
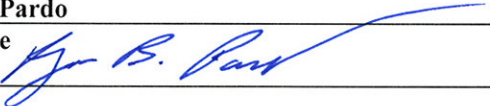


Section I. General Applicant Information

	CERTIFICATE OF NEED APPLICATION APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY
1. Applicant Identification	
Facility Name Liberty Dialysis – Anchorage	Medicaid Provider Number TBD
Facility Address (Street/City/State/Zip Code) TBD	Medicare Provider Number TBD
Name and mailing address of organization that operates the facility (if different from above) Liberty Dialysis – Alaska LLC, 7650 SE 27 th Street, Suite 200, Mercer Island, WA 98040	
Facility Administrator (Name, title, mailing address, including City/State/Zip Code) TBD	Telephone TBD Facsimile TBD E-mail
Applicant (Name, title, mailing address, including City/State/Zip Code) Liberty Dialysis – Alaska LLC, 7650 SE 27 th Street, Suite 200, Mercer Island, WA 98040	Telephone (206) 236-5001 Facsimile (206) 816-6556 E-mail rpardo@libertydialysis.com
Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) Ryan Pardo, 7650 SE 27 th Street, Suite 200, Mercer Island, WA 98040	Telephone (206) 816-6506 Mobile Phone (425) 213-9398 Facsimile (206) 816-6556 E-mail rpardo@libertydialysis.com
2. Ownership Information	
A. Type of Ownership (check applicable category) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> For profit: individual <input type="checkbox"/> For profit: partnership <input type="checkbox"/> For profit: corporation </div> <div style="width: 45%;"> <input type="checkbox"/> Not for profit: government <input type="checkbox"/> Not for profit: corporation <input checked="" type="checkbox"/> Other (specify): For profit, limited liability company </div> </div>	
B. List of all Owners (Page 2 of application) C. Accreditation Information (Page 2 of application)	
3. Agreement to participate in the Uniform Statewide Reporting System	
I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).	
4. Certification of Accuracy by Certifying Officer of the Organization	
I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.	
Name Ryan B. Pardo	Title Vice President
Signature 	Date 8/15/07

APPLICATION FEE – DETERMINATION AND CERTIFICATION OF AMOUNT

How to Determine the Amount of the Application Fee Required Under 7 AAC 07.079

(1) For a project that does not include a lease of a facility or equipment, the value of the project is:

A. the amount listed on page 20 of this packet under Section VIIIA, Financial Data – Acquisitions, subsection (2), item “a” (total acquisition cost of land and buildings): \$ _____

plus

B. the amount listed on page 21 of this packet under Section VIIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$1,862,030

Estimated Value of the Activity for (1)
(sum of A & B above) \$1,862,030

(2) For a project that has a component that is leased, the fair market value of the leased equipment, facility, or land must be considered in addition to the acquisition cost. See the form on page 31 of this packet for how to determine fair market value.

Estimated Fair Market Value for (2): \$4,500,000

Estimated Value for (1) from above: \$1,862,030

Total Estimated Value of the Activity
(sum of (1) and (2): \$6,362,030

Amount of Application Fee submitted with this application
(see 7 AAC 07.079 to calculate amount due): \$6,362.03

Certification of Individual Determining Application Fee

I certify that, to the best of my knowledge, as of this date, the estimated value and fee for this certificate of need activity are accurate.


Date: August 15, 2007

Facility Name and Address: Liberty Dialysis – Anchorage

Name and Title of Person Determining Application Fee: Ryan Pardo, Vice President


Signature of Certifying Officer of the Organization

Section I. General Applicant Information

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Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) Ryan Pardo, 7650 SE 27 th Street, Suite 200, Mercer Island, WA 98040	Telephone (206) 816-6506 Mobile Phone (425) 213-9398 Facsimile (206) 816-6556 E-mail rpardo@libertydialysis.com
2. Ownership Information	
A. Type of Ownership (check applicable category) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> For profit: individual <input type="checkbox"/> For profit: partnership <input type="checkbox"/> For profit: corporation </div> <div> <input type="checkbox"/> Not for profit: government <input type="checkbox"/> Not for profit: corporation <input checked="" type="checkbox"/> Other (specify): For profit, limited liability company </div> </div>	
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I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.	
Name Ryan B. Pardo	Title Vice President
Signature	Date

For Part 2.B. of the application form, provide the following ownership information under each requirement, using as much space as necessary to provide complete information:

(1) For individual owners and partnerships, list the names, titles, organizational name, mailing and street addresses, and telephone and facsimile numbers of the owner or partners.

Not applicable.

(2) For corporations, list the names, titles, and addresses of the corporate officers and Board of Directors. If the facility is a subsidiary of another company or has multiple owners, provide the names and addresses of the all of companies that have ownership in the facility.

The following is a list of the names and titles of the officers and members of the Board of Managers of Liberty Dialysis, LLC, the parent company of the applicant. Except as otherwise noted below, the address for each of the officers or board members is 7650 SE 27th Street, Suite 200, Mercer Island, WA 98040.

Mark Caputo, Chief Executive Officer and Board Member

Mr. Caputo is the founder and Chief Executive Officer of Liberty Dialysis, LLC. Prior to founding Liberty, Mr. Caputo was principal founder and developer of more than 70 dialysis clinics in his more than 15 years in the dialysis industry. Mr. Caputo started his career as a management consultant at Bain Consulting. Mr. Caputo is active in numerous community organizations, dedicating substantial time to non-profit organizations ranging from St. Joseph's Hospital in Syracuse, to Northwest Children's Fund in Seattle, to St. Francis Medical Center in Honolulu. Mr. Caputo received an M.B.A. from Harvard Business School and a B.A. in Economics from Princeton University.

Eric Shuey, Chief Financial Officer

Mr. Shuey is the Chief Financial Officer of Liberty Dialysis LLC. Mr. Shuey has more than fifteen years of corporate finance and private equity investing experience. Prior to joining Liberty Dialysis, he served as a Director at DB Capital Partners, the private equity arm of Deutsche Bank responsible for over \$10 billion in assets, and a Principal at Aurora Capital Group, a \$1 billion private equity firm. Mr. Shuey also has experience as an investment banker with Donaldson, Lufkin & Jenrette. Mr. Shuey earned an MBA from the Wharton School of Business, where he was a Palmer Scholar and graduated with distinction. In addition, he has completed the coursework for his PhD in Management at the Wharton School. He earned his BA from California State University, Fullerton, where he graduated with highest honors.

Willard Berrien, Executive Vice President

Mr. Berrien is the Executive Vice President of Liberty Dialysis, LLC. He has also led Liberty's Hawaii clinics since their acquisition in January 2006. Previously, Mr. Berrien was a Global Manager with General Electric Healthcare and served for eight years as a Naval Special Warfare Officer (SEAL) where he led SEAL and other special operations forces on operations globally. Mr. Berrien received an M.B.A. from Harvard Business School, an MA in International Economics and Strategic Studies from Johns Hopkins University's School of Advanced International Studies (SAIS) and a B.A. in Politics from Princeton University.

Robert Santelli, Executive Vice President

Mr. Santelli has served as a senior advisor to multiple hospital systems and more than 30 dialysis programs in the United States. Mr. Santelli is a former senior executive for Total Renal Care, Inc., where he served as lead executive in acquiring and developing more than 130 dialysis facilities. Mr. Santelli is a graduate of Stanford University and received an M.B.A. from Harvard Business School.

Ronald Sawyer, Executive Vice President

Mr. Sawyer is Executive Vice President for Liberty Dialysis and Chief Operating Officer for Liberty Dialysis subsidiaries in Pennsylvania, West Virginia and Virginia. He is also President of Independent Nephrology Services, Inc. From 2000 to 2003 Mr. Sawyer served as Southeast Divisional Vice President for DaVita, Inc. and from 1995 through 1999 as Mid-Atlantic Vice President for Vivra/Gambro Healthcare. Mr. Sawyer has served on the Board of Directors for the National Renal Administrators Association as well as the regional American Kidney Fund affiliate in Atlanta, GA. Mr. Sawyer graduated with a BS in Biology and attended Master of Science (Biology) and MBA programs at Wayne State University in Detroit, Michigan

Maria McDonough, Executive Vice President

Ms. McDonough is an Executive Vice President with Liberty Dialysis, LLC. Ms. McDonough has worked in the dialysis industry for over 16 years, and has extensive experience in managing hospital-based and freestanding dialysis clinics. She was the Vice President of Clinical Services for Gambro International, has served as Regional Director for Davita, has been the Director of Renal Services for two large hospital based dialysis programs: Johns Hopkins Bayview Medical Center and the Bon Secours Health System in Baltimore, MD. Ms. McDonough is a certified nephrology nurse, she received an MBA from Loyola College, and a B.S. in Nursing from Johns Hopkins University, and is a past president of the Maryland Renal Administrators Association.

William Jensen, Executive Vice President

Mr. Jensen has worked in the dialysis industry for over 35 years. His experience includes working for a variety of organizations in the for-profit and not for profit sector. Mr. Jensen has been instrumental in the start up and operation of over 50 dialysis centers. His early experience as a care giver at the University of Utah included taking patients from across the United States to

remote areas and providing treatment in areas that were and remain inaccessible to the ESRD population. Treatment locations included the tropical beaches of Hawaii and the Caribbean as well as excursions to national parks and white water rafting along the Colorado River. Mr. Jensen holds 2 undergraduate degrees in the behavioral sciences and a Master of Business Administration from the University of Utah.

Denise Van Valkenburgh, Executive Vice President – Clinical Affairs

Ms. Van Valkenburgh serves as Liberty's Executive Vice President of Clinical Affairs and has over 30 years of experience in the dialysis industry. She also spent two years as Vice President of Clinical Operations for Liberty's operations in Hawaii. Prior to joining Liberty, she spent six years as VP of Quality for FMS North Business unit consisting of 250 clinics serving 14,000 patients. She spent 22 years as Executive Manager of a physician-owned dialysis system based in Philadelphia. She is past president of the National Renal Administrative Association and a registered nurse.

Gary Scher, Executive Vice President

Mr. Scher is currently an Executive Vice President for Liberty Dialysis with primary responsibility for managerial oversight of Liberty's Midwest Operations. His career in renal care spans over 33 years and encompassed positions ranging from Patient Care Technician to President of Fresenius Medical Care's largest business unit, with interim positions as Regional Manager and Director of Operations for National Medical Care and President of FMC Canada. He has been directly involved in the development of over 300 outpatient dialysis facilities and has had direct operating responsibility for nearly 700 facilities throughout the US. He obtained his B.S. degree in Business Administration from Widener University.

Tim Schoenberg, Executive Vice President

Mr. Schoenberg has acquired and developed over 65 clinics over the past 14 years. He was the lead development executive with Vivra and was responsible for developing one of the industry's first full risk ESRD disease management programs. After Vivra was acquired by Gambro, he held several executive positions including Vice President of Investor Relations and Vice President of Corporate Development and Strategic Planning for Gambro. Prior to Viva, he worked for Baxter Healthcare where he had Global Responsibility over Sales and Marketing for the Interventional Cardiology and Vascular Surgery business. Mr. Schoenberg received his M.B.A. from Pepperdine University and a B.A. in English from St. John's University.

Laura Colbert, Vice President – Contracting

Ms. Colbert is the Vice President - Contracting for Liberty. Prior to joining Liberty, Ms. Colbert was with the St. Francis Healthcare System dialysis clinics. Her career includes serving as Managing Partner for the Deloitte & Touche management consulting practice in Hawaii, President & CEO of the non-profit Lanakila and founded Lanakila for the Blind. Ms. Colbert continues to dedicate substantial time to non-profit organizations as a Board Member of the Hawaii Health Information Corporation (an association of the hospitals in Hawaii), the

Voyager Charter School and its Foundation, and Catholic Charities of Hawaii. She received an M.B.A. from George Washington University and a B.A. from the University of Hawaii.

Betty A. Waddell – Director of Information Technology

Ms. Waddell is the Director of Information Technology for Liberty Dialysis, where she has combined her previous experience as a programmer/developer for 6 years with Dialysis Clinics, Inc. and 16 years as the System Administrator of Turret Steel, Inc. to develop and implement the computer network infrastructure currently utilized by over 60 clinics and satellite offices. Ms. Waddell received corporate recognition for her work on development and implementation of an educational and training application used as the basis for DCI's national deployment. She continues to participate in programs for advanced IT training and certification, and is a member of industry organizations. As an active advocate for humanitarian issues, Ms. Waddell contributes time and resources to various national and international organizations offering assistance to those most in need.

