087 | 20.6 |
| Mean public assistance income (dollars) | 2,431 | (X) |
| With retirement income | 2,028 | 13.5 |
| Mean retirement income (dollars) | 15,630 | (X) |
| Families | 10,408 | 100.0 |
| Less than $10,000 | 2,792 | 26.8 |
| $10,000 to $14,999 | 958 | 9.2 |
| $15,000 to $24,999 | 1,969 | 18.9 |
| $25,000 to $34,999 | 1,407 | 13.5 |
| $35,000 to $49,999 | 1,404 | 13.5 |
| $50,000 to $74,999 | 1,162 | 11.2 |
| $75,000 to $99,999 | 419 | 4.0 |
| $100,000 to $149,999 | 195 | 1.9 |
| $150,000 to $199,999 | 41 | 0.4 |
| $200,000 or more | 61 | 0.6 |
| Median family income (dollars) | 22,243 | (X) |
| Per capita income (dollars) | 9,617 | (X) |
| Median earnings (dollars): | | |
| Male full-time, year-round workers | 26,903 | (X) |
| Female full-time, year-round workers | 26,182 | (X) |
| POVERTY STATUS IN 1999 (below poverty level) | | |
| Families | 4,018 | (X) |
| Percent below poverty level | (X) | 38.6 |
| With related children under 18 years | 3,315 | (X) |
| Percent below poverty level | (X) | 47.2 |
| With related children under 5 years | 1,612 | (X) |
| Percent below poverty level | (X) | 53.4 |
| Families with female householder, no husband present | 2,935 | (X) |

| | Number | Percent |
|---|---|---|
| Percent below poverty level | (X) | 48.2 |
| With related children under 18 years | 2,594 | (X) |
| Percent below poverty level | (X) | 55.9 |
| With related children under 5 years | 1,279 | (X) |
| Percent below poverty level | (X) | 62.3 |
| Individuals | 19,576 | (X) |
| Percent below poverty level | (X) | 42.1 |
| 18 years and over | 11,031 | (X) |
| Percent below poverty level | (X) | 36.5 |
| 65 years and over | 1,645 | (X) |
| Percent below poverty level | (X) | 30.1 |
| Related children under 18 years | 8,485 | (X) |
| Percent below poverty level | (X) | 52.4 |
| Related children 5 to 17 years | 6,112 | (X) |
| Percent below poverty level | (X) | 51.2 |
| Unrelated individuals 15 years and over | 3,632 | (X) |
| Percent below poverty level | (X) | 50.7 |

(X) Not applicable.

Detailed Occupation Code List (PDF 42KB)

Detailed Industry Code List (PDF 46KB)

User note on employment status data

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P30, P32, P33, P43, P46, P49, P50, P51, P52, P53, P58, P62, P63, P64, P65, P67, P71, P72, P73, P74, P76, P77, P82, P87, P90, PCT47, PCT52, and PCT53

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010-2014 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

| Subject | ZCTA5 60621 | | | |
|---|---|---|---|---|
| | Estimate | Margin of Error | Percent | Percent Margin of Error |
| SEX AND AGE | | | | |
| Total population | 32,619 | +/-1,426 | 32,619 | (X) |
| Male | 14,386 | +/-734 | 44.1% | +/-1.6 |
| Female | 18,233 | +/-1,020 | 55.9% | +/-1.6 |
| | | | | |
| Under 5 years | 2,783 | +/-358 | 8.5% | +/-1.0 |
| 5 to 9 years | 2,485 | +/-368 | 7.6% | +/-1.0 |
| 10 to 14 years | 2,199 | +/-349 | 6.7% | +/-1.0 |
| 15 to 19 years | 3,041 | +/-400 | 9.3% | +/-1.1 |
| 20 to 24 years | 2,941 | +/-381 | 9.0% | +/-1.1 |
| 25 to 34 years | 4,154 | +/-415 | 12.7% | +/-1.2 |
| 35 to 44 years | 3,482 | +/-352 | 10.7% | +/-1.0 |
| 45 to 54 years | 4,060 | +/-401 | 12.4% | +/-1.1 |
| 55 to 59 years | 2,218 | +/-293 | 6.8% | +/-0.9 |
| 60 to 64 years | 1,635 | +/-241 | 5.0% | +/-0.7 |
| 65 to 74 years | 1,733 | +/-192 | 5.3% | +/-0.6 |
| 75 to 84 years | 1,325 | +/-192 | 4.1% | +/-0.6 |
| 85 years and over | 563 | +/-141 | 1.7% | +/-0.4 |
| | | | | |
| Median age (years) | 31.5 | +/-1.4 | (X) | (X) |
| | | | | |
| 18 years and over | 23,423 | +/-1,042 | 71.8% | +/-1.9 |
| 21 years and over | 21,587 | +/-939 | 66.2% | +/-1.8 |
| 62 years and over | 4,469 | +/-305 | 13.7% | +/-0.9 |
| 65 years and over | 3,621 | +/-253 | 11.1% | +/-0.8 |
| | | | | |
| 18 years and over | 23,423 | +/-1,042 | 23,423 | (X) |
| Male | 9,982 | +/-640 | 42.6% | +/-1.8 |
| Female | 13,441 | +/-705 | 57.4% | +/-1.8 |
| | | | | |
| 65 years and over | 3,621 | +/-253 | 3,621 | (X) |
| Male | 1,213 | +/-174 | 33.5% | +/-4.0 |
| Female | 2,408 | +/-208 | 66.5% | +/-4.0 |
| | | | | |
| RACE | | | | |
| Total population | 32,619 | +/-1,426 | 32,619 | (X) |



89

U.S Census Bureau Data

ATTACHMENT 26b-5

06/20/2016

| Subject | Estimate | Margin of Error | Percent | Percent Margin of Error |
|---|---|---|---|---|
| One race | 32,274 | +/-1,450 | 98.9% | +/-0.6 |
| Two or more races | 345 | +/-194 | 1.1% | +/-0.6 |
| | | | | |
| One race | 32,274 | +/-1,450 | 98.9% | +/-0.6 |
| White | 597 | +/-235 | 1.8% | +/-0.7 |
| Black or African American | 31,146 | +/-1,459 | 95.5% | +/-1.3 |
| American Indian and Alaska Native | 126 | +/-115 | 0.4% | +/-0.3 |
| Cherokee tribal grouping | 40 | +/-50 | 0.1% | +/-0.2 |
| Chippewa tribal grouping | 0 | +/-23 | 0.0% | +/-0.1 |
| Navajo tribal grouping | 0 | +/-23 | 0.0% | +/-0.1 |
| Sioux tribal grouping | 0 | +/-23 | 0.0% | +/-0.1 |
| Asian | 83 | +/-80 | 0.3% | +/-0.2 |
| Asian Indian | 58 | +/-75 | 0.2% | +/-0.2 |
| Chinese | 0 | +/-23 | 0.0% | +/-0.1 |
| Filipino | 12 | +/-13 | 0.0% | +/-0.1 |
| Japanese | 0 | +/-23 | 0.0% | +/-0.1 |
| Korean | 3 | +/-6 | 0.0% | +/-0.1 |
| Vietnamese | 10 | +/-20 | 0.0% | +/-0.1 |
| Other Asian | 0 | +/-23 | 0.0% | +/-0.1 |
| Native Hawaiian and Other Pacific Islander | 12 | +/-17 | 0.0% | +/-0.1 |
| Native Hawaiian | 0 | +/-23 | 0.0% | +/-0.1 |
| Guamanian or Chamorro | 0 | +/-23 | 0.0% | +/-0.1 |
| Samoan | 0 | +/-23 | 0.0% | +/-0.1 |
| Other Pacific Islander | 12 | +/-17 | 0.0% | +/-0.1 |
| Some other race | 310 | +/-228 | 1.0% | +/-0.7 |
| Two or more races | 345 | +/-194 | 1.1% | +/-0.6 |
| White and Black or African American | 84 | +/-73 | 0.3% | +/-0.2 |
| White and American Indian and Alaska Native | 0 | +/-23 | 0.0% | +/-0.1 |
| White and Asian | 0 | +/-23 | 0.0% | +/-0.1 |
| Black or African American and American Indian and Alaska Native | 126 | +/-93 | 0.4% | +/-0.3 |
| | | | | |
| Race alone or in combination with one or more other races | | | | |
| Total population | 32,619 | +/-1,426 | 32,619 | (X) |
| White | 739 | +/-268 | 2.3% | +/-0.8 |
| Black or African American | 31,466 | +/-1,430 | 96.5% | +/-1.1 |
| American Indian and Alaska Native | 277 | +/-153 | 0.8% | +/-0.5 |
| Asian | 141 | +/-123 | 0.4% | +/-0.4 |
| Native Hawaiian and Other Pacific Islander | 59 | +/-78 | 0.2% | +/-0.2 |
| Some other race | 340 | +/-227 | 1.0% | +/-0.7 |
| | | | | |
| HISPANIC OR LATINO AND RACE | | | | |
| Total population | 32,619 | +/-1,426 | 32,619 | (X) |
| Hispanic or Latino (of any race) | 632 | +/-281 | 1.9% | +/-0.9 |
| Mexican | 382 | +/-236 | 1.2% | +/-0.7 |
| Puerto Rican | 133 | +/-99 | 0.4% | +/-0.3 |
| Cuban | 43 | +/-69 | 0.1% | +/-0.2 |
| Other Hispanic or Latino | 74 | +/-61 | 0.2% | +/-0.2 |
| Not Hispanic or Latino | 31,987 | +/-1,443 | 98.1% | +/-0.9 |
| White alone | 395 | +/-197 | 1.2% | +/-0.6 |
| Black or African American alone | 31,037 | +/-1,450 | 95.2% | +/-1.3 |
| American Indian and Alaska Native alone | 126 | +/-115 | 0.4% | +/-0.3 |
| Asian alone | 76 | +/-79 | 0.2% | +/-0.2 |
| Native Hawaiian and Other Pacific Islander alone | 0 | +/-23 | 0.0% | +/-0.1 |
| Some other race alone | 51 | +/-71 | 0.2% | +/-0.2 |
| Two or more races | 302 | +/-177 | 0.9% | +/-0.5 |
| Two races including Some other race | 5 | +/-8 | 0.0% | +/-0.1 |
| Two races excluding Some other race, and Three or more races | 297 | +/-177 | 0.9% | +/-0.5 |

## Unnecessary Duplication/Maldistribution

Zip Codes Within 30 Minutes

| ZIP Code | Population |
|---|---|
| 60302 | 32,108 |
| 60304 | 17,231 |
| 60402 | 63,448 |
| 60406 | 25,460 |
| 60409 | 37,186 |
| 60419 | 22,788 |
| 60426 | 29,594 |
| 60428 | 12,203 |
| 60445 | 26,057 |
| 60452 | 27,969 |
| 60453 | 56,855 |
| 60455 | 16,446 |
| 60456 | 4,349 |
| 60459 | 28,929 |
| 60469 | 5,930 |
| 60472 | 5,930 |
| 60473 | 22,439 |
| 60477 | 38,161 |
| 60478 | 16,833 |
| 60501 | 11,626 |
| 60534 | 36,156 |
| 60601 | 11,110 |
| 60602 | 1,204 |
| 60603 | 493 |
| 60604 | 570 |
| 60605 | 24,668 |
| 60606 | 2,308 |
| 60607 | 23,897 |
| 60608 | 82,739 |
| 60609 | 64,906 |
| 60610 | 37,726 |
| 60611 | 28,718 |
| 60612 | 33,472 |
| 60613 | 48,281 |
| 60614 | 66,617 |
| 60615 | 40,603 |
| 60616 | 48,433 |
| 60617 | 84,155 |
| 60618 | 92,084 |
| 60619 | 63,825 |
| 60620 | 72,216 |
| 60621 | 35,912 |
| 60622 | 52,548 |
| 60623 | 92,108 |
| 60624 | 38,105 |
| 60628 | 72,202 |
| 60629 | 113,916 |
| 60632 | 91,326 |
| 60633 | 12,927 |
| 60636 | 40,916 |
| 60637 | 49,503 |
| 60638 | 55,026 |
| 60639 | 90,407 |
| 60640 | 65,790 |
| 60641 | 71,663 |
| 60642 | 18,480 |
| 60643 | 49,952 |
| 60644 | 48,648 |
| 60647 | 87,291 |
| 60649 | 46,650 |
| 60651 | 64,267 |
| 60652 | 40,959 |
| 60653 | 29,908 |
| 60654 | 14,875 |
| 60655 | 28,550 |
| 60657 | 65,996 |
| 60661 | 7,792 |
| 60803 | 22,285 |
| 60804 | 84,573 |
| 60805 | 19,852 |
| 60827 | 27,946 |
| **Total** | **2,906,096** |

1(A-B-C) The discontinuation/establishment of Fresenius Medical Care Ross Dialysis - Englewood and addition of 8 stations will not result in unnecessary duplication of services in the Englewood market. There is currently a need for 54 stations in the City of Chicago, HSA 6. Area facilities are operating at high utilization rates restricting access to dialysis services. The Ross-Englewood facility is currently at 94% utilization.

The Englewood neighborhood is a Federally Designated Medically Underserved Area/Population (MUA/P) based on the low income of residents and lack of healthcare resources. Maintaining dialysis services here by relocating the Ross facility to a more modern building in a safe location and adding stations will address the HSA station need and the lack of access in Englewood due to the facility's current high utilization. This project will not duplicate services, but will maintain access in an area of healthcare and economic limitations.

2)Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of the Ross facility is 1 station per 2,200 residents according to the 2010 census. The State ratio is 1 station per 2,974 residents (based on US Census projections for 2015 of 12,978,800 Illinois residents and March 2016 Board station inventory of 4,442). There is a higher number of stations available per capita in Englewood however the higher rates of ESRD here demonstrate need for access.

Englewood has one of the highest, if not the highest, rates of ESRD per capita than anywhere in the State. One out of every 192 residents suffers from End Stage Renal Disease (based on the 2010 U.S. Census Bureau population and the Renal Network 2010 ESRD census for zip code 60621. For comparison, the State of Illinois ratio for 2010 was 1 out of every 772 residents.

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, the relocation and expansion of Fresenius Ross-Englewood will not create a maldistribution of services in regard to there being excess capacity. Clinics in the immediate Englewood market are operating at high utilization rates. This combined with a need for stations in the HSA, a higher prevalence of ESRD and the medically underserved status of Englewood indicate a need for access to dialysis in this market.

3) The relocation of Fresenius Medical Care Ross Dialysis - Englewood will not have an adverse effect on any other area ESRD provider, but will have a positive impact by maintaining access to dialysis services to a medically underserved area/population. The relocation of this facility will also ensure services will remain in this underserved neighborhood for years to come. It will also provide a location for the supporting nephrologists to establish a clinic to educate and treat those in the early stages of kidney disease.

# Facilities within 30 Minutes Travel Time of Fresenius Ross Dialysis - Englewood

| Name | Address | City | MapQuest MILES | MapQuest MIN | Adjusted X 1.25 | Mar-16 Stations | 3/30/2016 Patients | 3/30/2016 Utilization |
|---|---|---|---|---|---|---|---|---|
| Fresenius Ross-Englewood | 6333 S Green St | Chicago | 0.59 | 2 | 2.5 | 16 | 90 | 93.75% |
| Fresenius Garfield | 5401 S Wentworth Ave | Chicago | 1.93 | 4 | 5 | 22 | 105 | 79.55% |
| DaVita Emerald | 710 W 43rd St | Chicago | 2.63 | 6 | 7.5 | 24 | 116 | 80.56% |
| DaVita Woodlawn | 5060 S State Street | Chicago | 3.48 | 6 | 7.5 | 32 | 120 | 62.50% |
| Fresenius Marquette Park | 6535 S Western Ave | Chicago | 2.68 | 7 | 8.75 | 16 | 90 | 93.75% |
| ***Fresenius New City*** | ***4616 S Bishop*** | ***Chicago*** | ***2.96*** | ***7*** | ***8.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita Grand Crossings | 7319 S Cottage Grove Ave | Chicago | 3.01 | 7 | 8.75 | 12 | 66 | 91.67% |
| Fresenius Bridgeport | 825 W 35th St | Chicago | 3.58 | 8 | 10 | 27 | 134 | 82.72% |
| Fresenius Chatham | 8643 S Holland Rd | Chicago | 4.34 | 8 | 10 | 16 | 85 | 88.54% |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 4.49 | 9 | 11.25 | 32 | 128 | 66.67% |
| Fresenius Jackson Park | 7531 S Stony Island Ave | Chicago | 4 | 10 | 12.5 | 24 | 101 | 70.14% |
| Fresenius South Chicago | 9200 S South Chicago Ave | Chicago | 6.4 | 10 | 12.5 | 36 | 168 | 77.78% |
| Fresenius Southside | 3134 W 76th St | Chicago | 4.67 | 11 | 13.75 | 39 | 191 | 81.62% |
| ***Fresenius Beverly Ridge*** | ***9928 S. Vincennes*** | ***Chicago*** | ***4.71*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita Beverly | 8109 S Western Ave | Chicago | 4.75 | 11 | 13.75 | 16 | 101 | 105.21% |
| Fresenius Greenwood | 1111 E 87th St | Chicago | 5.45 | 11 | 13.75 | 28 | 123 | 73.21% |
| Fresenius Prairie | 1717 S Wabash Ave | Chicago | 6.51 | 11 | 13.75 | 24 | 105 | 72.92% |
| ***DaVita Park Manor*** | ***95th & Colfax*** | ***Chicago*** | ***7.02*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| ***DaVita Washington Heights*** | ***10620 S. Halsted Street*** | ***Chicago*** | ***7.2*** | ***11*** | ***13.75*** | ***16*** | ***0*** | ***0.00%*** |
| DaVita West Lawn | 7000 S Pulaski Rd | Chicago | 5.1 | 12 | 15 | 12 | 66 | 91.67% |
| DaVita Loop | 1101 S Canal St | Chicago | 7.33 | 12 | 15 | 28 | 106 | 63.10% |
| Fresenius South Shore | 2420 E 79th St | Chicago | 7.25 | 13 | 16.25 | 16 | 67 | 69.79% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 6 | 14 | 17.5 | 32 | 158 | 82.29% |
| Fresenius Evergreen Park | 9730 S Western Ave | Evergreen Park | 6.22 | 15 | 18.75 | 30 | 157 | 87.22% |
| Fresenius Polk | 557 W Polk St | Chicago | 7.72 | 15 | 18.75 | 24 | 73 | 50.69% |
| Fresenius Roseland | 132 W 111th St | Chicago | 7.96 | 15 | 18.75 | 12 | 67 | 93.06% |
| Fresenius Chicago Westside | 1340 S Damen Ave | Chicago | 9.59 | 15 | 18.75 | 31 | 89 | 47.85% |
| U.S. Renal Scottsdale | 4651 W 79th Pl | Chicago | 6.52 | 16 | 20 | 36 | 145 | 67.13% |
| U of IL Hospital Dialysis | 1859 W Taylor St | Chicago | 8.86 | 16 | 20 | 26 | - | - |
| Stroger - Cook County | 1901 W Harrison St | Chicago | 9.77 | 16 | 20 | 9 | 28 | 51.85% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 10.4 | 16 | 20 | 20 | 39 | 32.50% |
| SAH Dialysis | 3059 W 26th Street | Chicago | 7.36 | 17 | 21.25 | 15 | 32 | 35.56% |
| DaVita West Side | 1600 W 13th Street | Chicago | 8.27 | 17 | 21.25 | 12 | 22 | 30.56% |
| Fresenius Northwestern | 710 N Fairbanks Ct | Chicago | 10.2 | 17 | 21.25 | 42 | 149 | 59.13% |
| Fresenius Blue Island | 12200 Western Ave | Blue Island | 10.7 | 17 | 21.25 | 28 | 120 | 71.43% |
| DaVita Mt. Greenwood | 3401 W 111th St | Chicago | 10.7 | 17 | 21.25 | 16 | 123 | 128.13% |
| Fresenius Congress Parkway | 3410 W Van Buren St | Chicago | 11.4 | 17 | 21.25 | 30 | 130 | 72.22% |
| Fresenius Burbank | 4811 W 77th Street | Burbank | 7.13 | 18 | 22.5 | 26 | 135 | 86.54% |
| DaVita Little Village | 2335 W Cermak Rd | Chicago | 9.15 | 18 | 22.5 | 16 | 93 | 96.88% |
| Circle Medical Management | 1426 W Washington Blvd | Chicago | 9.52 | 18 | 22.5 | 27 | 106 | 65.43% |
| Fresenius Chicago | 1806 W Hubbard Street | Chicago | 10.3 | 18 | 22.5 | 12 | 64 | 88.89% |
| DaVita Lawndale | 3934 W 24th Street | Chicago | 11.6 | 18 | 22.5 | 12 | 85 | 118.06% |
| Fresenius Midway | 6201 W 63rd St | Chicago | 7.8 | 19 | 23.75 | 12 | 68 | 94.44% |
| Fresenius West Willow | 1444 W Willow St | Chicago | 11 | 19 | 23.75 | 20 | 36 | 30.00% |
| Fresenius Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 11.6 | 19 | 23.75 | 24 | 112 | 77.78% |
| Mt Sinai Dialysis | 2700 W 15th St | Chicago | 12 | 19 | 23.75 | 16 | 88 | 91.67% |
| DaVita Stoney Creek | 6246 W. 95th St | Oak Lawn | 9.28 | 20 | 25 | 12 | 70 | 97.22% |
| DaVita Lincoln Park | 2484 N Elston | Chicago | 12 | 20 | 25 | 22 | 97 | 73.48% |
| Fresenius Lakeview | 4008 N Broadway St | Chicago | 14.6 | 20 | 25 | 14 | 52 | 61.90% |
| DaVita Calumet City | 1200 Sibley Boulevard | Calumet City | 15 | 20 | 25 | 16 | 0 | 0.00% |
| Fresenius Uptown | 4720 N Marine Dr | Chicago | 15.5 | 20 | 25 | 12 | 69 | 95.83% |
| ***Fresenius Humboldt Park*** | ***3520 W Grand Avenue*** | ***Chicago*** | ***13.2*** | ***21*** | ***26.25*** | ***34*** | ***0*** | ***0.00%*** |
| ***Fresenius Summit*** | ***7319 Archer Avenue*** | ***Summit*** | ***17.2*** | ***21*** | ***26.25*** | ***12*** | ***0*** | ***0.00%*** |
| DaVita Country Hills | 4215 W 167th | Country Club Hills | 18.1 | 21 | 26.25 | 24 | 76 | 52.78% |
| DaVita Garfield | 3250 W Franklin Blvd | Chicago | 12.7 | 22 | 27.5 | 16 | 111 | 115.63% |
| DaVita South Holland | 16100 LaSalle Street | South Holland | 17 | 22 | 27.5 | 24 | 121 | 84.03% |
| Fresenius Oak Forest | 5340 W 159th St | Oak Forest | 18 | 22 | 27.5 | 12 | 44 | 61.11% |
| DaVita Logan Square | 2816 N Kimball | Chicago | 14 | 23 | 28.75 | 28 | 127 | 75.60% |
| Fresenius Alsip | 12250 S Cicero Ave | Alsip | 14.7 | 23 | 28.75 | 20 | 104 | 86.67% |
| Concerto Dialysis | 14255 S. Cicero Ave | Crestwood | 16.9 | 23 | 28.75 | 9 | 20 | 37.04% |
| DaVita Harvey | 16657 Halsted St | Harvey | 19.9 | 23 | 28.75 | 18 | 67 | 62.04% |
| Fresenius West Metro | 1044 N Mozart | Chicago | 13.2 | 24 | 30 | 12 | 180 | 250.00% |
| Fresenius South Holland | 17225 Paxton Ave | South Holland | 17.9 | 24 | 30 | 24 | 96 | 66.67% |

***Above facilities in bold print are CON approved but not yet in operation.***

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. April Kennedy is currently the Medical Director for Fresenius Medical Care Ross Dialysis - Englewood and will continue to be the Medical Director after the relocation. Attached is her curriculum vitae.

B. All Other Personnel

Upon the discontinuation of the Ross facility and the establishment of the replacement Ross facility all staff will transfer to the new location and resume their current position. There will be no break in employment or work schedules as the facility will relocate on a Sunday when there are no patient treatments scheduled. This will include the following staff:

- Clinic Manager who is a Registered Nurse
- 2 Full-time Registered Nurses
- 9 Full-time Patient Care Technicians
- 1 Full-time Registered Dietitian
- 1 Full-time Licensed Master level Social Worker
- 1 Part-time Equipment Technician
- 1 Full-time Secretary
- 1 Part-time Secretary

After the relocation one more registered nurse and 1 more patient care technician will be hired.

3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

# CURRICULUM VITAE

## APRIL R. KENNEDY, M.D.

Chicago, Illinois 60605

## PERSONAL INFORMATION

DATE OF BIRTH:
PLACE OF BIRTH:
HOME NUMBER:
OFFICE NUMBER:

## EDUCATION

| | |
|---|---|
| July 1, 2006-June 30, 2008 | Fellowship, Nephrology,<br>University of Illinois at Chicago<br>Chicago, IL |
| July 1, 2005-June 30, 2006 | Chief Internal Medicine Resident,<br>University of Illinois at Chicago<br>Chicago, IL |
| June 24, 2002-June 30, 2005 | Residency, Internal Medicine<br>University of Illinois at Chicago<br>Chicago, IL |
| September 3, 1998-June 9, 2002 | Medical Degree,<br>University of Chicago Pritzker School of Medicine<br>Chicago, IL |
| August 15, 1994-May 8, 1998 | B.S., Biology<br>Xavier University of Louisiana<br>New Orleans, LA |

## EXPERIENCE

| | |
|---|---|
| August 1, 2008 | Physician, Nephrologist<br>Associates in Nephrology, S.C.<br>210 S. DesPlaines Street<br>Chicago, IL |
| January 2010 | Medical Director,<br>Fresenius Medical Care<br>Ross Dialysis Center-Englewood<br>Chicago, IL |



Staffing – Physician CV
ATTACHMENT 26e

**CURRICULUM VITAE, CONT.**
**APRIL R. KENNEDY, M.D.**

## CERTIFICATES

| | |
|---|---|
| May 2005-December 2015 | Diplomate in Internal Medicine<br>American Board of Internal Medicine<br>#265429 |
| November 2008-December 2018 | Diplomate in Nephrology<br>American Board of Internal Medicine<br>#265429 |

## LICENSURE

Illinois Physician and Surgeon
Illinois Controlled Substance
Federal DEA

## HONORS AND AWARDS

Chief Medical Resident, Ambulatory Care Services, University of Illinois, 2005-2006
Dr. Charles E. Gavin Memorial Scholarship, 1999-2000
NIH Heart, Lung, Blood Institute Summer Research Award, 1999
Cook County Physicians Association Scholarship, 1999
Honorable Mention, Medical Student Summer Research Training Program, 1998
Magna cum Laude, Graduate 1998
Honors in English Graduate, 1998
Alpha Epsilon Delta Pre-Medical Honor Society, 1996
Beta Beta Beta Biological Honor Society, 1996
Xavier University Academic Scholarship, 1994-1998
All American Collegiate Scholar, 1994

## MEMBERSHIPS

National Kidney Foundation, 2007-
American Society of Nephrology, 2007-
Chicago Medical Society, 2001-2002
Illinois State Medical Society, 2008-
Renal Physicians Association, 2008-

## RESEARCH

University of Illinois at Chicago, Section of Nephrology, Predictors of Severe Membranous Nephropathy, Dr. Kalyani Perumal, 2007-
University of Illinois at Chicago, Section of Nephrology, Chronic Renal Insufficiency Cohort Study, Dr. James Lash, 2003-2005
University of Illinois at Chicago, Section of Vascular Surgery, Inhibition of Vascular Smooth Muscle Cells in PTFE Graft Material, Dr. James McKinsey, 1999
University of Chicago, Department of Medical Outcomes, Effective Screening for Alcoholism, Dr. Peter Friedmann, 1998
University of Chicago, Department of Pathology, Time Frame for the Development of Atherosclerosis in Knockout Mice, Dr. Catherine Reardon, 1997
Yale University School of Medicine, Department of Anesthesia, Hypoxia Regulates Human Vascular Smooth Muscle Cell Proliferation, Dr. M. Eghbali-Webb, 1996

## COMMUNITY SERVICE

Female Health Liaison, Alain Locke Elementary School, 2006-2007
Health Educator, Various Community Fairs, 2001-2002
Health Educator, Washington Park Clinic, 1999-2002
Health Educator, Community Health Initiative, 1999-2002

**Criterion 1110.1430 (e)(5) Medical Staff**

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Ross Dialysis - Englewood, I certify the following:

Fresenius Medical Care Ross Dialysis - Englewood will remain an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Ross Dialysis - Englewood facility, just as they currently are able to at all Fresenius Medical Care facilities.

Signature

Teri Gurchiek
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 26th day of Oct, 2015

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Chicago Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.

- These support services are available at Fresenius Medical Care Ross Dialysis - Englewood during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories

- The following services will be provided via referral to St. Bernard Hospital, Chicago:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of Oct, 2015

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

**Criterion 1110.1430 (g) – Minimum Number of Stations**

Fresenius Medical Care Ross Dialysis - Englewood is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. After relocation the facility will have 24 dialysis stations and thereby meeting this requirement.

## AFFILIATION AGREEMENT

This AGREEMENT made as of this 30 day of Sept., 2009 ("Effective Date"), between St. Bernard Hosp. (hereinafter referred to as "Hospital") and Ross Dialysis d/b/a Ross Dialysis (hereinafter referred to as "BMA"). of Englewood

WHEREAS, BMA desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and BMA is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The Hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of BMA's patients. If, in the opinion of a member of BMA's medical staff, any patient requires emergency hospitalization, the Hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at BMA, the responsible physician shall notify the patient's physician of record, as indicated in BMA's files, and shall promptly notify the Emergency Room physician of the particular emergency. BMA shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient LongTerm Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from BMA, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.

2. In the event the patient must be transferred directly from BMA to the Hospital, BMA shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.

3. BMA shall keep medical records of all treatments rendered to patients by BMA. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, BMA shall provide complete copies of all medical records of a patient treated by BMA who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of BMA referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the BMA attending physician has arranged for inpatient hospital physician coverage,

5. In addition to the services described above, the Hospital shall make the following services available to patients referred by BMA either at the Hospital or at an affiliated hospital:

   a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;

   b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;

   c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and

   d. Blood Bank services to be performed by the Hospital.

6. BMA shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by BMA to the Hospital, Hospital agrees to indemnify BMA against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.

7. BMA agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. BMA shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, BMA shall conform to applicable standards of professional practice. BMA shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to BMA, and the continued treatment by BMA, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by BMA.

8. The cost of such facilities, equipment and personnel shall be borne by BMA. The location of such facilities shall be selected by BMA, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.

9. BMA shall engage a medical director of BMA's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located. In accordance with 42 C.F. R. 405.2162, BMA shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.

10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the BMA Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the BMA Medical Director, said patient may be referred to BMA for outpatient treatment at a facility operated by BMA which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to BMA from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.

11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or BMA shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.

12. BMA and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and BMA's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than $1,000,000 per occurrence, $3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. BMA and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.

15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

St. Bernard Hospital
326 W. 64th St.
Chicago IL 60621
Attn: Mr. Roland Abellera

To BMA:

Ross Dialysis-Englewood
6333 So. Green St.
Chicago, IL 60621
Attn: Administrator Claudia Pittman

With a copy to:

c/o Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451
Attn: Corporate Legal Department

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

17. This Agreement including any exhibits, schedules or other attachments which are incorporated herein by reference and made a part hereof may not be amended, modified or shall be binding unless agreed to in a written instrument signed by both parties.

18. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.

19. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where BMA is located, without respect to its conflicts of law rules.

20. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

21. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

| **Hospital:** | **Bio-Medical Applications of** |
|---|---|
| St Bernard | FMS Ross Dialysis, Inc. |
| By: [signature] | By: Claudia Pittman |
| Name: Roland Abellerk | Name: Claudia Pittman |
| Title: Administrator | Title: Clinical Manager |

**RELOCATION OF FACILITIES**

1) The existing Fresenius Ross Dialysis - Englewood facility has been operating at an average utilization rate of 94% for the past two years, thereby meeting the utilization target for relocations. The facility is at 94% utilization as of March 2016.

2) Most importantly, relocating the 16-station Ross facility will maintain access to dialysis services for a medically underserved patient population residing in an economically challenged neighborhood with high crime rates. The new building will give patients a more modern facility that that will meet Fresenius facility standards. It will also have easier access with improved parking. Patient/staff physical safety concerns will also be met by continuing to serve this patient population in a more visible and therefore safer location.

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Ross Dialysis - Englewood, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Ross-Dialysis Englewood in the first two years of operation at the relocated site, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;

2. Fresenius Medical Care Ross Dialysis - Englewood hemodialysis patients have achieved adequacy outcomes of:

    - 95% of patients had a URR $\geq$ 65%
    - 95% of patients had a Kt/V $\geq$ 1.2

    and same is expected for the relocated facility.

Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of Oct, 2015

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

**Englewood Square Development Partners, LP**
1050 E 95th St.
Chicago, Illinois 60619
*Office:* 773-721-3400
*Fax:* 773-721-3500
www.englewoodsquare.com

June 17, 2016

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
200 South Wacker Drive
Suite 2800
Chicago, IL 60606

**RE: Letter of Intent – Fresenius Medical Care of Illinois Proposed Lease of Space at Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL. (the "Shopping Center").**

Dear Mr. Guzik:

**Englewood Square Development Partners, LP ("Landlord")** submits the following proposal to lease retail space at the Shopping Center. This proposal is subject to final review and approval by Landlord's lenders. The terms and conditions of the proposed lease are as follows:

| | |
|---|---|
| LANDLORD: | Englewood Square Development Partners, LP |
| TENANT: | Fresenius Medical Care Chicagoland, LLC |
| SHOPPING CENTER: | The Shopping Center commonly known as Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL, which is legally described on **Exhibit A** attached hereto. |
| PREMISES: | The Premises will consist of approximately 10,911 square feet of retail space in the location on the site plan attached as **Exhibit B**. Tenant may verify the actual size of the Premises upon delivery of possession in accordance with industry standard measurement methodology. |
| USE: | Tenant will have the right to use the Premises as a dialysis health center. Landlord represents that this permitted use does not violate and is not violated by any use restriction affecting the Shopping Center.<br><br>Tenant shall not do, or permit to be done, anything in or about the Premises which in any way constitutes a "Prohibited Use" as specified in **Exhibit D**, or violates an exclusive use granted to any other tenant in the Shopping Center. See **Exhibit D**. |
| EXCLUSIVE: | Landlord will not lease space in the Shopping Center to any other tenant for the operation of a dialysis health center.<br><br>Notwithstanding the foregoing, Tenant's Exclusive Use shall not apply to Whole Foods Market Chipotle, or Starbucks. |
| LEASE TERM: | The lease term will consist of a ten (10) year initial term, with two five (5) year renewal terms. Tenant will give Landlord 180 day's prior written notice of its election to renew the term. |
| BASE RENT: | $24.00 psf NNN with 2% annual increases. |

ATTACHMENT 36

| | |
|---|---|
| | Base rent includes all charges other than taxes, insurance and common area maintenance expenses. |
| SECURITY DEPOSIT: | One months' rent. |
| LEASE CONTINGENCY: | The Lease is conditioned upon Tenant's receipt of a Certificate of Need for the relocation of existing Englewood dialysis clinic pursuant to Illinois Health Services board approval. Satisfaction of this condition must occur on or before August 1, 2016.<br><br>The Lease is also conditioned upon the "buy out" of the current tenant lease with Oak Street Health. Satisfaction of this condition must occur on or before November 1, 2016. |
| TENANT IMPROVEMENT ALLOWANCE | None |
| COMMON AREA MAINTENANCE, TAXES AND INSURANCE: | Tenant will pay its pro rata share of Landlord's actual, reasonable, auditable, and out-of-pocket costs for real estate taxes, insurance, and common area maintenance (CAM) based on the leasable area of the Premises compared to the total leasable area of the Shopping Center<br><br>Tenant's proportionate share of real estate taxes, insurance, and CAM for the first full calendar year is estimated at:<br><br>Real estate taxes: $4.00<br>CAM: $5.50<br>Insurance: $0.50<br><br>**Total: $10.00**<br><br>**Tenant's Proportionate Share 23.06%** |
| RENT COMMENCEMENT: | The Rent Commencement Date will be the date that is the earlier of (i) the date Tenant opens for business to the public at the Premises, and (ii) 90 days after the Turnover Date. Based on the Scheduled Turnover Date, defined below, Rent Commencement will be March 1, 2016 |
| TURNOVER DATE: | The Scheduled Turnover Date is **January 1, 2016.**<br><br>The Turnover Date will not occur until Landlord delivers possession of the Premises to Tenant free and clear of all tenancies. The space will be delivered in "as is" condition.<br><br>The Rent Commencement Date will be postponed by an additional day for each day after the Scheduled Turnover Date that the Turnover Date is delayed. |
| CONDITION OF THE PREMISES | Landlord shall deliver the Premises in "as is" condition which is described in the attached **Exhibit C**. Tenant shall be solely responsible for the costs of constructing Tenant's initial improvements. |
| OPERATION AND MAINTENANCE: | Landlord will operate, repair and maintain the Shopping Center and will maintain customary property damage and commercial general liability insurance. Landlord is responsible for all structural conditions of the Shopping Center and Premises, including, but not limited to the roof, and building façade, sidewalks, lighting, landscaping, parking lots, and common areas. All expenditures for such repair and maintenance shall be part of the costs and expenses of operating and |

| | |
|---|---|
| | maintaining the common areas of the Shopping Center. |
| COMMON AREAS: | Tenant will have a nonexclusive right to use the common areas, parking lots, appurtenances and easements to support its intended use of the Premises and will have access to such portions of the Shopping Center outside the Premises as are necessary to enable it to exercise its rights under the Lease.<br><br>Provided, however, Tenant shall not park, nor permit its employees, customers, invitees or agents to park, in the area designated for Whole Foods Market as depicted on **Exhibit B**. |
| LANDLORD WORK: | Landlord will deliver the premises in "as is" condition more fully described in **Exhibit C**.<br><br>Landlord will provide Tenant with construction drawings of the Premises within five (5) business days after execution of this Letter of Intent.<br><br>If requested by Tenant, warranties for all improvements including but not limited to mechanical, electrical and plumbing systems will be assigned and provided to Tenant. |
| HAZARDOUS MATERIALS: | Landlord will remove any hazardous materials as required for issuance of the Final NFR. Landlord will also represent that the Premises and the Shopping Center are in compliance with the Final NFR. Landlord will indemnify, defend and hold harmless Tenant from any and all losses, claims, liabilities, and damages arising out of or relating to a violation of this covenant and representation, excepting any violation that is the result of Tenant's willful or negligent act or omission. |
| ASSIGNMENT AND SUBLETTING: | Tenant shall not assign, transfer, mortgage or otherwise encumber all or any part of Tenant's interest in this Lease or in the Premises, and shall not sublet or license all or any part of the Premises, without the prior written consent of Landlord in each instance. Any attempted assignment, transfer, mortgage, encumbrance, sublet or license without such consent shall be wholly void.<br><br>No sublet or assignment, even with the consent of Landlord, shall relieve Tenant of its obligations to pay the Rent and to perform all of the other obligations to be performed by Tenant hereunder. The acceptance of rent by Landlord from any other person shall not be deemed to be a waiver by Landlord of any provision of this Lease or to be a consent to any assignment, subletting or other transfer. Consent to one assignment, subletting or other transfer shall not be deemed to constitute consent to any subsequent assignment, subletting or other transfer. Tenant shall pay to Landlord a $500 assignment fee and any costs (including attorney's fees) incurred by Landlord in order for Landlord to review any request for permission to assign or sublease. |
| SIGNAGE: | Tenant will install in and on the Premises its standard sign(s) package as approved by Landlord. Tenant will also have the right at no additional rent to place its sign on any monument/pylon sign.<br><br>Within 30 days prior to opening for business and during 30 days after opening, Tenant will also be permitted to hang its pre-opening banners, including, but not limited to "Coming Soon", "Now Hiring" and "Finally Open".<br><br>Tenant will submit sign elevations to Landlord for reasonable approval prior to or concurrent with lease execution.<br><br>Notwithstanding the foregoing, Tenant shall comply with the Landlord's Signage |

| | |
|---|---|
| | Criteria attached hereto as Exhibit E. |
| ALTERATION AND TRADE DRESS: | Tenant may construct Landlord approved initial improvements in the Premises, so long as it complies with applicable law and Tenant's then existing design and signage program. Landlord will have approval rights with respect to aspects of Tenant's construction that affect building-wide systems or structural items.<br><br>Throughout the term, Tenant may make such interior, non-structural alterations, improvements and additions to the Premises including, without limitation, changing color schemes and signage, installing new countertops, flooring, wall covering and modifying the layout of Tenant's fixtures, as Tenant deems necessary or desirable, so long as such alterations do not exceed $20,000.00, unless Landlord approves in writing.<br><br>All personal property, furnishings, machinery and trade fixtures, equipment and improvements that Tenant installs in the Premises will remain the property of Tenant. Upon the termination or expiration of the Term, Tenant shall remove such property and such other items and structural characteristics that are indicative of Tenant's brand and otherwise "de-identify" the Premises. Tenant shall repair any damage to the Premises caused by such removal. |
| UTILITIES: | Landlord shall provide to the Premises adequate utilities required for Tenant's permitted use (including water, sewer, gas, electricity, including electricity for lighting, HVAC, and fire equipment) and separate meters for all such utilities, provided, however, water shall not be separately metered. To the extent that utilities are not separately metered, Tenant shall pay its pro-rata share of utility expenses.<br><br>Tenant shall pay to Landlord, on a monthly basis, Landlord's monthly estimate of submeter water chargers, which Landlord may adjust quarterly. |
| TRASH REMOVAL: | Landlord will provide Tenant with a suitable dumpster location sufficient to adequately service the Premises. |
| RADIUS RESTRICTION: | 1 mile. Tenant shall not open another Fresenius Dialysis Center within 1 mile of the Shopping Center. |
| CONTINUOUS OPERATIONS: | Tenant agrees to operate at least eight (8) hours per day Monday through Friday, during the Lease Term. |
| NEW MARKETS TAX CREDITS COMPLIANCE | Tenant acknowledges that Landlord has utilized New Markets Tax Credit financing to allow development of the Shopping Center and Tenant hereby agrees to the terms and conditions as specified in **Exhibit F** attached hereto. |
| LEASE FORM: | Landlord's standard lease form |
| BROKER: | Cushman & Wakefield of Illinois, Inc. shall be entitled to a brokerage commission who will be paid by Landlord pursuant to the listing agreement executed with Landlord.<br><br>Both Landlord and Tenant warrant that no other brokers are involved in this transaction. The parties shall indemnify each other from and against any claims by any 3rd party brokers not identified above. |

If the terms outlined in this proposal are acceptable to you, please sign a copy of this letter below under "Agreed and Accepted" and return it to Englewood Square Development Partners, LP.

