



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section  
Division of Health Systems Development

FROM: Dale Galassie, Chairman  
Illinois Health Facilities and Services Review Board

RE: Exemption #006-12

Facility: Fresenius Medical Care Glendale Heights

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This is to advise you that I have reviewed the above-captioned exemption application with the requirements in 77 Ill. Adm. Code 1130.750 and have determined the following:

This application is in compliance with the requirements in 1130.750.

This application is to be reviewed by the Health Facilities Planning Board.

This application is DENIED effective \_\_\_\_\_ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.750.

Other actions as follows:

Dale Galassie, Chairman  
Illinois Health Facilities  
and Services Review Board

AUG. 1, 2012

Date



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MEMORANDUM

DATE: July 27, 2012

TO: Dale Galassie, Acting Chairman  
Illinois Health Facilities and Services Review Board

FROM: Mike Constantino – Chief Program Review Section  
Division of Health Systems Development

RE: Exemption Application: E-006-12

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Appended is the above-captioned exemption application for your consideration and action on behalf of the State Board under Sections 1130.544 and 1130.410(e). Please indicate your decision on the appended form and return it to me.

The State Agency's review and findings on this application are contained on the appended checklist "Staff Review of Exemption Application." The overall State Agency finding on the application is as follows:

- The State Agency finds that it appears the above-captioned exemption application is in compliance with the requirements in Section 1130.544.
- The State Agency finds that it appears the above-captioned exemption application is NOT in compliance with the requirements in Section 1130.544 for reasons indicated on the appended checklist "Staff Review of Exemption Application."
- Other State Agency findings for reasons explained under "comments" on the appended checklist "Staff Review of Exemption Application."

Mike Constantino  
Chief, Program Review Section

## STAFF REVIEW OF REQUEST TO ADD DIALYSIS STATIONS

**NAME OF FACILITY:** WSKC Dialysis Services, d/b/a Fresenius Medical Care Glendale Heights  
**EXEMPTION NO:** E-006-12  
**DATE RECEIVED:** July 27, 2012  
**BRIEF DESCRIPTION OF THE TRANSACTION:**

The applicants propose to add four (4) dialysis stations to its seventeen (17) station complement. The project completion date is May 1, 2014. The project obligation date is May 1, 2013. Total Project Cost: \$105,000.

**CHECK LIST:** The numbered items correspond with the question numbers on the application. Place an "x" by each item completed and acceptable; indicate "no" if not provided or unacceptable with explanation under "Comments"; and "NA" if not applicable).

**NOTE:** the required # of copies submitted X

### **Application**

1. X Brief description of the project
2. X Certificate of Good Standing from the Illinois Secretary of State, or other states, if applicable.
3. X A description of the applicant's organizational structure, to include controlling or subsidiary persons.
4. X Estimated project costs including the fair market value of any component, and the sources and uses of funds.
5. X Anticipated project obligation date.
6. X Anticipated project completion date.
7. X Verification of compliance with all requirements of existing permits previously approved by the Illinois Health Facilities and Services Review Board
8. X Application processing fee
9. X Number of dialysis stations to be added.
10. X Documentation that the existing facility has operated at or in excess of the specified minimum utilization rate for the most recent 12-month period.
11. X Certification that a final cost report will be submitted to IDPH no later than 60 days following the project completion date.
12. X Confirmatory evidence that the project has not yet been entered into or executed.
13. X Confirmation that failure to comply with the material change and completion requirements of this section will invalidate the exemption.
14. X **Legal Notice Requirements**  
Legal notice includes the following (for all applications):
  - X Proof of publication
  - X Current name and address of the facility for which the exemption is sought.
  - X Number of dialysis stations to be added and the proposed project costs.
  - X Name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.

COMMENTS:

**STATE AGENCY FINDINGS**

The State Agency finds that the application is **COMPLETE.**

REVIEWER'S SIGNATURE:

DATE:

7-27-2012

Date

7-27-2012

Date



Section Chief



Division Chief

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MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section  
Division of Health Systems Development

FROM: Dale Galassie, Acting Chairman  
Illinois Health Facilities and Services Review Board

RE: Exemption Application # 006-12

Facility: Fresenius Medical Care Glendale Heights

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This is to advise you that I have reviewed the above-captioned exemption application with the requirements in 77 Ill. Adm. Code 1130.544 and have determined the following:

- This application is in compliance with the requirements in 1130.544.
- This application is to be reviewed by the Health Facilities Planning Board.
- This application is DENIED effective \_\_\_\_\_ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.544.
- Other actions as follows:

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Dale Galassie, Acting Chairman  
Illinois Health Facilities  
and Services Review Board

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Date



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<b>DOCKET ITEM:</b> NA	<b>BOARD MEETING:</b> NA	<b>EXEMPTION NUMBER:</b> E-006-12
<b>EXEMPTION APPLICANTS(S):</b> WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Glendale Heights Fresenius Medical Care Holdings, Inc.		
<b>FACILITY NAME and LOCATION:</b> WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Glendale Heights		

**STATE AGENCY REPORT**  
**EXEMPTION REQUEST FOR THE ADDITION OF DIALYSIS STATIONS**

**I. The Exemption Application**

The applicant is WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Glendale Heights and Fresenius Medical Care Holdings, Inc. The applicants propose to add four dialysis stations to Fresenius Medical Care Glendale Heights. This facility currently has 17 stations. Should this exemption be approved, the facility would have 21 stations (see Table One). The total estimated cost of the project is \$105,000.