Steve Springer – Vice President of Financial Planning and Analysis

Mr. Springer is Vice President of Financial Planning and Analysis for Liberty Dialysis, LLC. Prior to joining Liberty Dialysis, LLC in 2006, Mr. Springer held a variety of Financial Management roles with Speakeasy, Inc., Microsoft Corp, and MCI, Inc. Mr. Springer is active in several community organizations, including the Red Cross supporting the local area Language Bank. Mr. Springer received an M.B.A. from Duke University's Fuqua School of Business and a B.S. in Economics for Virginia Polytechnic Institute and State University.

Ryan Pardo – Vice President, Associate General Counsel and Secretary

Mr. Pardo serves as the Associate General Counsel and Secretary of Liberty Dialysis, LLC managing the legal and regulatory affairs of Liberty Dialysis, LLC. From 2005 to 2007, Mr. Pardo served as Corporate Counsel and Assistant Secretary to Eddie Bauer Holdings, Inc., a publicly-traded clothing retailer where Mr. Pardo advised the company on on-going compliance with public securities laws and strategic transactions. From 2000 to 2005, Mr. Pardo was an attorney with Dorsey & Whitney LLP, an international law firm based in Minneapolis, Minnesota advising companies on compliance with securities laws, corporate finance and mergers and acquisitions. Mr. Pardo received a J.D. from Harvard Law School and a B.A. in Economics from Stanford University.

Michael Krupka, Board Member

Mr. Krupka is a member of the Board of Directors of Liberty. In addition, Mr. Krupka serves as a Managing Director of Bain Capital Ventures. Previously, he served as a Managing Director with the Private Equity Group of Bain Capital, with a focus on investing in technology-driven companies. Mr. Krupka received a B.A. in Chemistry from Dartmouth College.

Jeff Crisan, Board Member

Mr. Crisan is a member of the Board of Directors of Liberty. In addition, Mr. Crisan serves as a Director of Bain Capital Ventures. Previously, Mr. Crisan worked for Bain Capital's Private Equity group, focusing primarily on technology and healthcare investments. Mr. Crisan received an M.B.A. with Distinction from Harvard Business School and a B.A. *magna cum laude*, Phi Beta Kappa in Mathematics and Government from Dartmouth College.

Rich Tong, Board Member

Mr. Tong is a member of the Board of Directors of Liberty. In addition, Mr. Tong is a founding partner of Ignition Partners, a venture capital firm. Mr. Tong also serves as a director on the boards of mFoundry, Melodeo, Mpire, Seamobile and lala. He is also managing director of Qiming, Ignition's partner fund in China. Prior to Ignition, Mr. Tong served as a senior executive at Microsoft for 12 years. Mr. Tong received his M.B.A. and M.S. degree in Electrical Engineering from Stanford University. He received his B.S., *summa cum laude*, in Computer Science and Electrical Engineering from Princeton University.

(3) For governmental or other nonprofit owners, list the names and addresses of hospital board members.

Not applicable.

For Part 2.C. of the application form, provide the following information:

Is this facility accredited or certified by a recognized national organization? ☐ Yes ☒ No

Not applicable.

If yes, identify the organization, the date of accreditation or certification, and attach as an appendix to this application a copy of the most current accreditation or certification.

Section II. Summary Project Description

Provide a one-page summary of the proposed project including:

(1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.

Liberty intends to build a dialysis clinic in Anchorage with 20 in-center hemodialysis stations and two home training stations. The new clinic will be built to the highest industry standards and consistent with other state of the art clinics built by Liberty Dialysis. It will include the latest equipment and technologies to provide the highest quality services for in-center hemodialysis, home hemodialysis, home peritoneal dialysis and a CKD clinic. These services will be available to all residents of Alaska and visiting hemodialysis patients. In addition Liberty Dialysis Anchorage will provide social services, dietician counseling and financial counseling on site.

The equipment will be purchased and will include an ultra-pure water system, 22 dialysis chairs, 22 dialysis machines, home dialysis equipment and other related equipment and supplies.

(2) The number of square feet of construction/renovation.

The leased building will be approximately 10,000 sq. ft.

(3) The number and type of beds/surgery suites/specialty rooms.

Not applicable.

(4) Services to be expanded, added, replaced, or reduced.

Not applicable.

(5) The total cost of the project.

The total cost of the project will be approximately \$6,362,030.

(6) How the project will be financed.

The project will be financed out of available cash. However, if attractive terms are available, Liberty may elect to finance a portion of the project.

(7) Estimated completion date.

The estimated completion date will be August of 2008 (or 10 months from the award of the CON)

Section III. Description of Facilities and Capacity Indicators

- A. Proposed changes in service capacity. Provide either the number of beds, surgery suites, rooms, pieces of equipment, or other service.**

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
IN-PATIENT ACUTE CARE HOSPITALS			
Med/Surg Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
ICU Beds			
Obstetrics Beds			
Pediatric Beds			
Acute Rehab Beds			
Obstetrics Beds			
Pediatric Beds			
Ancillary Services (list)			
BEHAVIORAL HEALTH CARE			
In-patient Acute Psychiatric Beds			
RPTC Beds			
In-patient Substance Abuse Beds			
LONG-TERM CARE			
Acute Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
Nursing Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES			
CT Scanner			
MRI			
PET or PET/CT			
Cardiac Catherization			
Emerging Med. Tech. (list)			
SURGICAL CARE			

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
Ambulatory Surgery or Dedicated OP Suites			
Suites for IP & OP			
Endoscopy Suites			
Open-Heart Surgery			
Organ Transplantation			
Other Services (list)			
THERAPEUTIC CARE			
Radiation Therapy			
Lithotripsy			
Renal Dialysis	0 stations	20 stations*	20 stations*
Other (List)			
Total Capacity			

*Plus two home hemodialysis training stations.

B. Provide a detailed narrative description of each service identified in "A" above, including the type of change (addition, expansion, conversion, reduction, replacement, elimination). Include, as appropriate, detailed information relative to the scope and level of service.

The project will offer renal dialysis and related services including (i) in-center hemodialysis, (ii) home hemodialysis training and support services, (iii) peritoneal dialysis training and support services and (iv) chronic kidney disease screening and education. For in-center hemodialysis, the project will utilize the latest in hemodialysis machines and ultra-pure water systems. Liberty intends to make a full range of home hemodialysis products available to patients and physicians, including the NxStage system, which is not currently offered in Alaska. In addition, the project will feature a CKD clinic offering education and screening for chronic kidney disease to improve early identification and disease management.

C. Provide in the following table information regarding equipment to be purchased.

Equipment to be Purchased			
Equipment Description	Make	Model	Cost
Water system	Marcor		\$ 92,000
Dialysis machines	Fresenius	K	\$264,000
Dialysis Chairs	Winco	655NH	\$ 33,520
Computers	Dell		\$ 10,500
Flat Screen TV's	PDI		\$ 24,000
Telephone System	NEC		\$ 20,000
In-floor Platform Scale	SR Scale	SR463	\$ 6,500
Security System	Guardian		\$ 20,000

D. Provide in the following table information regarding equipment to be replaced or retired.

Not applicable

Equipment to be Replaced or Retired				
Equipment Description	Make	Model	Date Placed Into Service	Reason for Replacement or Retirement

E. Describe replacement or upgrading of utilities including the electrical, heating, ventilation, and air conditioning systems.

Not applicable.

F. Describe the structural framing, floor system, and number of floors (including the basement).

Not applicable.

G. Total square footage in current facility/project.

Not applicable.

H. Total square footage of proposed facility/project.

10,000 square feet.

I. Area per bed, service unit, or surgery suite (if applicable).

Approximately 500 square feet.

J. Percentage of total floor area used for direct service (non-bed activity).

Not applicable.

K. Additional volume of service (non-bed activity) expected.

Not applicable.

L. Provide a brief history of expansion and construction for the past five years, including new equipment purchases, additional beds, and new services. Describe how this project fits into the facility's long-range plans, including potential projects planned for development within the next five years.

Not applicable.

Section IV. Narrative Review Questions

A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

Indicate how the application relates to any relevant plans, including the applicant's long-range plans, appropriate local, regional, or state government plans, the current *Alaska Certificate of Need Review Standards and Methodologies*, adopted by reference in 7 AAC 07.025, and current planning guidelines of recognized national medical and health care groups. If the proposal is at variance with any of these documents, explain why. (See the department's website for state planning processes and materials and links to federal websites.)

The proposed project and Liberty's long term plans for serving Alaska would help meet several goals specified in Alaska planning documents including Healthy Alaskans 2010.

Educational & Community-based Programs. This Health Goal for the Year 2010 is to "[i]ncrease the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life." Two of the indicators of progress for primary care are:

- Increase the proportion of health care organizations that provide and document patient and family education.
- Increase the proportion of hospitals and health care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

Liberty has worked with physicians in local markets to increase the availability of educational and early intervention services to avoid, identify and manage chronic kidney disease, including the establishment of local chronic kidney disease clinics. For example, Liberty established a non-profit organization in Hawaii, Pacific Renal Care foundation, that operates a chronic dialysis clinic serving the local population. One of the features that Liberty intends to include in its project is space for a chronic kidney disease clinic. Liberty also works closely with laboratories in the markets it serves to screen patients for chronic kidney disease. Liberty also intends to explore the establishment of additional regional chronic kidney disease clinics in underserved or geographically remote areas including the possibility of co-location and cooperation with Native Alaskan health organizations. These clinics will focus on efforts to increase awareness of the causes of chronic kidney disease and actions that can be taken to prevent on-set, reduce the likelihood of progression to end stage renal disease and better manage chronic kidney disease.

Access to Quality Health Care. This Health Goal for the Year 2010 is to "[i]mprove access to comprehensive, high-quality health care services." Among the indicators of progress for clinical preventive and primary care services are:

- Increase the proportion of Alaskan adults appropriately counseled about health behaviors within the last year.

- Increase the proportion of Alaskans counseled about diet or eating habits.
- Increase the proportion of adults aged 18 or older with a usual place to go for care if sick or needing advice about health.
- Reduce the proportion of adults aged 18 or older reporting that the distance or time to travel to their health care provider was either fair or poor.
- Reduce hospitalization rates for three ambulatory-care-sensitive conditions – pediatric asthma, ***uncontrolled diabetes***, and immunization-preventable pneumonia and influenza in older adults. [emphasis added]

Liberty’s project addresses each of these goals. As discussed above, Liberty intends to establish CKD clinics to provide education and disease management in conjunction with the project. Liberty believes that the addition of these clinics will substantially increase the number of Alaskans who receive counseling about chronic kidney disease issues, including diet, while also increasing the available locations for Alaskans to seek care. The project will also provide an additional chronic kidney dialysis facility, offering treatment options, such as NxStage and Extraneal, that are not currently available in Alaska. As a result, the project will provide another place to go for those suffering from ESRD while reducing the distance that individuals need to travel to the new clinic location and substantially eliminating the need to travel for patients who elect to take advantage of home dialysis options offered by the new clinic, including the NxStage system. As discussed above, the access of patients to clinics will be enhanced and the need to travel long distances will be reduced by Liberty’s plans to open small satellite dialysis facilities to provide home hemodialysis and peritoneal dialysis training and support services, and, depending on local community need, perhaps a small number of in-center hemodialysis machines, either for in-center treatment or for back-up if needed by a home hemodialysis or peritoneal dialysis patient, thus saving them the trip to Anchorage or another city with an existing in-center hemodialysis facility.

Some of the significant challenges to access to health care in Alaska are the unpredictable weather and vast geography. As noted in Section 15 of Healthy Alaskans 2010 – Volume I, “[approximately 25 percent of all Alaskans and 46 percent of Native Alaskans live in communities of less than 1,000 people...Nearly one-quarter of the state’s population lives in towns and villages that are reachable only by boat or aircraft. Approximately 75 percent of Alaskan communities are not connected by road to another community with a hospital...Severe weather often limits air travel, causing delays in obtaining care. The geography and climate of the state limits access to care...” These challenges are particularly daunting for dialysis care, since treatment must occur, at a minimum, three to four times per week regardless of weather conditions or remoteness in order to maintain the patient’s quality of life and well-being. As part of Liberty’s entry into the Alaska market, Liberty intends to address these challenges by establishing several smaller, satellite dialysis facilities, consisting of peritoneal and home dialysis support and services and up to two or three stations in more remote areas with populations needing treatment. Liberty has significant experience in building and operating small, remote facilities as demonstrated by its operations at (i) Molokai, Hawaii, (ii) Blackfoot, Idaho, and (iii) Mountain Ridge, West Virginia. In addition, as described above, Liberty intends to leverage the existing telemedicine infrastructure to bring the benefits of telemedicine to the population dealing with chronic kidney disease.