Except for the provisions set forth below, this letter of intent is not intended to be a binding lease agreement between Landlord and Tenant, and there will be no binding agreement to lease unless and until such time as Landlord and Tenant have executed a formal, definitive lease containing the terms set forth herein and such other terms as are mutually acceptable to the parties.

Sincerely,

DRAFT

Leon I. Walker

AGREED AND ACCEPTED TO AS OF 6/23/16.

By: Fresenius Medical Care of Illinois, LLC

Signature: Teri A Gurchiek

Name: Teri Gurchiek

Title: Regional Vice President

ATTACHMENT 36

**Criterion 1120.310 Financial Viability**

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island. 2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

## Criterion 1120.310 (c) Reasonableness of Project and Related Costs

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 Circ.* | | Gross Sq. Ft. Mod. Circ.* | | Const. $ (A x C) | Mod. $ (B x E) | |
| ESRD | | 167.50 | | | 8,852 | | | 1,482,710 | 1,482,710 |
| Contingency | | 16.10 | | | 8,852 | | | 142,517 | 142,517 |
| **Total Clinical** | | **183.60** | | | **8,852** | | | **1,625,227** | **1,625,227** |
| Non Clinical | | 167.50 | | | 2,059 | | | 344,883 | 344,883 |
| Contingency | | 16.10 | | | 2,059 | | | 33,150 | 33,150 |
| **Total Non** | | **183.60** | | | **2,059** | | | **378,033** | **378,033** |
| **TOTALS** | | **$183.60** | | | **10,911** | | | **2,003,260** | **2,003,260** |

* Include the percentage (%) of space for circulation

## Criterion 1120.310 (d) – Projected Operating Costs

**Year 2018**

| | |
|---|---|
| Estimated Personnel Expense: | $1,058,000 |
| Estimated Medical Supplies: | $228,275 |
| Estimated Other Supplies (Exc. Dep/Amort): | $1,299,500 |
| | $2,585,775 |
| Estimated Annual Treatments: | 11,500 |
| Cost Per Treatment: | $224.85 |
| Estimated Personnel Expense: | $1,058,000 |

## Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

**Year 2018**

| | |
|---|---|
| Depreciation/Amortization: | $240,000 |
| Interest | $0 |
| Capital Costs: | $240,000 |
| Treatments: | 11,500 |
| Capital Cost per Treatment | $20.87 |

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Ross Dialysis - Englewood, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: _____

Title: Regional Vice President

Notarization:
Subscribed and sworn to before me
this 26th day of Oct, 2015

_____
Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By:_____

Title: Bryan Mello
Assistant Treasurer

By:_____

Title: ~~Mark Fawcett~~
Senior Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2015

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 27 day of Oct, 2015

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

**Criterion 1120.310(b) Conditions of Debt Financing**

Ross Dialysis - Englewood, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: Dei A Sire Dir

ITS: Regional Vice President

Notarization:
Subscribed and sworn to before me
this 26th day of Oct, 2015

Candace M. Turoski
Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: _____

ITS: Bryan Mello, Assistant Treasurer

By: _____

ITS: Mark Fawcett, Senior Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2015

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 27 day of Oct, 2015

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

**Safety Net Impact Statement**

The relocation of the Fresenius Medical Care Ross – Dialysis Englewood facility, to a location 2 minutes away, will not have any impact on safety net services in Chicago. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network, National Kidney Foundation and American Kidney Fund.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Kidney Care facilities in Illinois.

| CHARITY CARE | | | |
|---|---|---|---|
| | 2013 | 2014 | 2015 |
| Net Revenue | $398,570,288 | $411,981,839 | $438,247,352 |
| | | | |
| Charity * | | | |
| (# of self-pay patients) | 499 | 251[1] | 195[2] |
| | | | |
| Charity (cost In dollars) | $5,346,976 | $5,211,664 | $2,983,427 |
| | | | |
| Ratio Charity Care Cost to Net Patient Revenue | 1.34% | 1.27% | 0.68% |
| | | | |
| **MEDICAID** | | | |
| | **2013** | **2014** | **2015** |
| | | | |
| Medicaid (# of patients) | 1,660 | 750 | 396[3] |
| | | | |
| Medicaid (revenue) | $31,373,534 | $22,027,882 | $7,310,484 |
| | | | |
| Ratio Medicaid to Net Patient Revenue | 7.87% | 5.35% | 1.67% |

Note:

1) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.

2) Charity (self-pay) patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

3) Medicaid number of patients is decreasing as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

**Charity Care Information**

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible or are able to purchase insurance on the Healthcare Marketplace with premiums paid for by The American Kidney Fund. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented for ESRD only. Also, the American Kidney Fund funds health insurance premiums for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage on the Healthcare Marketplace funded by AKF. The applicants donate to the AKF to support its initiatives as do most dialysis providers.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively with the patient to obtain insurance coverage for each patient.

**Uncompensated Care For All Fresenius Facilities in Illinois**

| CHARITY CARE | | | |
|---|---|---|---|
| | **2013** | **2014** | **2015** |
| **Net Patient Revenue** | **$398,570,288** | **$411,981,839** | **$438,247,352** |
| **Amount of Charity Care (charges)** | $5,346,976 | $5,211,664 | $2,983,427 |
| **Cost of Charity Care** | $5,346,976 | $5,211,664 | $2,983,427 |
| **Ratio Charity Care Cost to Net Patient Revenue** | 1.34% | 1.27% | 0.68% |

Charity Care Information
ATTACHMENT – 41

**Fresenius Medical Care North America - Community Care**

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

**American Kidney Fund**

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

**Indigent Waiver Program**

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.
In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

**Annual Income:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

**Net Worth:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of $75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

**IL Medicaid and Undocumented patients**

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical

emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

**FMCNA Collection policy**

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

**Medicare and Medicaid Eligibility**

**Medicare**: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

**Medicaid:** Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

**Self-Pay**

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

mapquest

Trip to:

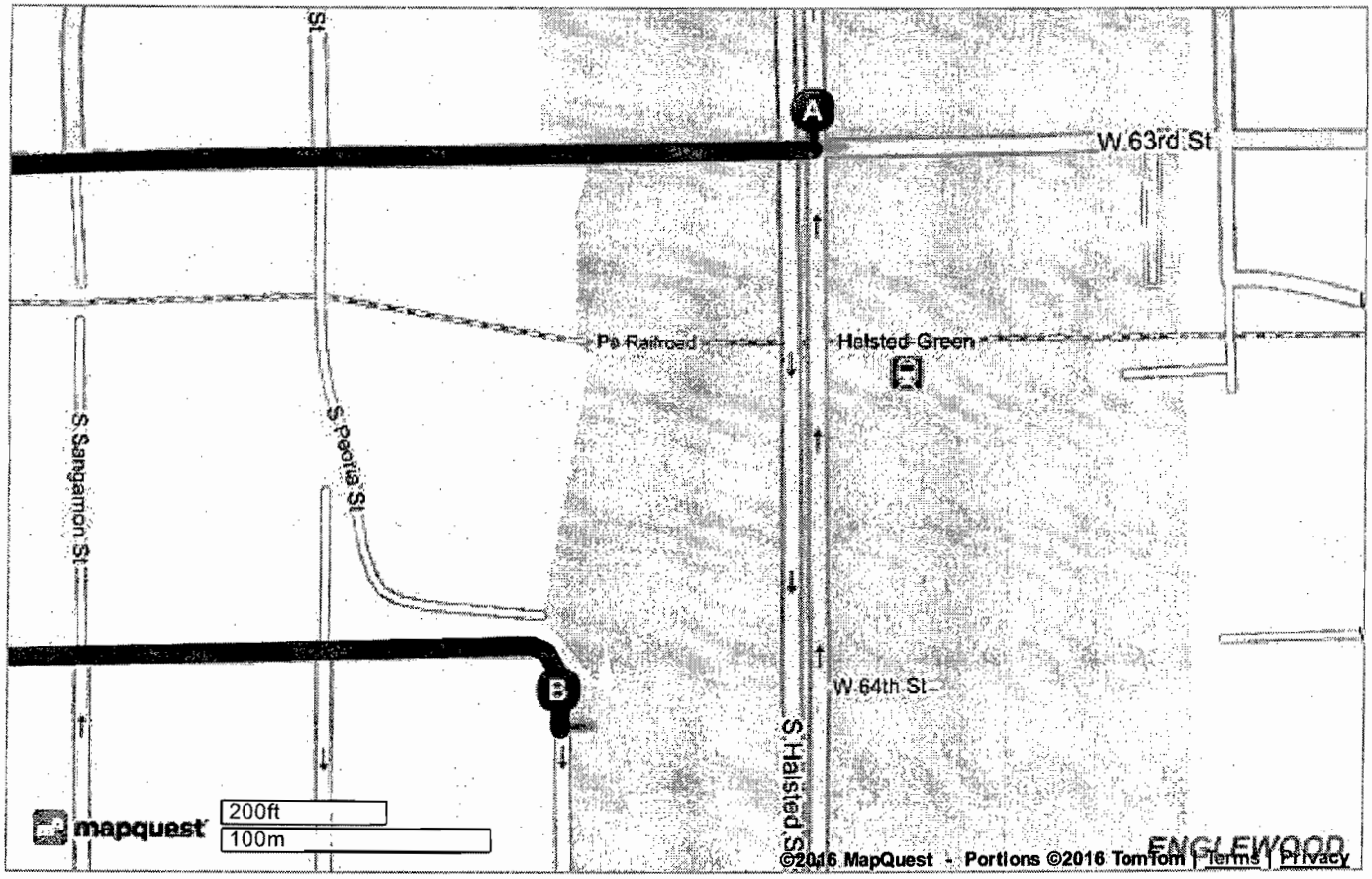
**6333 S Green St**

Chicago, IL 60621-1921

0.59 miles / 2 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS DIALYSIS - ENGLEWOOD (CURRENT SITE)




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

123

mapquest

Trip to:

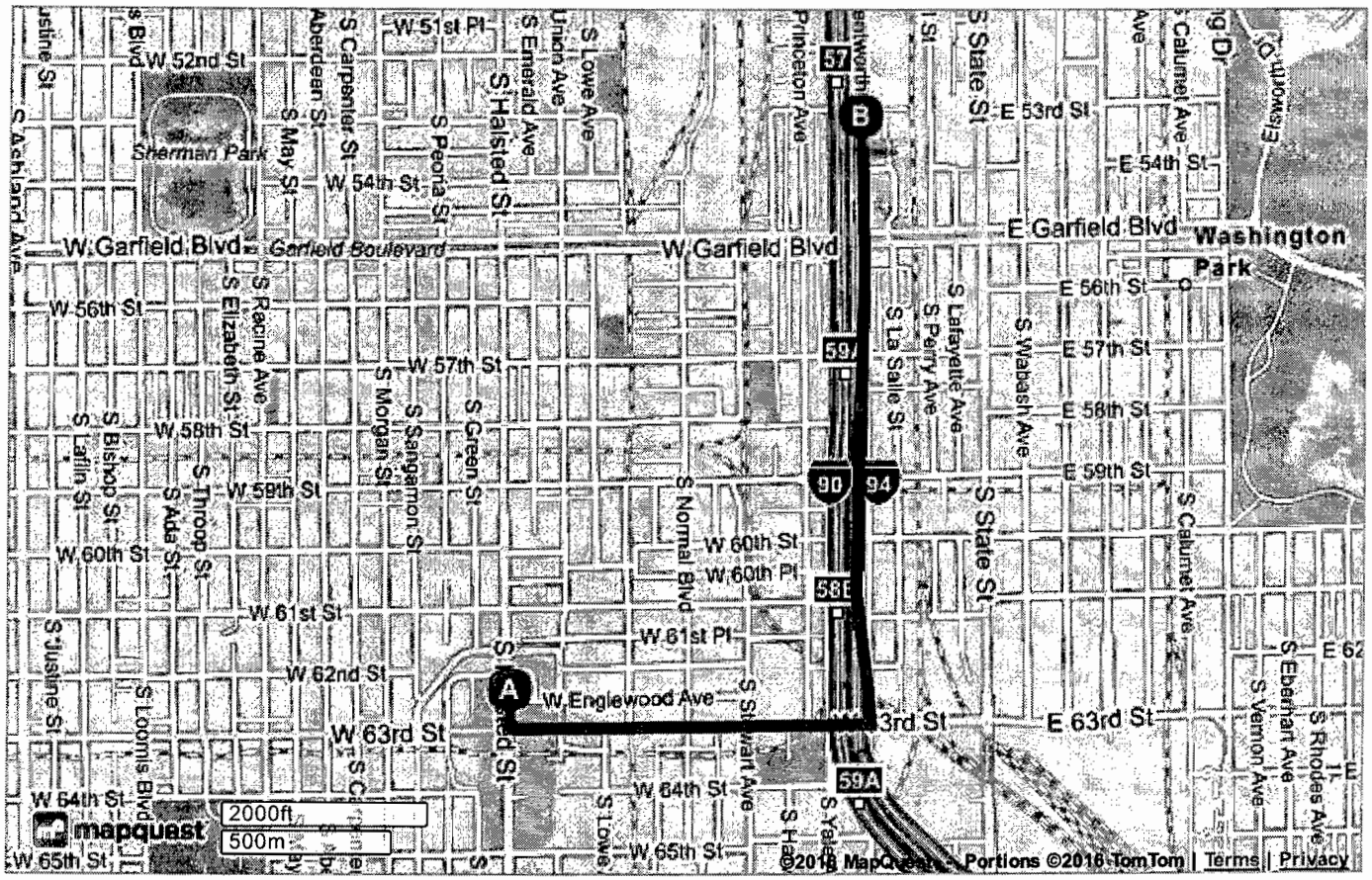
**5401 S Wentworth Ave**

Chicago, IL 60609-6300

1.93 miles / 4 minutes

Notes

TO FRESENIUS MEDICAL CARE GARFIELD




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

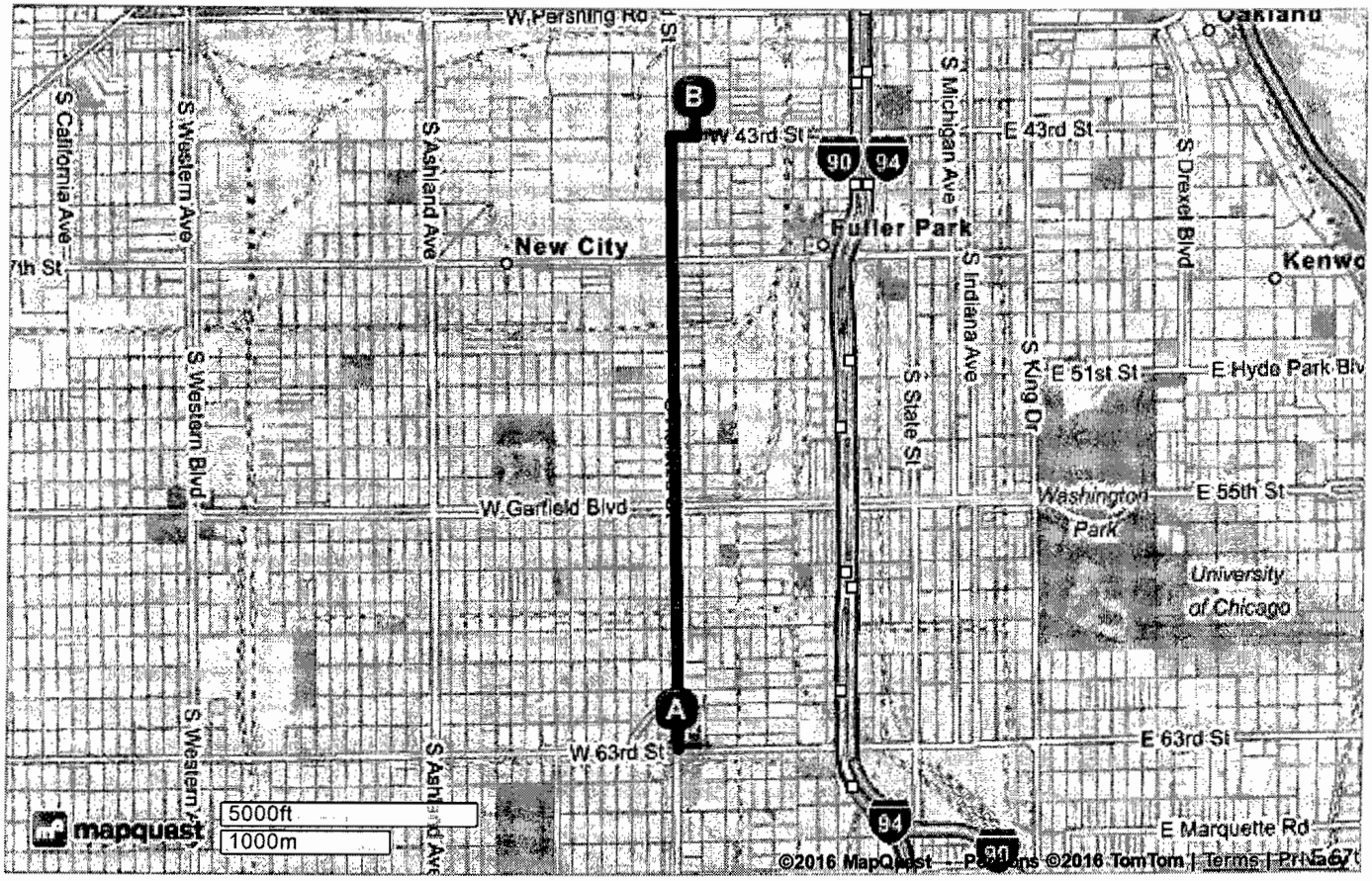
**710 W 43rd St**

Chicago, IL 60609-3435

2.63 miles / 6 minutes

Notes

TO DAVITA EMERALD DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

125

mapquest

Trip to:

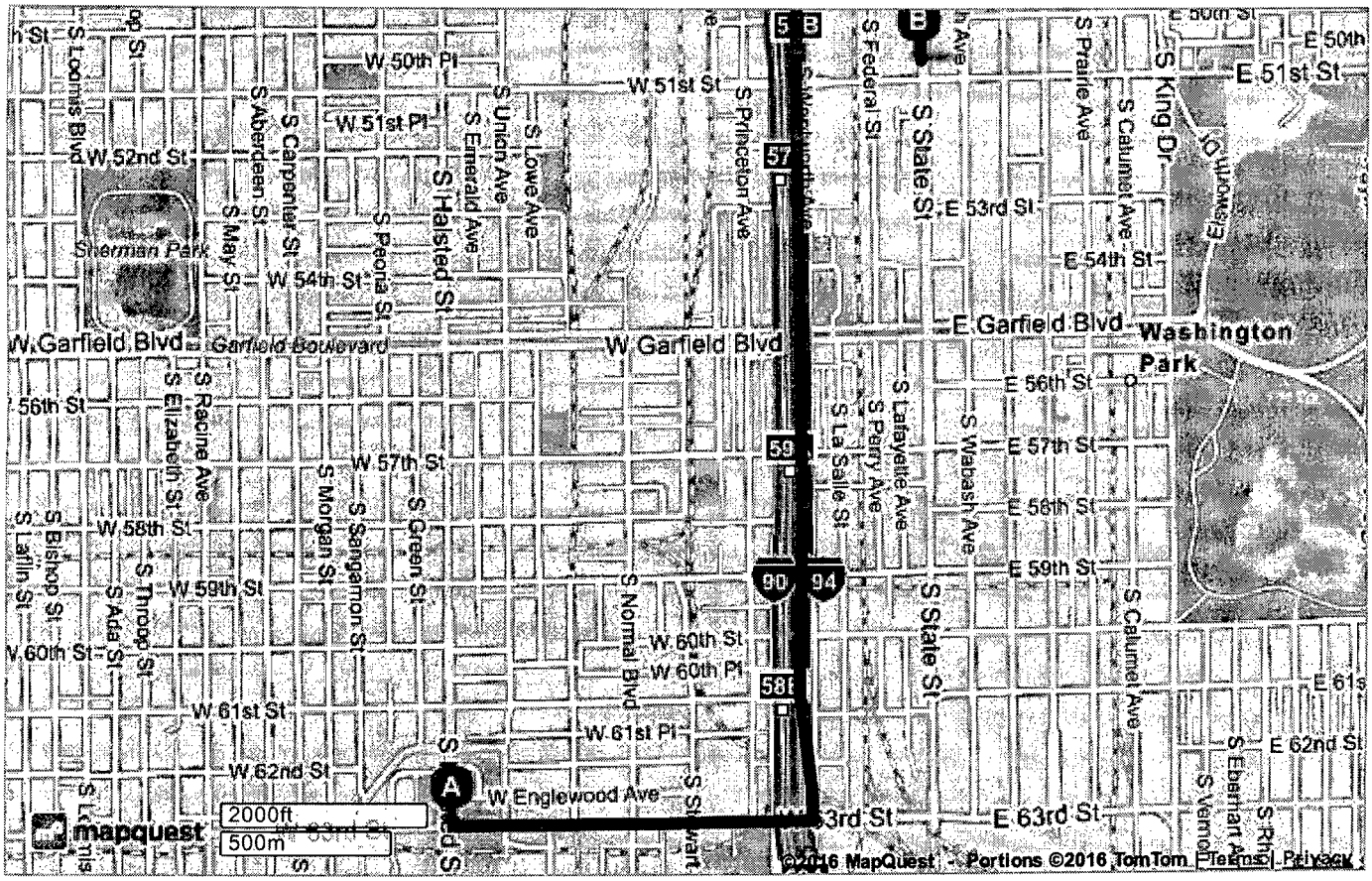
**5060 S State St**

Chicago, IL 60609-5328

3.48 miles / 6 minutes

Notes

TO DAVITA WOODLAWN DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

126

mapquest

Trip to:

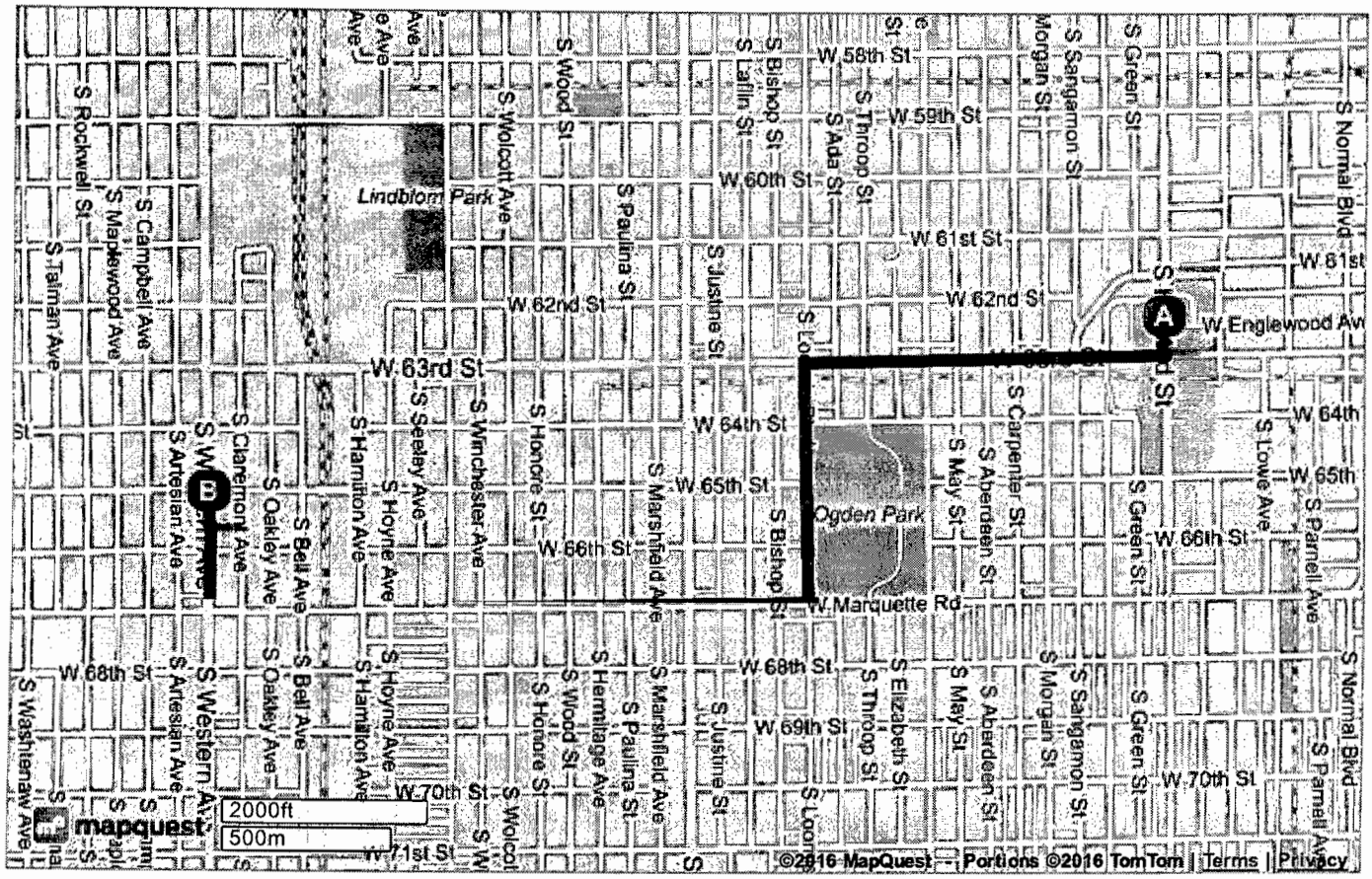
**6535 S Western Ave**

Chicago, IL 60636-2410

2.68 miles / 7 minutes

Notes

TO FRESENIUS MEDICAL CARE MARQUETTE PARK




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Notes

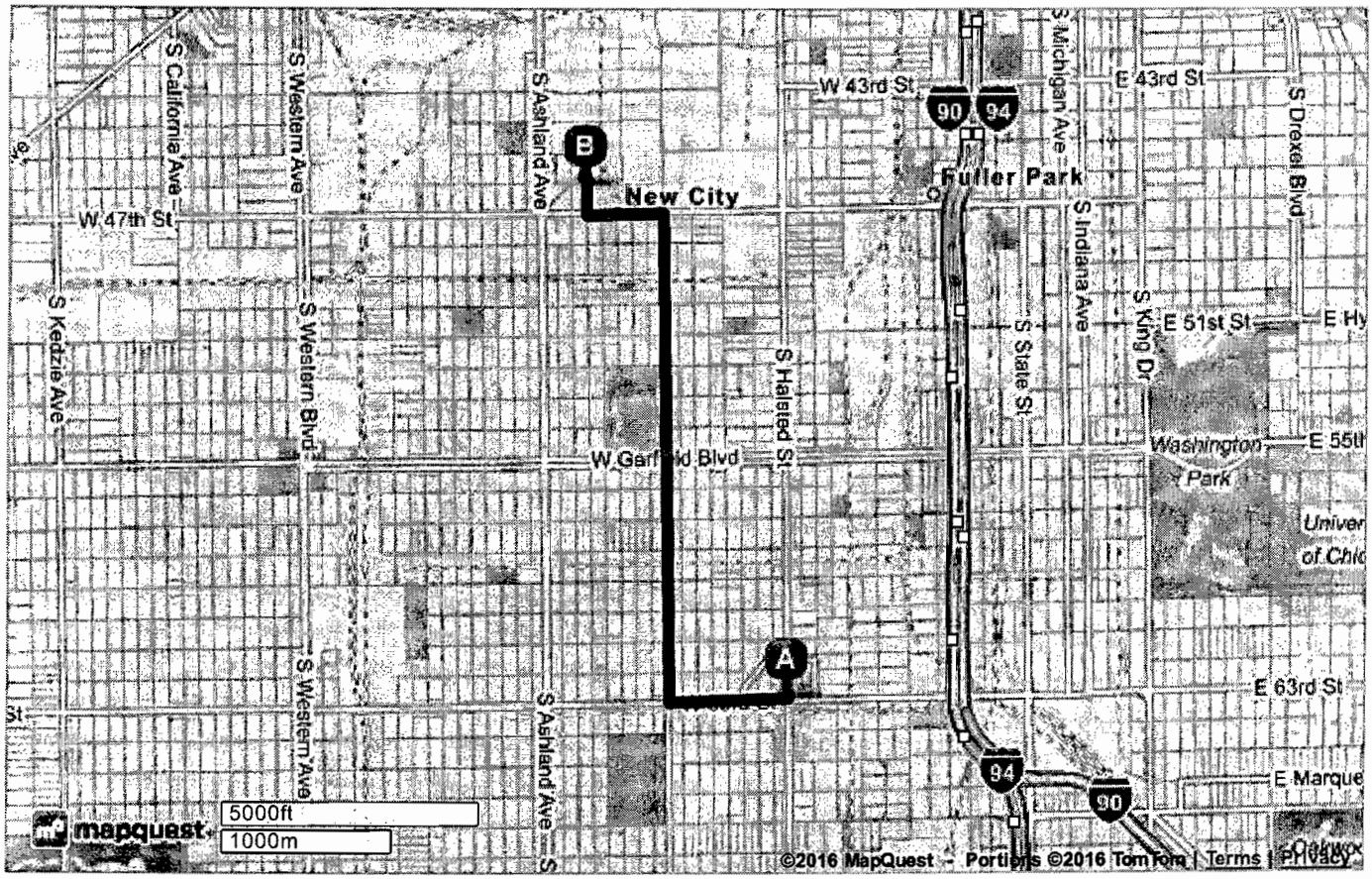
TO FRESENIUS MEDICAL CARE NEW CITY

Trip to:

**W 46th St & S Bishop St**

Chicago, IL 60609

2.96 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

## 7319 S Cottage Grove Ave

Chicago, IL 60619-1909

3.01 miles / 7 minutes

Notes

TO DAVITA GRAND CROSSINGS DIALYSIS

©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

129

mapquest

Trip to:

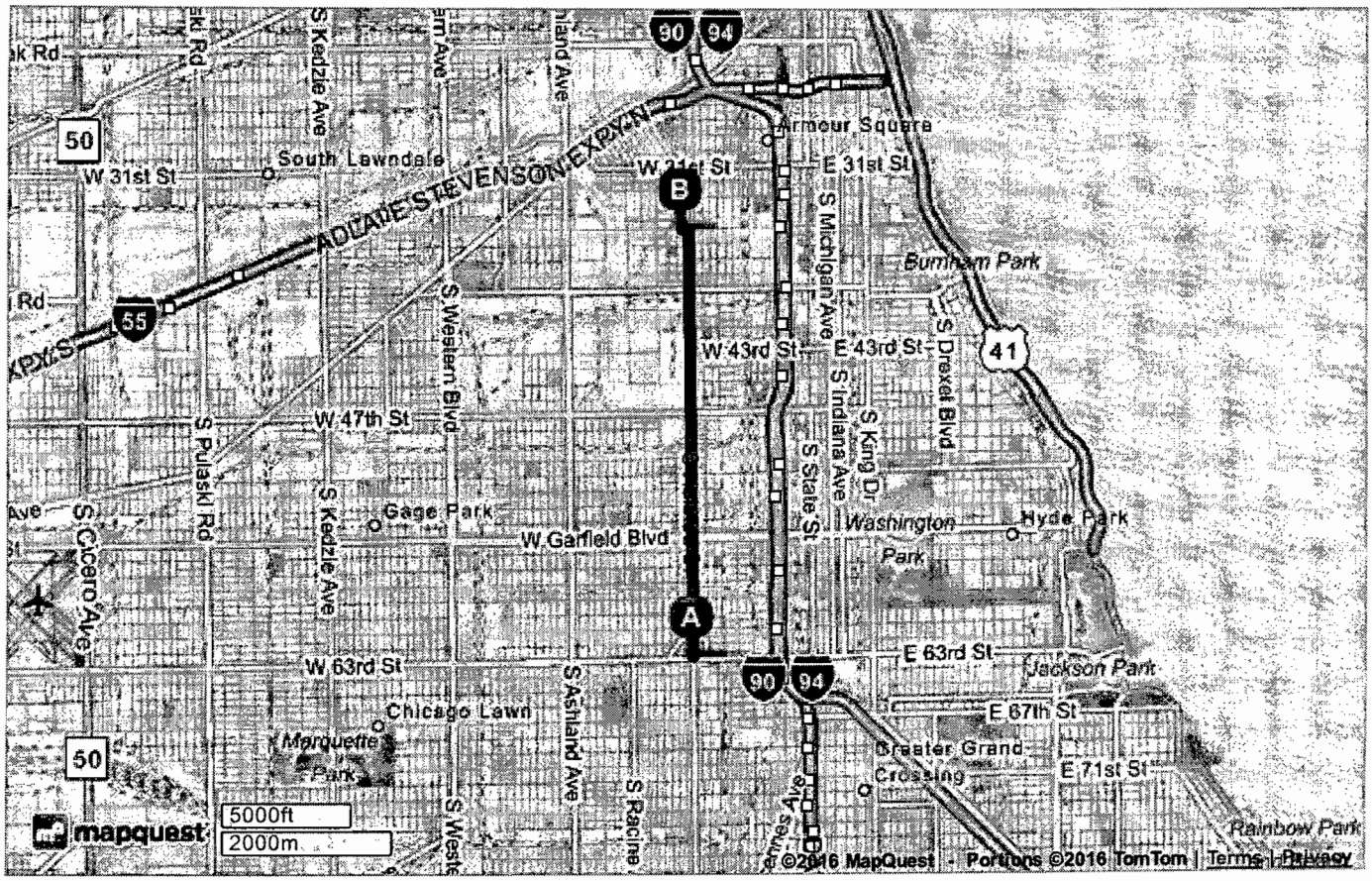
**825 W 35th St**

Chicago, IL 60609-1511

3.58 miles / 8 minutes

Notes

TO FRESENIUS MEDICAL CARE BRIDGEPORT




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

130

mapquest

Trip to:

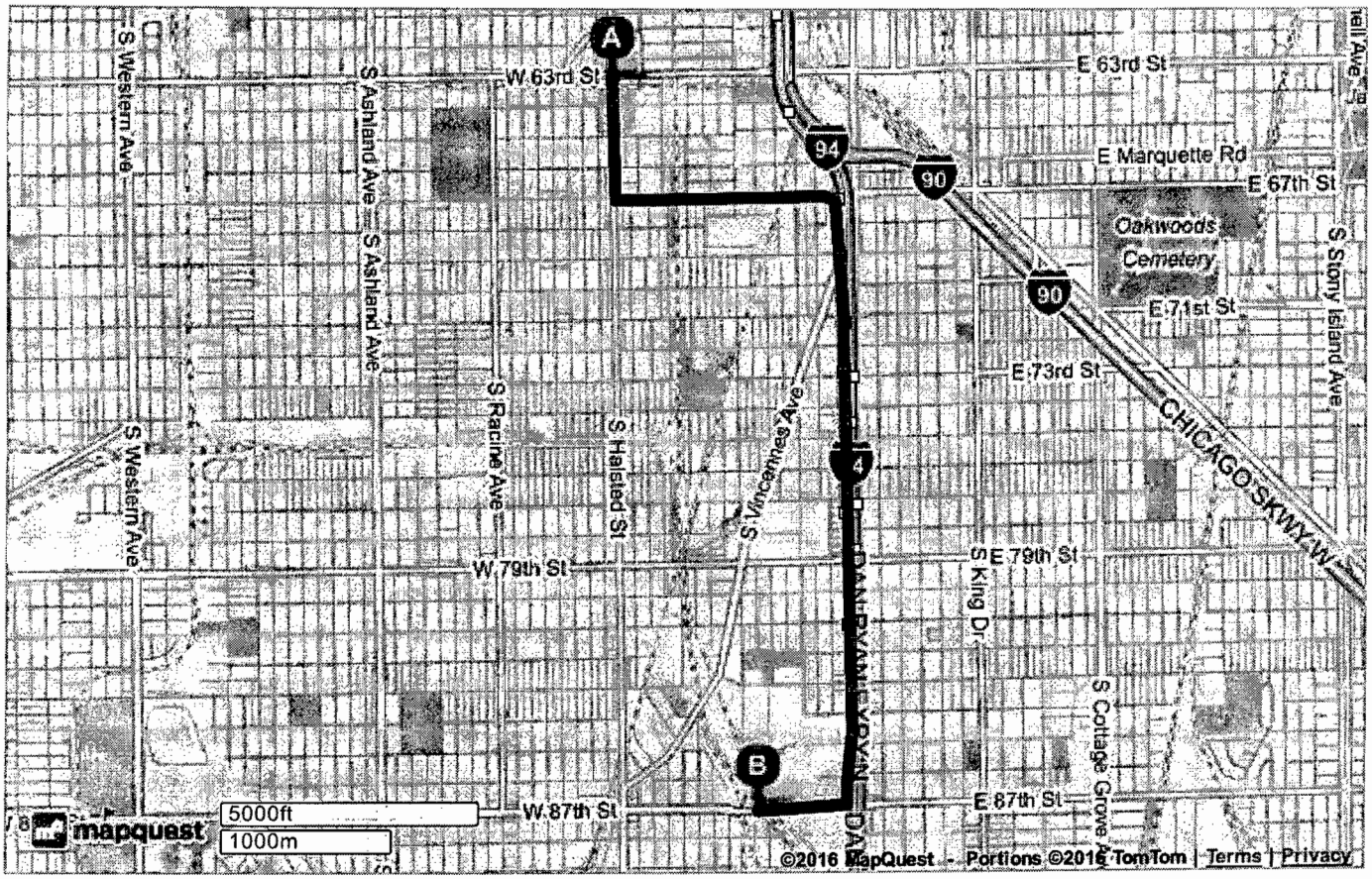
**8643 S Holland Rd**

Chicago, IL 60620

4.34 miles / 8 minutes

Notes

TO FRESENIUS MEDICAL CARE CHATHAM




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

131

mapquest

Trip to:

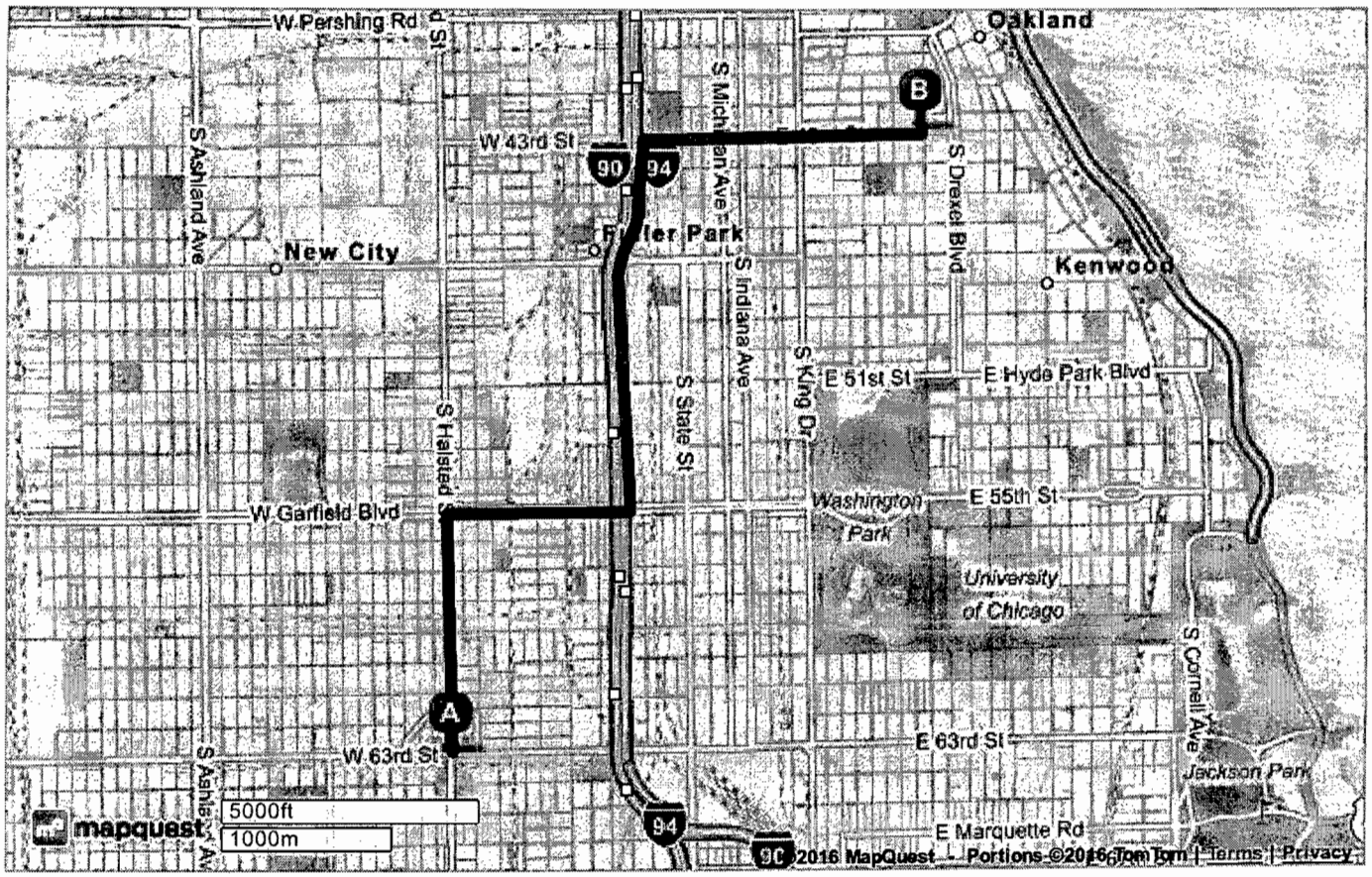
**4290 S Cottage Grove Ave**

Chicago, IL 60653-2908

4.49 miles / 9 minutes

Notes

TO DAVITA KENWOOD DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

132

mapquest

Trip to:

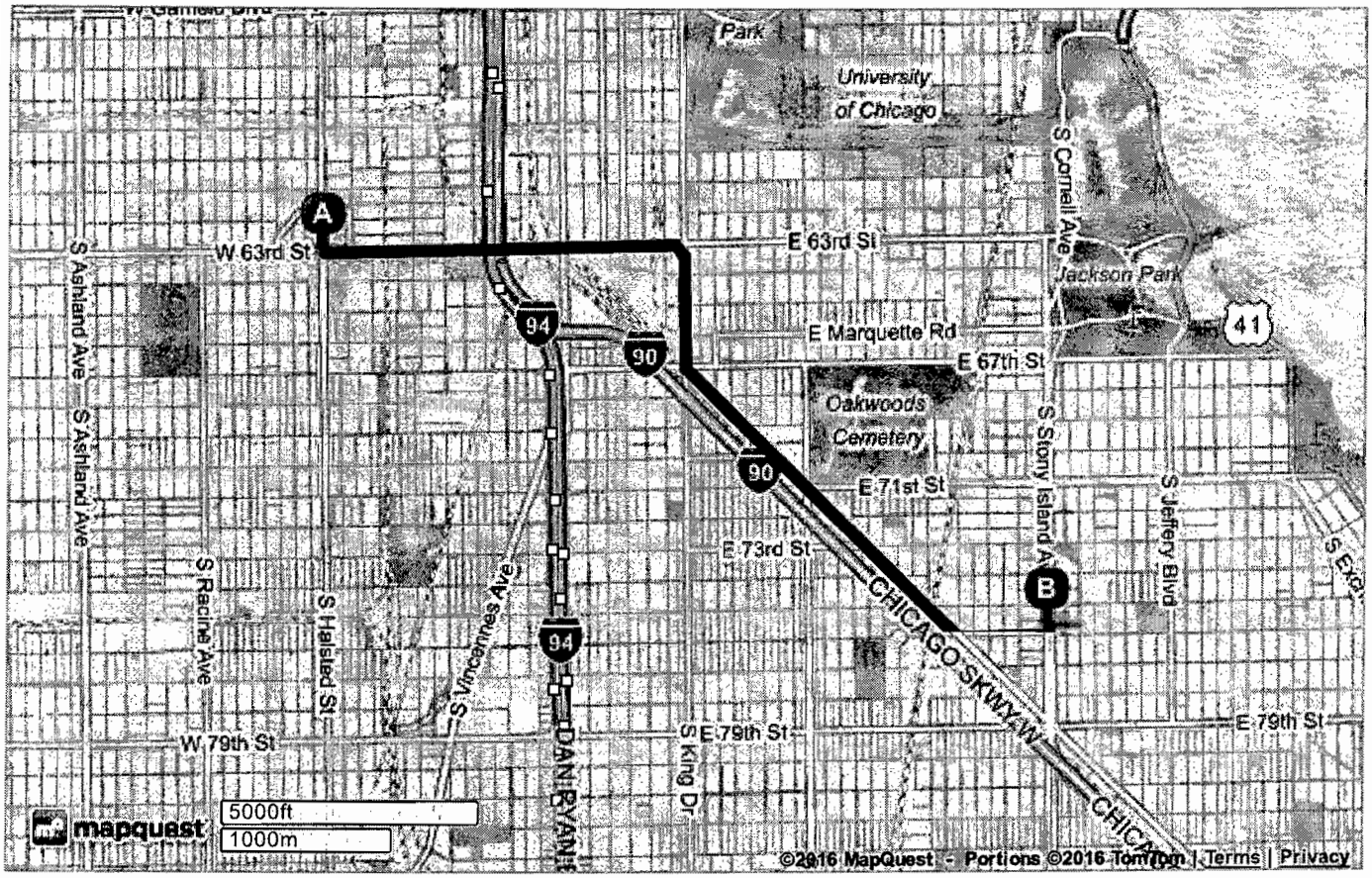
**7531 S Stony Island Ave**

Chicago, IL 60649-3954

4.00 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE JACKSON PARK




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

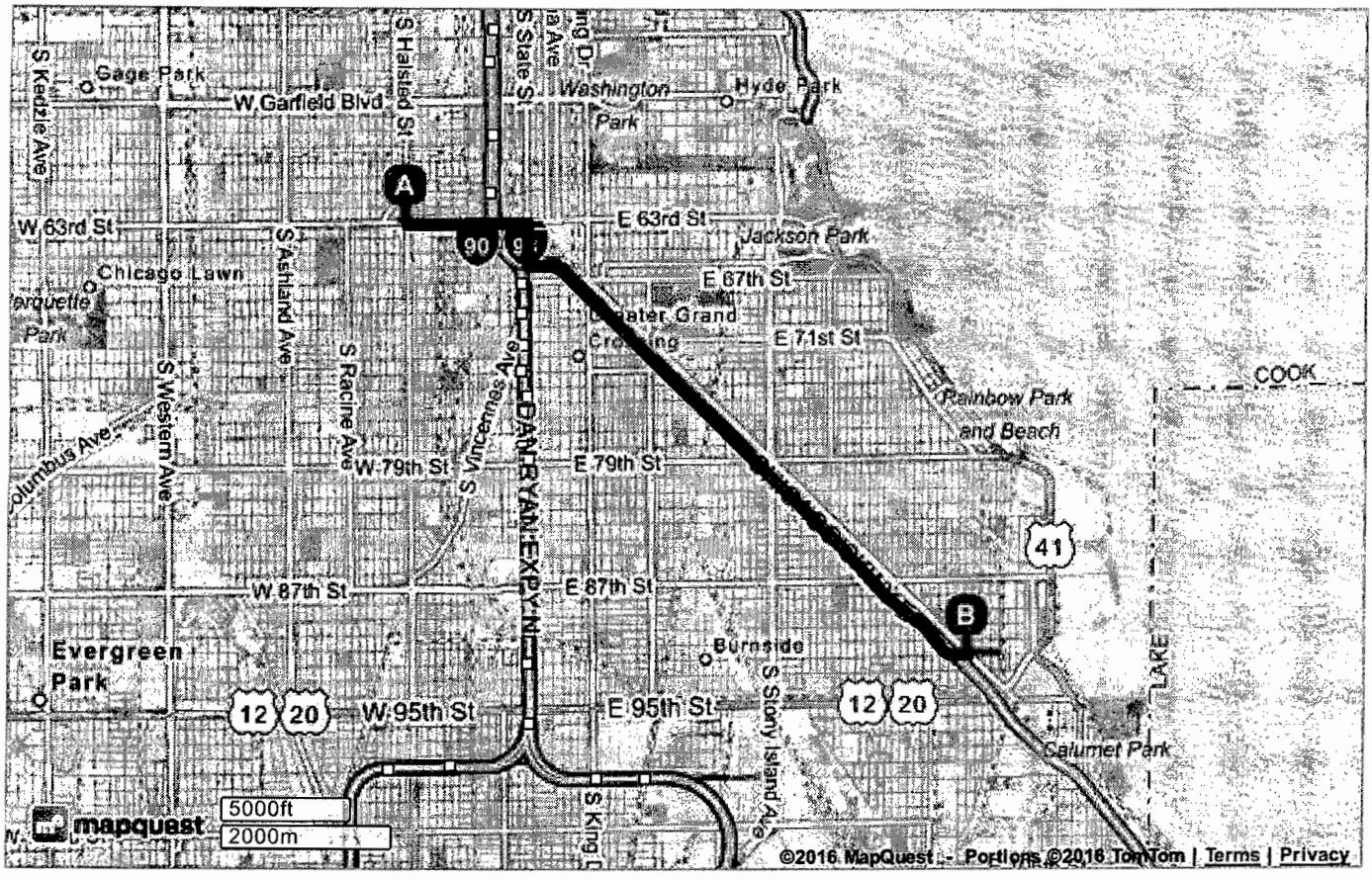
**9200 S South Chicago Ave**

Chicago, IL 60617-4512

6.40 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

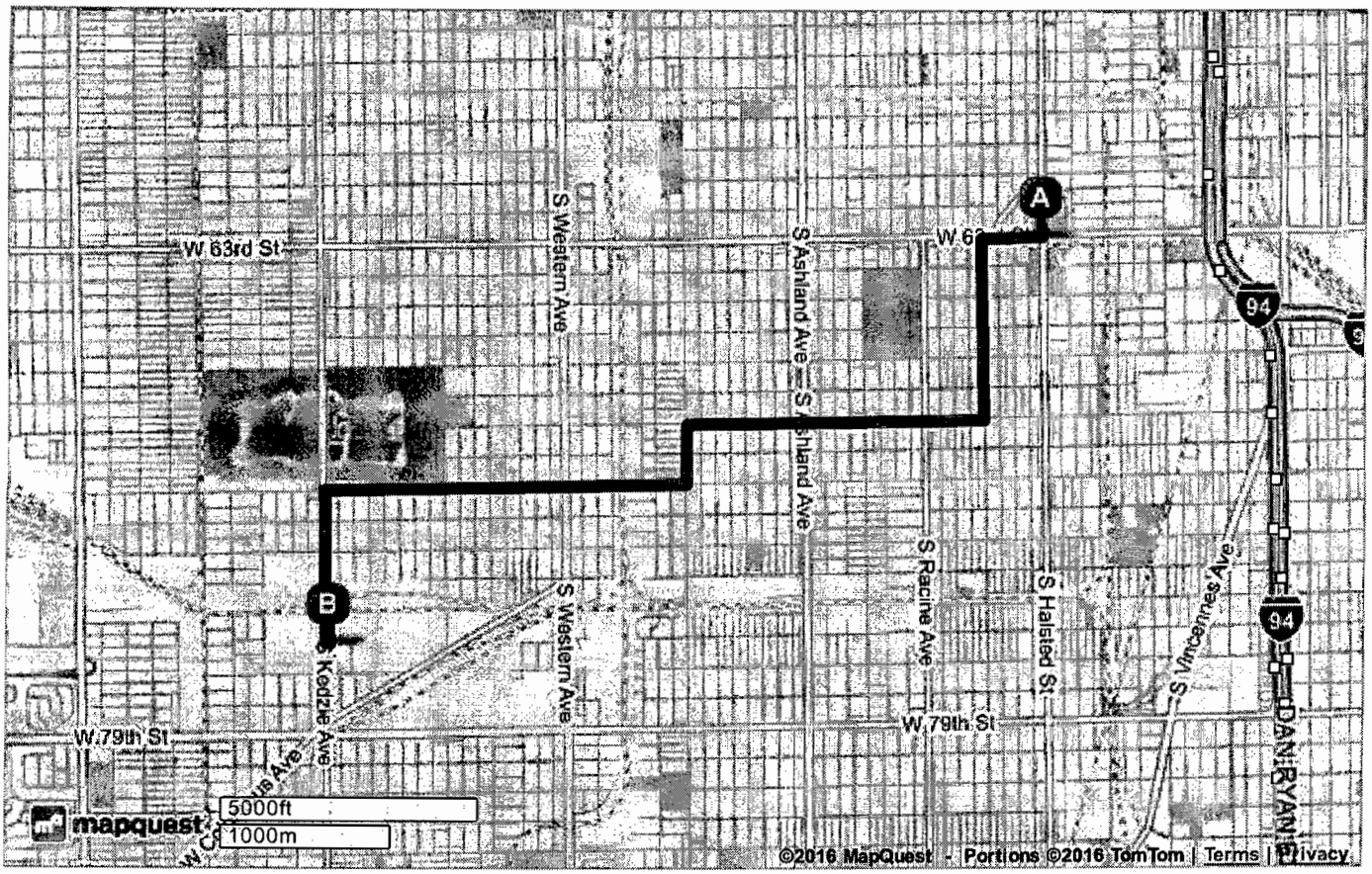
**3134 W 76th St**

Chicago, IL 60652

4.67 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTHSIDE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

135

mapquest

Notes

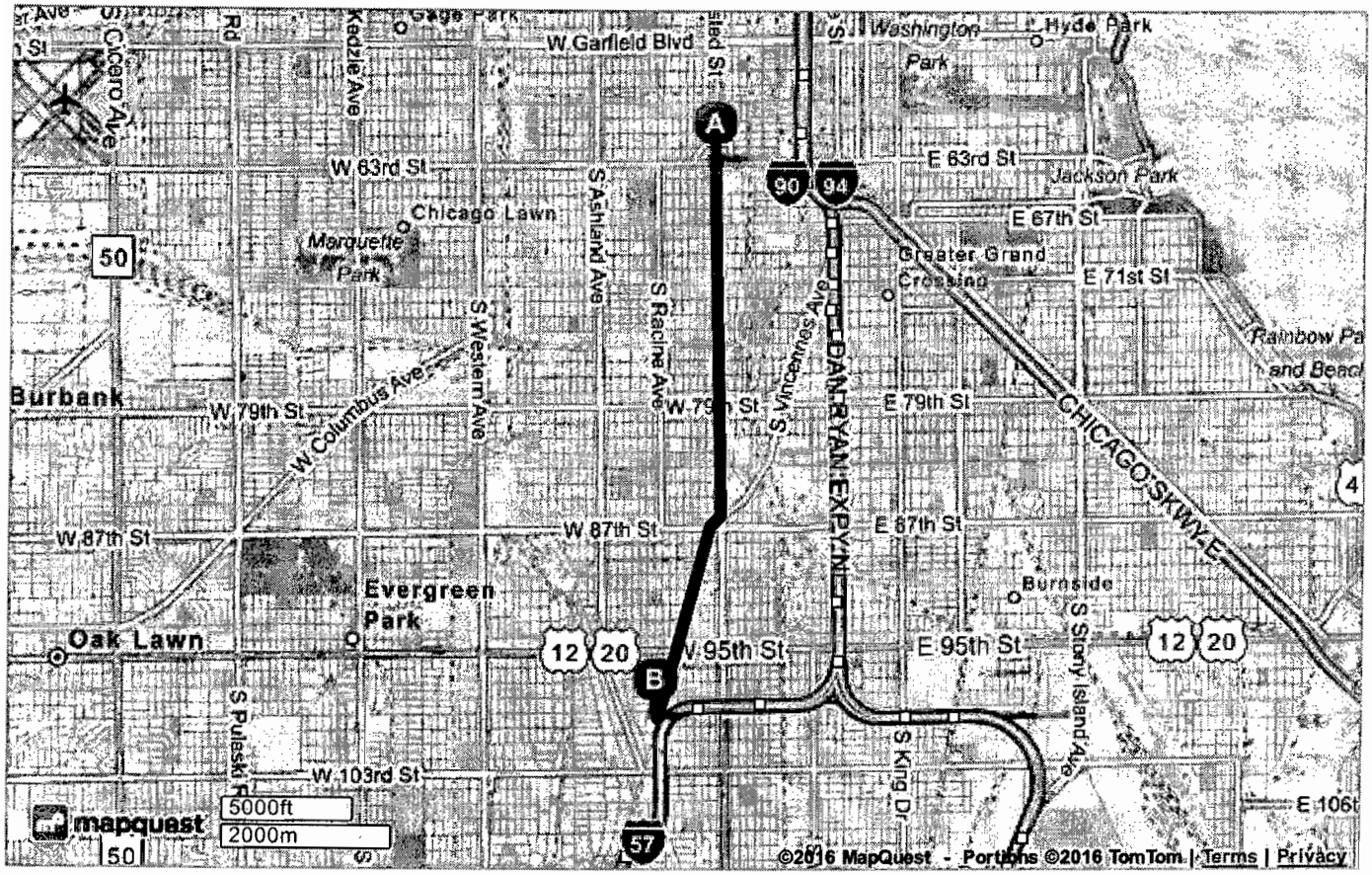
TO FRESENIUS MEDICAL CARE BEVERLY RIDGE

Trip to:

**9928 S Vincennes Ave**

Chicago, IL 60643-1303

4.71 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

136

mapquest

Trip to:

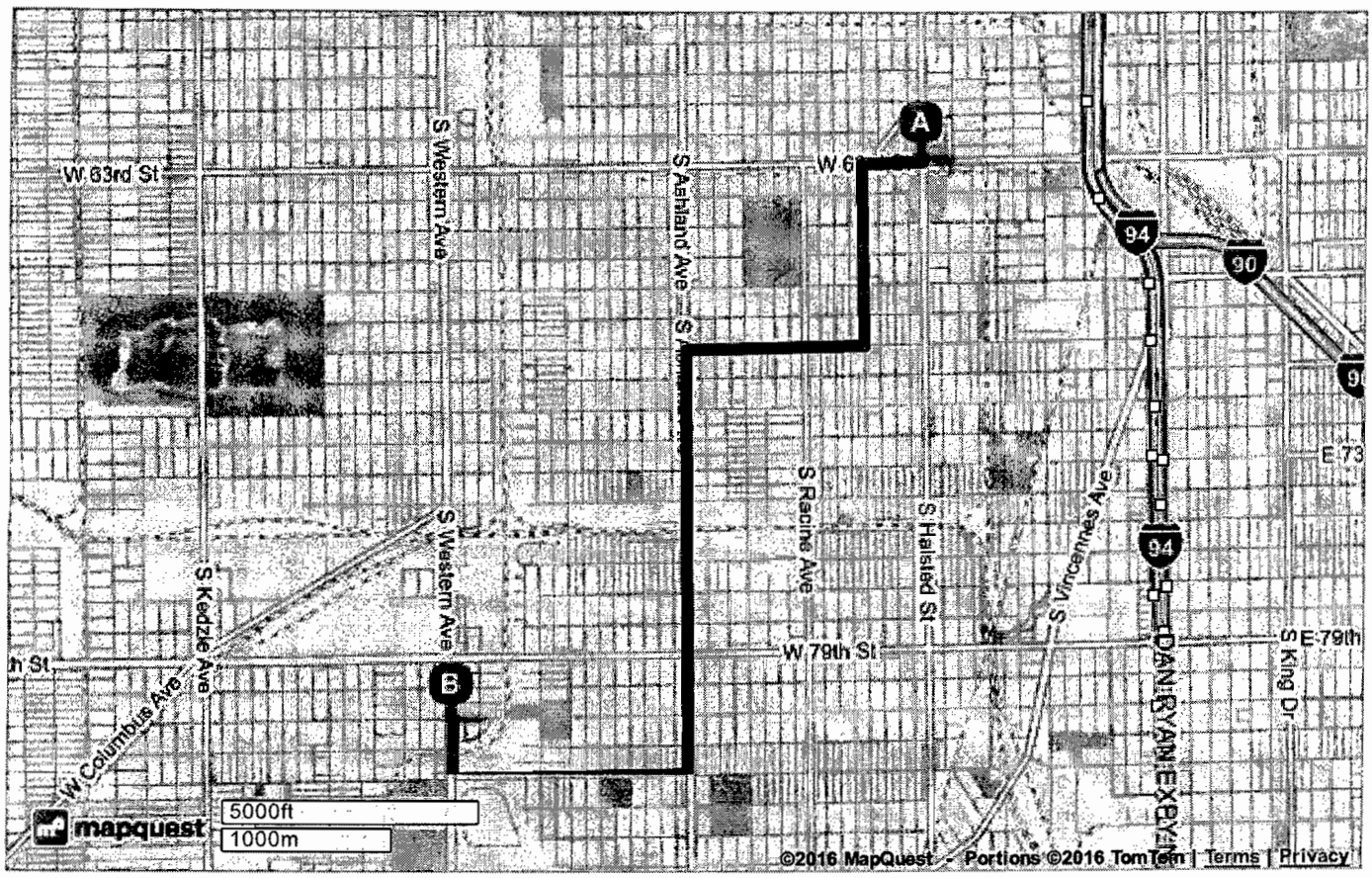
**8109 S Western Ave**

Chicago, IL 60620-5939

4.75 miles / 11 minutes

Notes

TO DAVITA BEVERLY DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

137

mapquest

Trip to:

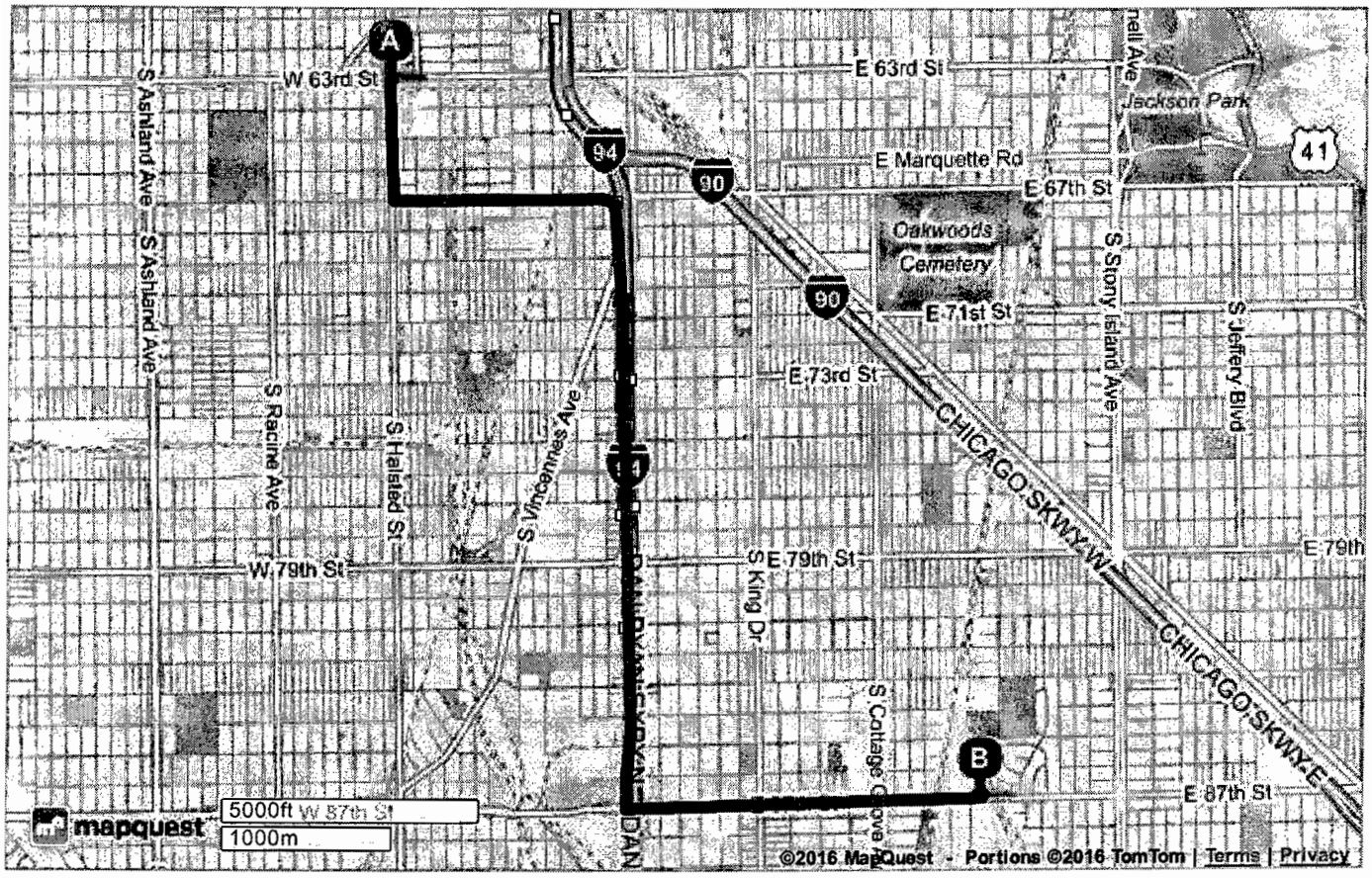
**1111 E 87th St**

Chicago, IL 60619-7011

5.45 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE GREENWOOD




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

138

mapquest

Notes

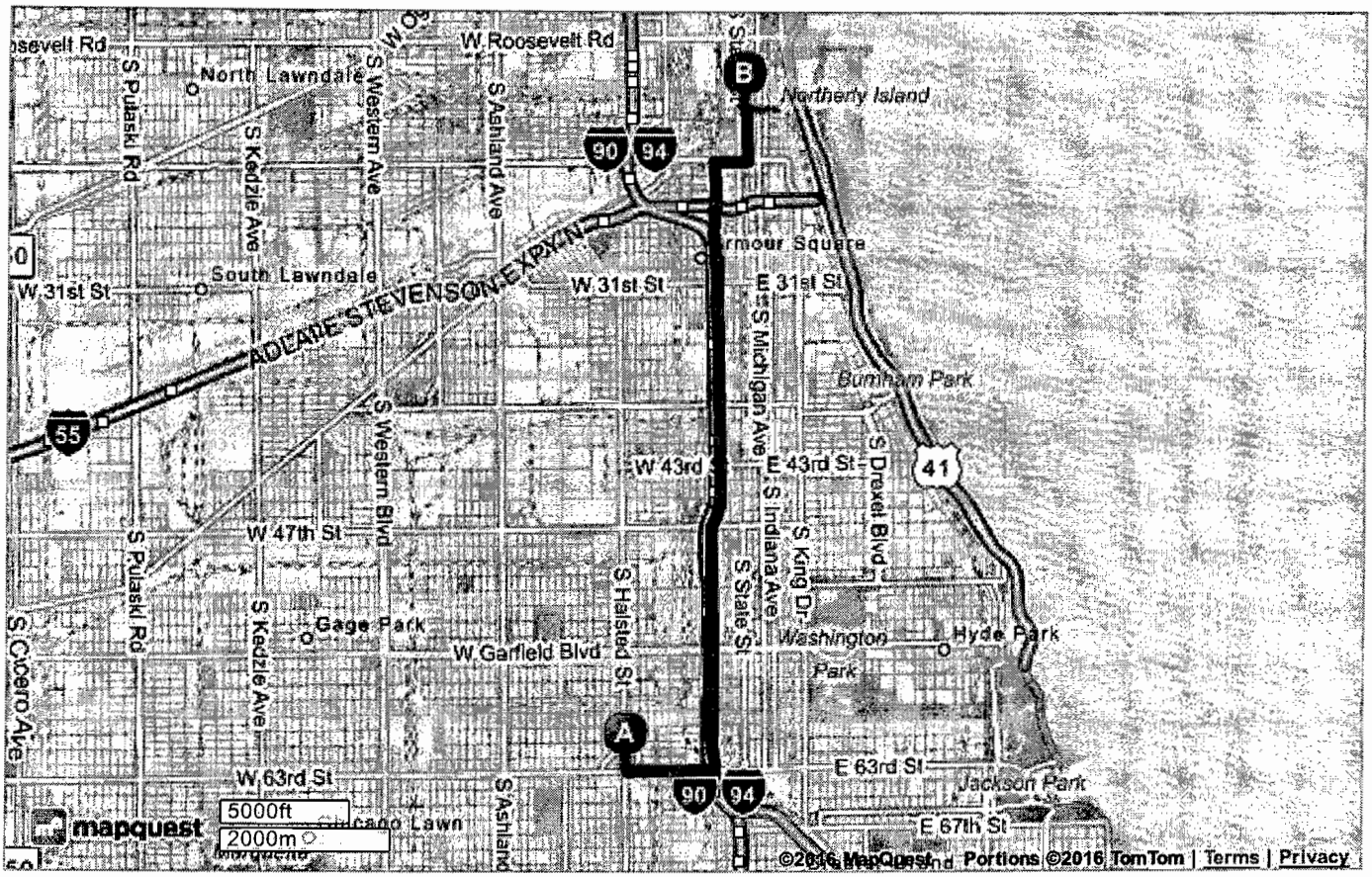
TO FRESENIUS MEDICAL CARE PRAIRIE

Trip to:

## 1717 S Wabash Ave

Chicago, IL 60616-1219

6.51 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

139

mapquest

Trip to:

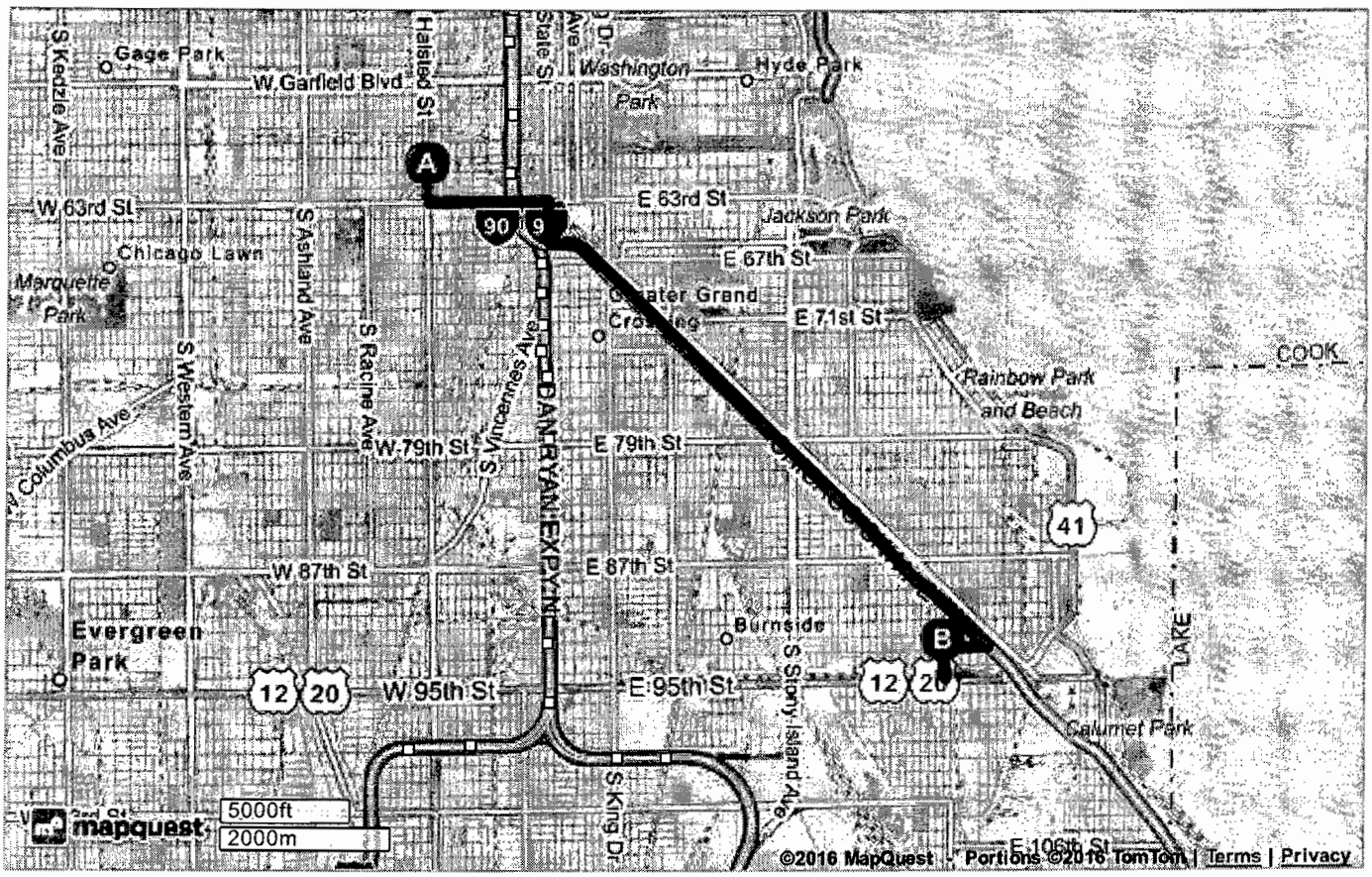
**S Colfax Ave & E 95th St**

Chicago, IL 60617

7.02 miles / 11 minutes

Notes

TO DAVITA PARK MANOR




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

140

mapquest

Notes

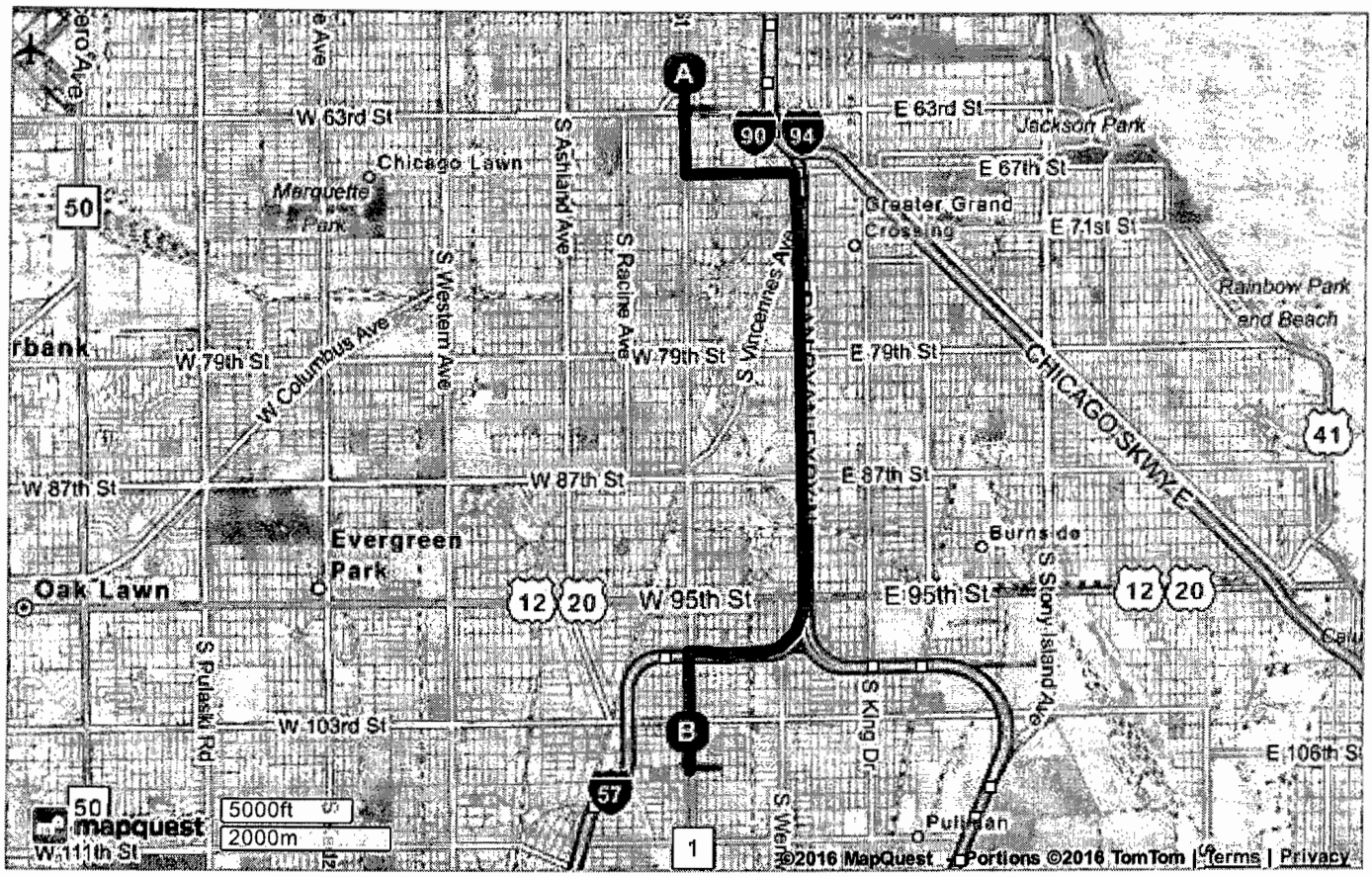
TO DAVITA WASHINGTON HEIGHTS DIALYSIS

Trip to:

**10620 S Halsted St**

Chicago, IL 60628-2310

7.20 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

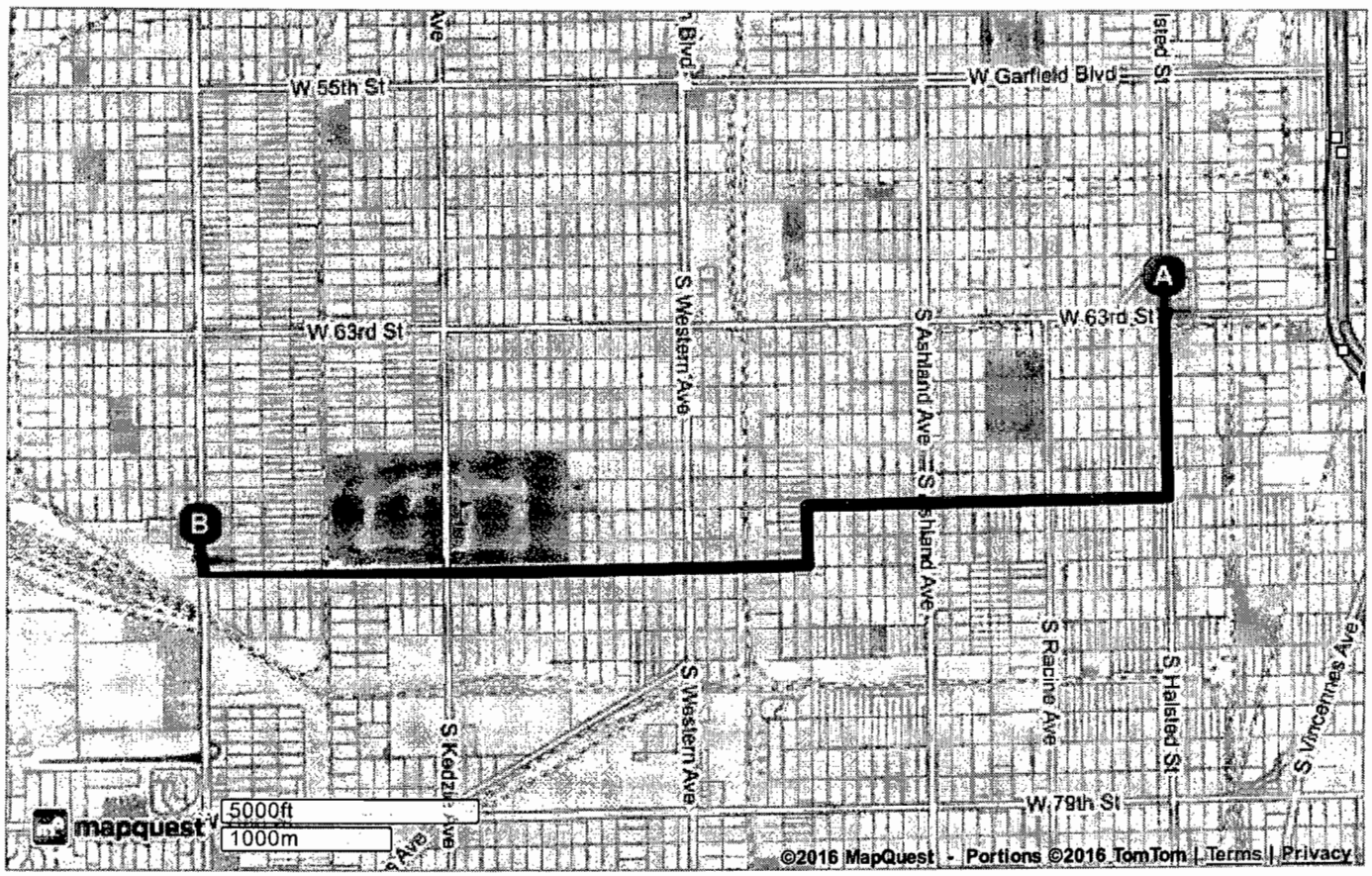
## W 70th Pl & S Pulaski Rd

Chicago, IL 60629

5.10 miles / 12 minutes

Notes

TO DAVITA WEST LAWN DIALYSIS




©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. View Terms of Use

142

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

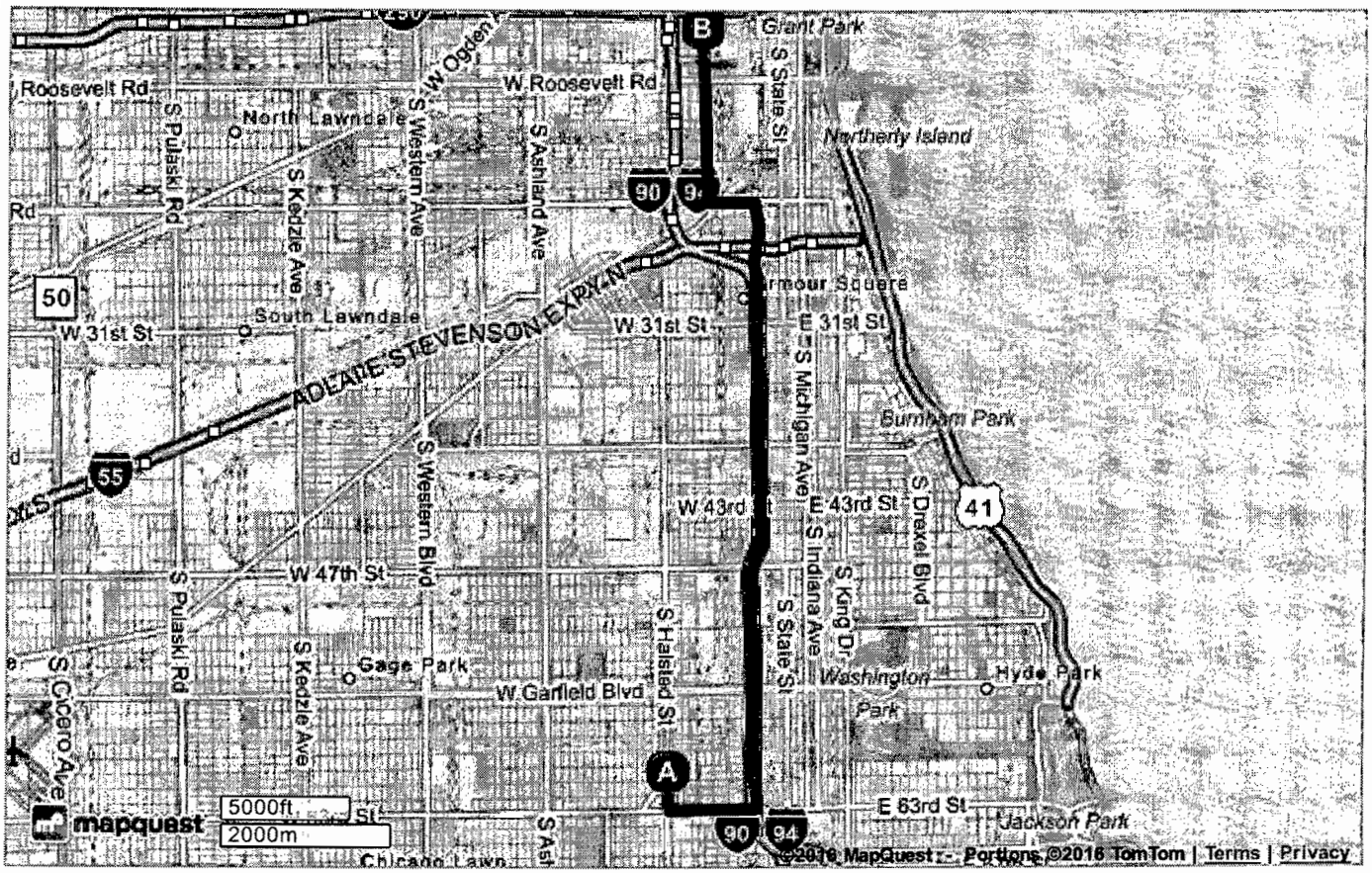
**1101 S Canal St**

Chicago, IL 60607-4906

7.33 miles / 12 minutes

Notes

TO DAVITA LOOP DIALYSIS




©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. View Terms of Use

143

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

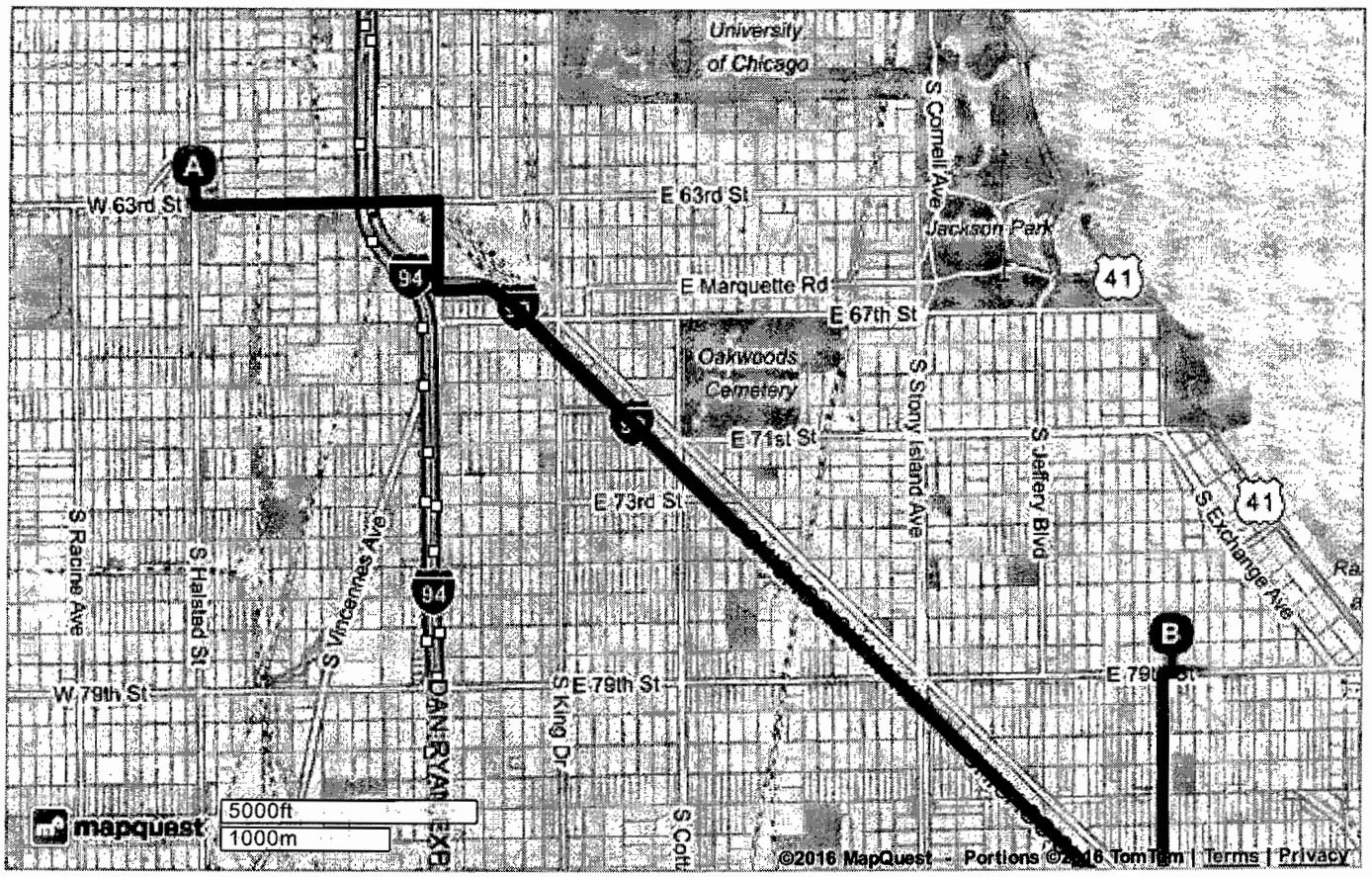
**2420 E 79th St**

Chicago, IL 60649-5112

7.25 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH SHORE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

144

mapquest

Trip to:

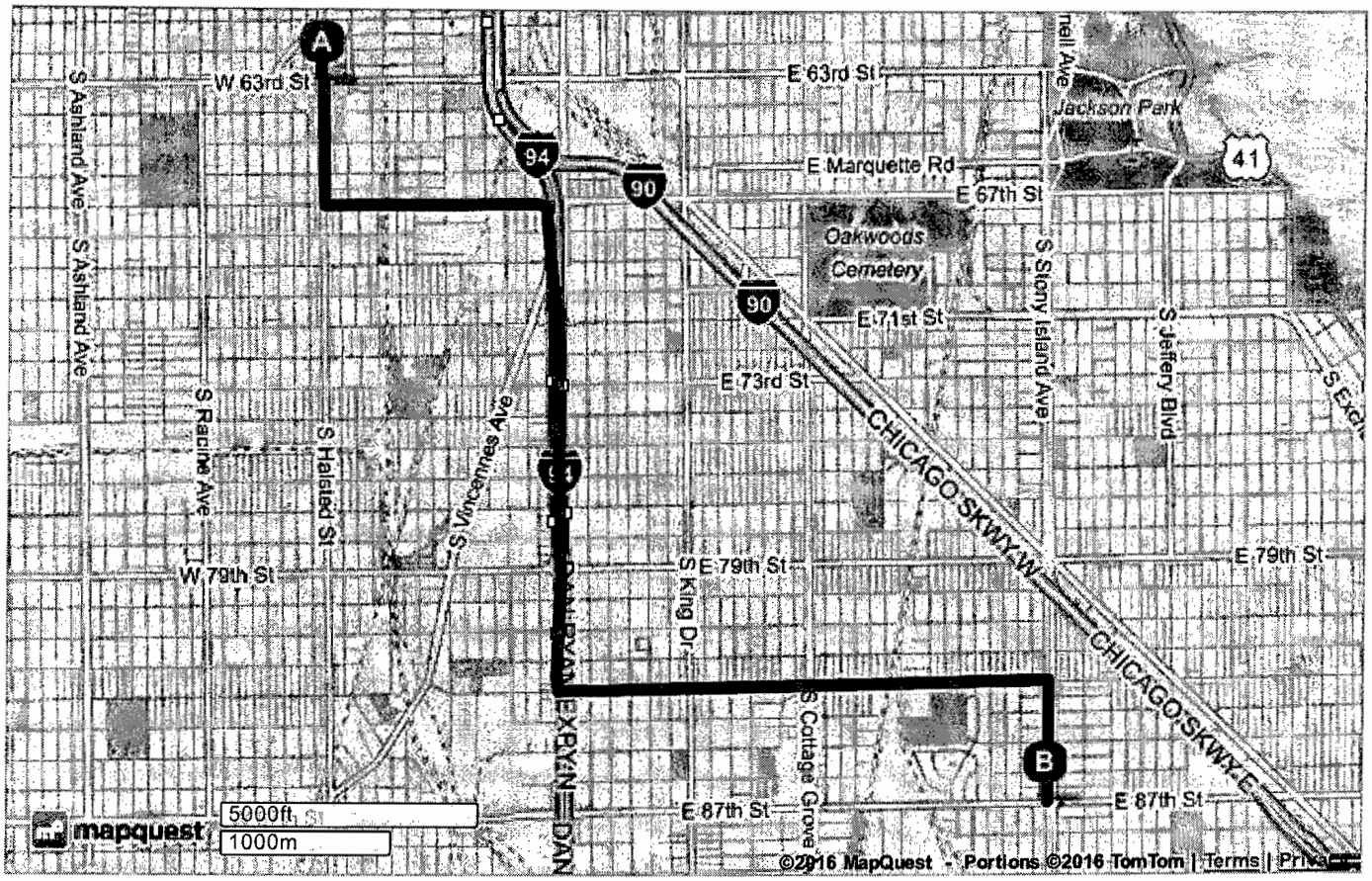
## S Stony Island Ave & E 87th St

Chicago, IL 60617

6.00 miles / 14 minutes

Notes

TO DAVITA STONY ISLAND DIALYSIS




©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. View Terms of Use

145

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

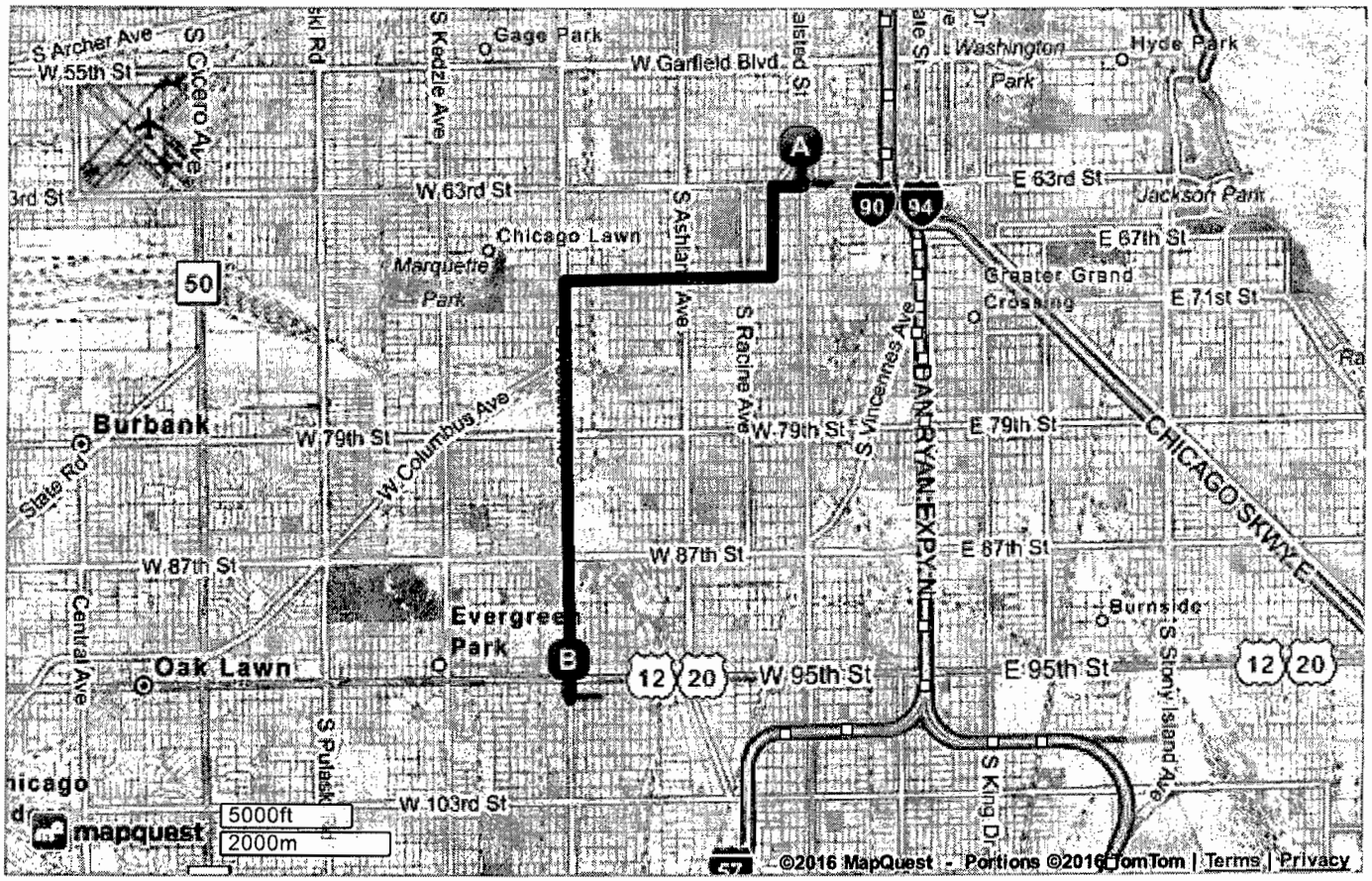
**9730 S Western Ave**

Evergreen Park, IL 60805-2628

6.22 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE EVERGREEN PARK




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

146

mapquest

Trip to:

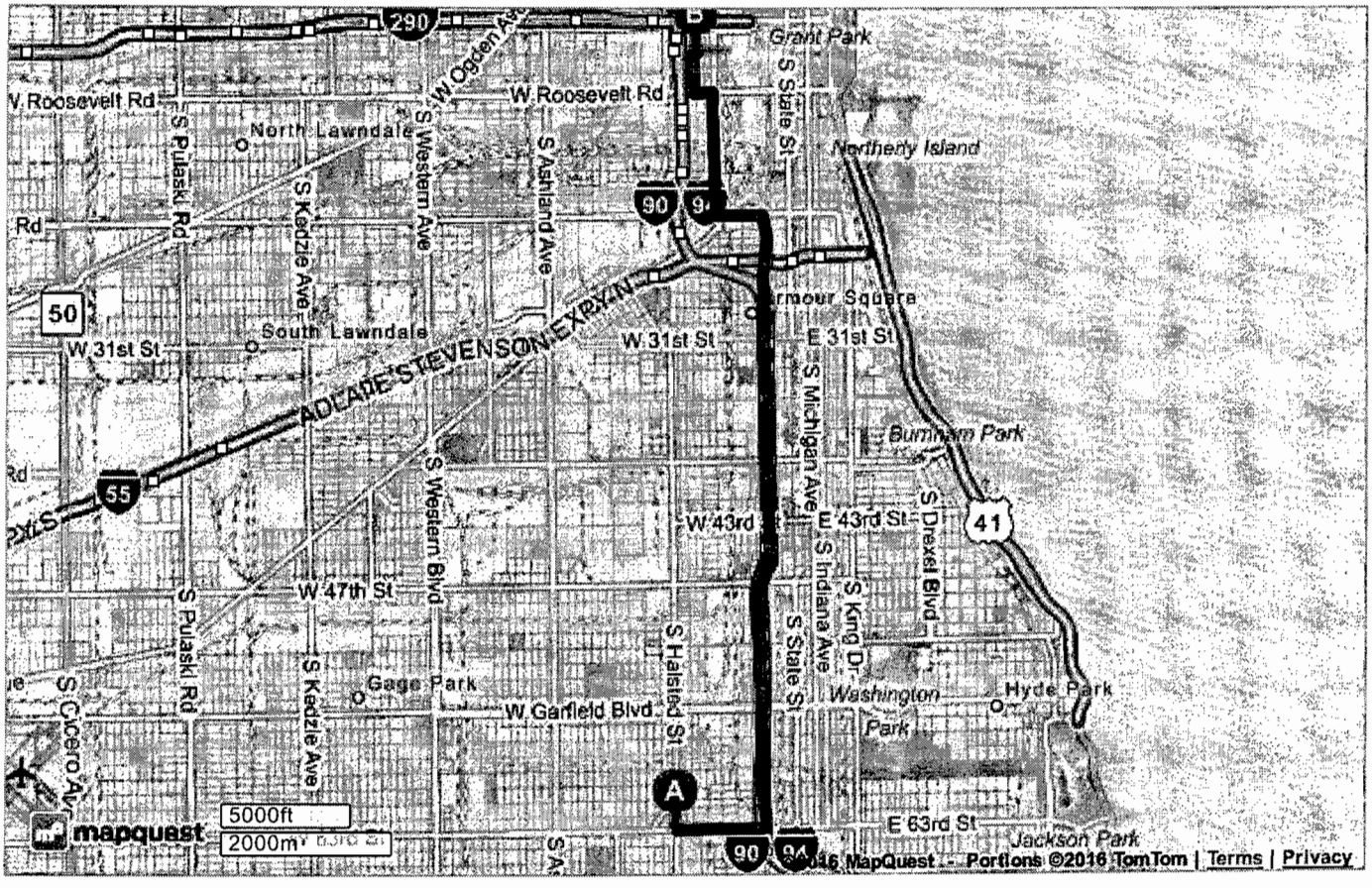
**557 W Polk St**

Chicago, IL 60607-4314

7.72 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

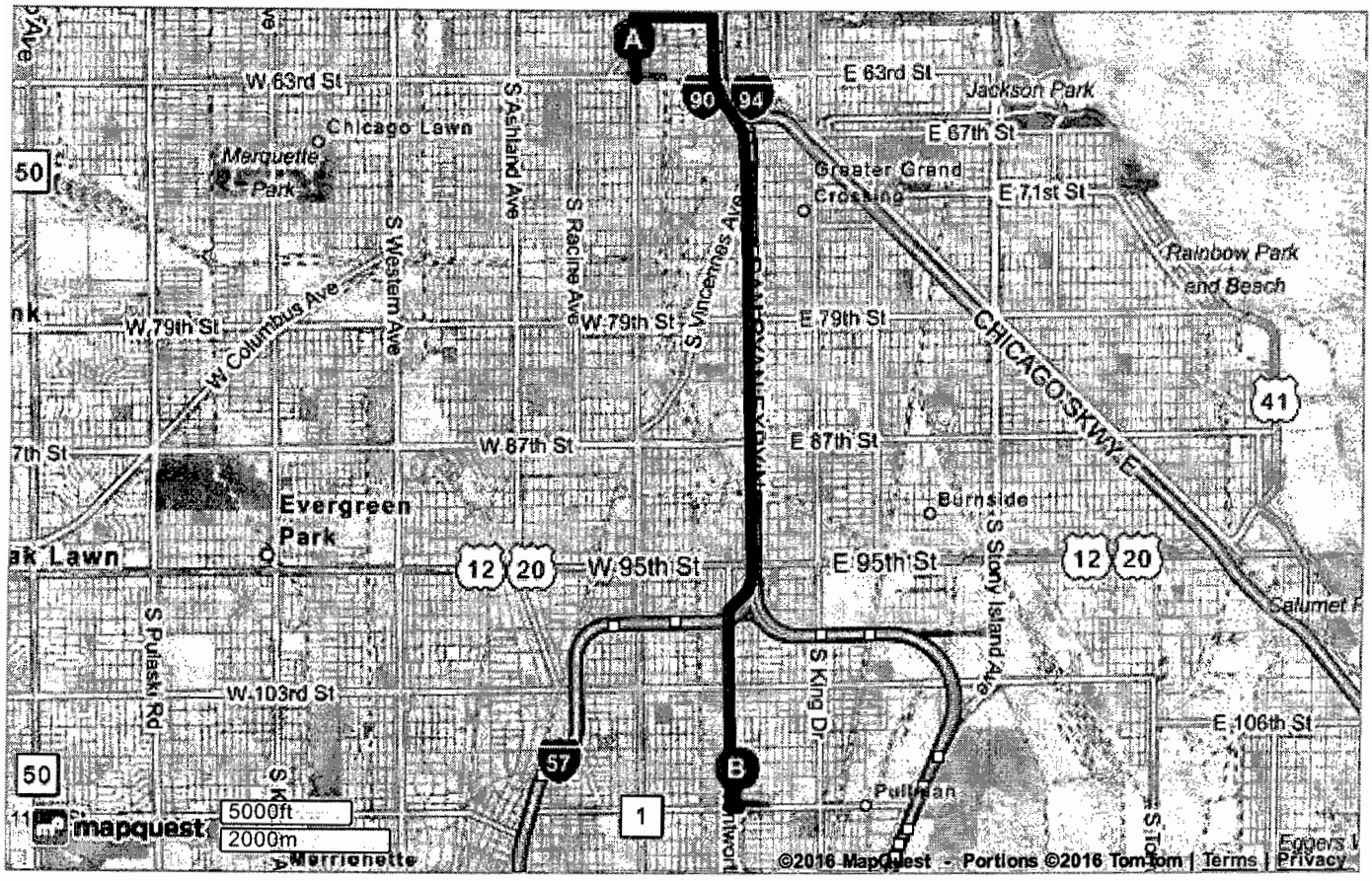
**132 W 111th St**

Chicago, IL 60628-4215

7.96 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSELAND




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

148

mapquest

Trip to:

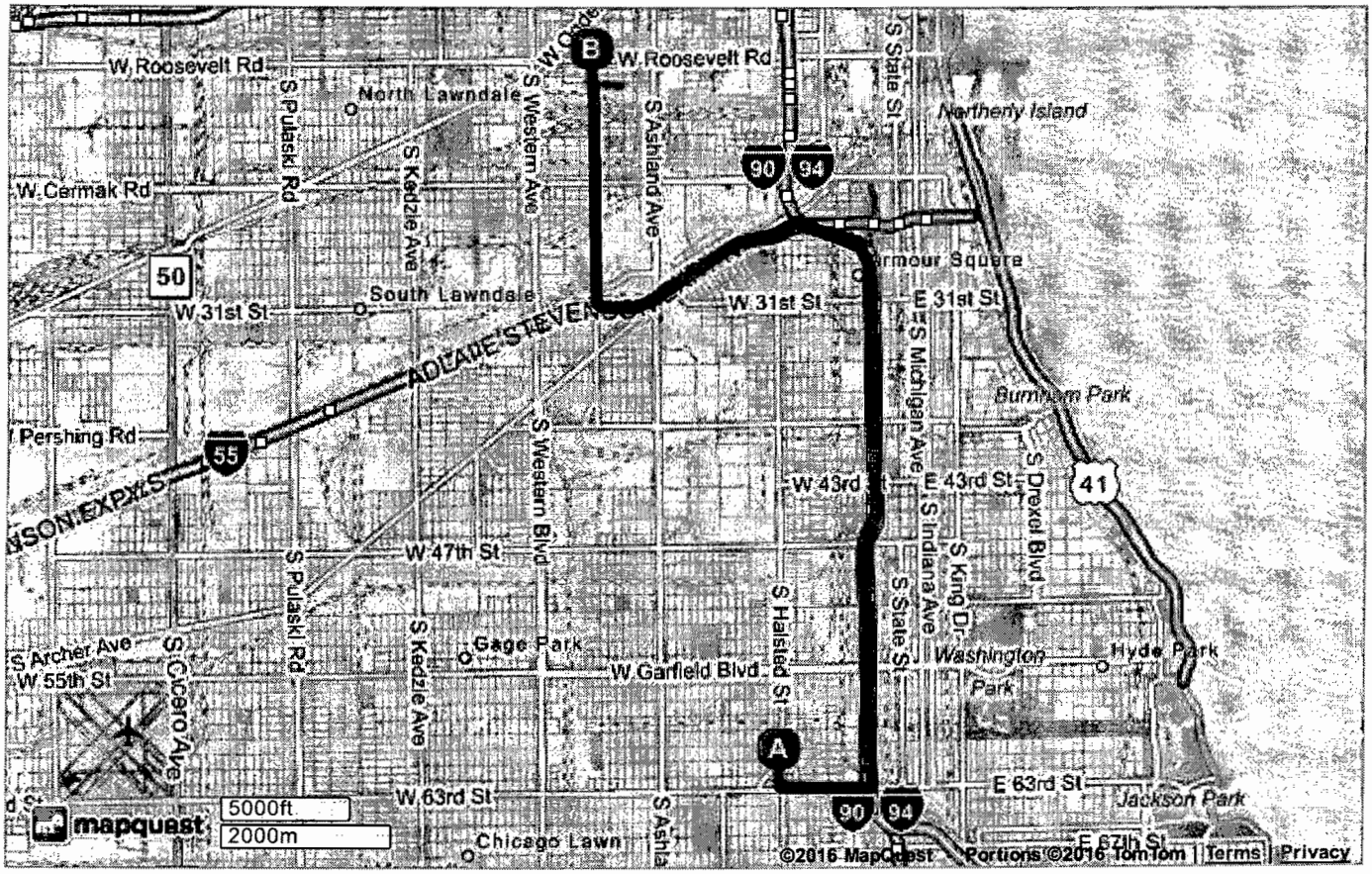
**1340 S Damen Ave**

Chicago, IL 60608-1156

9.59 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO WESTSIDE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

149

mapquest

Trip to:

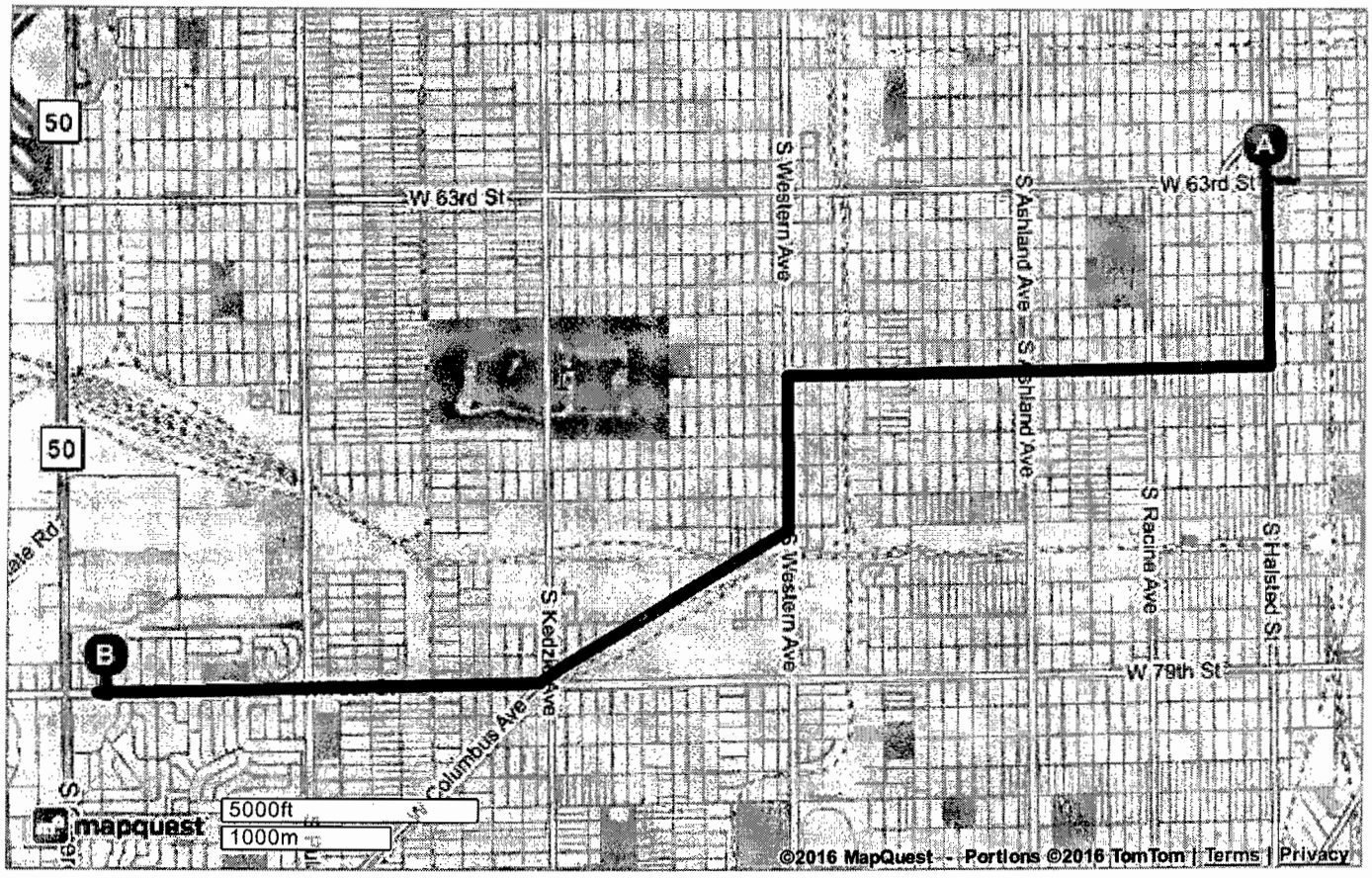
**4651 W 79th St**

Chicago, IL 60652-1125

6.52 miles / 16 minutes

Notes

TO U.S. RENAL SCOTTSDALE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

150

mapquest

Trip to:

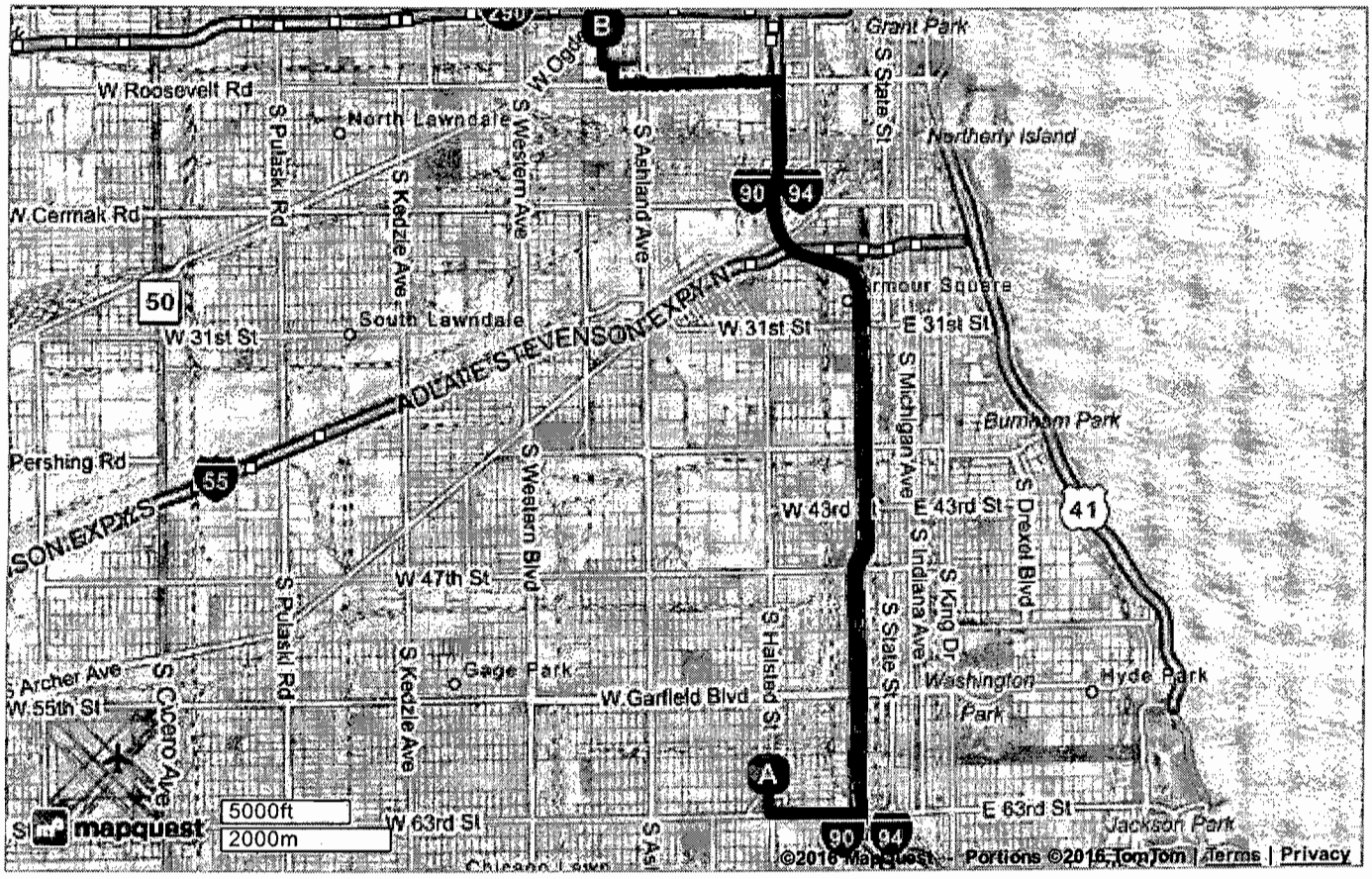
**1859 W Taylor St**

Chicago, IL 60612-4795

8.86 miles / 16 minutes

Notes

TO UNIVERSITY OF ILLINOIS HOSPITAL DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

151

mapquest

Trip to:

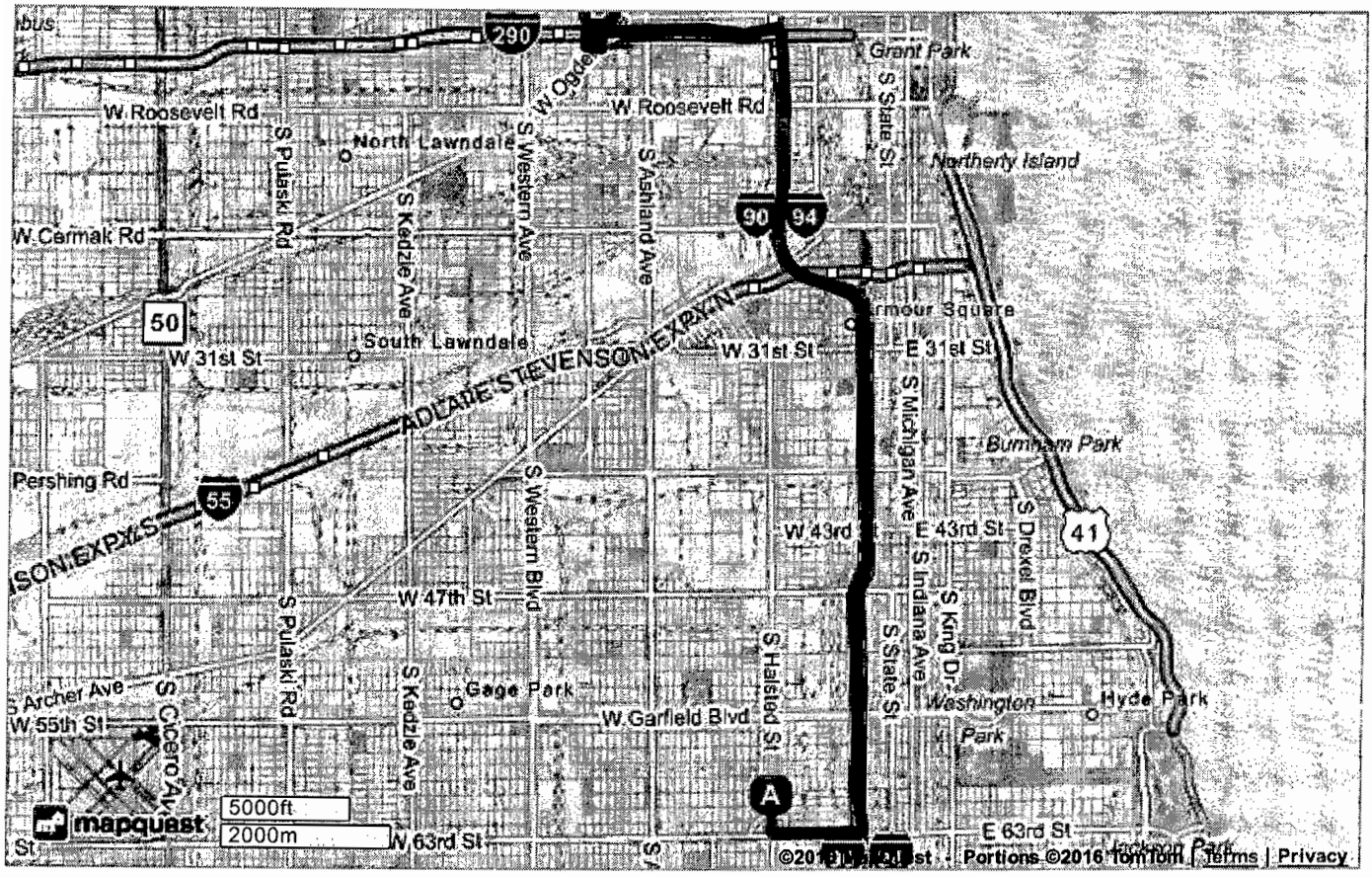
**1901 W Harrison St**

Chicago, IL 60612-3714

9.77 miles / 16 minutes

Notes

TO STROGER-COOK COUNTY HOSPITAL DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

152

mapquest

Trip to:

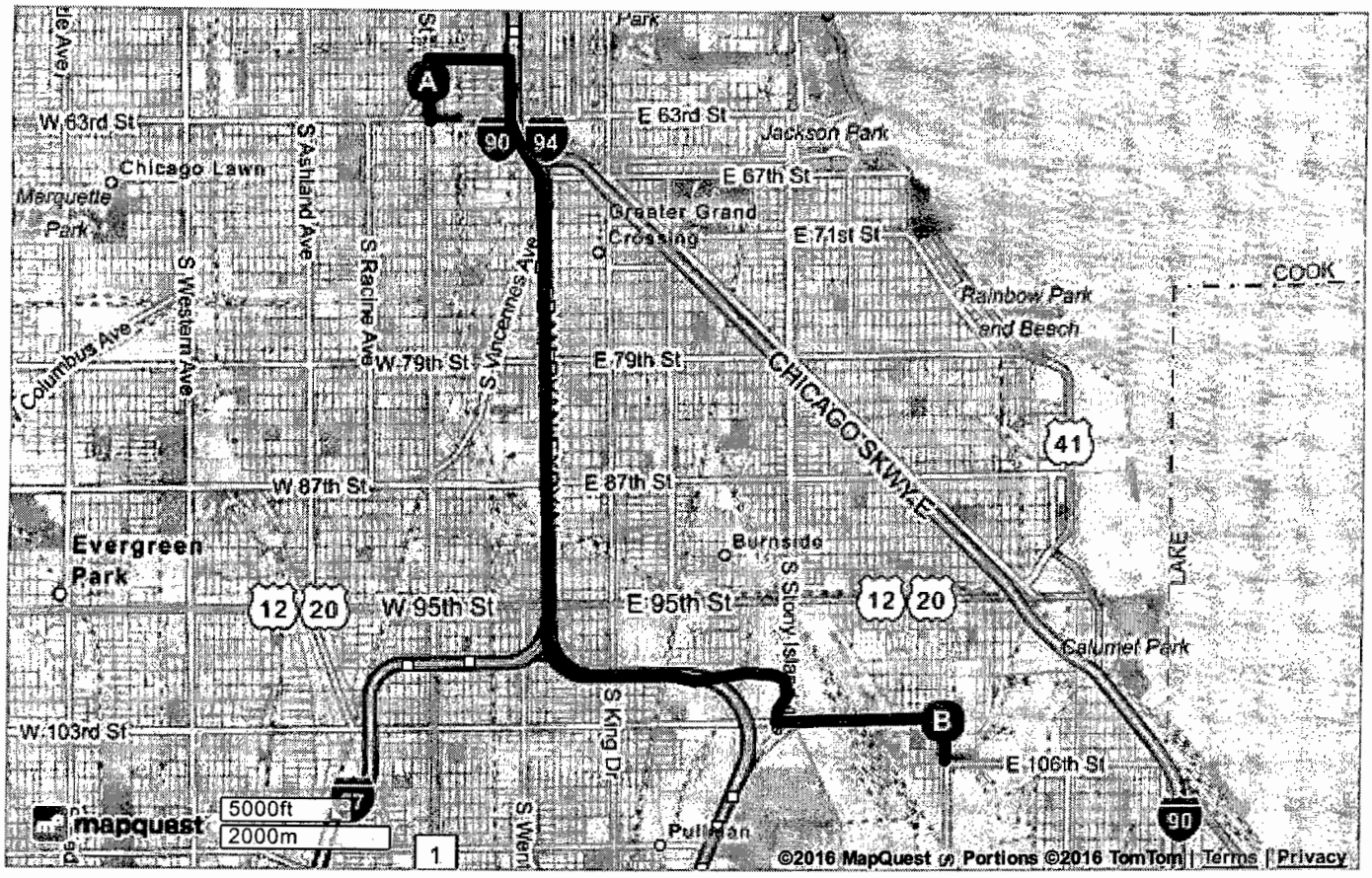
**10559 S Torrence Ave**

Chicago, IL 60617-6154

10.44 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH DEERING




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

153

mapquest

Trip to:

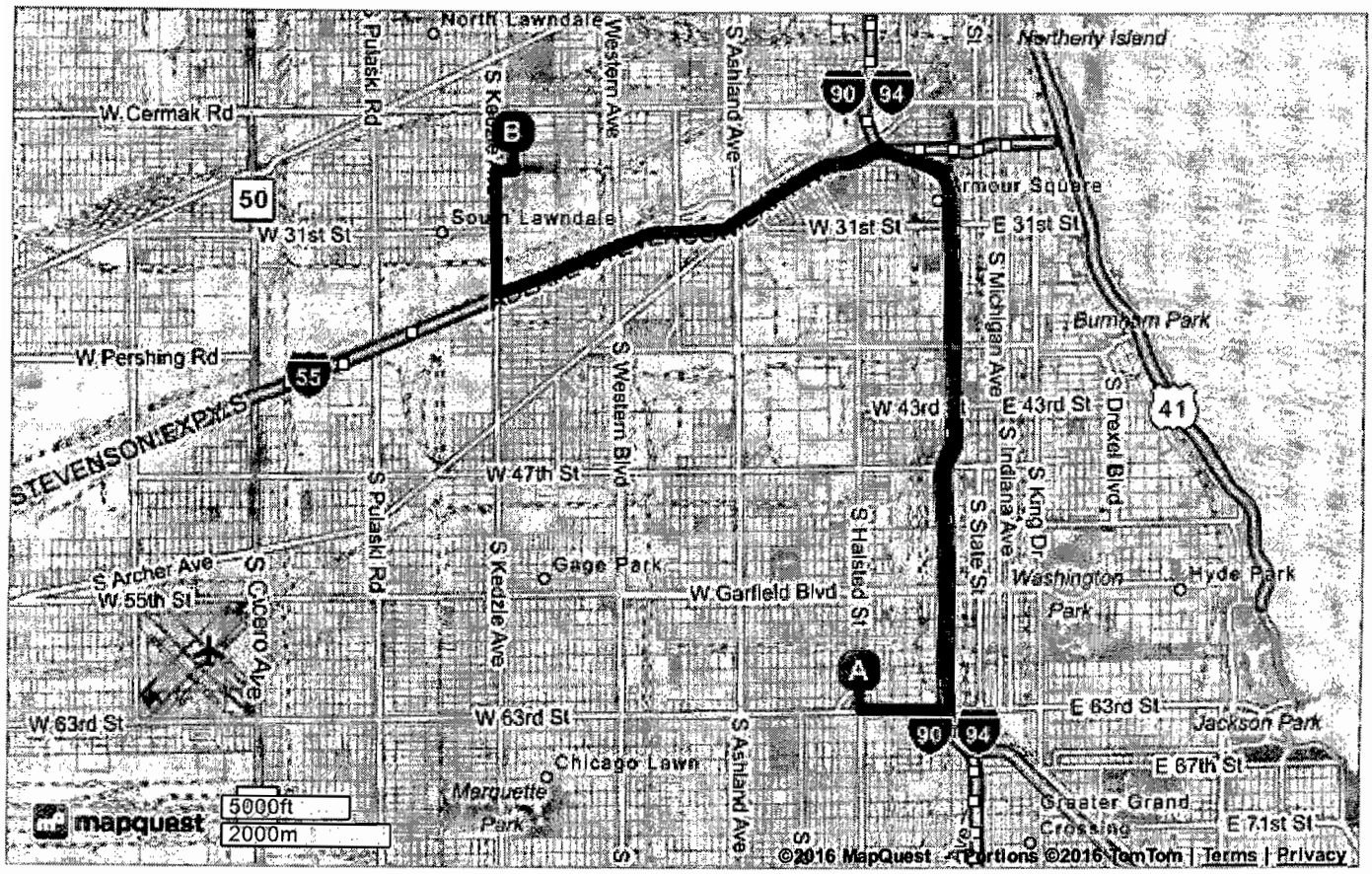
**3059 W 26th St**

Chicago, IL 60623-4131

10.49 miles / 15 minutes

Notes

TO SAH DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

154

mapquest

Trip to:

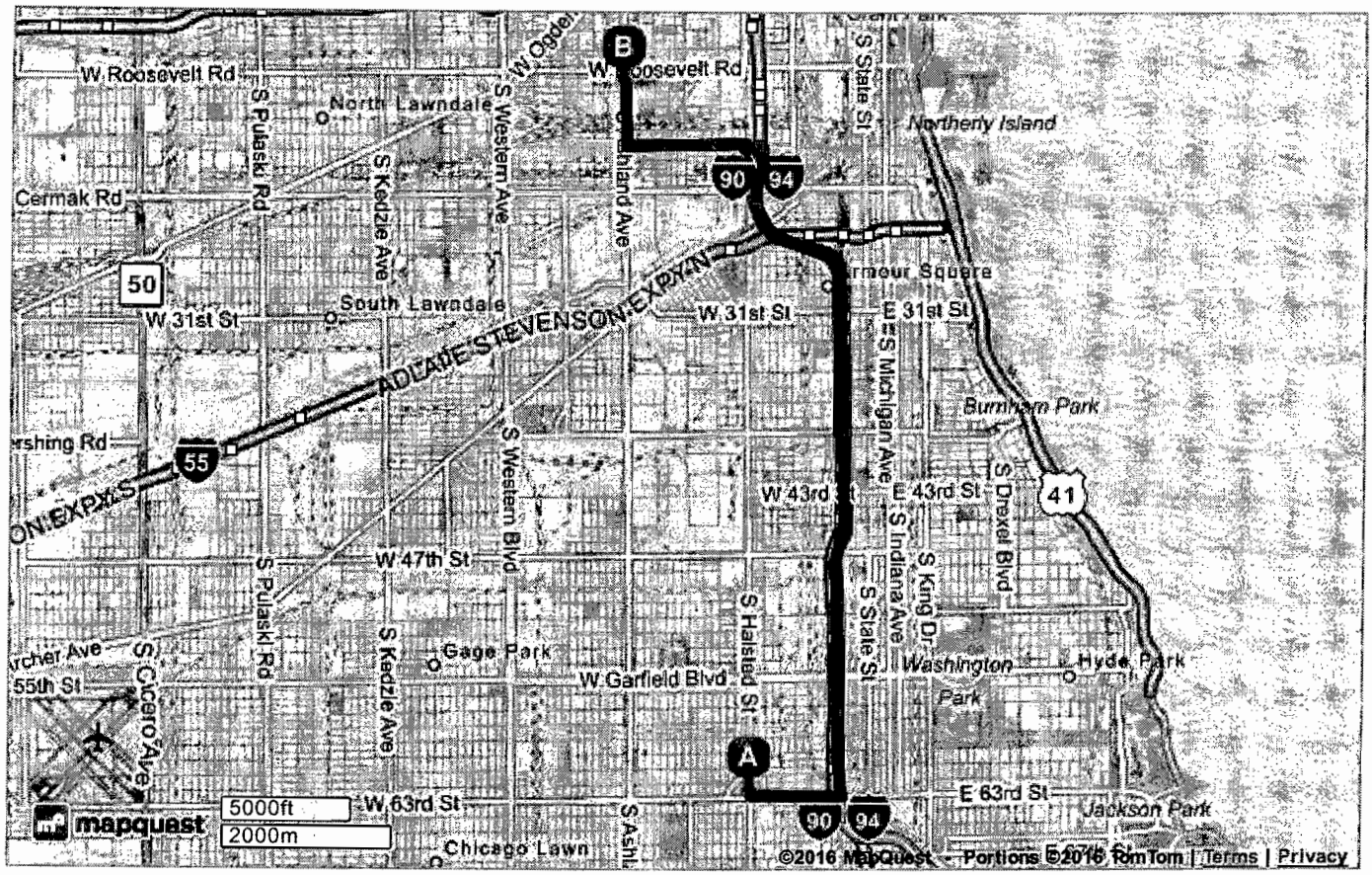
**1600 W 13th St**

Chicago, IL 60608-1304

8.27 miles / 17 minutes

Notes

TO DAVITA WEST SIDE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

155

mapquest

Trip to:

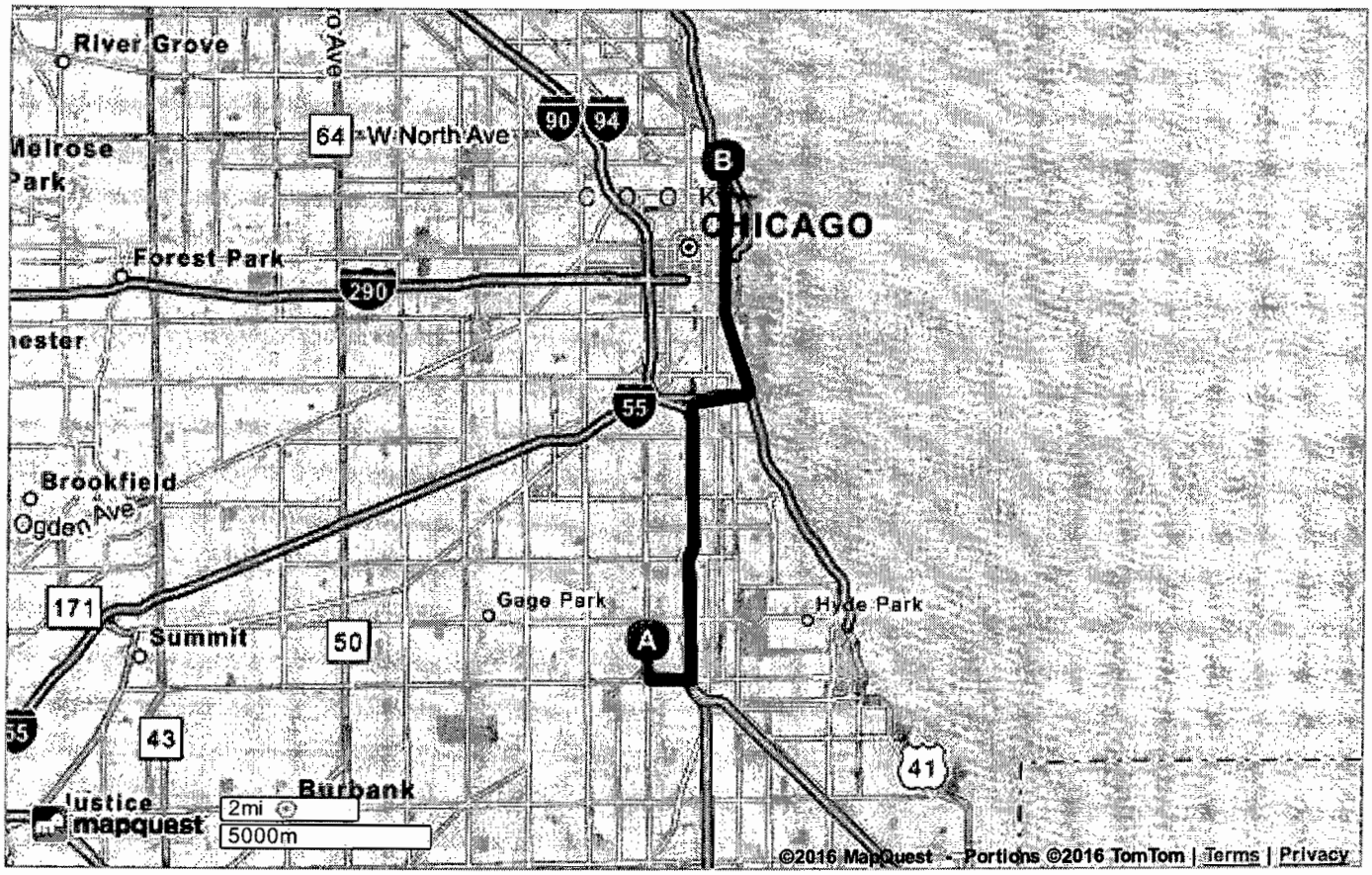
**710 N Fairbanks Ct**

Chicago, IL 60611-3013

9.62 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTHWESTERN




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

156

mapquest

Trip to:

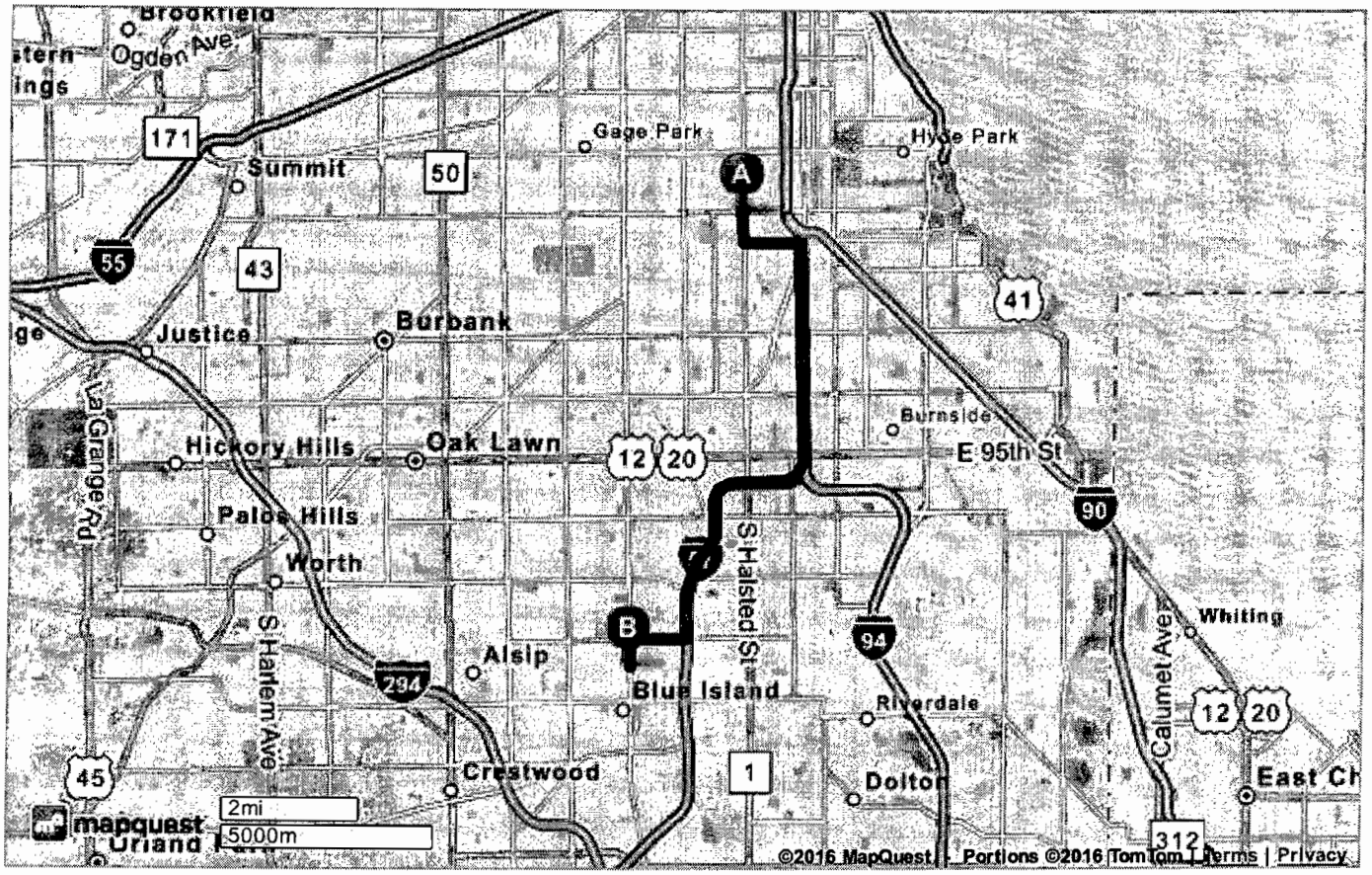
**12200 Western Ave**

Blue Island, IL 60406-1330

10.72 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

157

mapquest

Trip to:

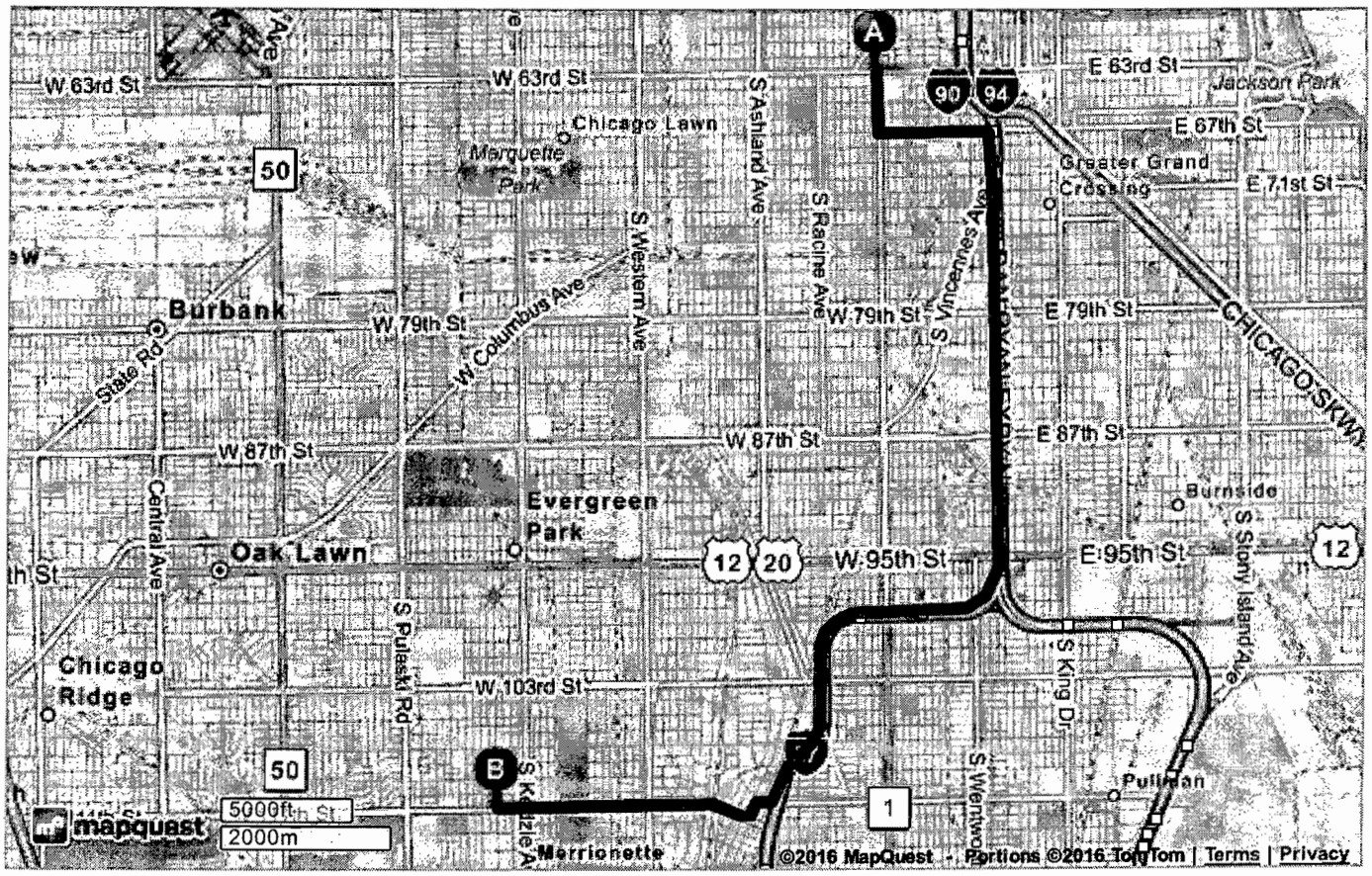
**3401 W 111th St**

Chicago, IL 60655-3329

10.74 miles / 17 minutes

Notes

TO DAVITA MT. GREENWOOD DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

158

mapquest

Trip to:

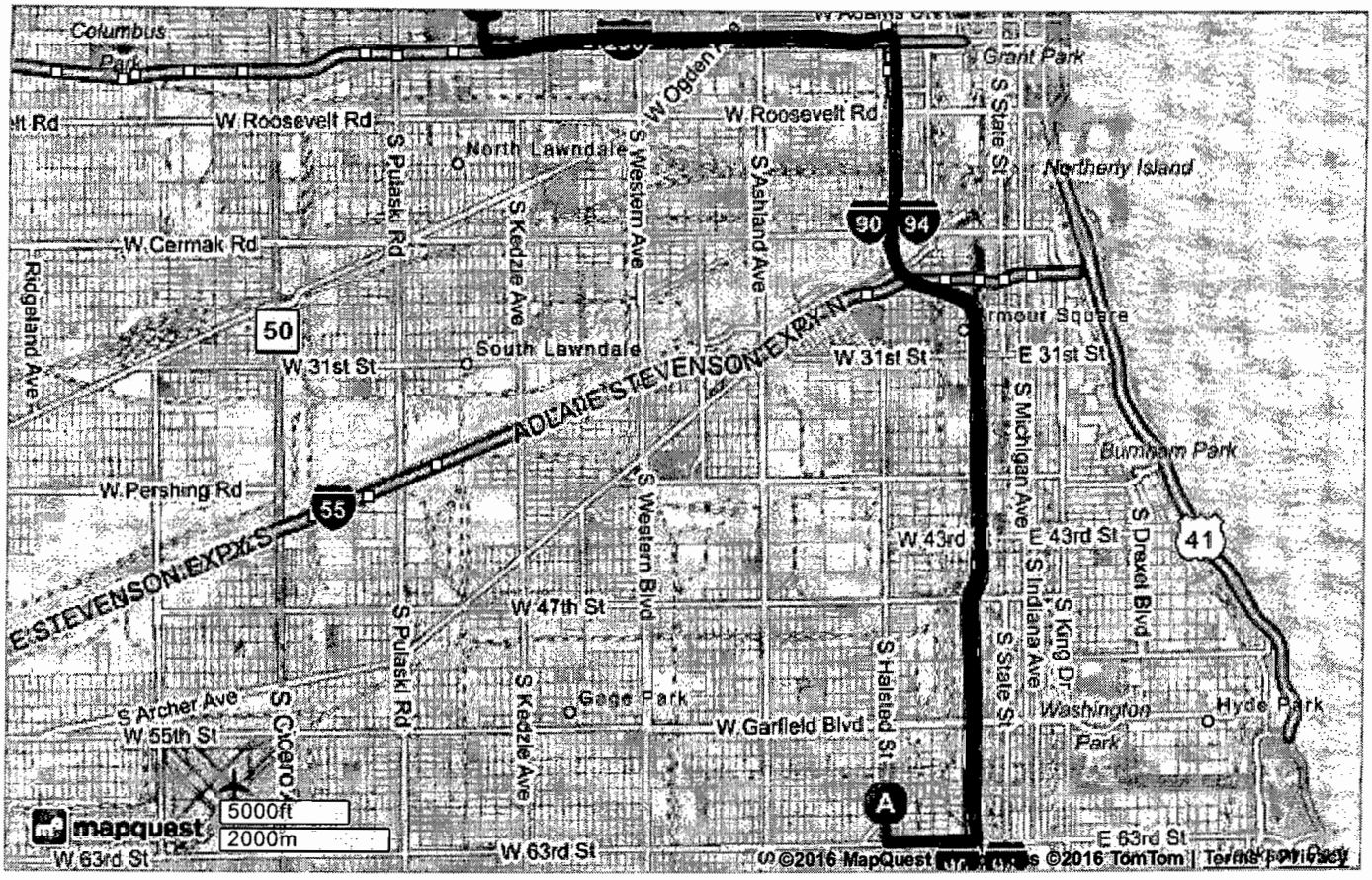
**3410 W Van Buren St**

Chicago, IL 60624-3358

11.36 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE CONGRESS PARKWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

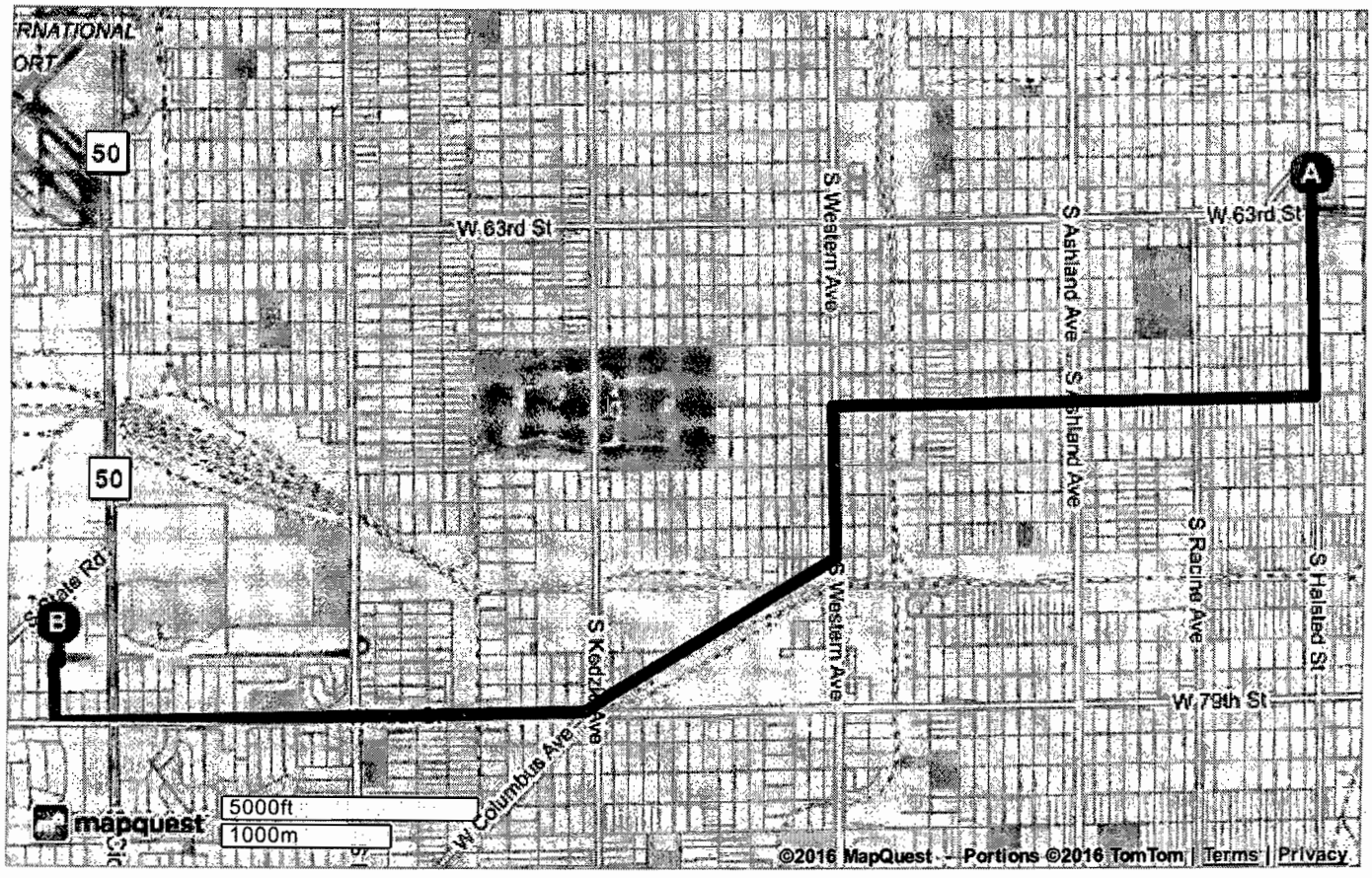
**4811 W 77th St**

Burbank, IL 60459-1586

7.13 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE BURBANK




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

160

mapquest

Trip to:

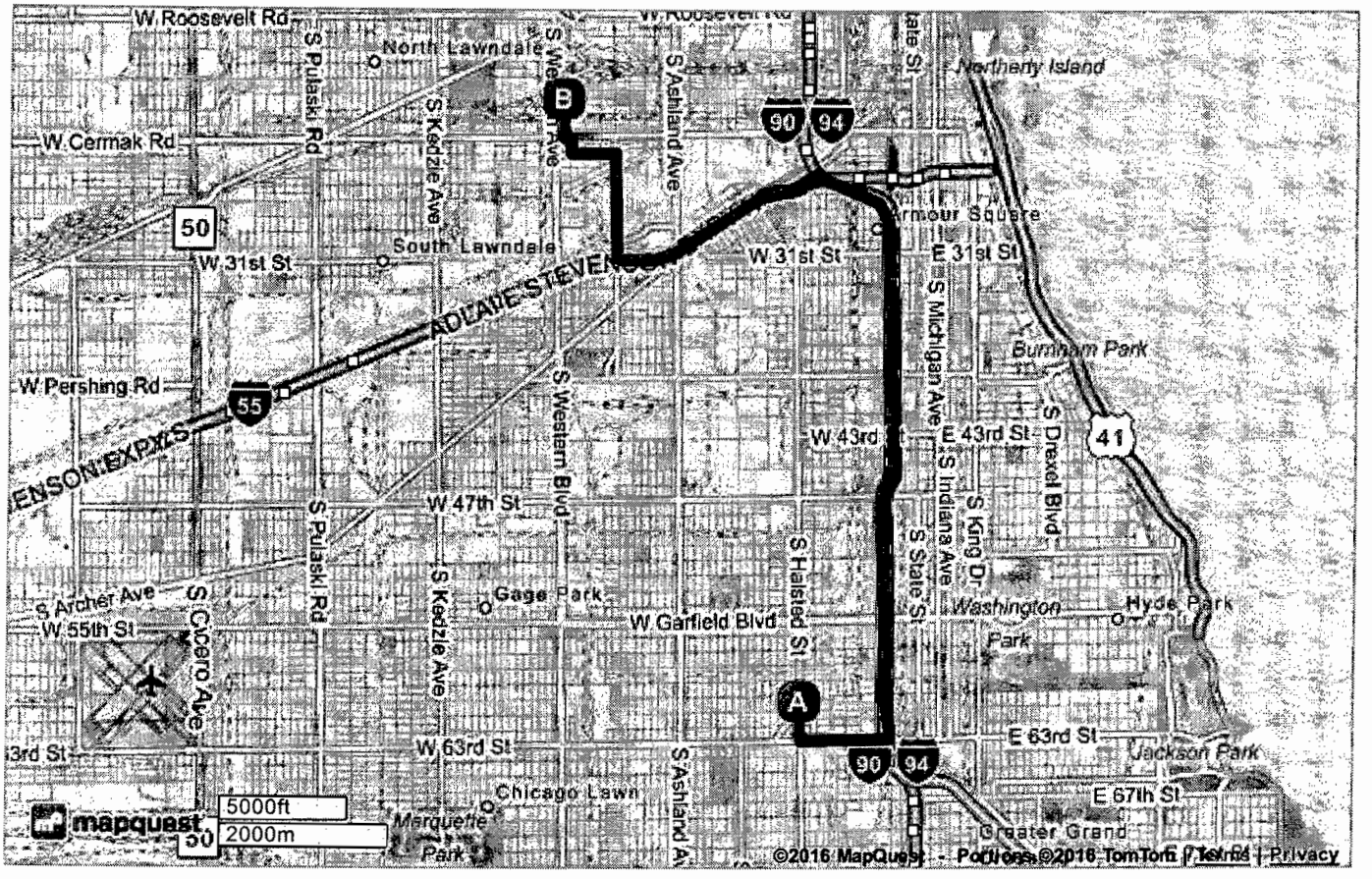
**2335 W Cermak Rd**

Chicago, IL 60608-3811

9.15 miles / 18 minutes

Notes

TO DAVITA LITTLE VILLAGE




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

161

mapquest

Trip to:

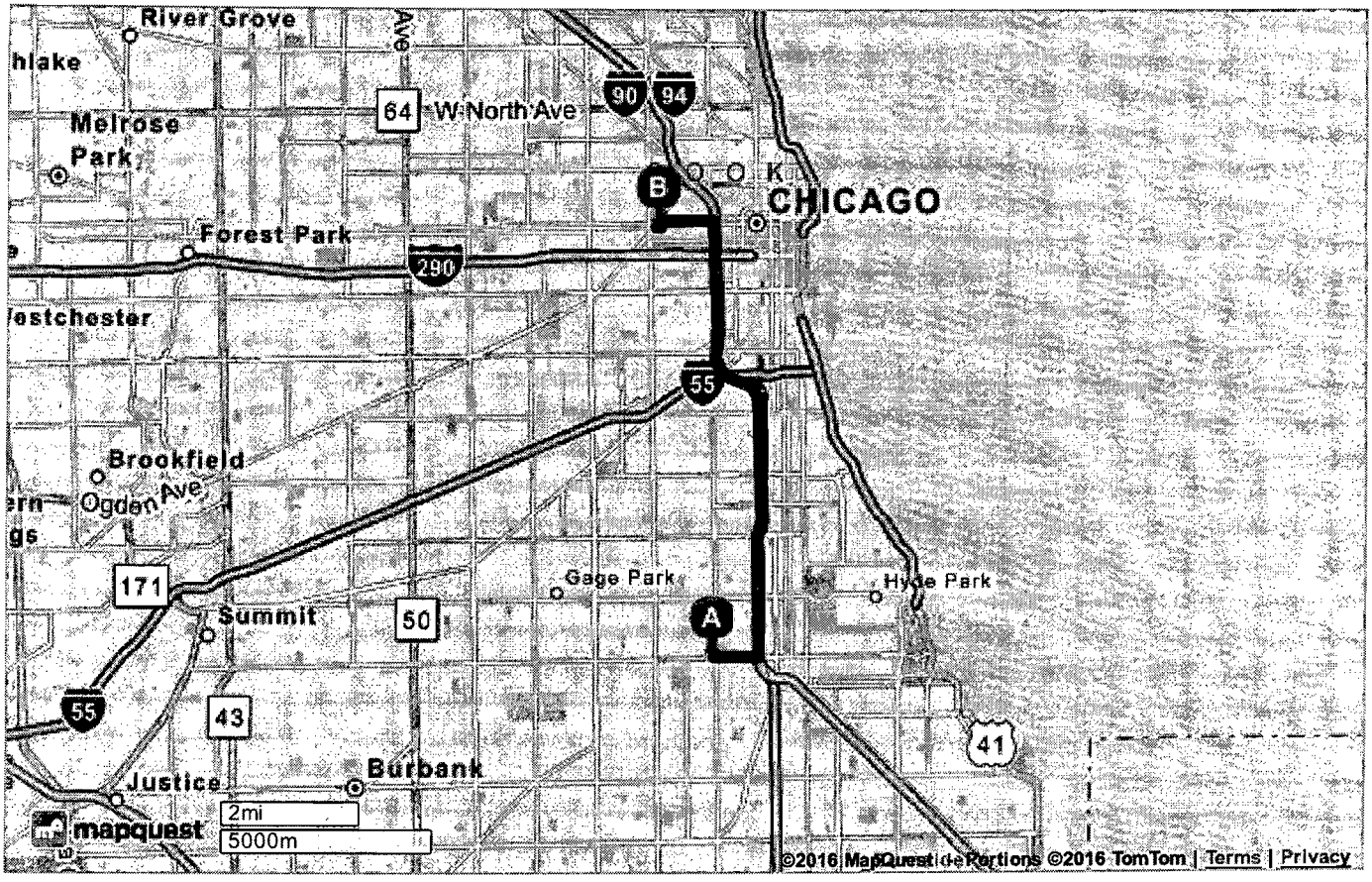
**1426 W Washington Blvd**

Chicago, IL 60607-1821

9.51 miles / 16 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT DIALYSIS




©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. View Terms of Use

162

MapQuest Travel Times
APPENDIX - 1

mapquest

Notes

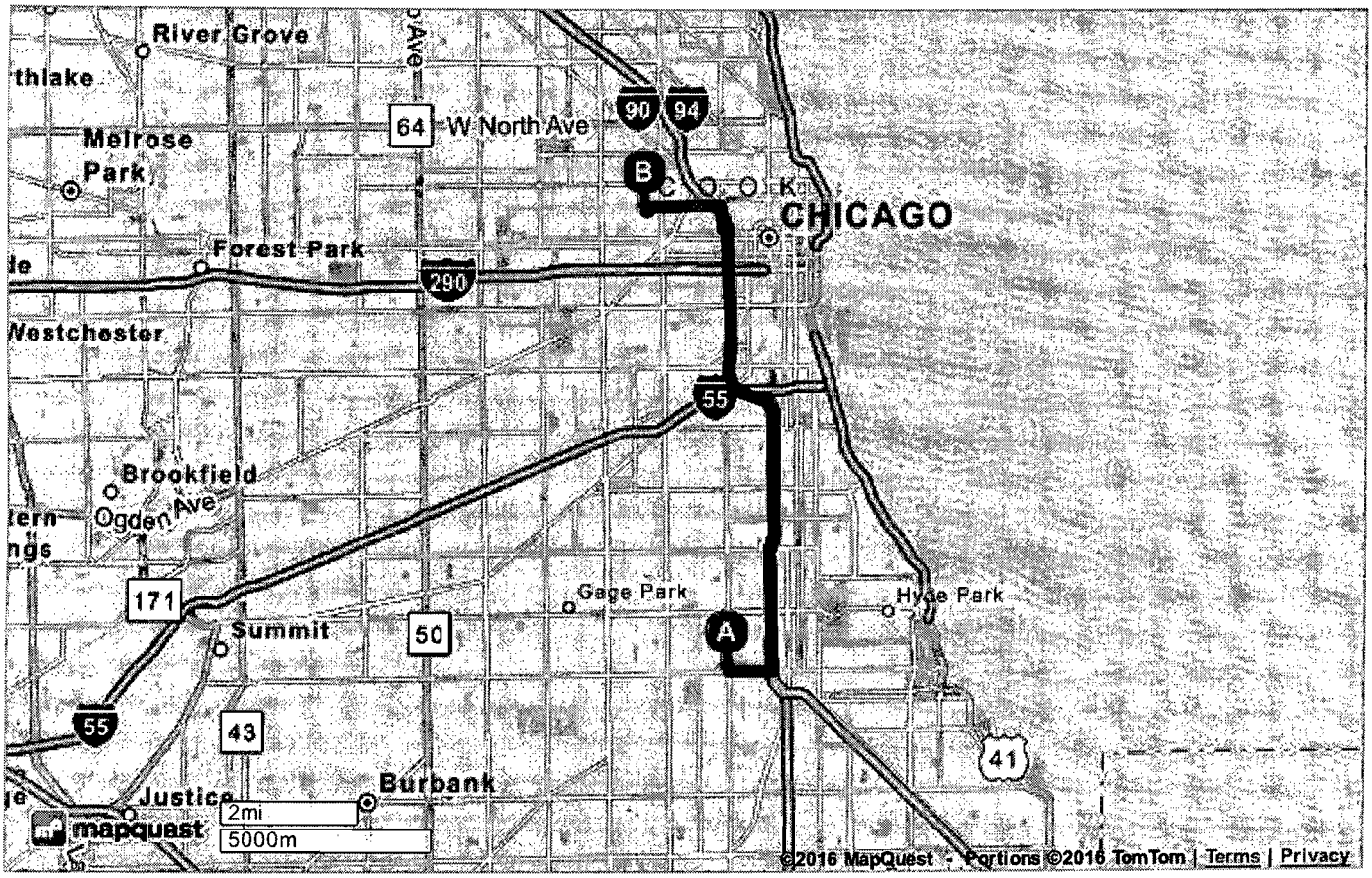
TO FRESENIUS MEDICAL CARE CHICAGO

Trip to:

**1806 W Hubbard St**

Chicago, IL 60622-6235

10.33 miles / 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. View Terms of Use

163

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

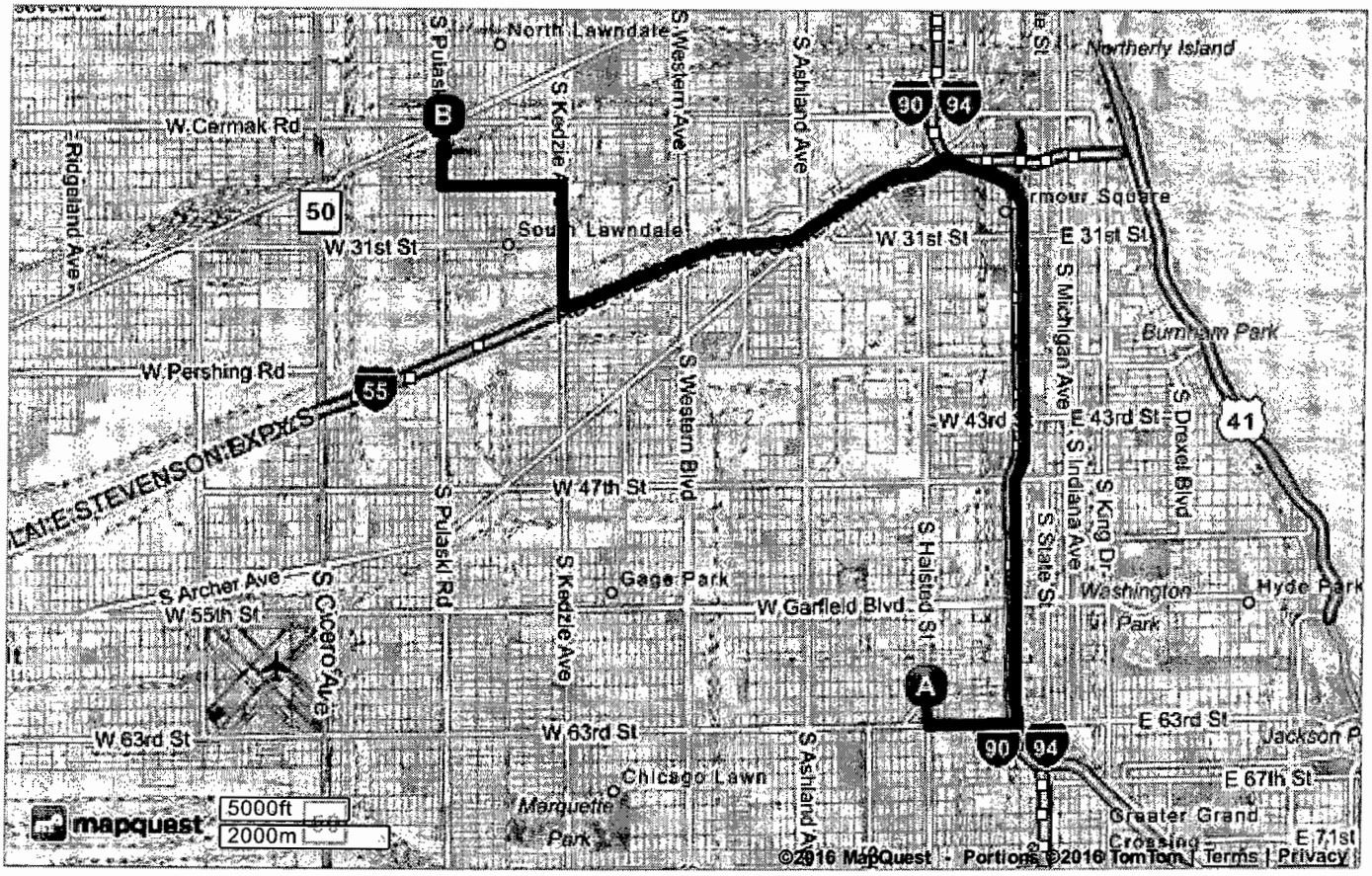
**3934 W 24th St**

Chicago, IL 60623-3073

11.66 miles / 20 minutes

Notes

TO DAVITA LAWNDALE DIALYSIS




©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. View Terms of Use

164

MapQuest Travel Times

APPENDIX - 1

mapquest

Notes

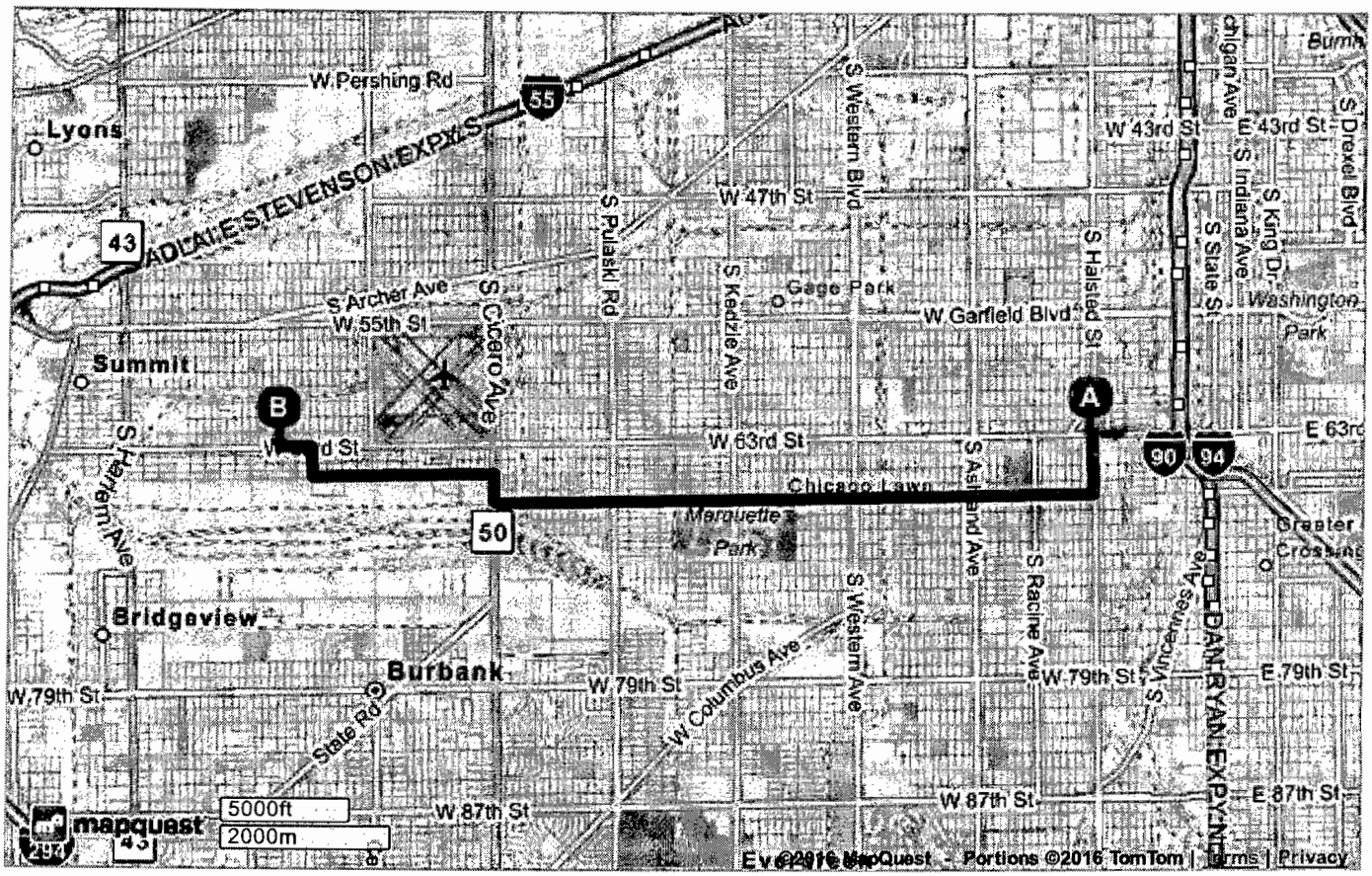
TO FRESENIUS MEDICAL CARE MIDWAY

Trip to:

**6201 W 63rd St**

Chicago, IL 60638-5009

7.80 miles / 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. View Terms of Use

mapquest

Trip to:

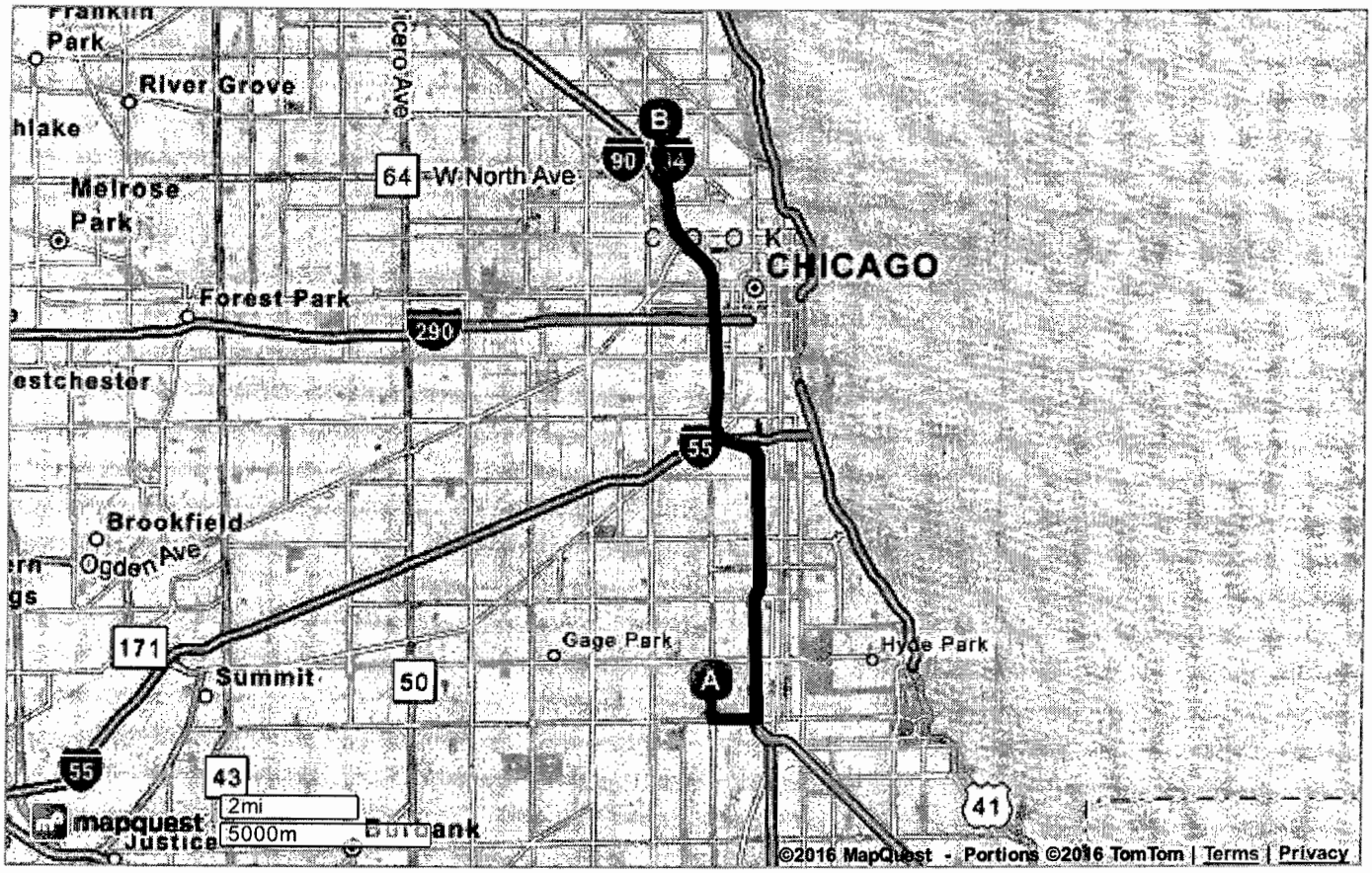
**1444 W Willow St**

Chicago, IL 60642-1524

10.98 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST WILLOW




©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. View Terms of Use

166

MapQuest Travel Times
APPENDIX - 1

mapquest

Notes

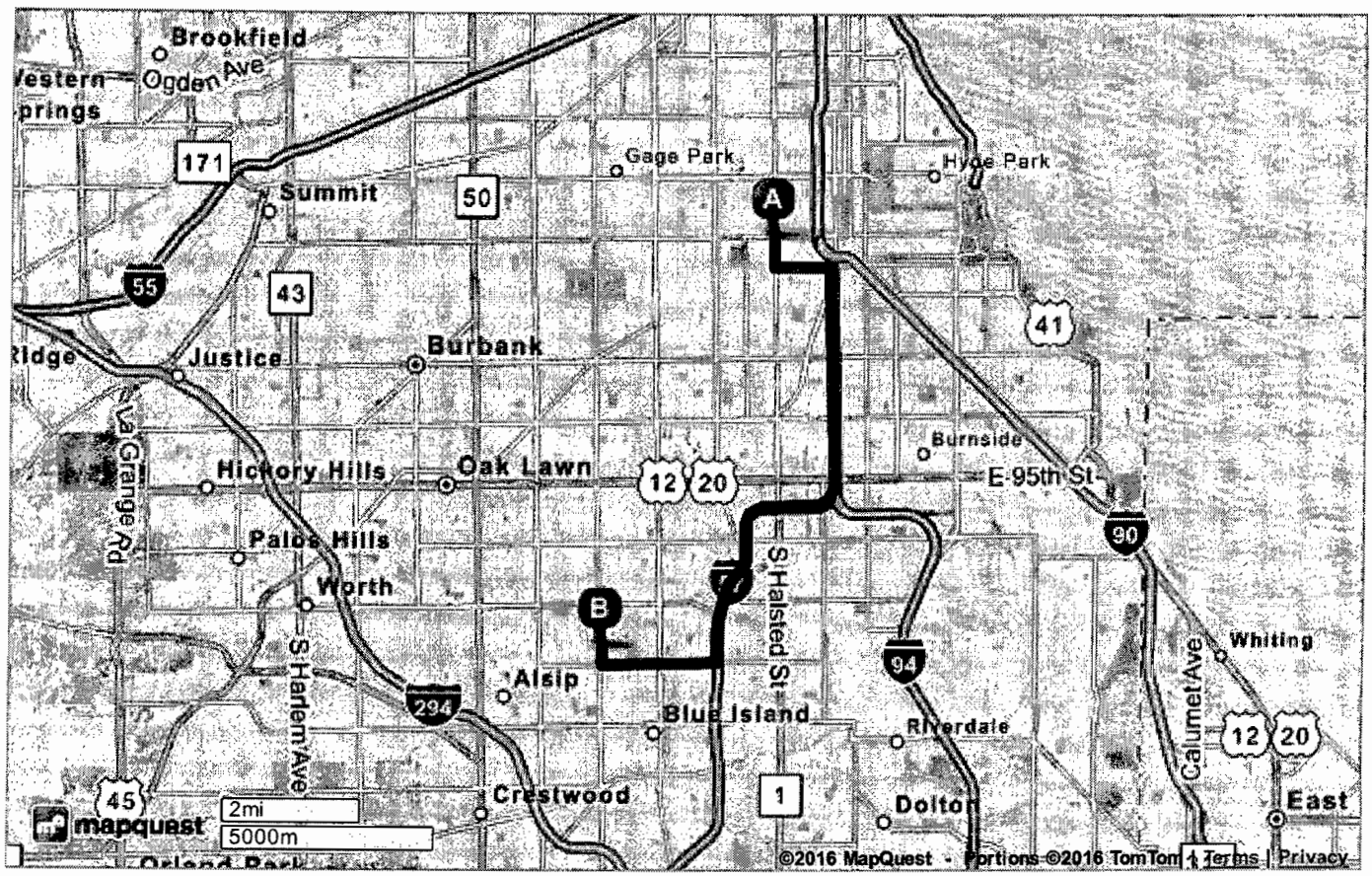
TO FRESENIUS MEDICAL CARE MERRIONETTE PARK

Trip to:

**11650 S Kedzie Ave**

Merrionette Park, IL 60803-6302

11.56 miles / 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. View Terms of Use

167

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

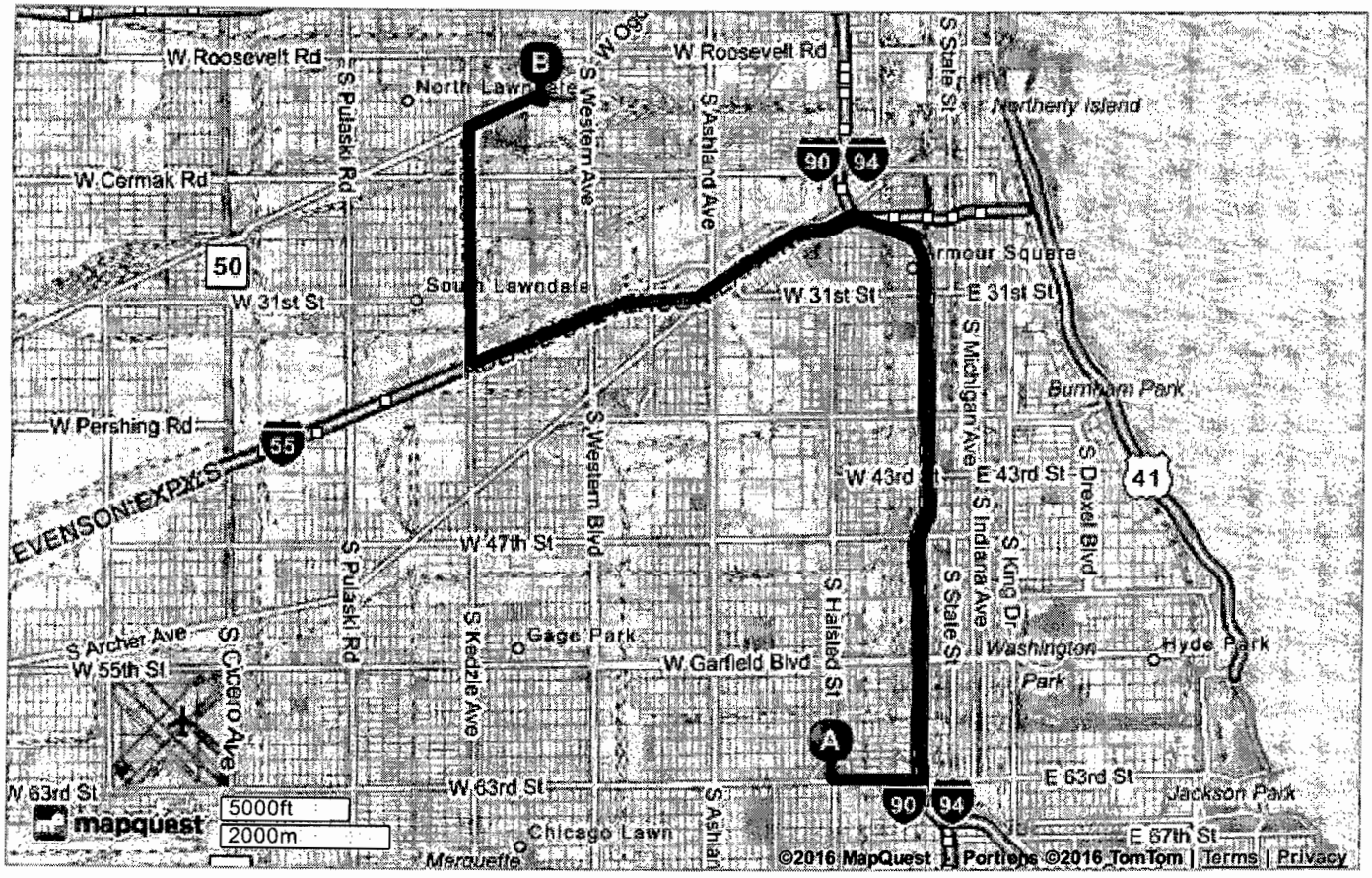
**2700 W 15th St**

Chicago, IL 60608-1610

11.97 miles / 19 minutes

Notes

TO MT. SINAI HOSPITAL DIALYSIS




©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. View Terms of Use

168

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

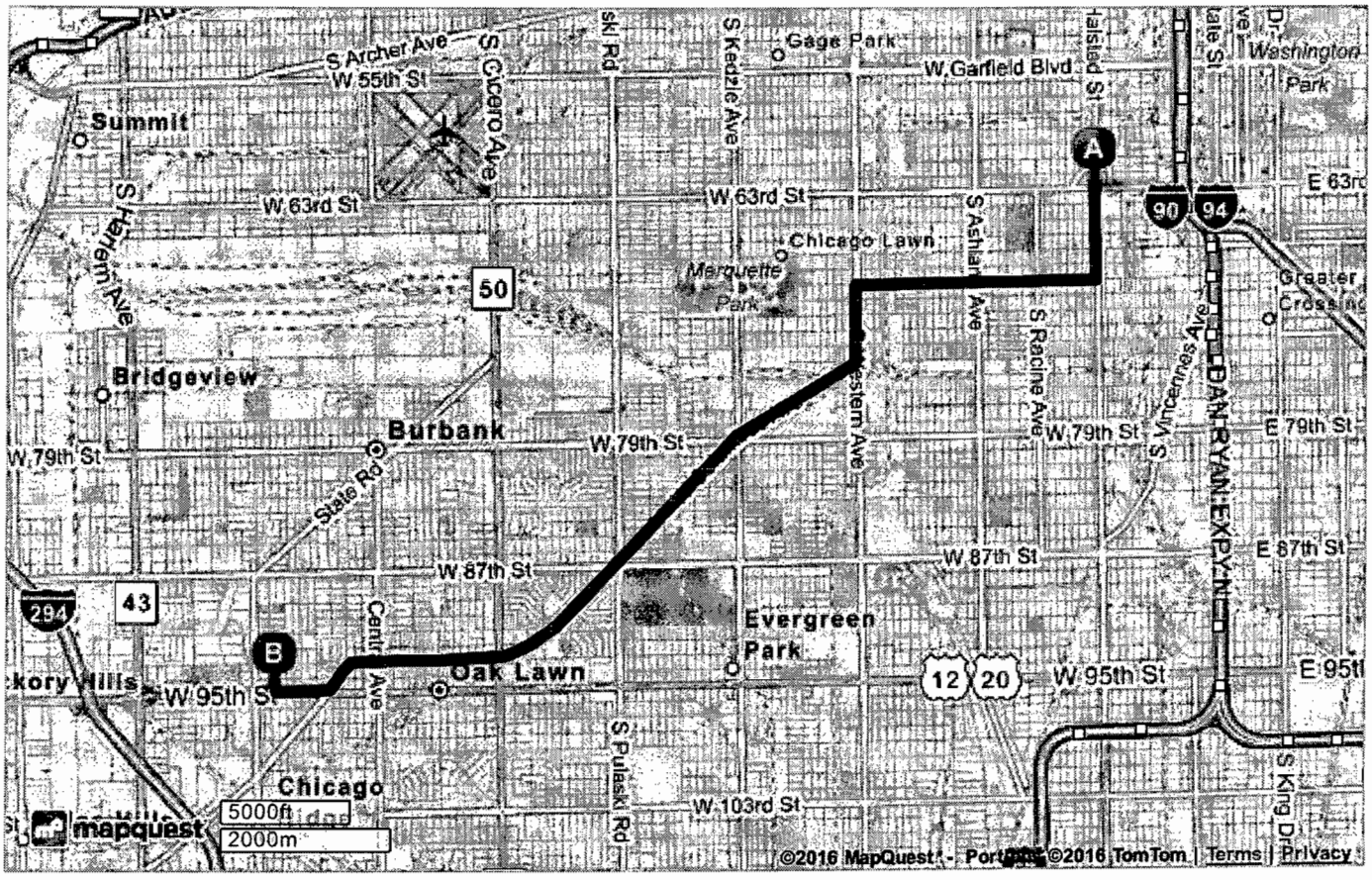
**6246 W 95th St**

Oak Lawn, IL 60453-2702

9.28 miles / 20 minutes

Notes

TO DAVITA STONY CREEK




©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. View Terms of Use

169

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

## 2484 N Elston Ave

Chicago, IL 60647-2002

11.98 miles / 20 minutes

Notes

TO DAVITA LINCOLN PARK

©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

170

mapquest

Trip to:

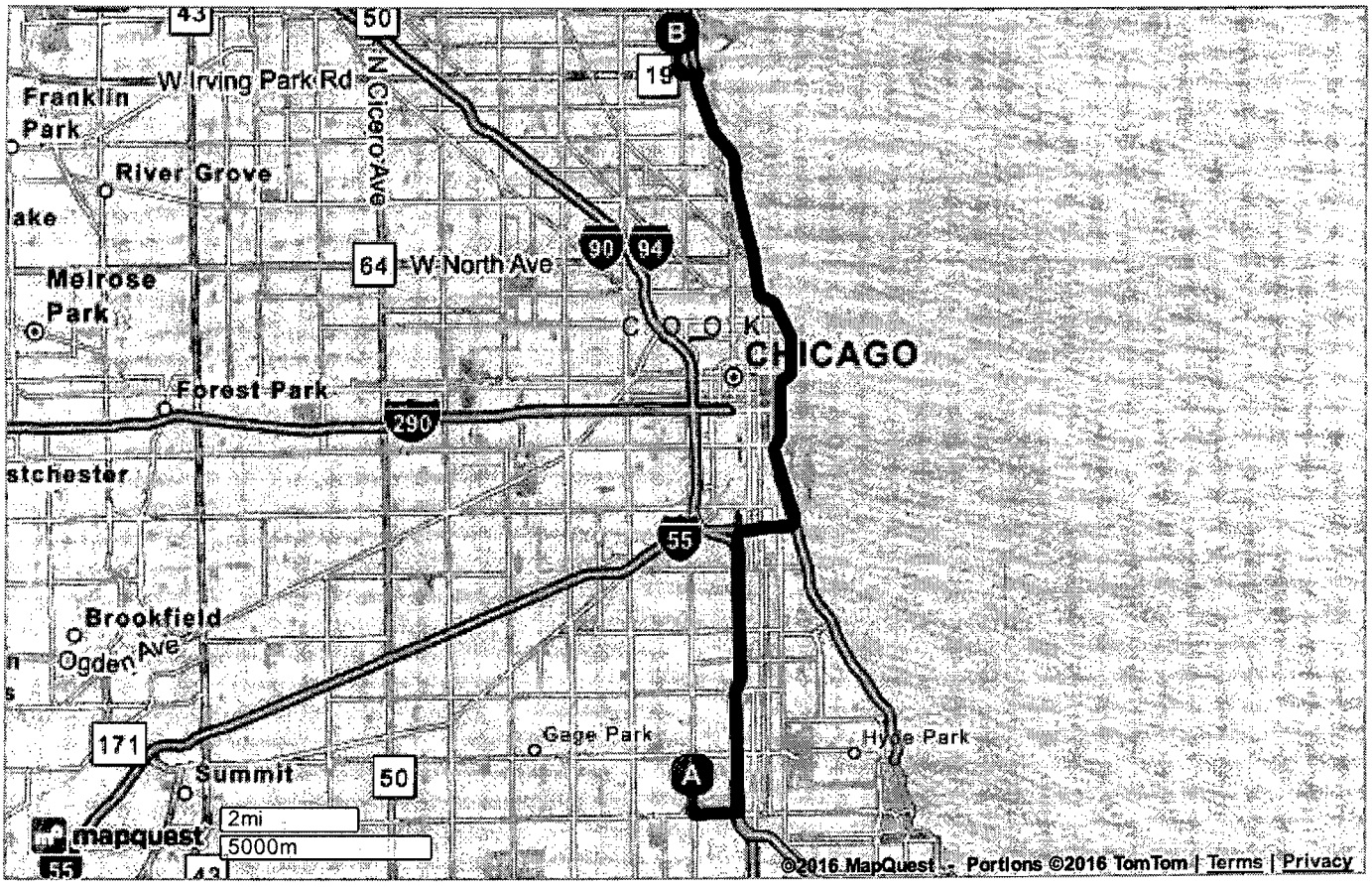
**4008 N Broadway St**

Chicago, IL 60613-2111

14.64 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE LAKEVIEW




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

171

mapquest

Notes

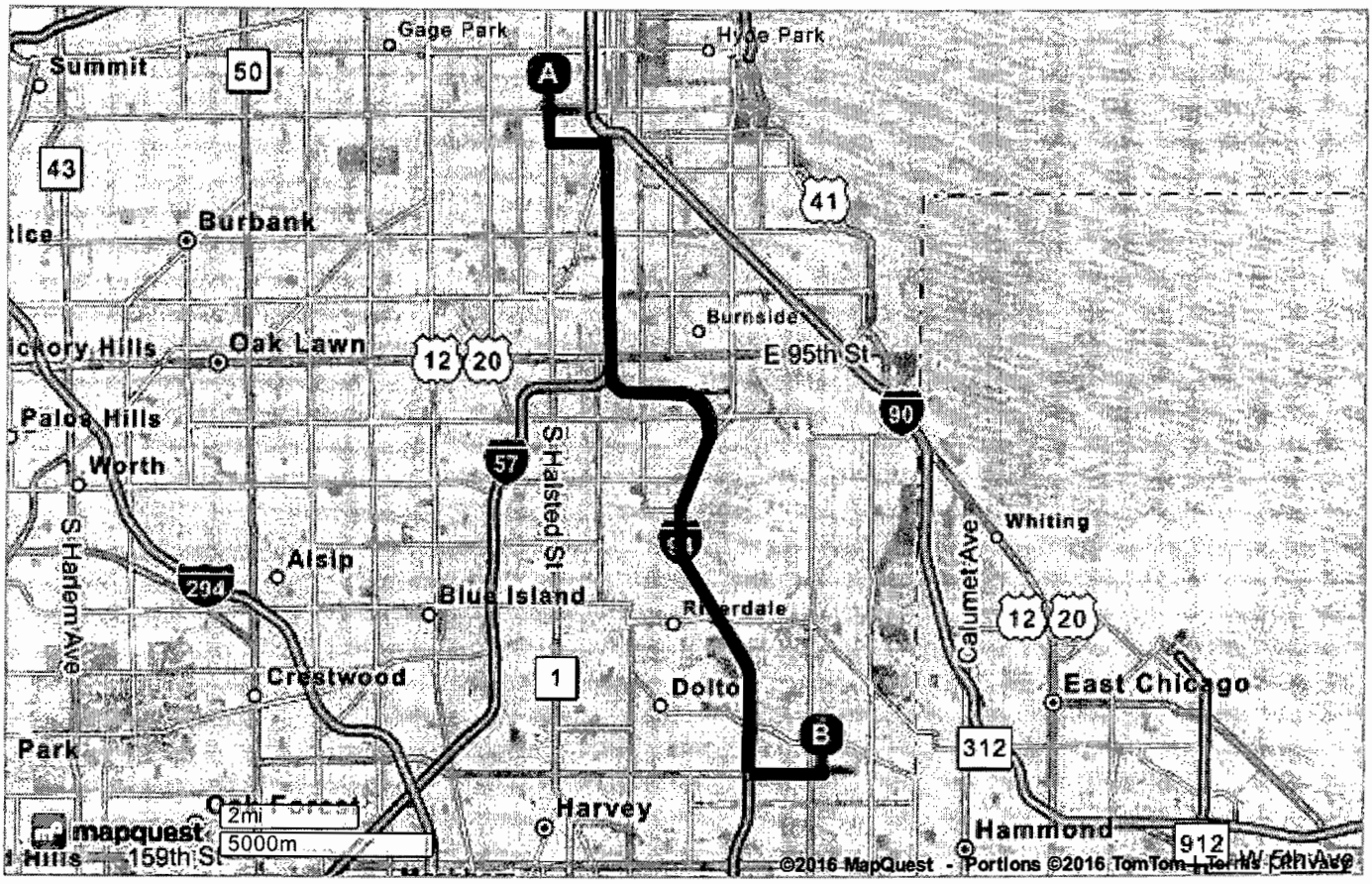
TO DAVITA CALUMET CITY DIALYSIS

Trip to:

**1200 Sibley Blvd**

Calumet City, IL 60409-2327

15.04 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

172

mapquest

Trip to:

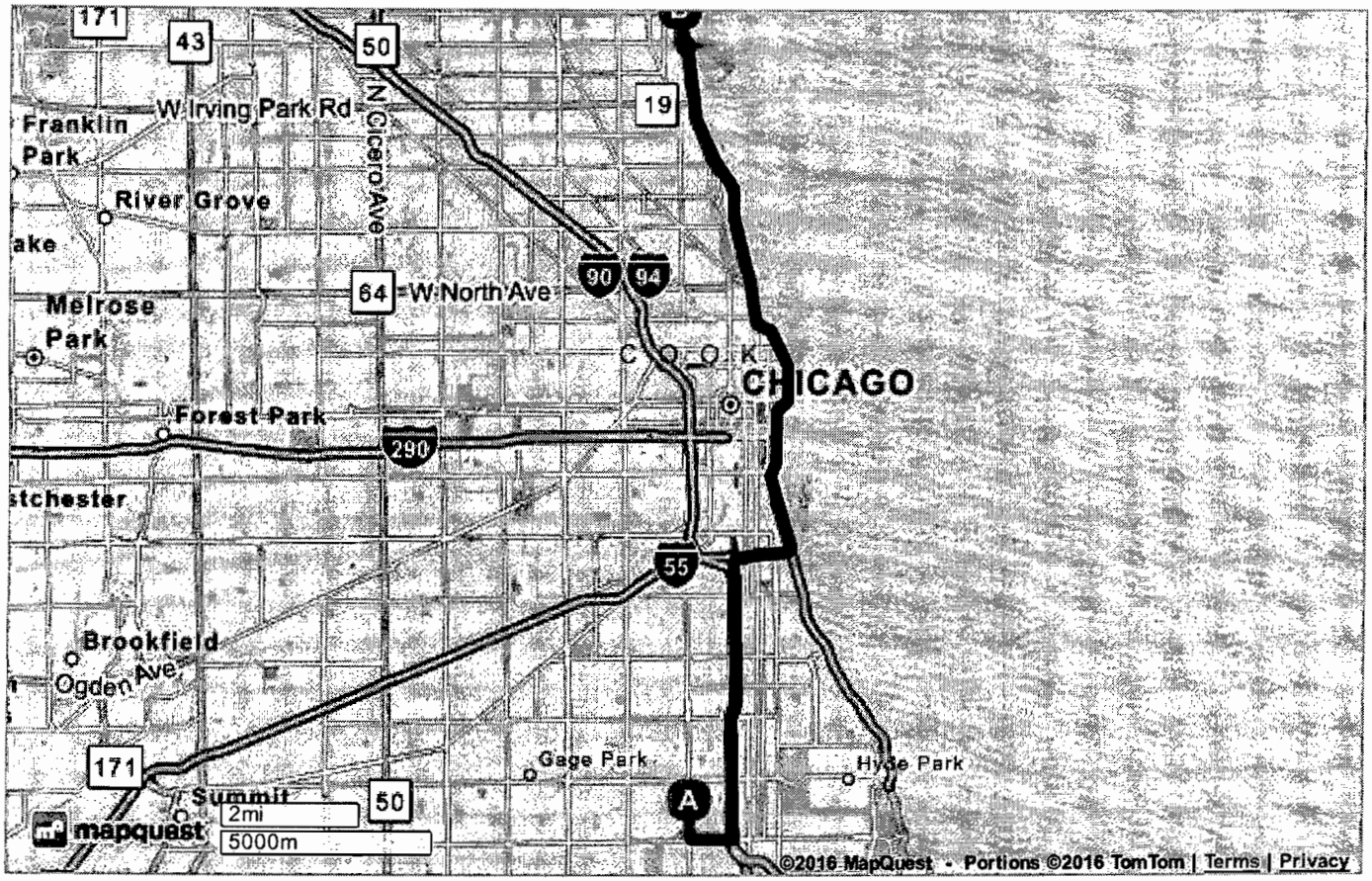
**4720 N Marine Dr**

Chicago, IL 60640-5120

15.54 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE UPTOWN




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

173

mapquest

Trip to:

**3520 W Grand Ave**

Chicago, IL 60651-4063

13.19 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE HUMBOLDT PARK

©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

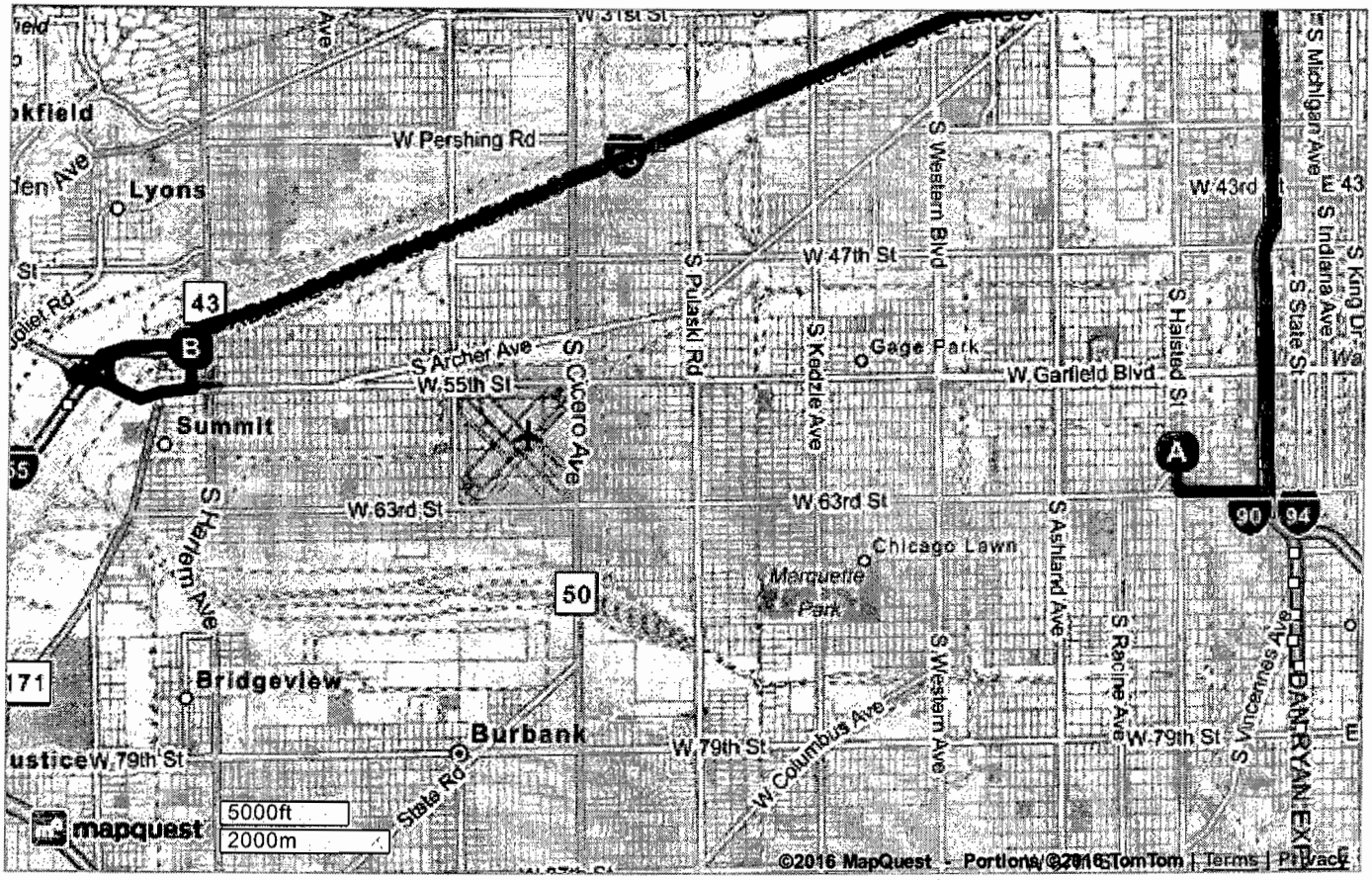
## 7319 Archer Ave

Summit Argo, IL 60501

17.17 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE SUMMIT




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

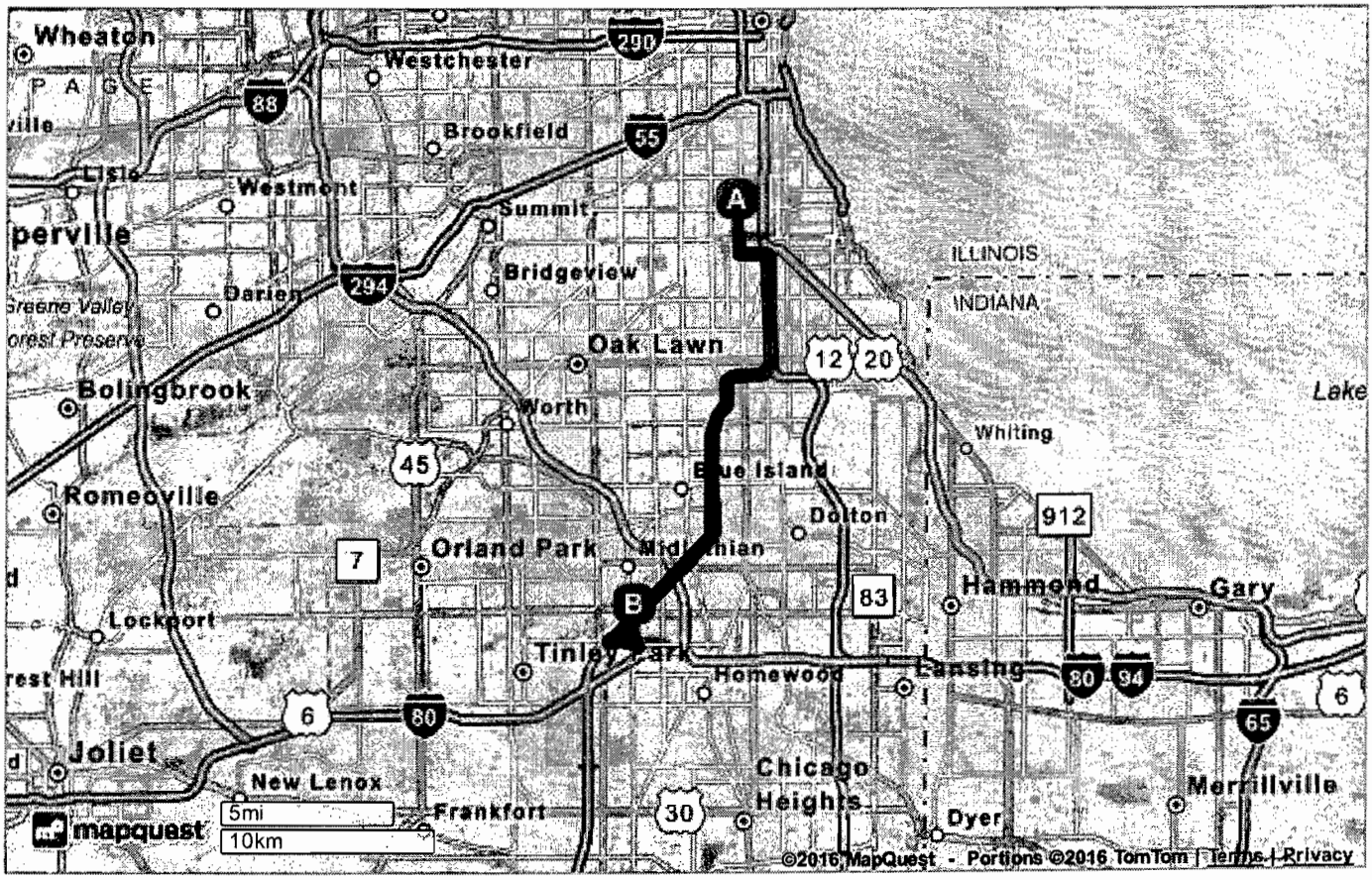
**[3901 - 3999] W 167th St**

Country Club Hills, IL 60478

18.09 miles / 21 minutes

Notes

TO DAVITA COUNTRY HILLS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

176

mapquest

Notes

TO DAVITA GARFIELD DIALYSIS

Trip to:

**3250 W Franklin Blvd**

Chicago, IL 60624-1509

12.72 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

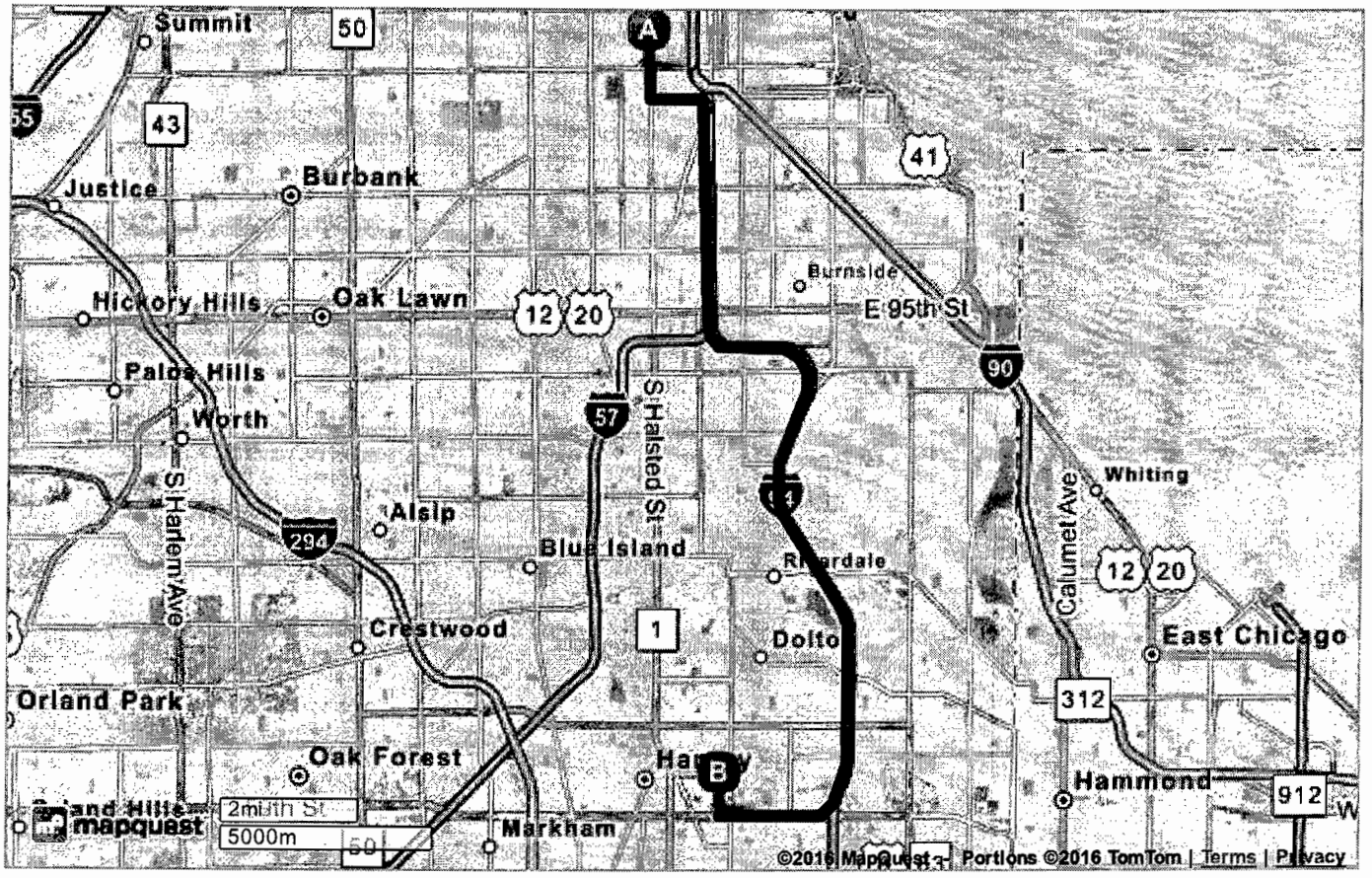
**16100 La Salle St, SOUTH**

South Holland, IL 60473

16.95 miles / 22 minutes

Notes

TO DAVITA SOUTH HOLLAND DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

178

mapquest

Trip to:

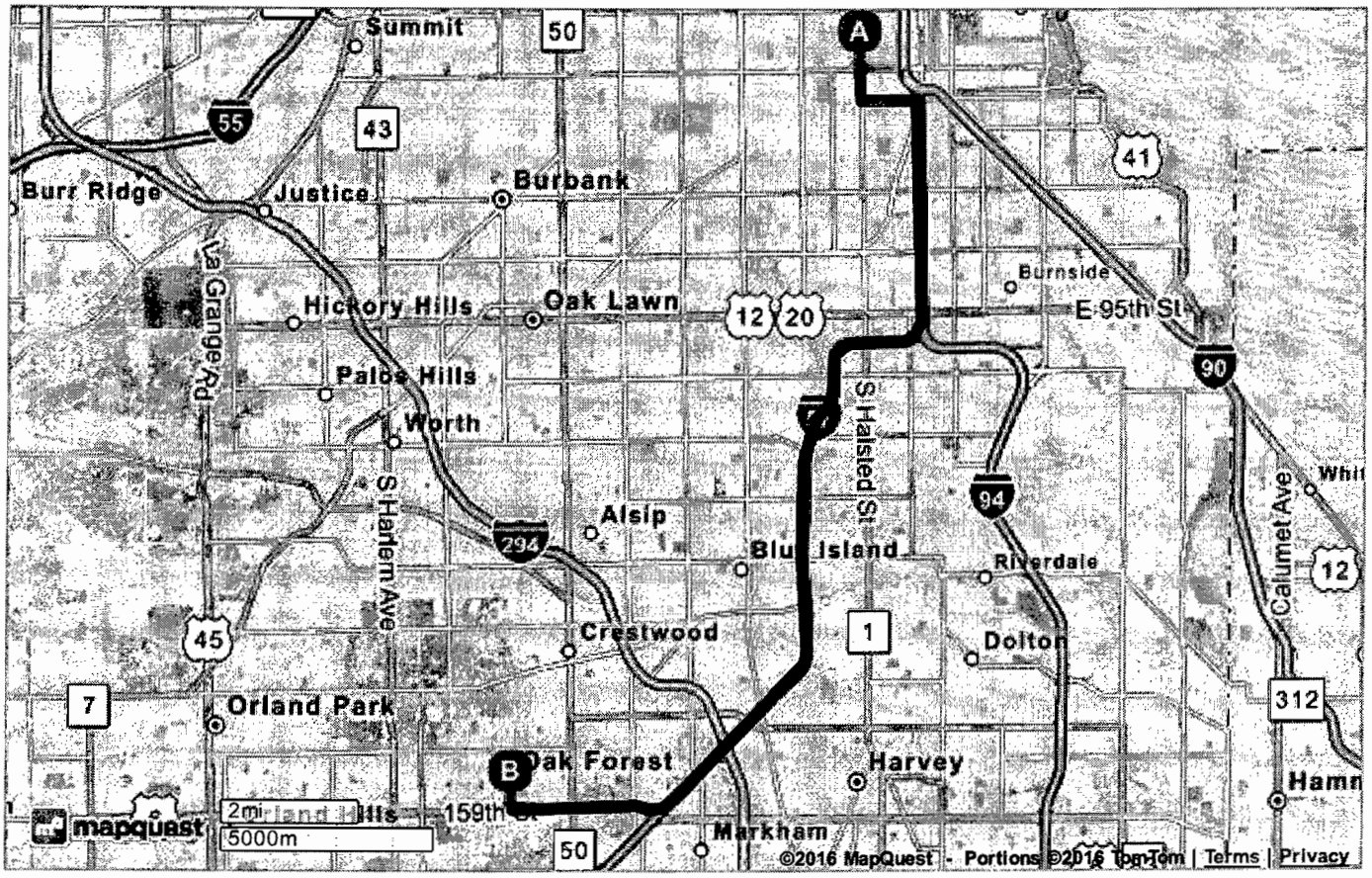
**[5600 - 5600] W 159th St**

Oak Forest, IL 60452-3104

17.96 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK FOREST




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

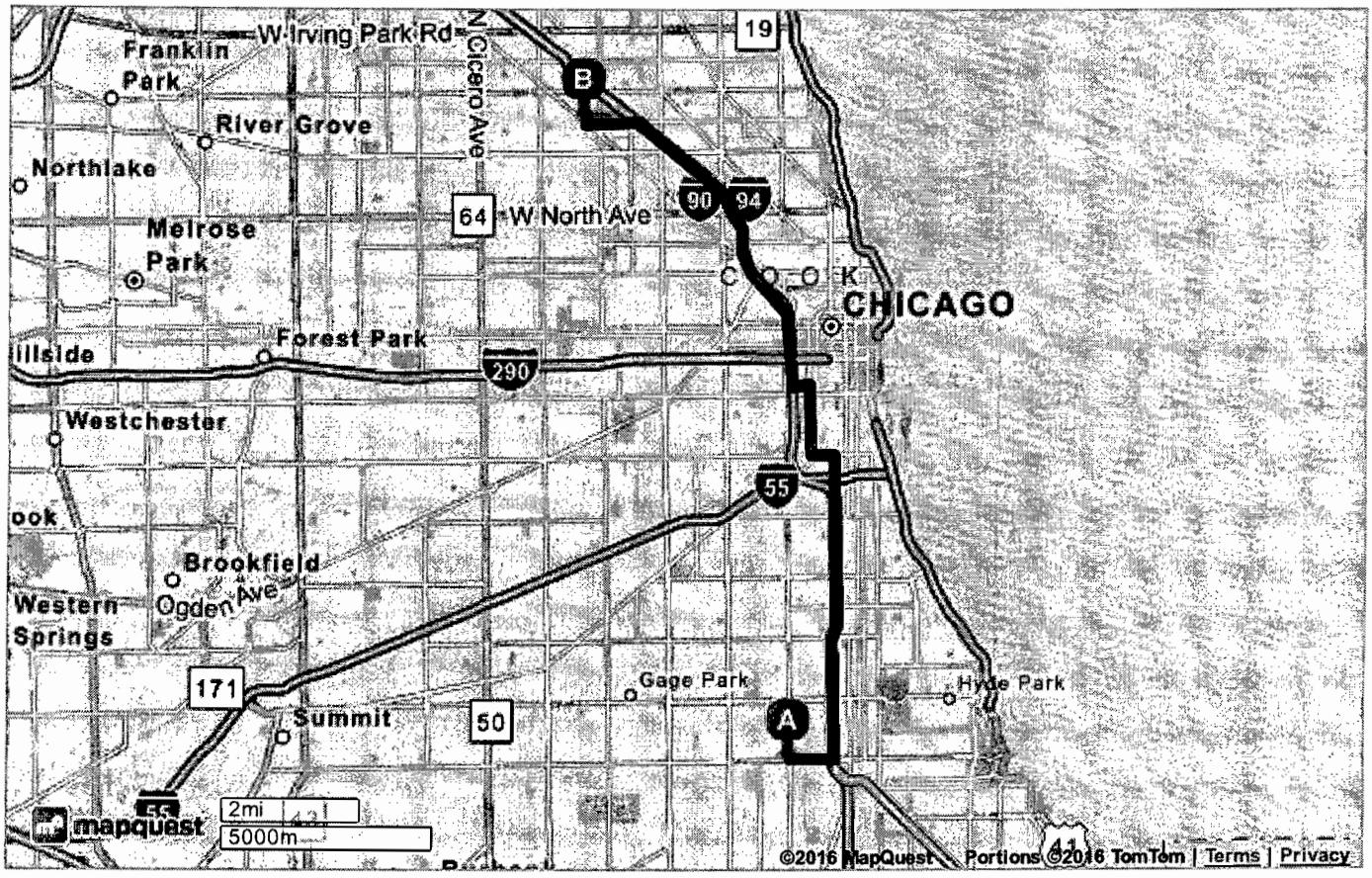
**2816 N Kimball Ave**

Chicago, IL 60618-7524

14.00 miles / 24 minutes

Notes

TO DAVITA LOGAN SQUARE DIALYSIS




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

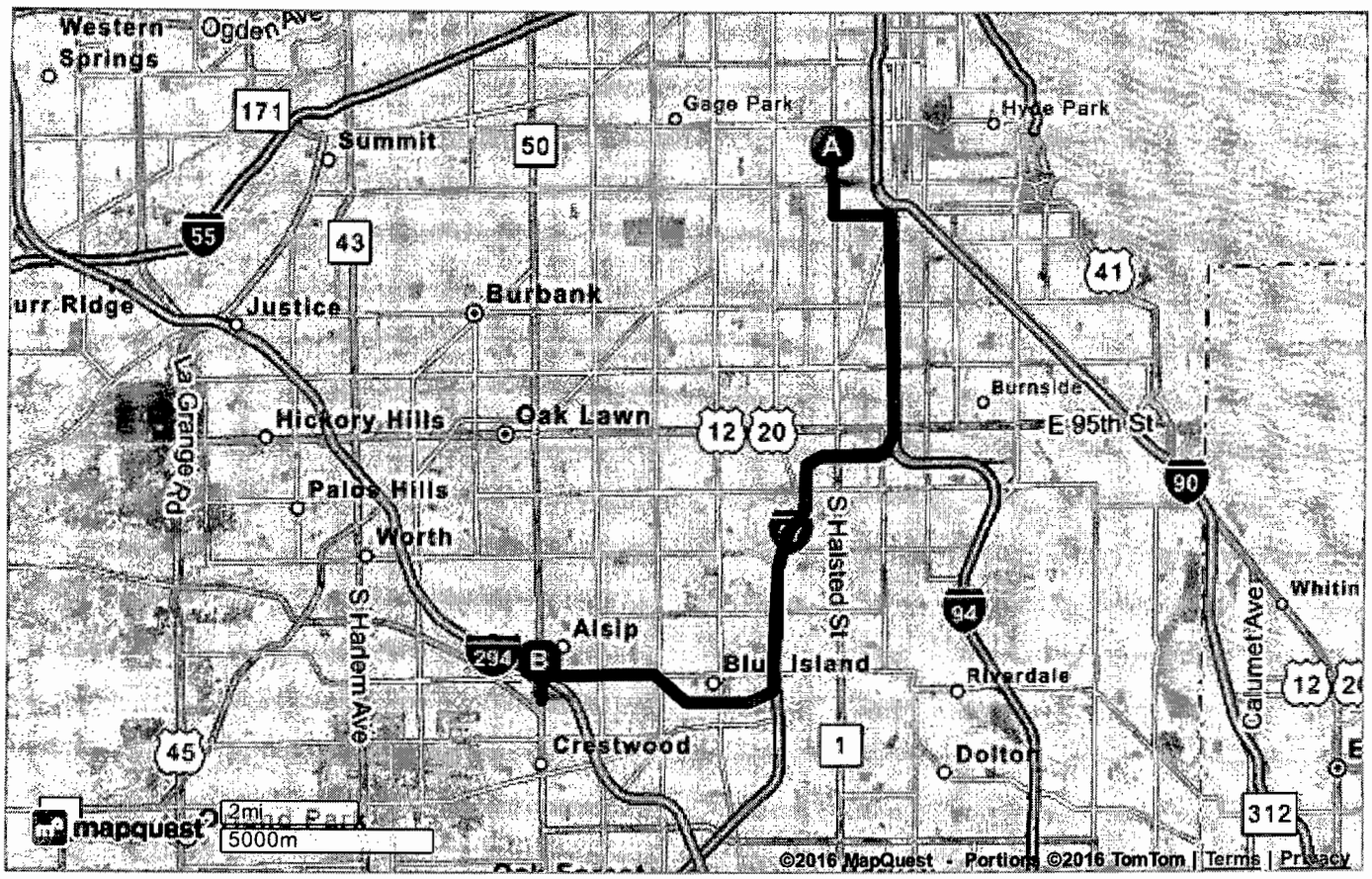
## [13026 - 13050] S Cicero Ave

Alsip, IL 60803

15.24 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE ALSIP




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

181

mapquest

Notes

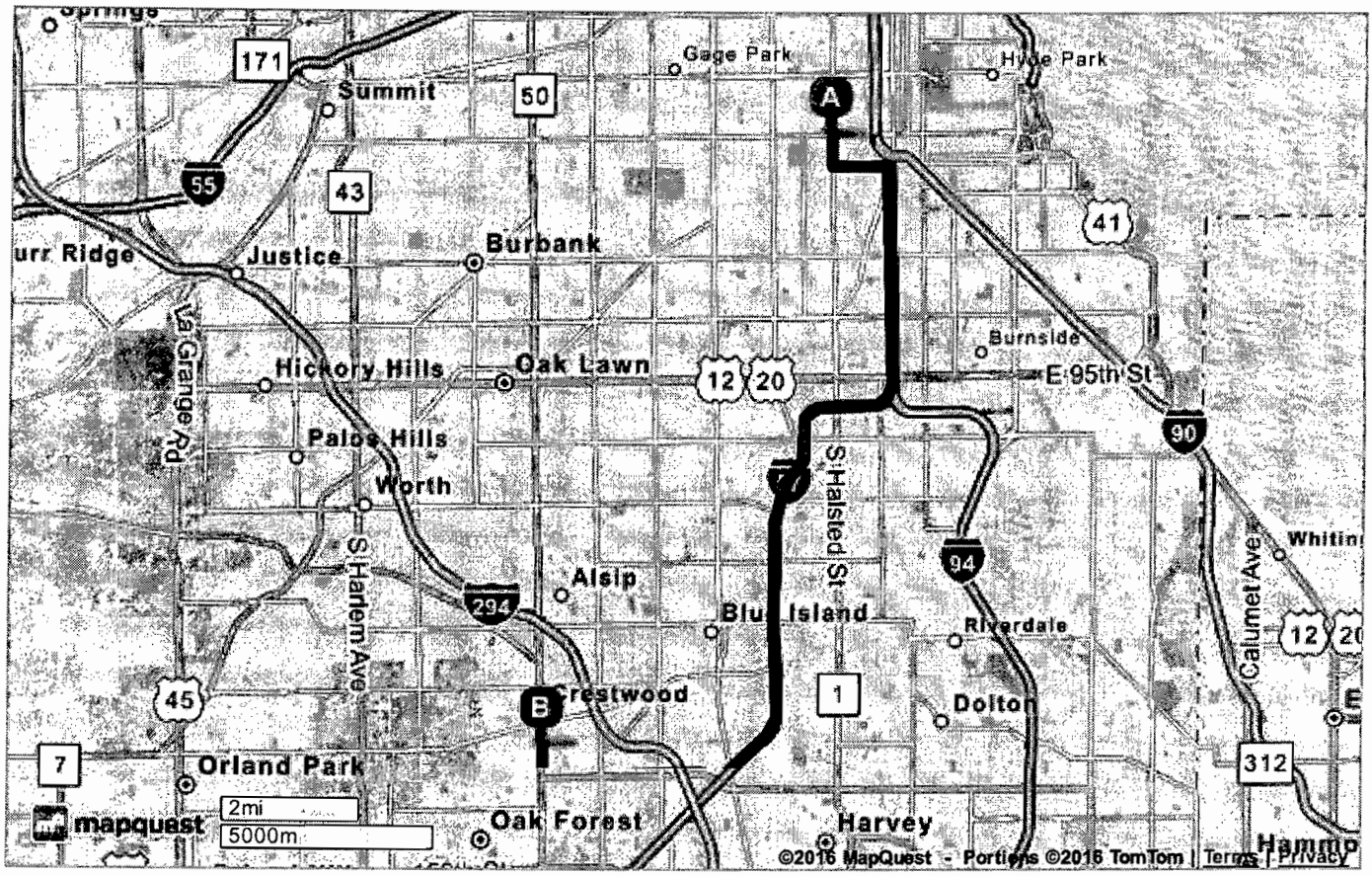
TO CONCERTO DIALYSIS

Trip to:

## 143rd St & Cicero Ave

Crestwood, IL 60445

16.85 miles / 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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

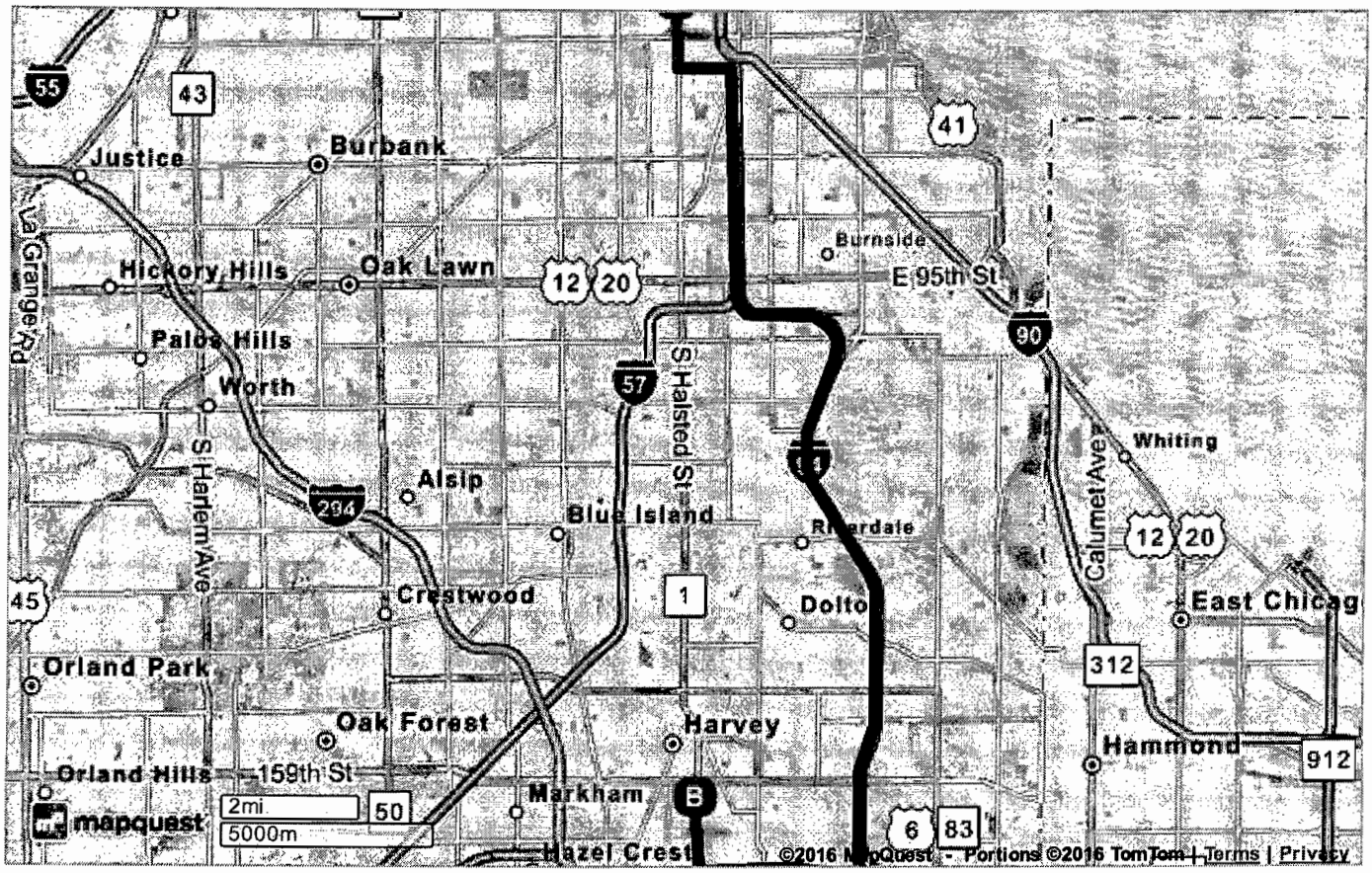
mapquest

Notes

TO DAVITA HARVEY DIALYSIS

Trip to:

**Community Dialysis of Harvey**
**16641 Halsted St, Ste 1**
Harvey, IL 60426
(708) 210-9500
19.93 miles / 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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

183

mapquest

Trip to:

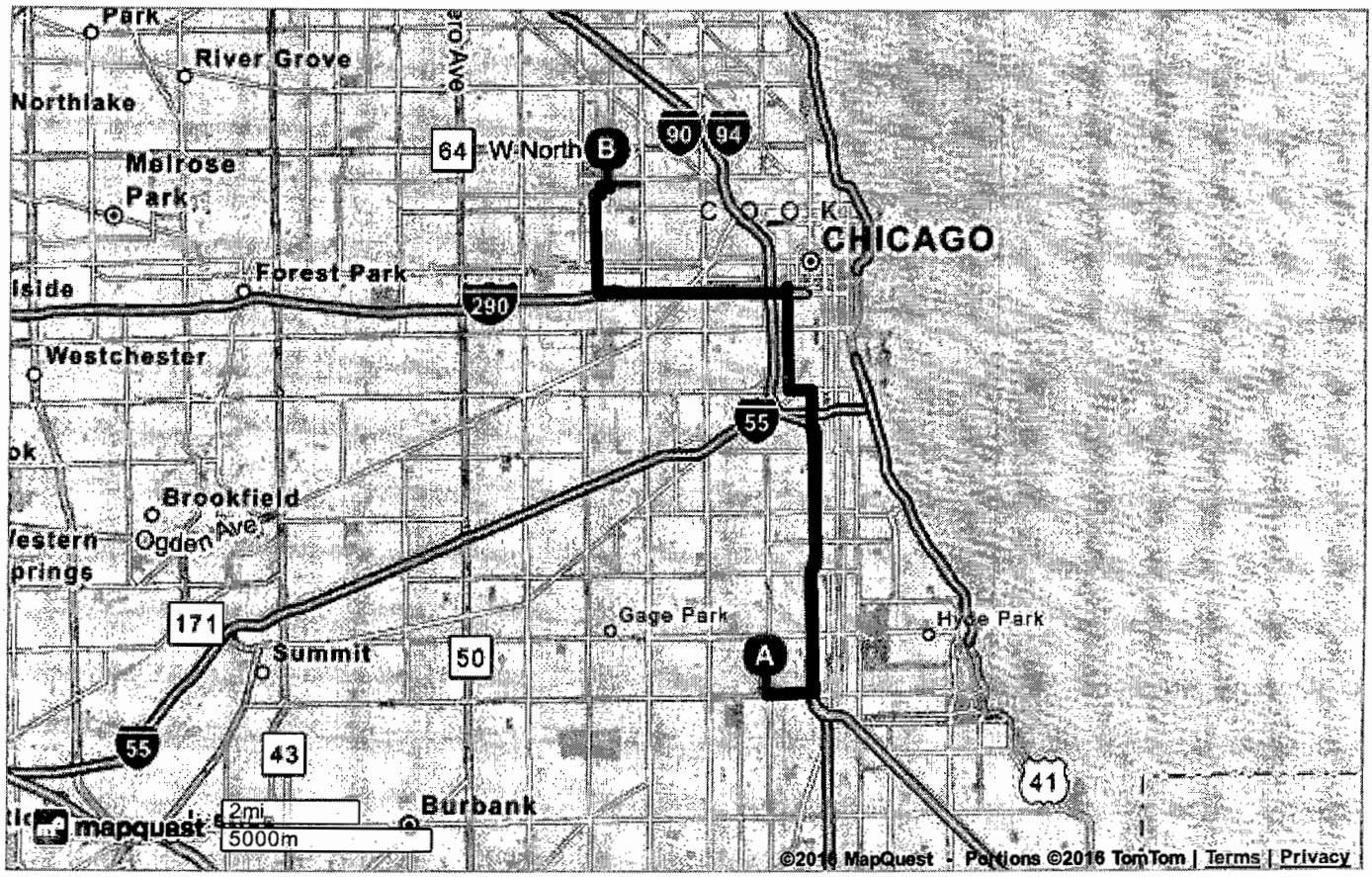
**1044 N Mozart St**

Chicago, IL 60622-2759

13.18 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST METRO




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

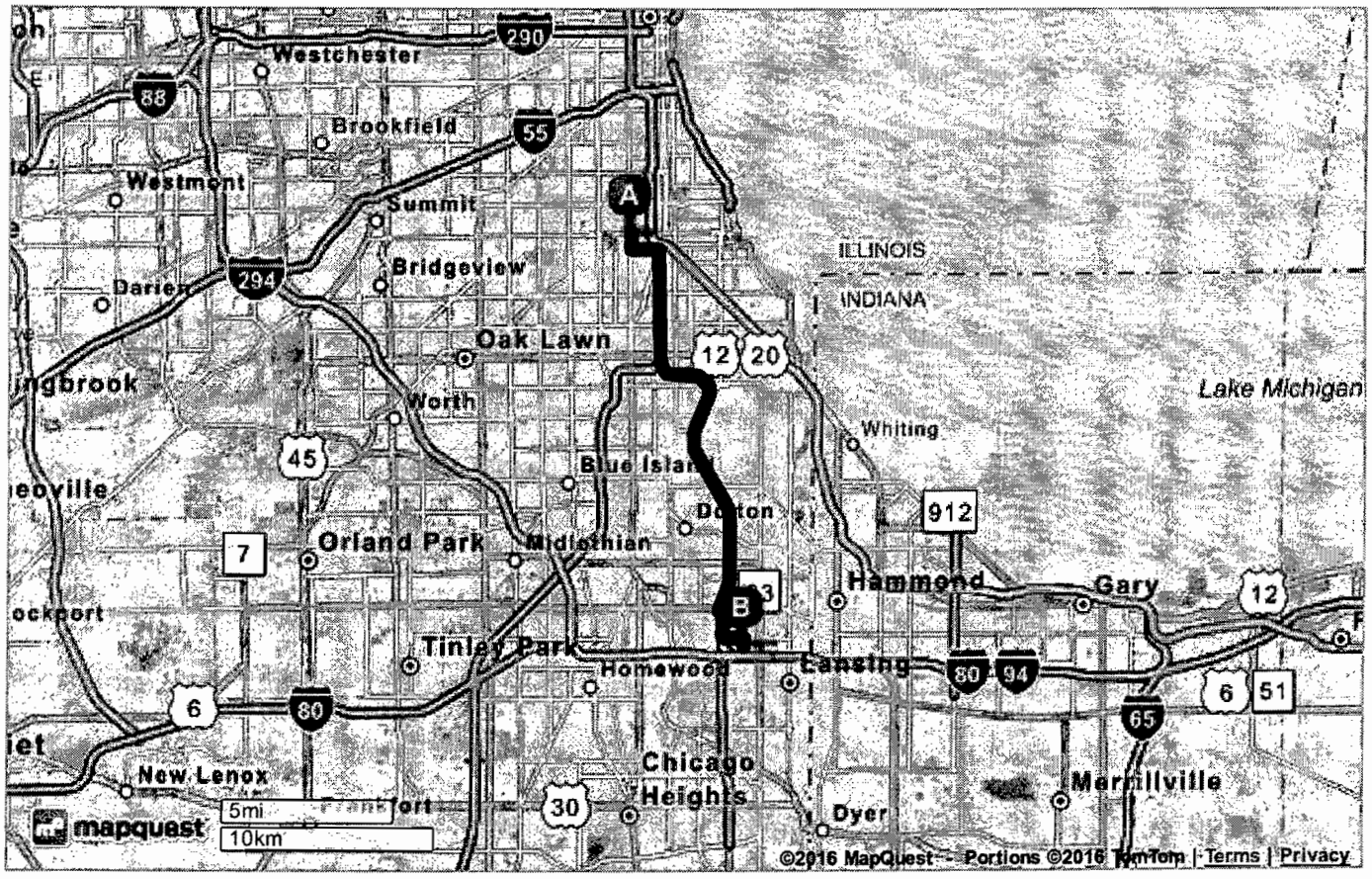
**17225 Paxton Ave**

South Holland, IL 60473-3757

17.88 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH HOLLAND




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

185

mapquest

Trip to:

**2721 N Spaulding Ave**

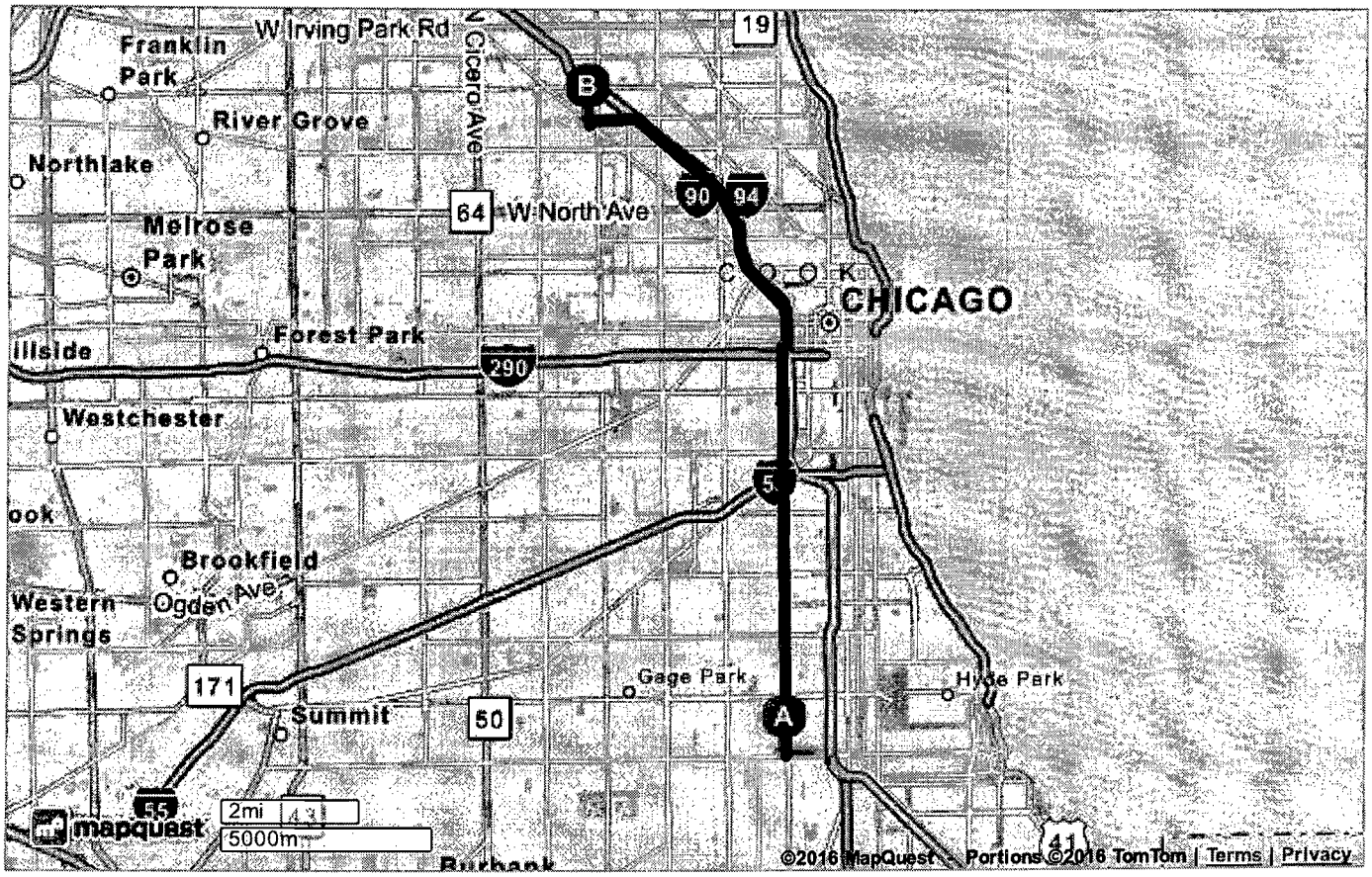
Chicago, IL 60647-1338

12.50 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE

Over 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

**3000 S Cicero Ave**

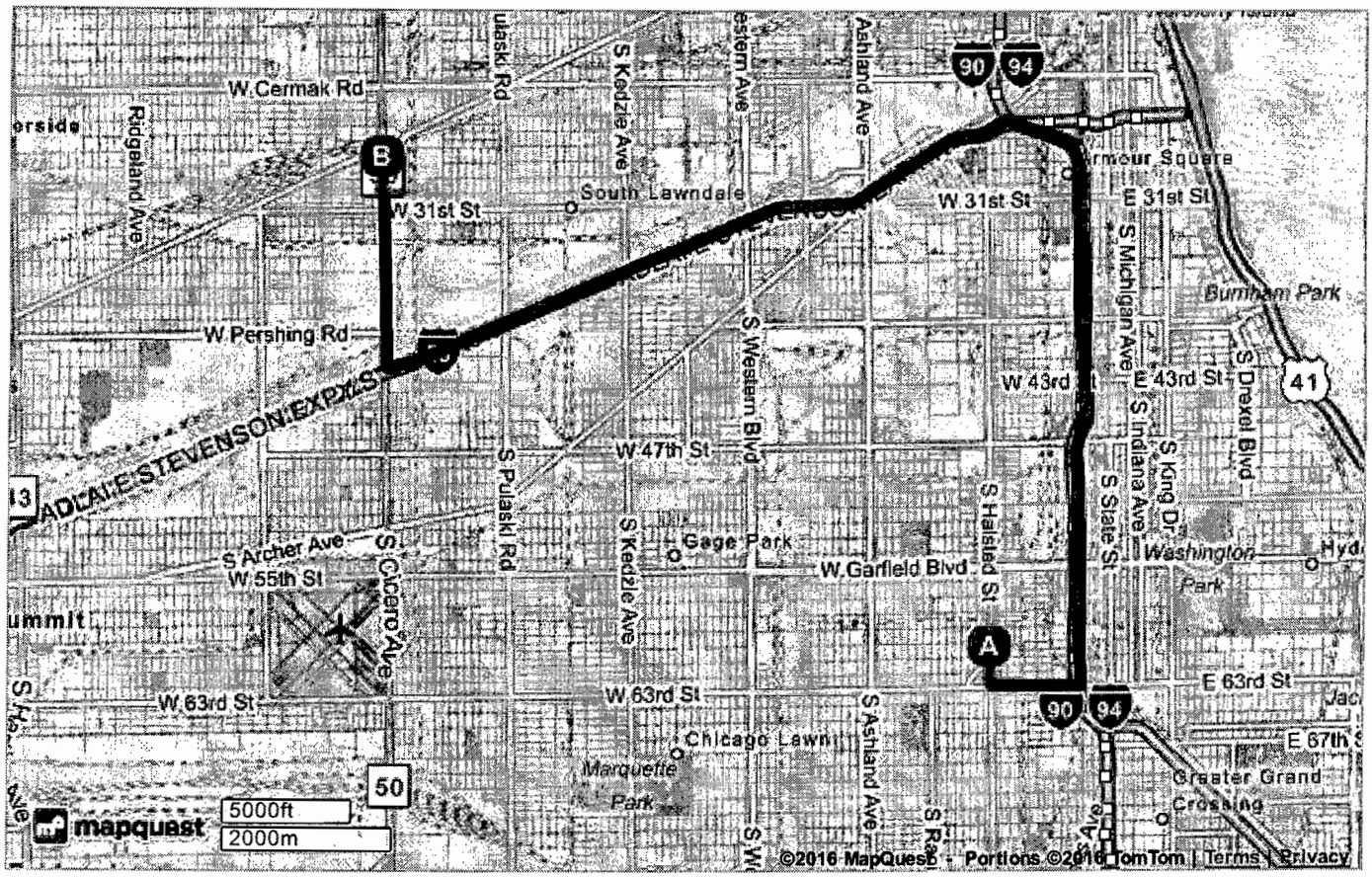
Cicero, IL 60804-3638

12.93 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE CICERO

OVER 30 MINUTES ADJUSTED




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

187

mapquest

Trip to:

**2620 W Addison St**

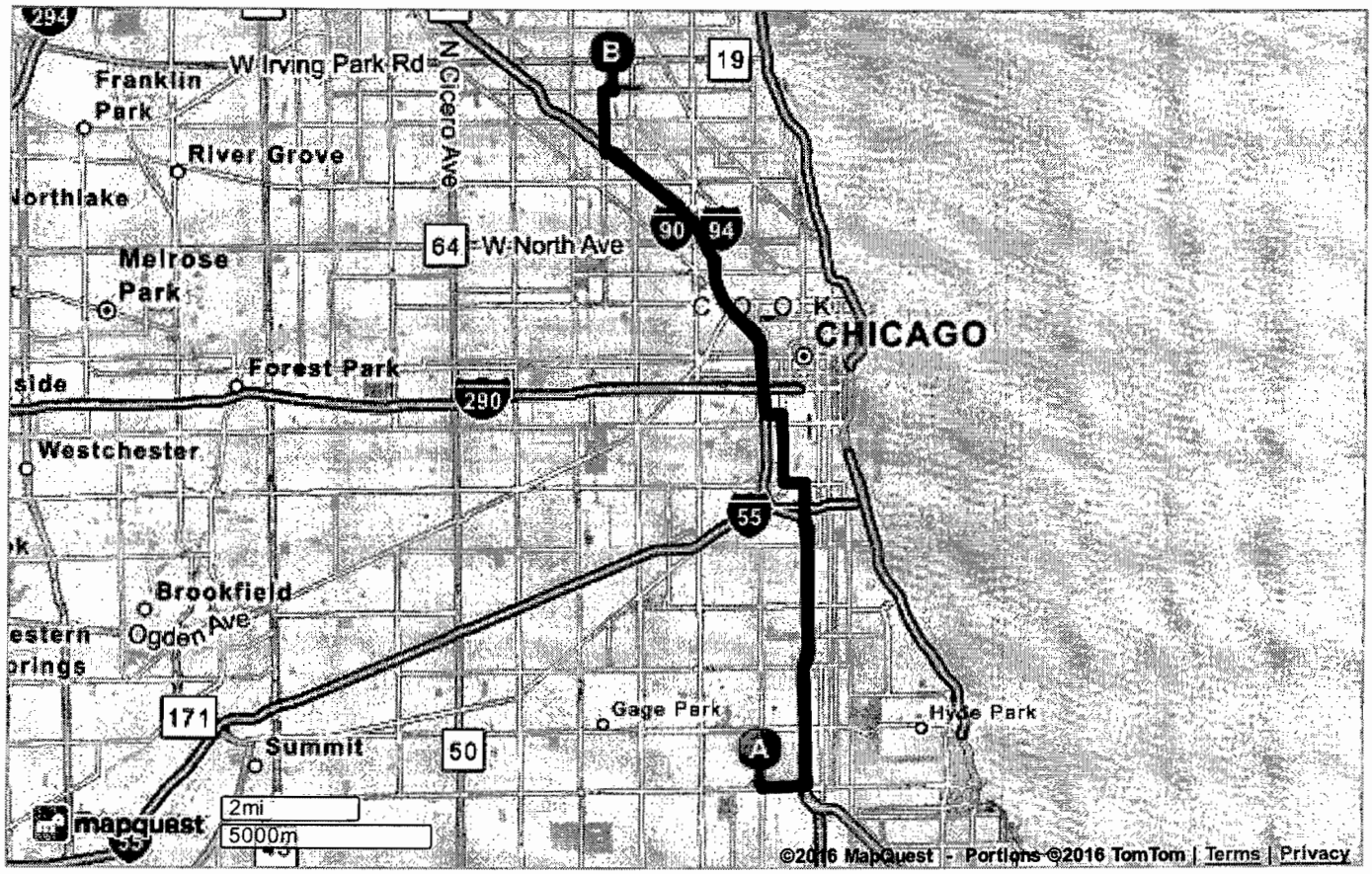
Chicago, IL 60618-5905

14.36 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTHCENTER

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

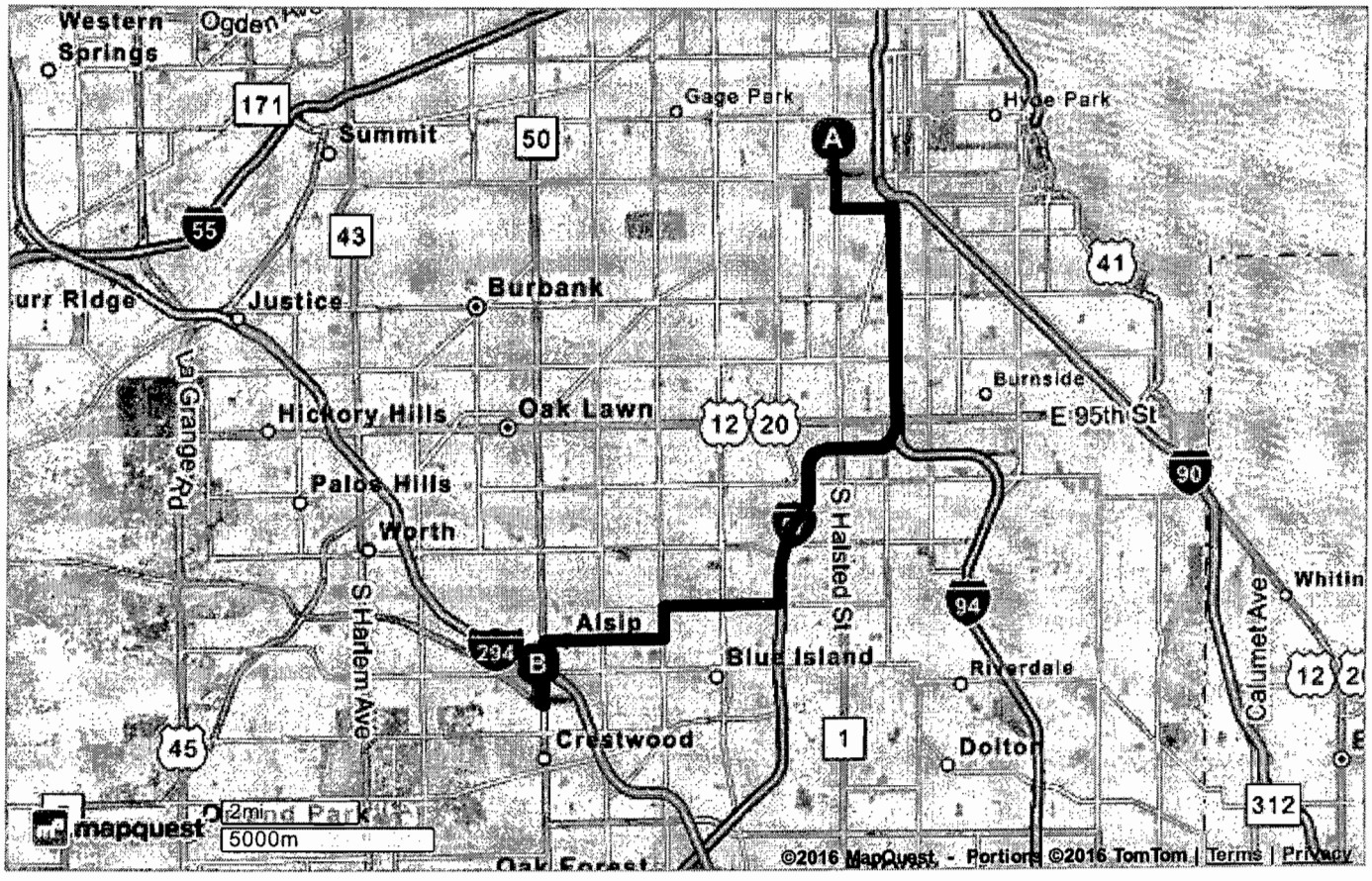
Trip to:

**Fresenius Medical Care**
**4861 Cal Sag Rd**
Crestwood, IL 60445
(708) 385-1400
14.96 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE CRESTWOOD

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

189

mapquest

Trip to:

**4800 W Chicago Ave**

Chicago, IL 60651-3223

14.89 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE AUSTIN

OVER 30 MINUTES AWAY

©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

190

mapquest

Trip to:

**518 N Austin Blvd**

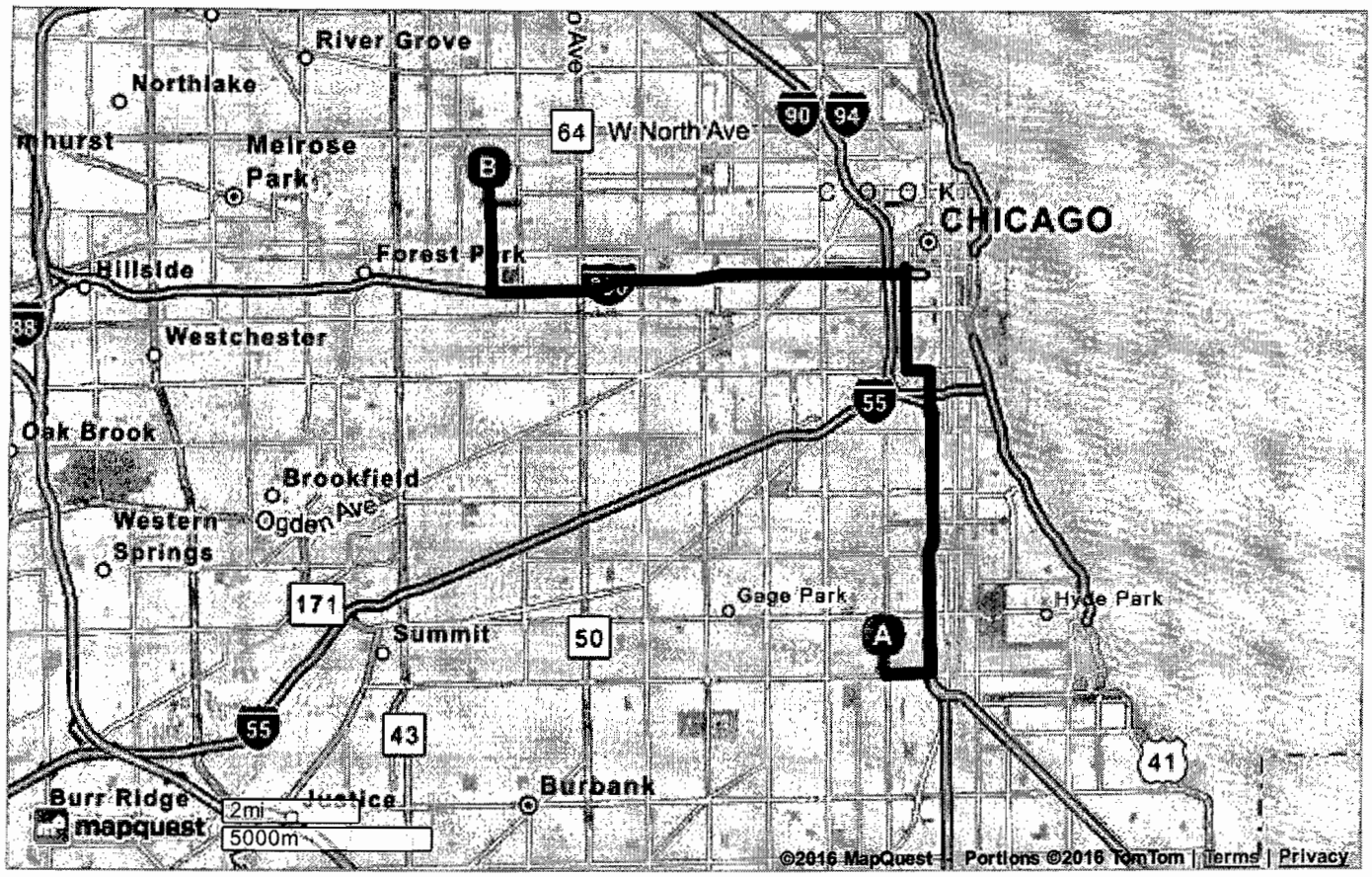
Oak Park, IL 60302-2947

16.39 miles / 27 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST SUB

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

191

mapquest

Trip to:

**4800 N Kilpatrick Ave**

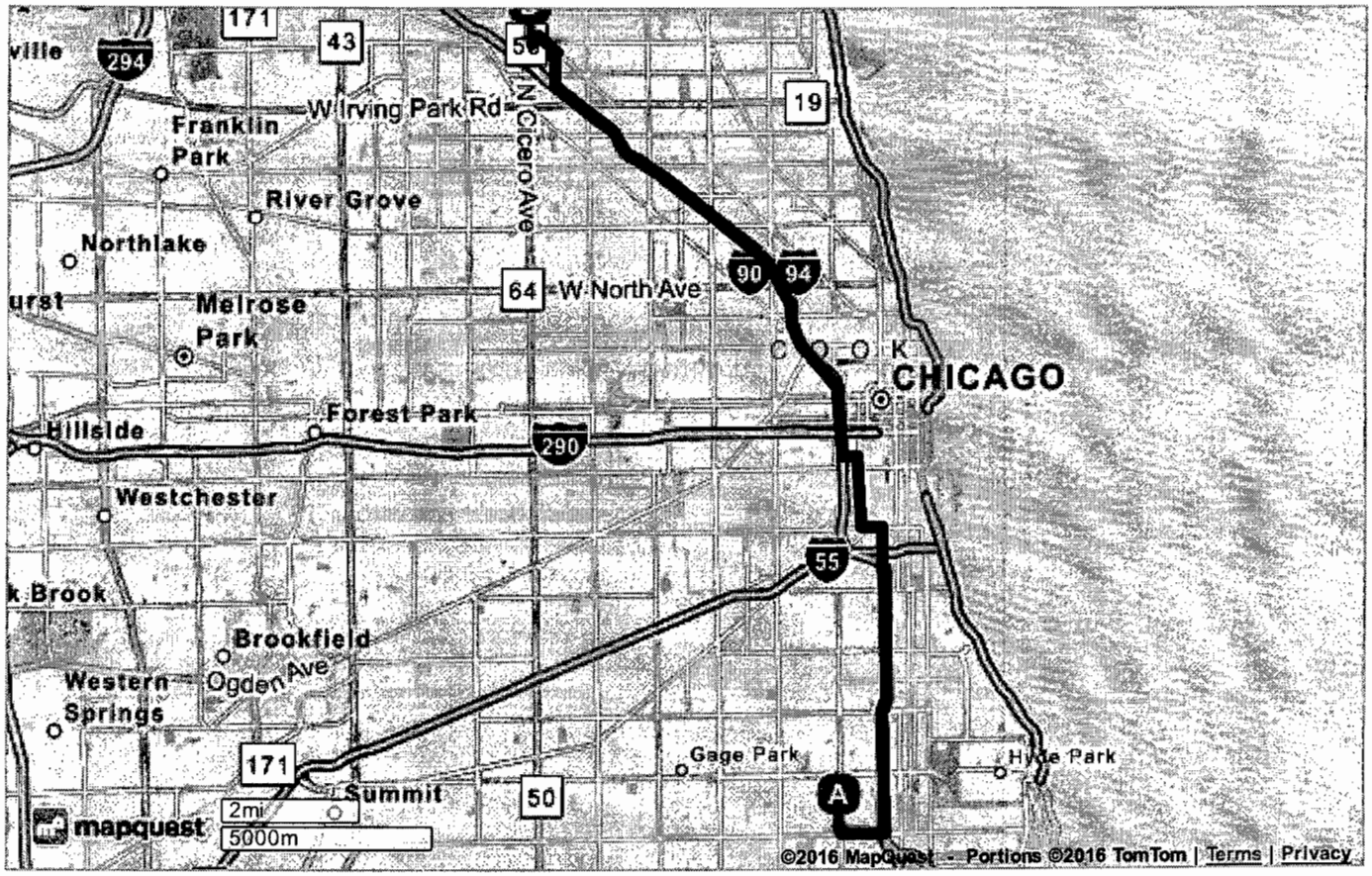
Chicago, IL 60630-4028

17.13 miles / 28 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH KILPATRICK

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times
APPENDIX - 1

mapquest

Trip to:

**733 Madison St**

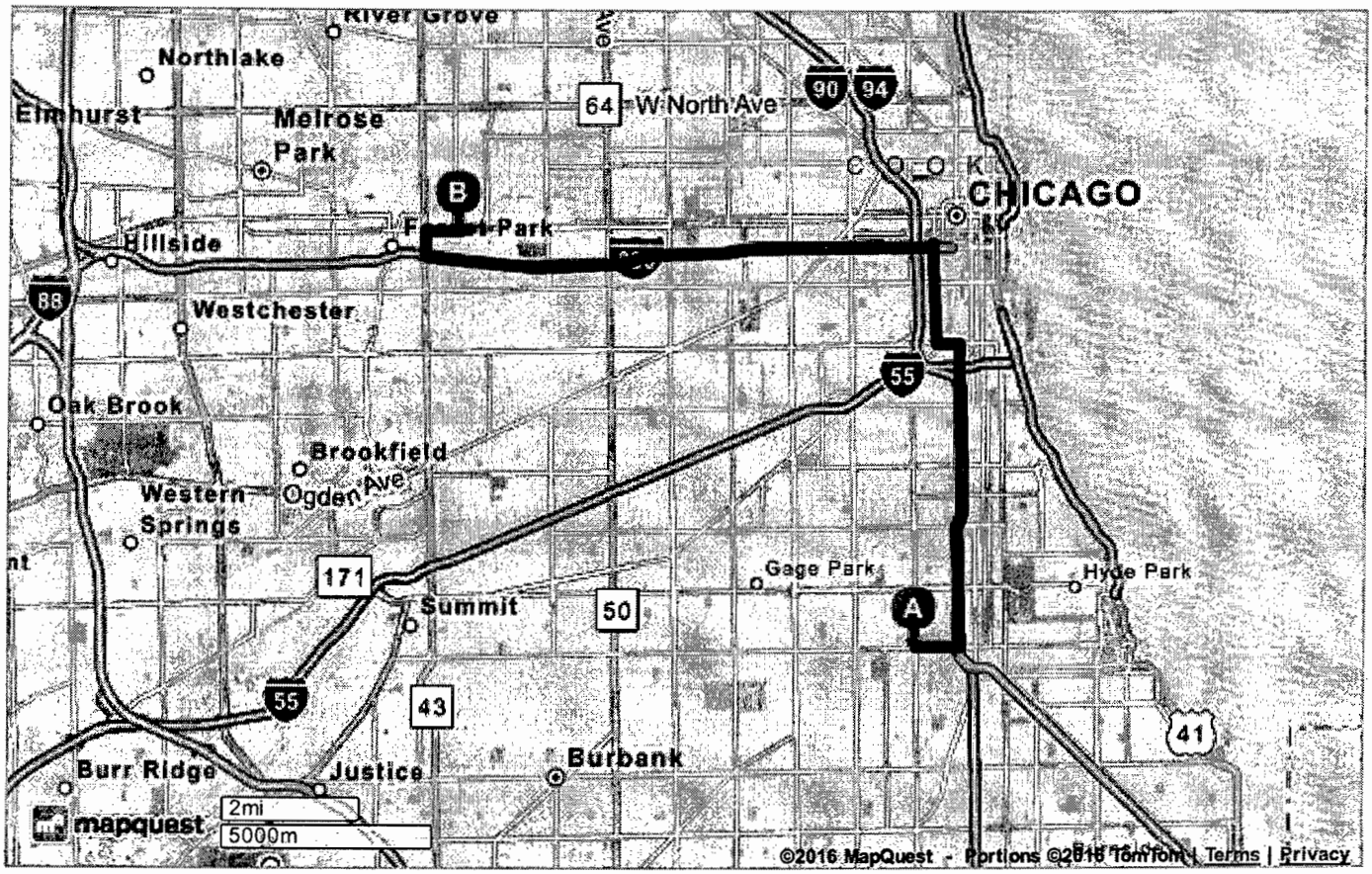
Oak Park, IL 60302-4419

17.55 miles / 28 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK PARK

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

193

mapquest

Trip to:

**4935 W Belmont Ave**

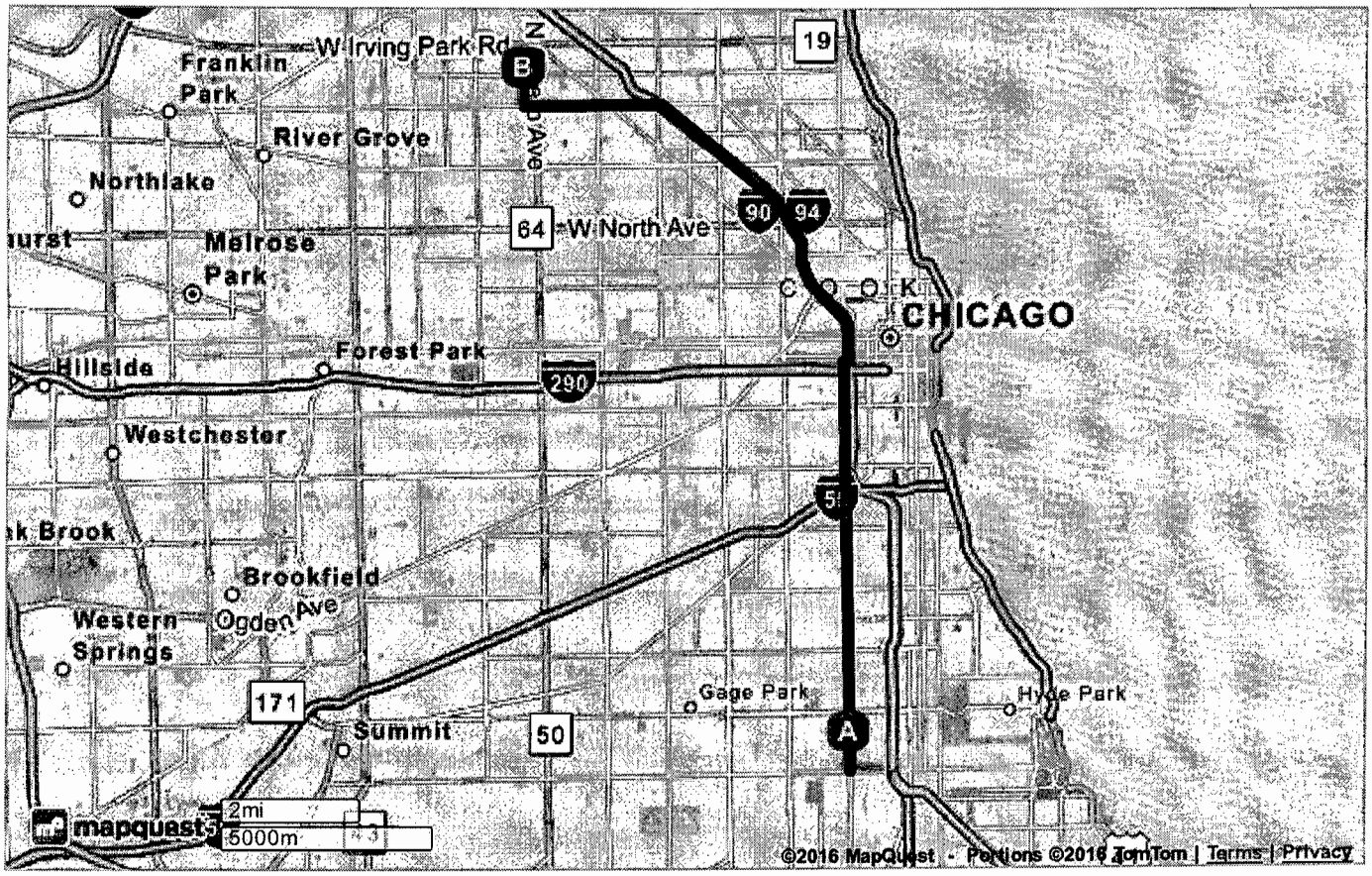
Chicago, IL 60641-4332

14.69 miles / 29 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST BELMONT

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

**610 S Maple Ave**

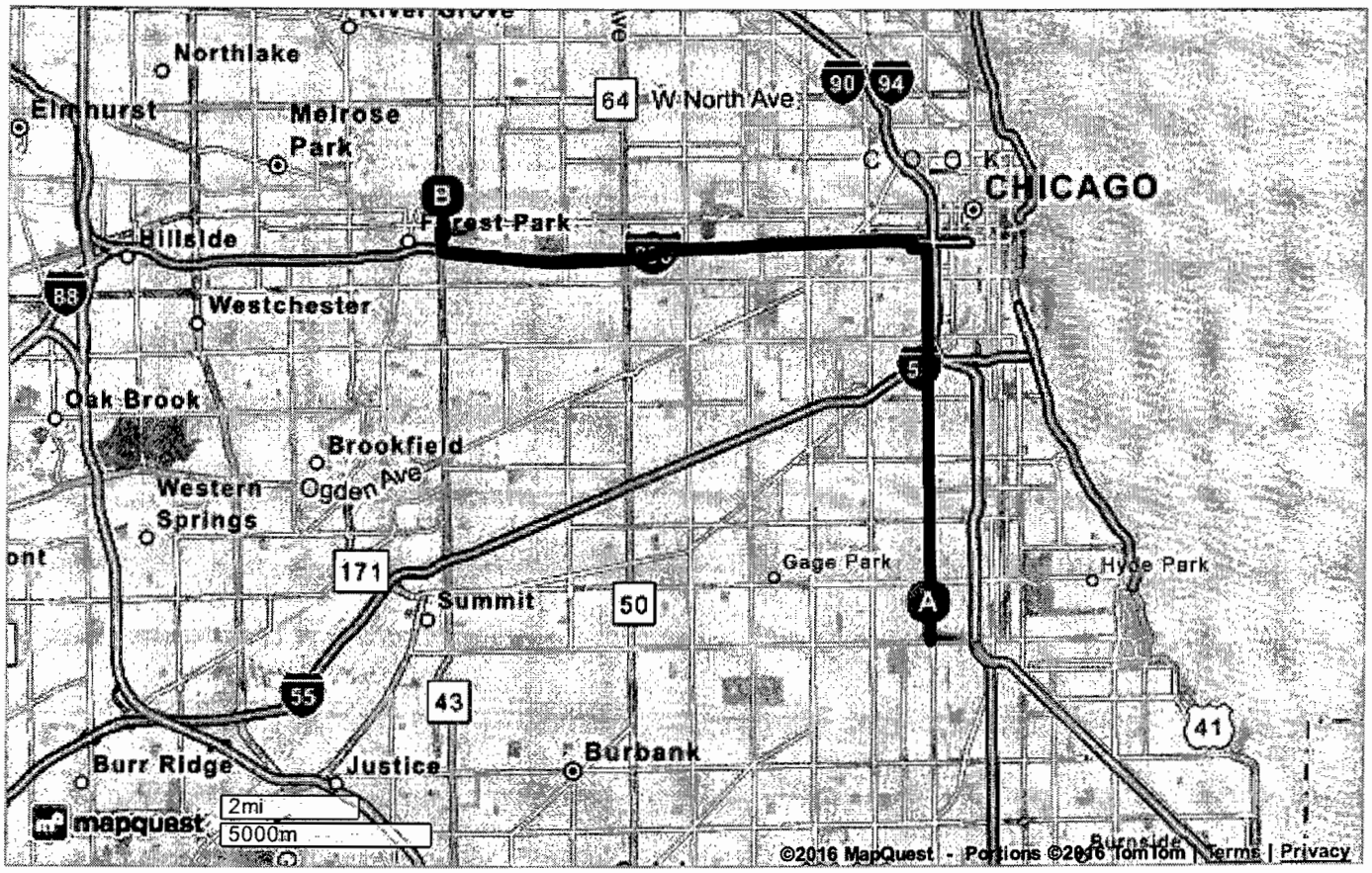
Oak Park, IL 60304-1003

15.23 miles / 29 minutes

Notes

TO MAPLE AVENUE KIDNEY CENTER

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

mapquest

Trip to:

## 103 Forest Ave

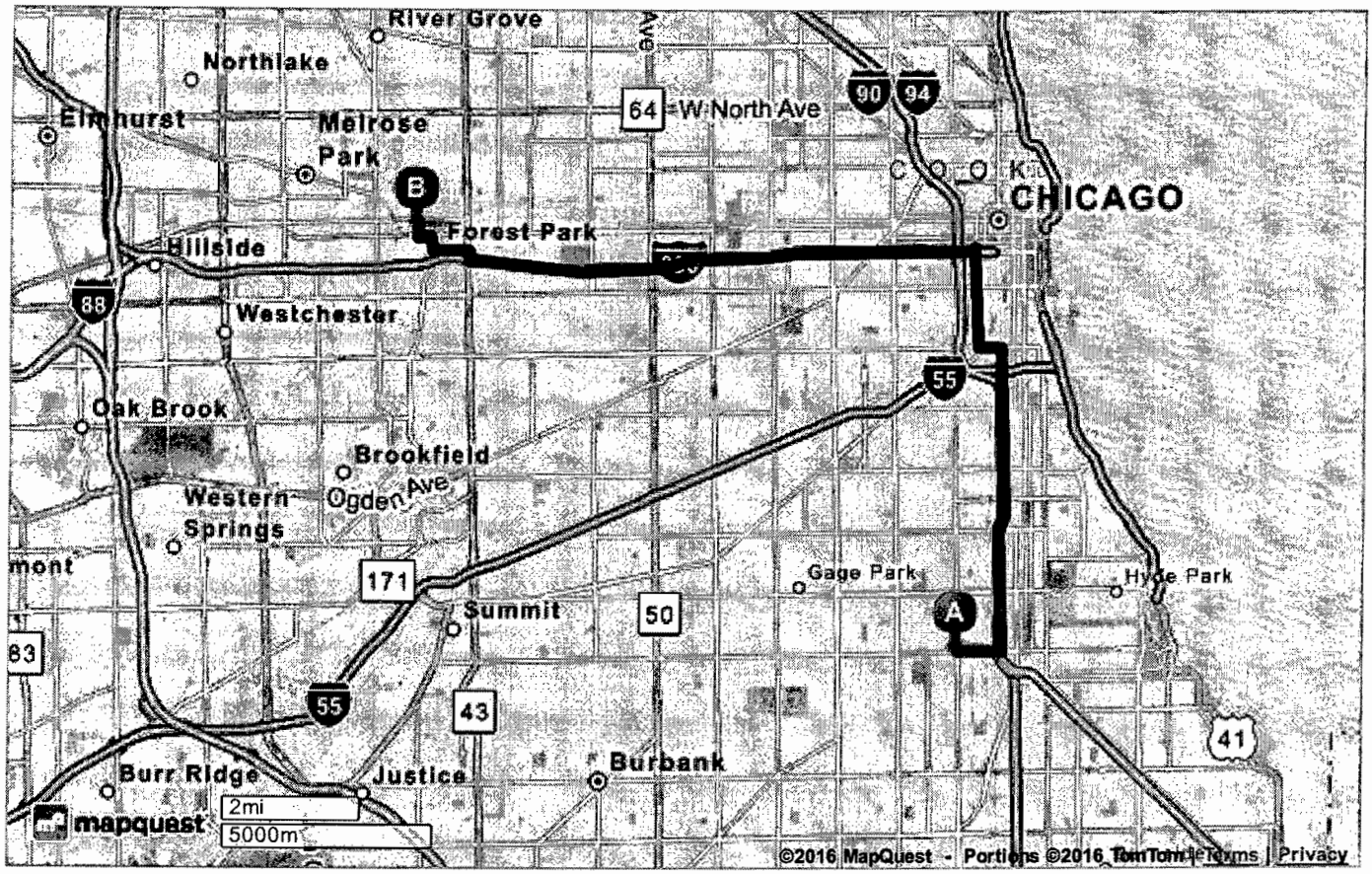
River Forest, IL 60305-2003

17.98 miles / 30 minutes

Notes

TO FRESENIUS MEDICAL CARE RIVER FOREST

OVER 30 MINUTES AWAY




©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. View Terms of Use

MapQuest Travel Times

APPENDIX - 1

196

**ASSOCIATES IN NEPHROLOGY, S.C.**
*NEPHROLOGY AND HYPERTENSION*
210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.S.N.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.
NIC I. HRISTEA, M.D., F.A.S.N.
DONALD CRONIN, M.D.
SEJAL PATEL, M.D.
SUMANTH MULAMALLA, M.D.
MARCO PAGANI, M.D.
JAWAD MUNIR, M.D.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, M.D., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

June 21, 2016

Ms. Kathy Olson, Chairman
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am writing to convey my utmost support for the relocation and expansion of the Fresenius Medical Care Ross Dialysis – Englewood facility. I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Ross-Englewood facility. This facility is severely over utilized and combining that with the building's poor physical condition and undesirable location demands action to keep access to dialysis available to my patients in Englewood as well as providing for their physical safety.

The south Chicago area where I practice has a population that is economically and medically at risk. Englewood is an African American community where nearly half the residents are living below the poverty level. Hypertension and diabetes is rampant in this population resulting in End Stage Renal Disease. These high risk patients need additional access in their community to dialyze in a safe and more modern environment than the current Ross-Englewood facility can offer them.

Over the past three years the AIN physicians in the facilities in this area at Fresenius Ross–Englewood, Evergreen Park and Roseland were treating 204 hemodialysis patients at the end of 2013, 206 patients at the end of 2014, 241 patients at the end of 2015, and 227 as of March 2016 as reported to The Renal Network.

Over the past twelve months AIN has referred 46 new patients for hemodialysis services to Fresenius Ross-Englewood, Evergreen Park and Roseland. I currently have 68 pre-ESRD patients that live in the immediate Englewood area who will require dialysis within 24 months of the relocation and expansion of the Ross-Englewood facility and will be referred there when necessary.

I respectfully ask the Board to approve the relocation and expansion of the Ross–Englewood facility to keep much needed dialysis services available in the Englewood neighborhood. Thank you for your consideration.

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

Sincerely,

April Kennedy, M.D.

April Kennedy, M.D.

Notarization:
Subscribed and sworn to before me
this 20 day of June, 2016

Signature of Notary

Seal

OFFICIAL SEAL
CHARLOTTE CHAPPLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/20/16

## PRE-ESRD PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL CARE ROSS DIALYSIS - ENGLEWOOD IN THE 1ST 2 YEARS (24 MONTHS) AFTER PROJECT COMPLETION

| Zip Code | Pre-ESRD Patients |
|---|---|
| 60621 | 13 |
| 60636 | 38 |
| 60637 | 17 |
| **Total** | **68** |

## NEW REFERRALS OF AIN FOR ENGLEWOOD AREA 05/2015 THROUGH 04/2016

| | Fresenius Kidney Care | | | |
|---|---|---|---|---|
| Zip Code | Evergreen Park | Roseland | Ross | Total |
| 60419 | | | 1 | 1 |
| 60457 | 1 | | | 1 |
| 60472 | 1 | | | 1 |
| 60609 | | | 2 | 2 |
| 60617 | 1 | | | 1 |
| 60619 | | | 1 | 1 |
| 60620 | 2 | | 7 | 9 |
| 60621 | | | 6 | 6 |
| 60628 | 1 | 3 | 2 | 6 |
| 60629 | | | 1 | 1 |
| 60632 | | | 2 | 2 |
| 60636 | | | 4 | 4 |
| 60637 | | | 2 | 2 |
| 60642 | 1 | | | 1 |
| 60643 | | 1 | | 1 |
| 60649 | 1 | | 1 | 2 |
| 60652 | | | 1 | 1 |
| 60805 | 1 | | | 1 |
| 60827 | 1 | 1 | | 2 |
| **Total** | **10** | **5** | **31** | **46** |

# HEMODIALYSIS PATIENTS OF AIN FOR THE ENGLEWOOD AREA

| Zip | Fresenius Evergreen Park | | | | Fresenius Roseland | | | | Fresenius Ross - Englewood | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | Dec-13 | Dec-14 | Dec-15 | Mar-16 | Dec-13 | Dec-14 | Dec-15 | Mar-16 | Dec-13 | Dec-14 | Dec-15 | Mar-16 |
| 60110 | | | | | | | | | | | | 1 |
| 60406 | 2 | 1 | 1 | 1 | | | | | | | | |
| 60409 | 2 | 1 | | | | | | | | | | |
| 60419 | 1 | 1 | 1 | 1 | | | | | | | 2 | 1 |
| 60426 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60438 | 1 | 1 | | | | | | | | | | |
| 60453 | 1 | 1 | 1 | 1 | 1 | | | | 1 | | | |
| 60457 | | | 1 | 1 | | | | | | | | |
| 60459 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| 60472 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60473 | | 1 | 1 | 1 | | | | | | | | |
| 60477 | | | 1 | 1 | | | | | | | | |
| 60605 | | | 1 | 1 | | 1 | | | | | | |
| 60609 | 1 | | | | | | | | 2 | 2 | 2 | 3 |
| 60610 | | | 1 | | | | | | | | | |
| 60612 | | | | | | | | | 1 | | | |
| 60615 | 2 | 1 | 2 | 1 | | | | | 1 | 1 | 1 | 1 |
| 60616 | | | 1 | 1 | | | | | | | | |
| 60617 | 2 | 2 | 5 | 3 | 1 | 1 | 2 | 1 | 4 | 3 | 5 | 2 |
| 60619 | 2 | 2 | 5 | 4 | 1 | | | | 3 | 2 | | |
| 60620 | 19 | 21 | 28 | 23 | | | | | 12 | 16 | 15 | 14 |
| 60621 | 3 | 1 | 2 | 2 | 1 | | | | 19 | 19 | 23 | 24 |
| 60627 | | | | | | 1 | 2 | 1 | | | | |
| 60628 | 12 | 12 | 17 | 15 | 22 | 29 | 32 | 33 | 4 | 8 | 3 | 6 |
| 60629 | | 1 | 1 | 1 | | | | | 2 | 3 | 4 | 2 |
| 60631 | | | | | | | | | 1 | | | |
| 60632 | | | | | | | | | | | | 1 |
| 60636 | 4 | 2 | 1 | | 1 | 1 | | | 15 | 20 | 19 | 15 |
| 60637 | | | | | | | | | 5 | 5 | 6 | 5 |
| 60643 | 11 | 12 | 16 | 18 | 12 | 8 | 6 | 7 | 1 | | | |
| 60644 | | | | | | | 1 | | 1 | | | |
| 60649 | 1 | | 3 | 3 | | | | | 7 | 3 | 2 | 2 |
| 60652 | 2 | 4 | 4 | 4 | | | | | | | | 1 |
| 60653 | 1 | 2 | 3 | 3 | | | | | | 1 | 1 | 1 |
| 60655 | 1 | 1 | 1 | 1 | | | | | | | | |
| 60690 | | 1 | 1 | 1 | | | | | | | | |
| 60805 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | | | | |
| 60827 | 6 | 5 | 7 | 7 | 5 | 4 | 4 | 5 | | | | 1 |
| Total | 79 | 77 | 110 | 99 | 46 | 46 | 48 | 48 | 79 | 83 | 83 | 80 |

| Total All Clinics | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| | 204 | 206 | 241 | 227 |