<b>TABLE ONE</b>			
<b>Fresenius Medical Care Glendale Heights</b>			
<b>Service</b>	<b>Current Stations</b>	<b>Proposed Stations</b>	<b>Total</b>
Hemodialysis Stations	17	4	21

**II. The Existing Facility**  
 WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Glendale Heights

WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Glendale Heights is located at 520 E. North Avenue, Glendale Heights, Illinois. The applicants are proposing to add 4 stations to a 17 station ESRD facility at a cost of \$105,000. The facility is currently operating at 84.43%.

**III. Applicable Rules**

The following administrative rules are applicable to the exemption request:

77 IAC 1130.544 - Requirements for Exemption Addition of Dialysis Stations

- a) **Application for Exemption**  
The application for exemption shall be subject to approval pursuant to Section 1130.560 and shall include the information required pursuant to Section 1130.500 and the following information:
- 1) The number of dialysis stations to be added;
  - 2) Documentation that, for the most recent 12 month period, the existing facility has operated at or in excess of the minimum utilization rate specified at 77 Ill. Adm. Code 1100.630;
  - 3) A certification that a final cost report will be submitted to IDPH no later than 60 days following the project completion date;
  - 4) Confirmatory evidence that the project has not yet been entered into or executed; and
  - 5) Confirmation that failure to comply with the material change and completion requirements of this Section will invalidate the exemption.
- b) **Legal Notice Requirements**  
Any person requesting an exemption for a proposed addition of dialysis stations must publish a legal notice in a newspaper of general circulation in the community in which the facility is located that provides the following:
- 1) The name and address of the facility for which the exemption is sought;
  - 2) The number of dialysis stations to be added and the proposed project costs;
  - 3) A name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.
- c) **Application Processing Fee**  
The application processing fee shall be the greater of \$1,000 or .01% of the total estimated project cost (see Section 1130.230) assessed in accordance with the fee assessment provisions for Applications for Exemption of Major Medical Equipment (see Section 1130.510).

The State Agency notes the application contains the number of requested stations (four), documentation of the most recent utilization data (89%), a notarized statement (signed by the applicants) attesting that the proposed project has not been executed, a certification that a final cost report will be submitted to the State Agency no later than 60 days after project completion and a copy of the legal notice that was published in the Freeport Journal Standard on September 13, 2008, regarding the project. Overall, it appears the applicants submitted all of the required information for the exemption as required in 77 IAC 1130.544.

77 IAC 1130.550 – Agency Processing of an Application for Exemption

- a) Application for Exemption Form  
Requests for exemptions must be made on an application for exemption form that may be obtained from IDPH and are to be submitted to HFSRB. No application for exemption shall be received by HFSRB before a required letter of intent pertaining to the project has been received and has been on file for at least the minimum number of days specified in this Subpart.
- b) Completeness  
IDPH shall review an application for exemption to determine whether all required information and the required application processing fee have been submitted. Applications that do not contain the required information, documentation, or fee shall be deemed incomplete. If IDPH deems the application incomplete, it shall notify the applicant of the reasons within 30 days after receipt. The required information or fee must be received by IDPH within 30 days after receipt of notification. Failure to submit the requested additional information shall result in the application for exemption being voided with the loss of all fees paid.  
  
BOARD NOTE: Persons who have initiated or completed projects eligible for exemption without obtaining an exemption are in violation of the Act and are subject to the penalties and sanctions of the Act.
- c) Submission to Chairman or HFSRB  
IDPH shall forward all complete applications for review and action to the Chairman or HFSRB, as applicable.

Section 1130.560 - State Board Action

- a) **Action by Chairman**  
The Chairman, acting on behalf of HFSRB, shall review all applications for exemption and approve, deny, or refer the applications or material change to HFSRB for review and action. An exemption application for a change of ownership of a health care facility between related persons shall be acted upon the Chairman no later than 60 days after being declared complete by IDPH or 60 days after receipt of all public hearing comments and transcripts, whichever is later.
  
- b) **Action by HFSRB**  
HFSRB shall evaluate each application for exemption referred by the Chairman and either issue an exemption or advise the applicant or exemption holder in writing that the application is denied and is not in conformance with exemption requirements. The number of affirmative votes for approval of an application for exemption is specified in the Act. HFSRB shall approve an application for exemption that it determines to be in compliance with the requirements. Exemptions will not be issued for projects that have failed to meet the applicable requirements of this Subpart.

**VI. Other Information**

Appended to this report is a copy of the exemption application.