State Health Plan for Alaska, June 1984. The project and Liberty's long-term plans for Alaska also serve the goal set forth for ESRD in the State Health Plan for Alaska, June 1984 that has the goal to "eliminate to the greatest extent possible, disability and death related to end stage renal disease." As noted above, Liberty intends to bring a number of new care options to the area to improve patient outcomes, such as Extraneal and NxStage, along with constructing a state of the art facility to serve the existing patient base and meet future growth needs. In addition, Liberty intends to locate a CKD clinic in the project, and regional CKD clinics in the planned satellite facilities, to assist in early diagnosis and dissemination to the population to improve the timing and efficacy of interventions. These resources will allow local nephrologists to reduce disability and death related to ESRD by identifying patients who were previously diagnosed too late to manage the disease or were never diagnosed due to a lack of resources. The project and the planned CKD and satellite clinics, taken as a whole, also tie into the Health System Response set forth in the State Health Plan for Alaska by "provid[ing] a proper distribution of ESRD treatment resources and a delivery system which is sufficiently flexible to meet the special needs of both rural and urban Alaskans."

B. DEMONSTRATION OF NEED

1. Identify the problems being addressed by the project. For example, identify whether this project is for (a) a new service; (b) an expanded service; or (c) an upgrade of an existing service.

New Services

Liberty offers patients and physicians access to a full range of options for dialysis treatment, including options not currently offered in the state of Alaska.

NxStage Portable Dialysis Product Line

One particularly exciting option that Liberty offers to home hemodialysis patients is the NxStage System One portable dialysis machine. Due to NxStage's limited exclusivity agreement with another large dialysis provider, Fresenius is unable to offer this product in any of its markets.

The NxStage System One is the smallest, commercially available hemodialysis system, consisting of a compact, portable and easy-to-use cycler, disposable drop-in cartridge and high purity premixed fluid. The System One has a self-contained design and simple user interface making it easy to operate by a trained patient and his or her trained partner in any setting prescribed by the patient's physician. Unlike traditional dialysis systems, the NxStage System One does not require any special disinfection and or expensive plumbing or electrical modifications to the patient's home. The System One's diminutive size and flexibility allows patients significantly increased freedom to travel versus more traditional options.

The NxStage System One is designed to make more frequent treatment easier and more practical. A number of clinical studies suggest that therapy administered five to six times per

week, better mimics the natural functioning of the human kidney and can lead to improved clinical outcomes, including reduction in hypertension, improved anemia status, reduced reliance on pharmaceuticals, improved nutritional status, reduced hospitalizations and overall improvement in quality of life.

NxStage treatments are normally performed six days per week, but only for approximately two hours per treatment versus the standard four to four and a half hour treatments done three times per week in-clinic. While the frequency of six days per week might be a drawback, as noted above, many patients and physicians may view the potential improvement in health and wellbeing as offsetting the inconvenience of more frequent treatment. Also, the more frequent treatments are balanced by the flexibility provided by performing dialysis in the comfort of the patient's own home (or wherever the patient chooses).

While the NxStage provides a number of potential benefits, three particular benefits stand out:

- It provides more patients with access to home hemodialysis.
- It improves overall patient health and gives patients greater control over their treatment and their lives.
- Because of the portability of the machine and no need for a dedicated pure water source, it allows patients the ability to travel.

In addition, in the context of critical care, the NxStage System One provides physicians with an alternative that simplifies the delivery of acute kidney replacement therapy and makes longer or continuous critical care therapies easier to deliver.

The NxStage product line is not an ideal solution for all patients, but it provides physicians and patients with another valuable option in managing ESRD. Liberty intends to bring this option to the population of Alaska.

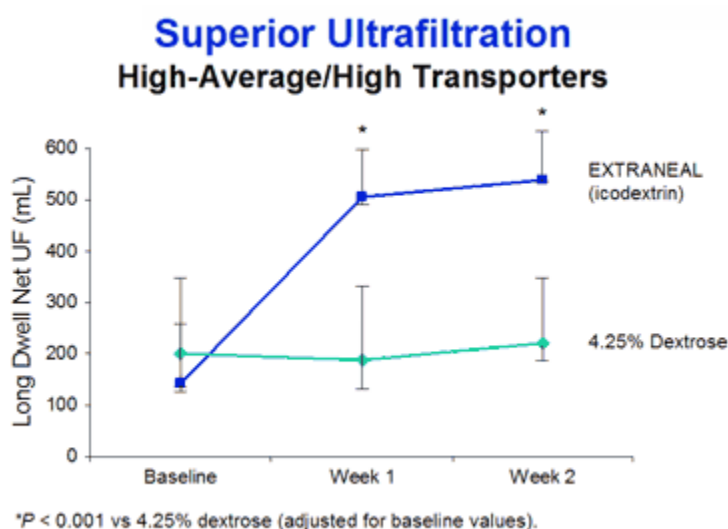
Extraneal

Liberty currently offers physicians the option of prescribing Extraneal for their dialysis patients; a option that is not currently offered in Alaska. Extraneal (icodextrin) is a peritoneal dialysis solution containing the colloid osmotic agent icodextrin in place of dextrose for ultrafiltration during long-dwell exchanges used for the long dwell. According to studies sponsored by Baxter, this solution offers the potential for increased ultrafiltration compared to 1.5% and 2.5% dextrose solutions in all patients. It also has been shown to provide more fluid removal during the long dwell than 4.25% dextrose in patients with high-average or high membrane transport characteristics.

While Liberty typically does not receive increased reimbursement when doctors select Extraneal, it believes that it is in the patient's best interests to make the option available and doing so serves its goal of enhancing patient care and improving industry standards.

According to studies sponsored by Baxter, Extraneal has a number of patient care advantages versus the standard (and less expensive) 4.25% dextrose used with peritoneal dialysis patients.

A study reported in the Journal of the American Society of Nephrology reflected superior ultrafiltration performance of Extraneal compared to 4.25% dextrose¹. In the study, both groups of patients had similar long dwell net ultrafiltration results at baseline, when all patients were using 4.25% dextrose. As noted in the chart below, at the end of both week 1 and week 2, net ultrafiltration was significantly greater among patients using extraneal compared to those patients who were in the control arm and continued on 4.25% dextrose.



Source: Baxter PD at <http://www.renalsource.com/extraneal/fluid.html>

This study also demonstrated a reduction in carbohydrate absorption among high-average and high transport patients in the Extraneal arm versus patients who continued on 4.25% dextrose. The decreased carbohydrate absorption resulted in greater ultrafiltration efficiency in the high-average and high transport patients on Extraneal. The total amount of carbohydrate absorbed was significantly lower with Extraneal compared to 4.25% dextrose (56.3 vs 77.7 g). As a result, the number of calories gained was also significantly lower with Extraneal (225.2 vs 310.0 Kcal). In combination, the significant increase in net ultrafiltration and the significant reduction in carbohydrate absorption resulted in a significantly greater ultrafiltration efficiency with Extraneal compared to 4.25% dextrose. Ultrafiltration efficiency was 10.9 mL/g with Extraneal vs 4.7 mL/g with 4.25% dextrose as reflected in the table set forth below.

¹ Finkelstein F. et al., Superiority of icodextrin compared to 4.25% dextrose for peritoneal dialysis ultrafiltration, J Am Soc Nephrol, 2005 16:546-554

Decreased Carbohydrate Absorption EXTRANEAL (icodextrin) vs 4.25% Dextrose

	Carbohydrate Absorbed (g) ^a	Calories Gained (Kcal) ^b	UF Efficiency (mL/g) ^c
4.25% Dextrose	77.7 (92.0%)	310.8	4.7
EXTRANEAL	56.3 (35.6%)*	225.2*	10.9*

^a Difference in carbohydrate content between infused and drained dialysate.

^b Carbohydrate absorbed (g) x 4 (Kcal/g).

^c Amount of UF achieved per gram of carbohydrate absorbed from the dialysate (UF [mL] ÷ CHO absorbed [g]).

* $P \leq 0.001$ vs 4.25% dextrose, measured at week 2.

Source: Baxter PD at <http://www.renalsource.com/extraneal/fluid.html>

Another potential advantage of Extraneal is that it contains icodextrin, which is an osmotic agent that is glucose-free. Icodextrin metabolism to glucose occurs predominantly after absorption from the peritoneal cavity. As a result, the peritoneal membrane is exposed to substantially reduced amounts of glucose versus the standard treatment.

Ultra Pure Water

Liberty takes every step to ensure patient safety and enhance patient care. As part of this commitment, we have voluntarily adopted more stringent requirements for our facilities than the industry norm. For example, Liberty was the first company to build all new facilities with “ultra pure” water.

During each dialysis treatment the patient’s blood is cleaned across an artificial kidney membrane with a cleansing solution (dialysate) made from purified water. Current standards in the United States recommend that the water not contain more than 200 colony forming units of bacteria per milliliter (ml) of water and less than 2 endotoxin units per ml of water.

Liberty believes that lowering the amount of bacteria and endotoxins in the water will benefit our patients, and Liberty has therefore chosen to use "ultra pure" water standards instead of conventional standards. These "ultra pure" standards have 1,000 times less bacteria as compared to conventional standards. Available data would support that less bacteria and toxins results in a decrease of the chronic inflammation state often seen in dialysis patients.

Liberty believes that these enhanced standards will translate to improved nutritional status, less anemia, more clearance of B2 microglobulin, and possibly even fewer cardiovascular complications. There are clear morbidity and mortality benefits with improving nutrition and anemia. By clearing more B2 microglobulin, carpal tunnel syndrome and arthropathies become less significant and improve patient quality of life.

With respect to the lower rates of cardiovascular complications, the hypothesis is that reduced chronic inflammation from fewer bacteria and toxins will cause less vascular disease. This would result in fewer heart attacks, less strokes and less painful peripheral vascular disease.

Upgrades of Existing Services

The project offers a number of upgrades over existing service, including Liberty's plans to build a very patient friendly environment with a substantial amount of natural light, fireplaces and open areas and features such as wireless internet, laptops and individual flat panel televisions for the patients. These features allow patients to be more productive while undergoing dialysis and, we believe, lend themselves to an improved sense of well-being. In addition, Liberty intends to acquire the latest dialysis machines and install an ultra pure water system in addition to offering new products and services like the NxStage home dialysis system and Extraneal.

2. Describe whether (and how) this project (a) addresses an unmet community need; (b) satisfies an increasing demand for services; (c) follows a national trend in providing this type of service; or (d) meets a higher quality or efficiency standard.

Unmet Community Need

As discussed above, the facility will offer new products and services not currently available to the local population, such as NxStage home dialysis and Extraneal.

A growing number of physicians are adopting NxStage as their preferred alternative for home hemodialysis due to its advantages in portability, lower infrastructure costs (i.e., patients do not need to upgrade their water or electrical systems) and ease of use as detailed in Section IV(B)(1) above. Since Fresenius is unable to offer the product, NxStage is not currently available in Alaska. Liberty intends make this innovative product available to physicians and patients in connection with the project and through the other satellite clinics as part of its long-range plan for serving the population of Alaska.

Increasing Demand for Services

The project will improve access to in-center hemodialysis by providing the local population with another option for care. Currently, the existing facility services 240 patients according to the most recent data available from Northwest Renal Network. As a result, patients encounter difficulty scheduling a time that fits into their schedules. While the facility is considering adding a sixth shift, these time slots tend to be very difficult for patients to use. In addition, the current high levels of utilization at the existing facility make it very difficult for new patients or patients currently using peritoneal dialysis or home hemodialysis to transition to in-center dialysis. It is not unusual for patients using peritoneal dialysis or home hemodialysis to switch to in-center dialysis for a period of time due to infections or other complications or equipment failures with their home systems. In addition, as ESRD progresses in patients on peritoneal or home dialysis, they often need to transition permanently to in-center dialysis due to declining health. The recent data published by Northwest Renal Network supports this transition as the number of peritoneal patients declined from 29% of patients as of December 31, 2001 to 25% of patients as of June 30, 2007. The current utilization level at the existing facility will not permit these patients to transfer to in-center dialysis without substantial expansion of the facility, let alone deal with increased need resulting from increasing incidence of chronic kidney disease, better diagnosis of the condition and population growth.

Discussions with doctors in the area also reinforce the need for expanded facilities to deal with growth in the need for dialysis and chronic kidney disease management. Among the factors identified that we believe will lead to increased demand are:

- *Older Patients on Dialysis.* The national trend of putting older patients on dialysis. According to the Northwest Renal Network, older patients are growing as a percentage of total dialysis patients in Alaska with the percentage of patients 65 and older rising from 58 or 27% of the population in 2000 (58/216) to 116 or 36% in 2006 (116/324). In addition, 49 of the 118 newly diagnosed patients in 2006 or 42% of the new patients were 65 or older. (source: North West Renal Network Annual Report 2006);
- *Better Identification of CKD.* Earlier and more effective identification of patients resulting in more patients actually reaching dialysis instead of dying untreated;
- *Growing Retiree Population.* The growing retiree population in Alaska – according to State’s Official Population Forecast the current population of residents 65 and older will grow from 45,489 or 7% in 2006 to 55,324 or 8% of the population in 2010 and reach 74,980 in 2015 or 10% of the population. As more retirees decide to stay in Alaska we expect to see an increase in the number and percentage of hemodialysis patients;
- *Care for Aging Relatives.* The trend of working age individuals moving their aging parents to the area to more effectively care for them will increase the elderly population in need of dialysis services;
- *More Aggressive Treatment.* The trend of nephrologists to be more aggressive in treating chronic kidney disease by putting patients on dialysis earlier to improve outcomes and disease management;
- *Increased Demand From Native Populations.* Increasing awareness of chronic kidney disease among native populations and a concomitant demand for better access to dialysis.

Meets a Higher Quality or Efficacy Standard

As discussed above in Section IV(B)(1) above and Section VI below, Liberty focuses significant resources on designing facilities that provide patients with a comfortable, inviting environment for their treatment while also providing them with tools, such as laptops, to make productive use of the significant amount of time they spending undergoing dialysis each week. Liberty also outfits its facilities with state of the art systems including the latest in dialysis machines and ultra pure water systems. Liberty believes that providing comfortable facilities where patients have the resources to make productive use of the extensive amount of time each week that they spend in a dialysis chair improves the patient’s outlook and overall outcomes. In addition, by making the latest technology available to treat patients, such as ultra pure water systems, Liberty provides physicians with the tools to achieve the best available outcomes based on the current state of the practice.

In addition, Liberty will also be making products like Extraneal, manufactured by Baxter, available for physicians. As discussed above, this product has been shown to have an enhanced performance profile versus other standard products available in the market in certain categories of patients, in particular high-average and high transport patients. This product is not currently offered in Alaska. Liberty will also be introducing NxStage home dialysis products which have performance advantages versus other available options as discussed in Section IV(B)(1) above.

3. Describe any internal deficiencies of the facility that will be corrected, and document which of these deficiencies have been noted by regulatory authorities. Note any deficiencies that will not be corrected by this project, what efforts have been taken to correct the deficiencies, and how this project will affect the deficiencies. Attach any pertinent inspection records and other relevant reports as an appendix to the application.

Not applicable.

4. Identify the target population to be served by this project. The "target population" is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:

- a. Document the service area by means of a patient origin analysis.
- b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live out of the primary service area.
- c. Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.
- d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g. heart, cancer, kidney, alcoholism, etc.) or the needs of under-served groups.

The target population consists of the individuals residing in the Anchorage/Matanuska-Susitna Region as reported by the Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit. As of July 1, 2006, this consisted of 359,987 people and, based on anticipated population change rates, the population is expected to grow to 393,545 by 2013. In addition, the clinic located in Anchorage service a number of peritoneal dialysis patients who live outside of the area.

Since Anchorage is Alaska's primary medical center, all of the newly diagnosed patients must visit Anchorage to have either fistula or catheter placement surgery and most peritoneal dialysis patients start dialysis treatment in Anchorage with the exception of Fairbanks patients. In addition all 6 nephrologists live in Anchorage and as a result Anchorage serves as the hub for the state and when PD or HD patients require hospitalization they usually return to Anchorage for follow-up care. According to the most current network data, only 33 of the 74 PD patients being treated in the Anchorage Clinic lived in the borough.

As of June 30, 2007, approximately 55.4% of the peritoneal dialysis patients who utilized the existing Anchorage clinic came from outside of the greater Anchorage area. As individuals age or their conditions otherwise deteriorate, they find it necessary to transition from peritoneal dialysis to in-center dialysis. Thus, a large number of the peritoneal dialysis patients living outside the Anchorage area who currently utilize the Anchorage clinic for training and support services will likely move into the Anchorage area when they find it necessary to go onto in-center dialysis. As a result, it is appropriate to view the target population for the project as the Alaska population excluding the Juneau and Fairbanks areas (since each of these markets has their own in-center dialysis facility where local peritoneal dialysis patients would likely seek service when they must transition to in-center dialysis.) As reported by the Alaska Department of Labor and Workforce Development, the population of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development) as of July 1, 2006 was 497,724 and, based on anticipated population change rates, the population is expected to grow to 539,855 by 2013.

5. Describe the projected utilization of the proposed services and the method by which this projection was derived. Do not annualize utilization data. It must include the last complete year of operation (indicate if it is a calendar year or fiscal year) and as many prior years as is feasible to show trends. If graphs are used to depict this information, and they do not include the actual utilization numbers, numerical charts must be included. In providing this information:

- a. Include evidence of the number of persons from the target population who are currently using these services and who are expected to continue to use the service, including individuals served out of the service area or out of state;**

The existing facility currently services 240 patients, including 74 peritoneal dialysis patients according to the most recent data available from Northwest Renal Network. As discussed above in Section IV(B)(4) above, the majority of these peritoneal dialysis patients live outside of the greater Anchorage area and travel to Anchorage for appointments. As analyzed in Section IV(B)(6) below and in Section VI, the incidence of ESRD in the state of Alaska has continued to grow

over the past two decades and, if current trends continue, there is need for a substantial amount of additional dialysis stations in the Anchorage area.

- b. Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.**

As discussed, NxStage provides an attractive alternative to home hemodialysis, which is minimally used in Alaska, must likely due to the significant infrastructure upgrades necessary at patient homes to support the dedicated water systems and to peritoneal dialysis, which is widely used in Alaska (likely due to the portability and infrastructure challenges of home hemodialysis). NxStage does not requires significant infrastructure investments, such as separate water systems, and is very portable. This product will provide the first real alternative treatment available to peritoneal dialysis patients. As a result of the advantages of NxStage discussed in more detail above, Liberty anticipates that a number of peritoneal dialysis patients may elect to convert to the system.

- c. Provide annual utilization data and demand trends for the five most recent years and monthly utilization data for the most recent incomplete year prior to the application for each existing facility offering a similar service in the service area. Provide projections for utilization for three years (or the appropriate planning horizon set out in the review standards related to this project) after construction, and show methodology used to determine use, including the math.**

Attached as Appendix IV(B)(5)(c) is a schedule setting forth the utilization levels for the existing facility for the past five years based on publicly available data. The schedule also sets forth the projected utilization of the existing facility and the proposed facility from 2008 through 2012. The projections and the financial statements included with this application are based on the demand forecast set forth in Section IV(B)(6) below under the heading “*Projected Prevalence Growth Scenario*”. This scenario assumes that patients are drawn from the population of Alaska excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development) and assumes that the 5.85% growth rate in ESRD prevalence from 2000 through mid-2007 continues (as discussed in detail in Section VI below). Based on current patient census and demographic trends discussed in this application, we believe that these assumptions provide a reasonable baseline for projecting demand into the future.

- d. If the project is an acquisition of a new piece of major equipment or a new service, provide utilization data for similar services, existing equipment, or older technology. Indicate whether similar existing equipment will continue to be used and the project's effect on utilization of similar services. If this service or equipment was not in place in the service area, compare the**

expected utilization with other similar communities in Alaska or in other states.

Not applicable.

- e. If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years, and new beds and facility construction are for five years). Include each of the following data when applicable:**

- (1) number of admissions/discharges**
- (2) number of patient days**
- (3) average length of stay**
- (4) percent occupancy**
- (5) average daily census**
- (6) number of licensed beds**
- (7) number of beds set up**
- (8) number of inpatient and outpatient surgeries and surgery minutes**
- (9) number of existing surgery suites in the service area**
- (10) number of procedures**
- (11) number of treatment rooms**
- (12) number of patients served**
- (13) number of outpatient visits**
- (14) number of laboratory tests**
- (15) number of x-rays**
- (16) number of ER visits**
- (17) number of CT, MRI, PET or PET/CT scanners**

Appendix IV(B)(5)(c) sets forth the projected utilization for in-center hemodialysis, peritoneal dialysis and home hemodialysis for the relevant population base identified in Section IV(B)(4) above. As discussed in detail in Section IV(B)(2) above and Section VI below, Liberty anticipates that the need for these services will continue to grow in Alaska due to continuing demographic and disease treatment trends. These trends include:

- Increasing disease incident due to lifestyle factors and an aging population;
- Increasing willingness among doctors to put older patients on dialysis;
- Better identification of CKD;
- Growing retiree population in Alaska;
- An increasing number of adult children relocating parents to the area for care;
- More aggressive treatment of CKD to achieve enhanced outcomes; and

- Increased awareness of CKD and demand for treatment from Native populations.

f. If any services will be reduced, indicate how the proposed reduction will affect the service area needs and patient access.

Not applicable.

g. Provide any other information that may be pertinent to establishing the need for this project.

As noted in Section VI below, the prevalence rate for ESRD in the state of Alaska has grown significantly over the last several decades. As discussed, current demographic trends and treatment trends suggest that this prevalence rate will continue to grow in the future and the need for dialysis stations in the area will likewise grow.

h. Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.

Attached as Appendix IV(B)(5)(h) hereto are letters supporting the proposed facility and the services to be offered.

6. Include your calculations of numerical need for each proposed activity for your service area. If the proposed project is expected to have a larger capacity than that projected by (and available from) the department, explain the rationale and provide documentation to support the larger capacity.

Alaska Certificate of Need Review Standards and Methodologies dated December 9, 2005 provides that the following calculation should be used to determine need for new services in an area:

STEP ONE: Determine the projected ESRD caseload using the formula:

$$C = P \times UR$$

C (caseload) = the number of ESRD patients three years from the project implementation date

P (projected population) = the official State population projected for the fifth year following implementation of the project²

² Note that the population must be divided by 10,000 at some point during the calculation in order to be consistent with the chosen prevalence rate.

UR (end stage renal disease prevalence rate) = persons diagnosed with ESRD per 10,000 population

STEP TWO: Determine the projected number of chronic renal dialysis treatments required to meet projected demand using the formula:

$$\mathbf{DTR = C \times PTR}$$

DTR = Dialysis treatments required

C (caseload) = Projected ESRD caseload

PTR = Average ESRD patient treatment rate, defined as 3.0 treatments per patient per week or 156 treatments per patient annually

STEP THREE: Determine the number of ESRD dialysis stations required to meet the projected number of treatments using the formula:

$$\mathbf{DSR = DTR / DSC / TSO}$$

DSR = Dialysis stations required

DTR = Dialysis treatments required

DSC = Average dialysis station capacity, defined as 15.0 treatments per week or 780 treatments per year

TSO = Target ESRD station occupancy, defined at 80% (0.80)

STEP FOUR: Determine unmet ESRD station need, if any, by subtracting number of existing and CON-approved ESRD stations from the number projected to be needed.

$$\mathbf{UNMET\ NEED = DSR - Existing\ Stations}$$

Based on the above calculations, the formulas for determining DRS can be combined and simplified to:

$$\mathbf{DSR = DTR / DSC / TSO = C * PTR / DSC / TSO = ((0.0001 * P * UR) * 156) / 780 / 0.80}$$

$$DSR = ((0.0001 * P * UR) * 156) / 624 = (0.0001 * P * UR) * 0.25$$

$$DSR = 0.000025 * P * UR$$

As there are currently 35 stations in Anchorage, the need for addition stations can then be calculated as follows:

$$Need = DSR - \text{Existing Stations} = (0.000025 * P * UR) - 35$$

Baseline Scenario

Using a strictly literal interpretation of the guidelines without regard to the trends in prevalence growth analyzed in detail in Section VI below, the formula for calculating need provides the following result:

$$Need = (0.000025 * 393,545 * 4.84) - 35 = 47.61 - 35 = \mathbf{12.61 \text{ additional stations.}}$$

Where:

- (a) P=393,545, the projected population of the greater Anchorage area in 5 years.
- (b) UR=4.84, the prevalence rate per 10,000 people as of December 31, 2006.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage who utilize the Anchorage facility to in-center patients in Anchorage as their condition progresses. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development), five years from now gives the following result:

$$Need = DSR - \text{Existing Stations} = (0.000025 * 539,855 * 4.84) - 35 = 65.32 - 35 = \mathbf{30.32}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=4.84, the prevalence rate per 10,000 people as of December 31, 2006.

This calculation results in the need for an additional 30.32 dialysis stations in Anchorage.

Projected Prevalence Growth Scenario

As discussed in detail in Section VI below, the prevalence rate for kidney dialysis has been increasing in Alaska consistently for the last 20 years. Based on the changing demographics of Alaska and the rising national prevalence of kidney disease, it is reasonable to assume that the rate of prevalence in Alaska will continue to grow. As noted in Section VI below, if the average growth rate in prevalence from 2000 through June 30, 2007 continues then the prevalence rate in five years will reach approximately 6.63 per 10,000.

Applying this projected prevalence rate solely to the population of greater Anchorage results in the following estimated need for dialysis stations:

$$\text{Need} = (0.000025 * 393,545 * 6.63) - 35 = 65.23 - 35 = \mathbf{30.23 \text{ additional stations.}}$$

Where:

- (a) P=393,545, the projected population of the greater Anchorage area in 5 years.
- (b) UR=6.63, the prevalence rate per 10,000 people as of June 30, 2012.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development), five years from now gives the following result:

$$\text{Need} = \text{DSR} - \text{Existing Stations} = (0.000025 * 539,855 * 6.63) - 35 = 89.48 - 35 = \mathbf{54.48}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=6.63, the prevalence rate per 10,000 people as of June 30, 2012.

This calculation results in the need for an additional 54.48 dialysis stations in Anchorage.

Regional Prevalence Scenario

Given the current trends in demographics and prevalence in Alaska discussed in this application, it seems reasonable to assume that the Alaskan prevalence rate will converge with the Northwest regional prevalence rate reported by the Northwest Renal Network of 6.98 per 10,000 in the near future.

Applying this projected prevalence rate solely to the population of greater Anchorage results in the following estimated need for dialysis stations:

$$\text{Need} = (0.000025 * 393,545 * 6.98) - 35 = 68.67 - 35 = \mathbf{33.67 \text{ additional stations.}}$$

Where:

- (a) P=393,545, the projected population of the greater Anchorage area in 5 years.
- (b) UR=6.98, the prevalence rate per 10,000 people as reported by Northwest Renal Network for the Northwest region.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development) five years from now gives the following result:

$$\text{Need} = \text{DSR} - \text{Existing Stations} = (0.000025 * 539,855 * 6.98) - 35 = 94.20 - 35 = \mathbf{59.2}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=6.98, the prevalence rate per 10,000 people as reported by Northwest Renal Network for the Northwest region.

This calculation results in the need for an additional 59.2 dialysis stations in Anchorage.

C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

1. Describe the different alternatives considered in developing this project. Explain why the particular alternative for providing the services proposed by this application was selected. Include as an alternative a discussion of the effect of doing nothing.

There are several alternatives to developing a new facility in the area.

- a. Send New Patients to the Facility in Wasilla. New patients could be sent to the Wasilla facility for treatment. However, this solution is very intrusive to patients' lives because they will be forced to travel a substantial distance from their homes three to four days a week in order to receive treatment. In addition, this solution does not deal with the long term growth trend in absolute number of patients due to population growth, rising incidence of CKD and other factors noted above. In addition, shifting patients from Anchorage to Wasilla will reduce the capacity of the Wasilla facility to meet future local demand.
- b. Additional Shifts at Existing Facility. It may be possible to add additional shifts at the existing facility located at 3950 Laurel St, Anchorage, AK 99508. Currently, the existing facility services 166 HD patients and 74 PD patients for a total of 240 patients according to the most recent data available from Northwest Renal Network. As a result, patients encounter difficulty scheduling a time that fits into their schedules. While the facility is considering adding a sixth shift, these time slots tend to be very difficult for patients to use. In addition, the current high levels of utilization at the existing facility make it very difficult for new patients or patients currently using peritoneal dialysis or

home hemodialysis to transition to in-center dialysis. It is not unusual for patients using peritoneal dialysis or home hemodialysis to need to switch to in-center dialysis for a period of time due to infections or other complications or equipment failures with their home systems. In addition, as ESRD progresses in patients on peritoneal or home dialysis, they often need to transition permanently to in-center dialysis due to declining health. The recent data published by Northwest Renal Network supports this transition as the number of peritoneal patients declined from 29% of patients as of December 31, 2001 to 25% of patients as of June 30, 2007. The current utilization level at the existing facility will not permit these patients to transfer to in-center dialysis without substantial expansion of the facility, let alone deal with increased need resulting from increasing incidence of chronic kidney disease, better diagnosis of the condition and population growth.

c. No Action. Another alternative is to take no actions to increase capacity at this time. This alternative would not be in the best interest of the patients or the health care system. As noted above, the incidence of chronic kidney disease has increased substantially in the last 15 years. Based on the certificate of need calculations, the existing facilities are running above the prescribe capacity levels. As a result, patients are not able to schedule times that may be optimal for their schedules and reduce the disruption of on-going dialysis on family and work. In addition, pressure to get a high volume of patients through on a given shift negatively impacts the ability of staff members to focus on individual patient care and may negatively impact outcomes. As discussed in Section IV(B)(2) above, this problem will substantially worsen as the population requiring dialysis grows.

d. Build a New Facility. As discussed in this application, the proposed project addresses future growth in the population needing dialysis, while providing new services not currently available to the people of Alaska. In addition, Liberty's long-term plan for Alaska will help improve access for remote populations and increase awareness and screening for CKD to allow for better and more cost effective disease management. Finally, the new facility will provide an alternative to the existing facility, providing a catalyst for innovation and general improvements in patient care.

2. Describe any special needs and circumstances. Special needs may include special training, research, Health Maintenance Organizations (HMOs), managed care, access issues, or other needs.

As discussed in this application, Alaska's geographic scope and dispersed population makes access to health care challenging. This is particularly true in the area of dialysis, where patients need to have regular access to the dialysis clinic or home dialysis modality. Liberty's introduction of an alternative to existing home dialysis and peritoneal dialysis in the form of NxStage's system and Liberty's plan to open several satellite clinics will help in overcoming these challenges.

D. THE RELATIONSHIP OF THE PROPOSED PROJECT TO EXISTING HEALTH CARE SYSTEM AND TO ANCILLARY OR SUPPORT SERVICES

1. Identify any existing comparable services within the service area and describe any significant differences in population served or service delivery. If there are no existing comparable services in the area, describe the unmet need and how the target population currently accesses the services. Describe significant factors affecting utilization, including cost, accessibility, and acceptability.

Currently, there is a single in-center dialysis facility located in the area which must service the entire population base, including the transient population and those who come to Anchorage for regular follow up on home hemodialysis and peritoneal dialysis treatment or as the result of complications from treatment or deterioration in health. As discussed in Section IV(B)(2) above, the existing facility is operating at a very high capacity, making it difficult for it to handle the current patient load or deal with expected growth in the population base needing dialysis services. In addition, the current facility does not provide some of the services that Liberty intends to provide to the population as discussed in Section IV(B)(1) above.

The lack of additional space at the existing clinic during desirable time slots also acts as a barrier for additional utilization of in-center dialysis by the existing population base.

The addition of new stations also compliments the tourism industry as more slots would be available for patients who wish to visit Alaska.

2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will:

a. complement existing services

The new facility will provide physicians with access to products and services not currently available in Alaska, such as Extraneal and NxStage. Extraneal has been shown to improve outcomes in certain patient groups versus the industry standard products. The availability of Extraneal promises to enhance the effectiveness of dialysis treatment of members of the population.

Liberty's plan to develop a CKD clinic in the facility and establish satellite facilities offering CKD clinics, home hemodialysis and peritoneal dialysis training and support services and, potentially, in-center dialysis stations will allow local physicians to more effectively educate the local population about CKD and enhance the likelihood of early detection. Early detection allows physicians to take more efficacious approaches to treatment, both with respect to outcomes and costs that are available if the disease is diagnosed later in its progression. In addition, satellite clinics will offer more effective support of existing patients by providing access to trained clinical professionals without traveling to one of the existing clinics in the larger cities. This ease of access is further enhanced by Liberty's intention to leverage the

existing telemedicine infrastructure and level of comfort in the area by placing telemedicine kiosks in its clinics. These kiosks will enable physicians, patients and support staff to interact on a real time basis to manage the patient's treatment for chronic kidney disease and enhance the physician's ability to manage the disease by providing the physician with continuous access to more remote patients without regard to distance or weather conditions.

b. provide an alternative or unique service

As described in detail in Section IV(B)(1) above, Liberty will offer NxStage's home dialysis products which allow patients to take advantage of the benefits of home dialysis without the significant infrastructure costs and travel restrictions associated with traditional modalities. The NxStage product line is preferred by many nephrologists to alternatives such as peritoneal dialysis and traditional, bulky home dialysis machines.

c. provide a service for a specific target population

Liberty intends to develop satellite facilities in more remote areas to provide home hemodialysis and peritoneal dialysis support and services, chronic kidney disease screening and education, and, depending on need, a small number of in-center dialysis stations to provide back-up to individuals on peritoneal dialysis or home dialysis or provide an alternative to home dialysis modalities. Liberty believes that these facilities would have a significant positive impact on patients in these communities by allowing these patients to remain in the local area instead of having to move to Anchorage for treatment.

d. provide needed competition

Alaska is currently served by a singled dialysis provider. As noted in some of the examples in Section VI below, Liberty's experiences in other markets suggest that competition between dialysis provides has a positive impact on infrastructure, patient and physician treatment options and access to cutting edge products and value provided per health care dollar. The introduction of a competing facility often spurs existing providers to substantially upgrade their facilities, both technologically and aesthetically. This is particularly true when the new provider enters the market with the type of state-of-the-art, patient-friendly facility that Liberty focuses on providing to the community.

3. Identify existing working relationships the applicant has with hospitals, nursing homes, and other resources serving the target population in the service area. Include a discussion of cooperative planning activities, shared services (i.e. agreements assigning services such as emergency or obstetrics), and patient transfer agreements. If other organizations provide ancillary or support services to your facility, describe the relationship. Attach copies of relevant agreements in an appendix in the application. If a service requires support from another agency but does not have an agreement, explain why.

Liberty is in discussion with a number of providers and facilities in the area to establish a strong cooperative basis for the facility and the planned satellite clinics. While there are not formal

agreements currently in place, Liberty anticipates having all necessary agreements, including patient transfer agreements, in place prior to commencing operations.

E. FINANCIAL FEASIBILITY

1. Demonstrate how the project will ensure financial feasibility, including long-term viability, and what the financial effect will be on consumers and the state, region, or community served.

As set forth in the pro forma attached as Schedule I, Liberty projects that the clinic will have solid financial feasibility. Given Liberty's management team's qualification, their experience in the industry and the depth of its executive team, the immediate and long term prospects are very strong. In addition, based on the performance of the existing clinics in Alaska and the demographic changes leading to increased demand for services, the clinics financial feasibility, both immediate and long term, is very secure.

Liberty's intent to develop of CKD clinics that emphasize early detection and disease management will enhance the ability of local health care providers to effectively intervene early in disease progression. Early intervention is a key component in delaying the need for patients to go onto dialysis and improving outcomes once patients commence dialysis due to the growing number of effective treatments such as:

- ACE-inhibitors. The use of angiotensin-converting enzyme inhibitors (ACE-inhibitors) and angiotensin receptor blockers (ARBs), which lower protein in the urine and are believed to prevent injury to the blood vessels in the kidneys;
- Control of Blood Pressure. The incident of chronic kidney failure is lower in individuals who careful control of blood pressure through diet, exercise and medication
- Diabetes Management. Careful control of diabetes through diet and exercise. Among persons with diabetes, those with glycated hemoglobin levels of <7% are less likely to have chronic kidney failure.

Any delay in dialysis results in a savings to the medical establishment while making it easier for consumers to remain employed and continue to earn income. In addition, early and more precise detection reduces the likelihood that individuals will die before they receive effective treatment. This reduction in morbidity can substantially reduce the economic costs to the individual's family and the community from untimely and unnecessary death.

2. Discuss how the project construction and operation is expected to be financed. Demonstrate access to sufficient financial resources and the financial stability to build and operate this project.

Liberty anticipates funding the project construction and operations out of available cash until such time as operations become cash flow positive. Liberty may elect to finance a portion of the

costs if attractive terms are available. However, such financing is not necessary for completion of the project.

3. Provide a description and estimate of:

- a. the probable impact of the proposal on the annual increase on the overall costs of the health services to the target population to be served;**

The project should not increase annual costs of health services to the population. According to the Northwest Renal Network Report 2006, 92.5% of the ESRD patients in Alaska were covered by Medicare and 4.4% were pending leaving only 3.1% non-Medicare patients. As a result there would little if any additional cost to the state by increasing the number of clinics and stations. Further, by developing CKD clinics focused on early diagnosis and disease management and by providing new services, such as Extraneal, that has been demonstrated to improve outcomes in some patient groups, the project may reduce overall costs of care for the relevant population by slowing the progression of the disease, allowing lower cost management of symptoms and delaying dialysis and improving overall health of individuals on dialysis.

- b. If applying to build a residential psychiatric treatment centers, nursing homes, or additional nursing home beds the annual increase to Medicaid required to support the new project, and the projected cost of and charges for providing the health care services in the first year of operation (per diem rate, scan, surgery etc);**

Not applicable.

- c. the immediate and long-term financial feasibility of continuing operations of the proposal.**

Given Liberty's management team's qualification, their experience in the industry and the depth of its executive team, the immediate and long term prospects are very strong. In addition, based on the performance of the existing clinics in Alaska and the demographic changes leading to increased demand for services, the clinics financial feasibility, both immediate and long term, is very secure. This financial strength is reflected in the pro forma attached as Schedule I.

F. ACCESS TO SERVICE BY THE GENERAL POPULATION AND UNDER-SERVED GROUPS

1. Provide information on service needs and access of under-served groups of people such as low-income persons, racial and ethnic minorities, women, and persons with a disability. Discuss any plans to overcome language and cultural barriers of groups to be served.

As discussed in this application, Alaska's geographic scope and dispersed population makes access to health care challenging. This is particularly true in the area of dialysis, where patients need to have regular access to the dialysis clinic or home dialysis modality. Liberty's introduction of an alternative to existing home dialysis and peritoneal dialysis in the form of NxStage's system and Liberty's plan to open several satellite clinics will help in overcoming these challenges. In addition, Liberty has adopted an Indigent Care policy to facilitate access to care by low income patients.

2. Indicate the annual amount of charity care provided in each of the last five years with projections for the next three years. Include columns for revenue deductions, contractual allowances, and charity care.

One of the substantial challenges to delivering high quality health care to patients is the number of individuals who are uninsured or underinsured in the country. Liberty believes that it is each provider's responsibility to assist patients in need in obtaining necessary care without creating significant financial strain in addition to the strain of on-going dialysis treatment. To help address the unmet need for health care, in 2007 Liberty adopted a company-wide indigent care policy to ensure that the uninsured or underinsured are able to access care. Liberty's policy provides for forgiveness of amounts that are the patient's responsibility after all potential sources of coverage have been evaluated for patients whose income is less than three times the current national poverty level. A copy of the policy is attached as Appendix IV(F)(2)(a).

Liberty opened the majority of its operating clinics after mid-2005 and, as a result did not begin tracking charity care until fiscal 2006. Attached as Appendix IV(F)(2)(b) is a schedule of charity care provided during fiscal 2006 and projections for the next three years.

3. Address the following access issues:

a. transportation and travel time to the facility;

The proposed location of the clinic is within 5 miles of Providence Hospital and within 7 mile radius of the 182 patients in the Anchorage area.

b. special architectural provisions for the aged and persons with a disability;

Liberty facilities fully comply with the provision of the Americans with Disabilities Act and provide easy wheel chair access and ample handicap parking in close proximity to the entrance.

c. hours of operation; and

Liberty anticipates that the facility will initially operate on Monday through Saturday between 7:00 am and 6:00 pm. As anticipated demand grows, Liberty will adjust the hours of operation to accommodate such demand.

d. the institution's policies for nondiscrimination in patient services.

It is Liberty's policy not to discriminate against patients on the grounds of race, color, national origin, ancestry, religion, sex, marital status, sexual preference, disability, age, source of payment cost, anticipated cost or health status.

Section V. Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services

Please discuss the following in narrative form:

1. ACCREDITATION AND LICENSURE: The current status, source, date, length, etc., of the applicant's license and certification. Include information on Medicaid and Medicare Certification.

Liberty Dialysis – Alaska, LLC is a newly formed entity without a history of Medicare or Medicaid licensure. However, Liberty has a solid history of licensure and certification under Medicare and Medicaid programs as evidenced by the summary of the survey status of the Liberty clinics nationwide since they were opened or Liberty took over management attached as Appendix V(1)(a) and current licensure information for Liberty's licensed employees and contractors provided as Appendix V(1)(b).

2. QUALITY CONTROL: How the applicant plans to ensure high quality service.

Liberty has a strong commitment to providing high quality patient care. We believe that it is very important for each clinic to have a local quality oversight body with primary responsibility for ensuring patient safety and improving efficacy of treatment since global requirements from a centralized office often times are not well tailored to local conditions. Each clinic has a management committee consisting of the medical director and key clinical personnel from all disciplines with responsibility for direct oversight of patient care. This model allows our clinics to be extremely responsive to local patient needs and local physician concerns and quickly implement solutions.

Liberty intends to establish a medical oversight board at the clinic including local physicians and nurses to oversee quality of care. In addition, quality of care at all clinics is closely monitored on an on-going basis by the senior executive team lead by Denise Van Valkenburgh, Liberty's Executive Vice President – Clinical Affairs and a former executive at Fresenius. Attached as Appendix V(2) is a copy of the Liberty Dialysis, LLC Quality Improvement Program that unifies the local board oversight with Liberty-wide quality initiatives.

Liberty has also implemented technological solutions to addressing any issues relating to patient care. For example, Liberty has online reporting of any patient adverse events that ensures that data on any incidents are quickly disseminated to the local management team and the senior executive team. This mechanism allows rapid reviews of any events and quick implementation of any remedial measures necessary to avoid future incidents. Liberty also maintains a toll-free hotline for individuals to anonymously report any issues that they identify affecting patient care or other aspects of operations.

3. PERSONNEL: Plans for optimum utilization and appropriate ratios of professional, sub-professional and ancillary personnel.

While there are no specific federal guidelines on appropriate levels of staffing, in its comments on the Proposed Rule, “Medicare Program: Conditions for Coverage for End Stage Renal Disease Facilities,” CMS-3818-P, that was published in the ***Federal Register*** on February 4, 2005, the National Kidney Foundation recommended a renal dietitian-to-patient ratio of 1:100 (not to exceed 120 for temporary coverage), a ratio of 1:75 patients for social workers and a ratio of care givers providing dialysis services per shift 1:4. Liberty initially expects to employ one head nurse, one chief technician, two nurses, five patient care technicians, one social worker and one dietician at the clinic. This level of personnel will allow Liberty to maintain a 1:4 technician to patient ratio and a 1:10 nurse to patient ratio. Liberty believes that these staffing levels will allow patients to receive a high level of direct patient care while allowing staff to receive the required amount of experience to further enhance patient care. These staffing ratios are consistent with standard practices in the dialysis industry and the National Kidney Foundation’s recommendations. Liberty has extensive experience recruiting qualified personnel from around the country and does not anticipate any difficulties in filling open positions.

Liberty strongly supports certification requirements for nurses and technicians to ensure that they receive the level of training necessary to provide the highest level of service, including the continuing education requirements set forth in 12 AAC 44.600.

4. APPROPRIATE UTILIZATION: Development of programs such as ambulatory care, assisted living, home health services, and preventive health care that will eliminate or reduce inappropriate use of inpatient services

Establishment of Regional Facilities

As discussed below, Alaska's geography, dispersed population and mercurial weather conditions present significant challenges to the delivery of reliable health care services, particularly in the case of dialysis, where treatment is required on an uninterrupted basis.



Recent data published by Northwest Renal Network shows five population centers with a patient base greater than ten patients and a total of 22 geographic regions with at least one dialysis patient.

**Prevalent Dialysis Patients by Mode and County
(as of June 30, 2007)**

County	Hemodialysis	Home Hemodialysis	Peritoneal Dialysis	Total
Aleutians West	0	0	1	1
Anchorage	157	0	33	190
Bethel	0	0	7	7
Bristol Bay	0	0	1	1
Dillingham	0	0	1	1
Fairbanks North Star	41	0	1	42
Haines	0	0	1	1
Juneau	14	0	1	15
Kenai Peninsula	3	0	13	16
Ketchikan Gateway	1	1	1	3
Kodiak Island	2	0	2	4
Matanuska-Susitna	29	0	6	35
Nome	1	0	0	1
North Slope	0	0	1	1
Northwest Arctic	0	0	2	2
Sitka	0	0	5	5
Skagway-Yakutat-Angoon	1	0	0	1
Southeast Fairbanks	1	0	0	1
Valdez Cordova	0	0	1	1
Valdez-Cordova	2	0	2	4
Wrangell-Petersburg	2	0	2	4
Yukon-Koyukuk	0	0	2	2
Total	254	1	83	338

Source: Northwest Renal Network

As part of Liberty's vision for dialysis services in Alaska, Liberty has developed a strategic plan to address these challenges through the construction of approximately two to four small community-based dialysis clinics typically offering home hemodialysis and peritoneal dialysis training and support services and, if needed, a small number of in-center dialysis stations for use either for in-center dialysis or for back-up for users of peritoneal or home hemodialysis who experience complications or mechanical failures in their chosen modality. Physicians would visit these facilities on a rotating basis and the telemedicine system Liberty intends to put into its clinics would allow physicians and patients real time access to each other between physical visits. Liberty intends to primarily develop these facilities for less than \$1.0 million as calculated pursuant to certificate of need regulations to ensure that the clinics can open quickly to serve the local populations. Liberty is currently reviewing opportunities for CKD, peritoneal dialysis and home dialysis, and, potentially, small in-center dialysis, clinics in a number of communities including Sitka or Kodiak Island including partnership opportunities with existing hospitals.

Liberty executives have substantial experience in building and operating small clinics to meet the needs of local populations, such as the clinics located in Mountain Ridge, West Virginia and on the island of Molokai, both of which are small clinics with geographical challenges to access. In addition, Ronald Sawyer, our executive vice president, currently operates four peritoneal dialysis facilities in North Carolina and is in the process of expanding to fourteen clinics in North Carolina under his Independent Nephrology Services, Inc. venture. This experience will be put to use in rolling out the network of local clinics in Alaska.

By implementing this network of small clinics in addition to the larger centralized clinic described in this application, Liberty believes that it can offer substantially improved patient care and quality of outcomes by reducing the distances that need to be traveled by dialysis patients to meet with a care provider and receive dialysis treatment and support. Further, the network of community dialysis facilities will allow patients to remain in their homes instead of moving to the larger communities that have full scale dialysis centers. As noted in a Wall Street Journal article entitled “The Choice” dated November 3, 2005 and included as Appendix V(4), dialysis patients face a large number of physiological challenges that lead 20% of dialysis patients to discontinue dialysis each year, directly resulting in a number of patient deaths. One of the keys to overcoming these challenges is to keep the patient’s support network in place. A big piece of this lies in allowing the patient to stay in their homes, close to family and friends and in a familiar setting while they undergo treatments. By augmenting our centrally located clinics with small regional clinics, Liberty will allow this support networks to remain intact, improving patient quality of life and outcomes while hopefully making a dent in the grim statistics cited in the Wall Street Journal article.

Expansion of CKD Screening and Education

Other key components of the project and Liberty’s overall strategic plan for Alaska are the development of a chronic kidney disease community outreach program and implementation of a robust telemedicine program. As part of the project, Liberty will construct space for a chronic kidney disease (CKD) clinic in the facility modeled after the successful program that Liberty established in Hawaii. Liberty anticipates that the clinic will provide the following services to the local population:

- Kidney health education;
- Chronic kidney disease screening; and
- Early intervention disease management, such as dietary and behavior counseling.

As discussed above, Liberty also intends to expand the reach of its community outreach program to more remote locations by co-locating CKD clinic branches with its small satellite dialysis centers it intends to establish throughout the state. By providing patients access to information and allowing nephrologists to intervene in disease progression at an early stage, Liberty believes that these CKD clinics will help patients with chronic kidney disease delay or, maybe even avoid, dialysis and those patients who eventually need dialysis will be better prepared for, and more comfortable with, the process. By helping patients delay or avoid dialysis, these CKD

clinics can result in substantially improved quality of life for kidney disease patients while also resulting in substantial costs savings to the medical system.

Telemedicine

Alaska has been at the forefront of adopting and implementing telemedicine systems to better serve its population and bridge the vast distances of the state. Telemedicine project such as the Alaska Federal Health Care Access Network (AFHCAN), which has already placed approximately 250 telemedicine kiosks throughout the state, have validated the efficacy and acceptance of telemedicine while providing the necessary infrastructure to further expand services.

Some of the widely recognized benefits of telemedicine are:

- Increased access to specialists;
- Improved efficiency for doctors;
- Reduction of costs of providing care;
- Reduced inconvenience for patients; and
- Enhanced information sharing among physicians.

Liberty intends to build on the existing successful implementations of telemedicine programs in the state to bring this powerful tool to the population coping with chronic kidney disease. Liberty's initial plan is to build out telemedicine access points in each of its clinics, including the small peritoneal dialysis and home hemodialysis clinics that Liberty intends to build in the more remote regions. Each station will consist of a telecommunications access point, video conference device and encryption device allowing physicians to securely conference with patient and clinic staff on a real time basis from remote locations. This technology will allow physicians to augment their physical visits to the clinics with virtual interactive visits allowing patients to get more frequent feedback on treatment and have questions answered quickly as they arise while allowing the physicians to monitor progress and adjust treatments with greater ease. Further, by reducing the need for physicians to travel to the patients on each occasion, the physician is able to see a larger number of patients on a given day, allowing patients increased access. The telemedicine infrastructure will also allow technicians to quickly interact with clinic staff in the event of equipment failures and allow clinic staff to share information more effectively with each other.

Based on patient and physician acceptance of the system, Liberty also intends to push this technology into the homes of home hemodialysis and peritoneal dialysis patients through available telecommunication connections with the ultimate goal of substantially reducing the need of patients to travel long distances through difficult weather conditions or take substantial time out of their daily lives access their physicians. Once in place, we believe that these systems will make a significant impact in reducing the intrusiveness of treatment for chronic kidney disease or end stage renal disease by giving patients increased autonomy from the clinics, particularly for home hemodialysis and peritoneal dialysis patients.

5. NEW TECHNOLOGY AND TREATMENT MODES: Plans to use modern diagnostic and treatment devices to enhance the accuracy and reliability of diagnostic and treatment procedures.

Liberty offers patients and physicians access to a full range of options for dialysis treatment, including options not currently offered in the state of Alaska. In addition, as discussed in detail in Section IV(B)(1), Liberty intends to make new products and services available to the patients of Alaska, such as NxStage's portable dialysis product line that offers an effective alternative to peritoneal dialysis for remote patients without the high costs traditionally associated with other home hemodialysis products.

In addition, as discussed in Section V(4) above, Liberty intends to leverage the existing telemedicine infrastructure in Alaska to bring this real time, cost effective diagnostic and treatment tool to more remote dialysis populations.

6. LABOR SAVING DEVICES AND EFFICIENCY: The employment of labor-saving equipment and programs to provide operating economies.

As discussed in Section V(4) above, Liberty intends to leverage the existing telemedicine infrastructure in Alaska to bring this real time, cost effective diagnostic and treatment tool to more remote dialysis populations. In addition, Liberty intends to offer the NxStage product line that greatly reduces the infrastructure costs associated with home hemodialysis by eliminating the need to upgrade home electrical and water systems.

7. PROGRAM EVALUATION: Future plans for evaluation of the proposed activity to ensure that it fulfills present expectations and benefits.

Liberty's management team intends to continually review utilization and quality of outcomes at the facility. Liberty's finance and clinical outcomes teams perform monthly roll-ups of clinic utilization and clinical outcomes. In addition, the company-wide management team meets quarterly to review all aspects of operations at each facility and track important performance measures such as dialysis adequacy (URR) and anemia management (Hgb). Based on the ongoing review of the clinic performance, Liberty will make appropriate adjustments including identifying areas where satellite CKD or dialysis clinics may be warranted.

8. ORGANIZATIONAL STRUCTURE: Include an organizational chart, descriptions of major position requirements and board representation; show representation from community economic and ethnic groups.

The major staff positions at the clinic will be:

- Clinical Manager;
- Staff Nurse, including Head Nurse;
- Patient Care Technicians, including Chief Technician;

- Social Worker; and
- Registered Dietician.

Attached as Appendix V(8)(a) are descriptions of the requirements for staff.

In addition, attached as Appendix V(8)(b) is a organizational chart for the clinic.

9. STAFF SKILLS: Provide descriptions of major position requirements, appropriate staff-to-patient ratios to maintain quality, and the minimal level of utilization that must be maintained to ensure that staff skills are maintained. Provide a source for the staffing standards.

Liberty initially expects to employ one head nurse, one chief technician, two nurses, five patient care technicians, one social worker and one dietician at the clinic. This level of personnel will allow Liberty to maintain a 1:4 technician to patient ratio and a 1:10 nurse to patient ratio. Liberty believes that these staffing levels allow patients to receive a high level of direct patient care while allowing staff to receive the required amount of experience to further enhance patient care. These staffing ratios are consistent with standard practices in the dialysis industry.

10. ECONOMIES OF SCALE: The minimum and maximum size of facility or unit required to ensure optimum efficiency. If the planned project is significantly smaller or larger, explain the effect and why the size was chosen.

Liberty believes that twelve to twenty-four stations, depending on demand, is the ideal size for a facility to provide a personalized level of care to patients while taking advantage of cost savings offered by economies of scale. This size range is consistent with Liberty's experiences in other regions of the country.

Section VI. Narrative Description of How Project Meets Applicable Review Standards

Describe in this section of the application how the proposed project meets each review standard applicable to all activities, and each specific review standard applicable to the proposed activity. *Some of this information will duplicate information required elsewhere in the application packet; that duplication is intentional.*

INTRODUCTION TO THE PROJECT AND LIBERTY DIALYSIS

Liberty Dialysis, LLC was founded in 2002 with the goals of significantly enhancing patient quality of life and outcomes and expanding access to care in underserved markets while forcing other providers to enhance their services in the markets in which we compete. Liberty partners with local nephrologists and respected hospitals in each market that it serves to ensure that its activities are always finely-tuned to meet the needs of the local community. This approach also allows Liberty to leverage the collective knowledge of experienced practitioners to improve patient care, implement cutting edge techniques and respond quickly to developments in the field. In addition, Liberty has recruited an extremely experienced senior management team, clinical operations team and nursing staff to ensure that patients receive the highest level of care possible.

Liberty seeks to offer physicians and patients the widest range of options in treating chronic kidney disease including:

- The latest in in-center dialysis machines;
- A wide range of home hemodialysis and peritoneal dialysis machines, such as NxStage and Fresenius' K machine;
- A variety of dialyzer options to allow physicians to tailor equipment to patient's needs;
- A full range of dialysis solutions, including Extraneal in addition to more traditional offerings; and
- A robust electronic medical records system that allows doctors real time and remote access to patient data.

Much like Liberty's treatment options, Liberty designs its facilities to be state of the art and patient-friendly.

Liberty's clinics are designed to provide patients with an inviting environment reminiscent of a luxury hotel lobby complete with:

- fire places,
- spectacular views in front of the stations,

- flat-panel televisions for each patient
- internet access
- full-featured dialysis chairs.



The photos set forth above are indicative of the spacious, open environs found in Liberty Dialysis clinics throughout the country and reflect Liberty's willingness to make substantial investments in improving the quality of life of individuals undergoing treatment for end stage renal disease. Liberty has historically sought patient input into aspects of their treatment such as selection of new dialysis chairs and provision of individual televisions to ensure that treatment is as comfortable and unintrusive as possible.

These inviting settings are in stark contrast to the institutional, grim setting of traditional dialysis centers and serve to enhance the experience of dialysis patients who must spend four hours a day, three to four days a week undergoing dialysis.

Liberty Renovations

Before



PETERSBURG DIALYSIS

EXISTING EXTERIOR RENDERING



PETERSBURG, VA



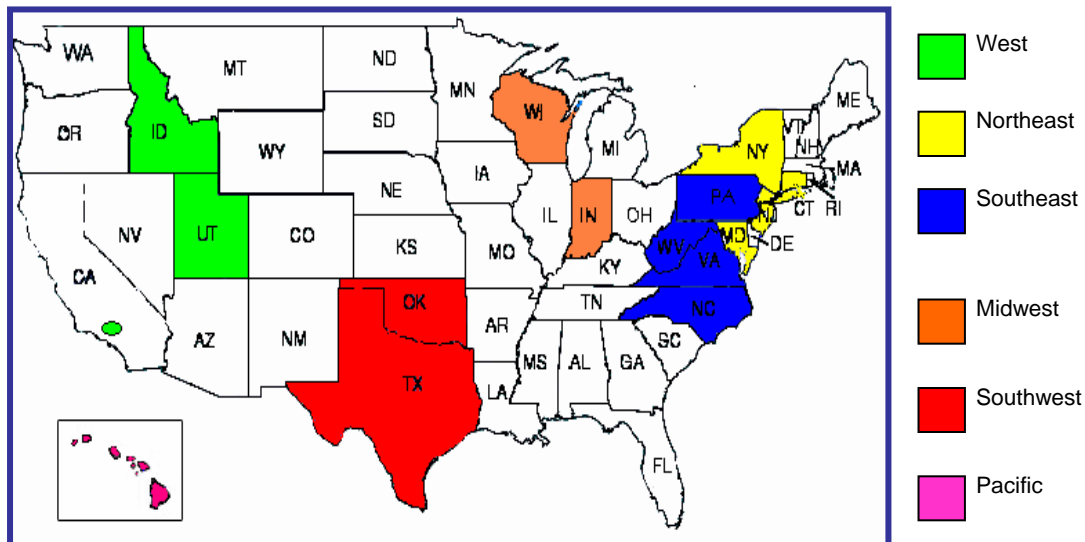
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After



Liberty currently operates 48 dialysis clinics throughout the United States, serving more than 3,200 patients, and anticipates opening an additional 25 to 35 additional clinics over the next two years. Liberty's clinics are divided into rough geographical regions, each of which is managed by an experienced executive team with extensive experience in managing all aspects of dialysis operations and logistics.

Region Locations



6 Regions with 12 seasoned dialysis executives



9 members of Liberty Executive team have each managed between 20 and 300 dialysis clinics

Northeast**Connecticut**

Liberty Dialysis – North Haven
510 Washington Ave
North Haven, CT 06473

Maryland

Charing Cross Dialysis, LLC
5730 Executive Drive, Suite 124 – 130
Baltimore, MD 21228

New Jersey

Liberty Dialysis – Berlin LLC
30 Tansboro Road
Berlin, NJ 08009-1948

New York

St. Joseph's – Camillus
5101 West Genesee Street
Camillus, NY 13031

St. Joseph's – Northeast
4105 Medical Center Drive
Fayetteville, NY 13066

St. Joseph's – Regional
973 James Street
Syracuse, NY 13203

St. Joseph's – Seneca
8136 Oswego Road
Liverpool, NY 13090

Southeast**Pennsylvania**

Liberty Dialysis- Baden LLC
1682 State Street
Baden, PA 15005

Liberty Dialysis – Friendship Ridge LLC
246 Friendship Circle
Beaver, PA 15009

Liberty Dialysis- Hopewell LLC
400 Corporate Drive
Aliquippa, PA 15001

Liberty Dialysis- Southpointe LLC
1200 Corporate Drive
Cannonsburg, PA 15317

Liberty Dialysis- Washington LLC
90 West Chestnut Street
Washington, PA 15301

Liberty Dialysis- Banksville LLC
2875 Banksville Road
Pittsburgh, PA 15216

Liberty Dialysis – Chippewa LLC
102 Pappan Business Drive
Beaver Falls, PA 15010

Virginia

Liberty Dialysis Petersburg LLC
3400 South Crater Road
Petersburg, VA 23805

West Virginia

Mountain Ridge Dialysis LLC
229 Merchants Walk
Summersville, WV 26651

Midwest**Indiana**

Liberty Dialysis – Duneland LLC, dba
Duneland Dialysis Home Training facility
at Valparaiso
1551 Sturdy Road
Valparaiso, IN 46383

Liberty Dialysis – Duneland LLC, dba
Duneland Dialysis – Knox
1008 Edgewood Drive
Knox, IN 46534

Liberty Dialysis – Duneland LLC, dba
Duneland Dialysis – La Porte
1007 Lincolnway, Suite 1107
La Porte, IN 46350-3201

Liberty Dialysis – Lafayette LLC, dba
Liberty Dialysis - Crawfordsville
1710 Lafayette Rd
Crawfordsville, IN 47933-1033

Liberty Dialysis – Lafayette LLC, dba
Liberty Dialysis - Frankfort
1300 S Jackson St
Frankfort, IN 46041-3313

Liberty Dialysis – Lafayette LLC, dba
Liberty Dialysis – Lafayette II
1020 N 18th St
Lafayette, IN 47904-2279

Liberty Dialysis – Lafayette LLC, dba
Liberty Dialysis - Monticello
1017 O Connor Blvd
Monticello, IN 47960-1600

Wisconsin

Liberty – Monroe Clinic Dialysis Partners
LLC
515 22nd Avenue
Monroe, WI 53566

Southwest**Oklahoma**

Lawton Med Partners, LLC
924 SW 38th Street
Lawton, OK 73505

Texas

Lancaster Dialysis, LLC
3250 West Pleasant Run Rd, Suite 280
Lancaster, TX 75146

West**Idaho**

Boise Dialysis, LLC
3525 East Louise Dr. Suite 100
Meridian, ID 83642

Idaho Kidney Center - Blackfoot LLC
98 Poplar Street
Blackfoot, ID 83221

Liberty Dialysis - Idaho Falls LLC
2381 E. Sunnyside Road
Idaho Falls, ID 83404

Pocatello Med Partners, LLC
444 Hospital Way #600
Pocatello, ID 83201

Nampa Dialysis
280 W. Georgia Ave
Nampa, ID 83686

Utah

Oquirrh Artificial Kidney Center, LLC
2496 West 4700 South
Taylorsville, UT 84118

South Mountain Dialysis, LLC
10969 South Riverfront Parkway
Suite 100
South Jordan, UT 84095

Wasatch Artificial Kidney Center, LLC
Park Terrace Office Building, Suite 100
650 East 4500 South
Murray, UT 84107

Pacific**Hawaii**

LDH – Renal Annex
2230 Liliha Street
Honolulu , HI 96817

LDH – Siemens Dialysis
2226 Liliha Street
Honolulu , HI 96817

LDH – Molokai Dialysis
P. O. Box 1917
Kaunakakai, HI 96748

LDH – Waianae Dialysis
86-080 Farrington Hwy
Waianae, HI 96792

LDH – West Kauai
4643A Waimea Canyon
Waimea, HI 96796

LDH – Sullivan Dialysis
2230 Liliha Street
Honolulu , HI 96817

LDH – Hilo Dialysis
140 Rainbow Drive
Hilo, HI 96720

LDH – Kahana Dialysis
10 Hoohui Road, Ste 100
Lahaina, HI 96761

LDH – Kona Dialysis
79-1020 Haukapila Street
Kealahou, HI 96750

LDH – Kauai Dialysis
3224 Elua Street
Lihue, HI 96766

LDH – Leeward Dialysis
91-2137 Ft. Weaver Rd
Ewa Beach, HI 96706

LDH – Maui Dialysis
255 Mahalani Street
Wailuku, HI 96793

LDH – Maui Satellite
1883 Wili Pa Loop
Wailuku, HI 96793

To ensure that the highest level of care is achieved, Liberty maintains the highest ratio of experienced dialysis executives per clinic in the industry. This concentration of management talent allows Liberty executives the ability to be involved with the day to day management of each clinic that they oversee and have a direct hand in enhancing patient care.

Philosophy

Liberty's goals are to:

- Drive improvements in patient care by entering markets where patients have few options;
- Provide superior facilities and staff;
- Provide the widest range of care options available to physicians and patients;

These goals are reflected in our state of the art, beautiful facilities and highly experienced workforce. As discussed below, Liberty's entry into new markets has consistently influenced other providers to substantially upgrade their facilities, benefiting all patients in the area.

History of Serving Populations in Need

Liberty's management team brings a strong history of, and belief in, meeting the needs of medically underserved populations.

Watts/Compton/Willowbrook, California

Liberty's Chief Executive Officer's experience in Watts/Compton demonstrates the value of competition and patient-centric approach to dialysis. Prior to Mr. Caputo's entry into the market, the Watts/Compton area was served by an aging dialysis facility located in a cinder block building with no widows. The local physicians had requested that the provider upgrade its facilities to the standards of its facilities located in non-economically depressed areas on numerous occasions. However, insurance reimbursement in the area was low and the provider had made no efforts to upgrade or improve the facility in a number of years and informed the physicians that it did not intend to invest another nickel in the facility. As a result and despite the fact that the market was not likely to be profitable, Mr. Caputo identified the Watts/Compton area as a market where Mr. Caputo's approach to patient care could have a substantial positive effect, both by providing local patients with a more inviting, state of the art facility for dialysis while hopefully forcing the existing provider to make significant investments in its facility in order to remain competitive. Mr. Caputo and his physician partners built a cutting edge facility in a retail development owned and operated by Kenneth Hahn featuring a gated interest,

dedicated bus line, restaurants, retail shopping and a theater. The facility itself features twelve foot high ceilings, individual flat panel televisions and large windows providing patients with abundant natural light. Within a month of the facility opening, the vast majority of the local patients had moved from the existing facility to the new facility. As a result, the existing provider engaged in a substantial capital improvement initiative that significantly improved the existing clinic. Without Mr. Caputo's intervention in this market, it is unlikely that the options available for the local population would have improved in the foreseeable future. This experience provides a sterling example of how competition benefits the local community and improves patient care.

Molokai, Hawaii

Liberty's operations in Hawaii are also illustrative of its efforts to meet the needs of underserved populations by providing local populations convenient access to dialysis facilities that previously required them to take extensive amounts of time out of their lives to travel significant distances. Hawaii poses a challenge from a patient care perspective due to its dispersed population base spread across a number of islands that is very similar to the geographic hurdles faced in Alaska. To meet the needs of this far flung population, Liberty maintains clinics on most of the islands, including, in particular, the island of Molokai. Molokai has a small population and is unable to economically support the operation of a clinic. In addition, a portion of Molokai's patient population suffers from Hansen's Disease or are decedents of sufferers. As part of its commitment to meeting the needs of underserved populations, Liberty maintains a six station facility on this island.

Blackfoot, Idaho

Blackfoot is located on the edge of the Fort Hall Indian reservation in eastern Idaho. The local population has traditionally be underserved by the medical community and often had to endure long drives to reach the nearest facilities. Since the local population relies heavily on state and federal assistance programs, it is difficult to justify the construction of a dialysis clinic purely on economic grounds. However, Liberty believes that part of its duty as a dialysis provider is to meet the needs of underserved populations. As a result, Liberty build an [eight] station dialysis clinic in Blackfoot. The construction of a local clinic has substantially improved the local availability of services and enhanced patients' quality of life by relieving them of the need to drive three hours to Boise for dialysis treatment or leave their homes to move closer to a facility.

Mountain Ridge

Liberty also chose to enter the West Virginia market to address geographic challenges to patient care in a traditionally underserved and economically depressed area. Liberty's Mountain Ridge Dialysis facility is located in Summersville, West Virginia. Prior to construction of the facility, dialysis patients had to drive 25-miles over a mountain pass to reach the nearest dialysis facility. During the winter, inclement weather often closes the pass making it very difficult for local patients to stay in the community once they started dialysis. Believing that it could make a positive impact on patient care by entering the market, Liberty built a beautiful nine station unit.

Community reception to the facility has been phenomenal and Liberty is in the process of expanding the facility to further enhance the available services.

Charing Cross

Charing Cross Dialysis is located in an economically depressed neighborhood in Baltimore. After years of struggling to keep the facility doors open, the hospital that owned the facility determined that it was no longer viable to keep the facility open in light of the hospital's other pressing financial needs. Liberty, in partnership with several local doctors, agreed to take over the facility and continue operations in the neighborhood. After the acquisition, Liberty substantially upgraded the facility by replacing the outdated equipment.

Indigent Care Policy

One of the substantial challenges to delivering high quality health care to patients is the number of individuals who are uninsured or underinsured in the country. Liberty believes that it is each provider's responsibility to assist patients in need in obtaining necessary care without creating significant financial strain in addition to the strain of on-going dialysis treatment. To help address the unmet need for health care, Liberty has adopted a company-wide indigent care policy to ensure that the uninsured or underinsured are able to access care. Liberty's policy provides for forgiveness of amounts that are the patient's responsibility after all potential sources of coverage have been evaluated for patients whose income is less than three times the current national poverty level. A copy of the policy is attached as Appendix IV(F)(2)(a).

Chronic Kidney Disease Trends

The incident of chronic kidney disease has grown rapidly over the past twenty-five years. Data compiled by the Centers for Disease Control show an increase in disease prevalence in each of the fifty states, with national prevalence of chronic kidney disease increasing by approximately 104% over the decade from 1990 to 2001 as set forth in the table below. According to the CDC's data, Alaska suffered the largest percentage increase in incidence of chronic kidney disease with an increase of 204% during the relevant period.

TABLE. Unadjusted prevalence* of chronic kidney failure, by area and cause — United States, 1990 and 2001

Area	All causes			Hypertension			Diabetes			Other causes		
	1990	2001	% change [†] 1990–2001	1990	2001	% change 1990–2001	1990	2001	% change 1990–2001	1990	2001	% change 1990–2001
Alabama	897	1,809	102	251	509	103	156	625	301	490	675	38
Alaska	267	811	204	29	97	240	59	269	357	180	445	147
Arizona	711	1,338	88	112	219	96	236	618	162	363	501	38
Arkansas	657	1,355	106	182	400	120	136	451	232	39	504	1,206
California	636	1,326	108	140	309	121	166	487	194	331	530	61
Colorado	509	920	81	68	114	68	151	356	136	290	450	55
Connecticut	668	1,318	97	138	240	74	154	422	174	376	657	74
Delaware	814	1,649	103	181	352	95	213	567	166	419	730	74
District of Columbia	1,574	3,709	136	570	1,457	156	381	1,078	183	623	1,175	89
Florida	767	1,409	84	218	379	74	170	461	172	380	569	50
Georgia	844	1,663	97	283	519	84	196	573	193	365	572	57
Hawaii	831	1,851	123	86	225	160	287	904	215	457	722	58
Idaho	491	901	84	65	123	88	145	332	128	280	447	60
Illinois	750	1,518	102	185	396	114	160	479	199	405	643	59
Indiana	655	1,338	104	164	314	92	149	447	200	342	578	69
Iowa	614	1,192	94	103	215	109	141	397	182	371	580	57
Kansas	602	1,115	85	122	182	49	150	407	172	331	527	59
Kentucky	605	1,236	104	116	249	114	132	422	220	358	565	58
Louisiana	872	1,943	123	342	696	103	203	689	239	327	558	71
Maine	494	1,063	115	67	149	125	105	350	235	323	564	75
Maryland	778	1,754	125	227	513	126	185	551	198	366	690	88
Massachusetts	613	1,147	87	115	213	86	123	348	183	375	586	56
Michigan	689	1,455	111	173	353	104	172	525	205	345	577	68
Minnesota	620	1,200	94	88	177	102	190	388	105	343	635	86
Mississippi	893	1,930	116	277	676	144	183	658	260	433	596	38
Missouri	717	1,420	98	196	367	87	165	487	195	356	566	59
Montana	546	1,114	104	52	80	54	190	476	150	304	558	84
New Hampshire	491	872	78	87	144	67	116	253	117	288	475	65
Nebraska	573	1,222	113	98	208	113	172	468	172	303	546	80
Nevada	572	1,069	87	137	282	106	129	386	201	307	401	31
New Jersey	762	1,526	100	189	362	91	173	511	195	400	653	63
New Mexico	640	1,549	142	99	165	67	232	821	254	363	564	55
New York	694	1,497	116	151	317	110	155	486	213	388	694	79
North Carolina	795	1,649	107	262	432	65	188	589	214	345	628	82
North Dakota	595	1,204	103	63	225	257	205	423	107	327	556	70
Ohio	691	1,476	114	135	288	114	180	546	203	375	642	71
Oklahoma	598	1,270	112	128	243	90	181	524	189	289	503	74
Oregon	562	1,022	82	98	156	60	149	332	124	316	533	69
Pennsylvania	767	1,535	100	170	326	92	184	505	174	413	704	70
Rhode Island	642	1,279	99	123	231	88	135	378	179	384	670	74
South Carolina	920	1,870	103	314	582	85	214	671	214	392	617	57
South Dakota	601	1,321	120	72	170	137	180	560	211	349	591	70
Tennessee	763	1,459	91	219	427	95	146	479	228	398	553	39
Texas	728	1,502	106	171	337	97	215	627	192	343	538	57
Utah	470	868	85	25	57	131	165	340	107	280	471	68
Vermont	449	1,009	125	46	111	143	118	344	191	285	553	94
Virginia	745	1,547	108	208	380	83	162	524	223	375	643	71
Washington	557	1,027	84	75	136	83	139	353	153	343	538	57
West Virginia	616	1,430	132	140	291	107	152	566	273	324	573	77
Wisconsin	648	1,280	98	110	240	119	178	419	135	360	622	73
Wyoming	446	880	98	48	83	71	132	344	161	266	454	71

*Per million U.S. population.

†Percentage change = (2001 prevalence - 1990 prevalence) ÷ (1990 prevalence) x 100.

Source: Centers for Disease Control at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5339a3.htm>

Further, data from the Northwest Renal Network indicates continued growth in the state population in need of dialysis, reflecting a 50% increase in the population undergoing dialysis in Alaska from the end of 2000 through the end of 2006 with an average growth rate of 7.25% per year during that period. Based on the U.S. census bureau data on Alaska population, the prevalence rate for ESRD grew at an average rate of 5.8% from 2000 through mid-2007 rising from 3.45 to 4.99 per 10,000. Assuming this growth rate continues at the same level for the next five years, the incident rate would reach a level of approximately 6.63 per 10,000.

Alaska Dialysis Patients and Prevalence Rates (Historical Growth)

	Period Ended								
	<u>12/31/2000</u>	<u>12/31/2001</u>	<u>12/31/2002</u>	<u>12/31/2003</u>	<u>12/31/2004</u>	<u>12/31/2005</u>	<u>12/31/2006</u>	<u>3/31/2007</u>	<u>6/30/2007</u>
Alaska Patients	216	244	237	272	304	294	324	326	338
Period over period% increase (decrease)		12.96%	(2.87%)	14.77%	11.76%	(3.29%)	10.20%	0.62%	3.68%
Alaska Population*	626,932	632,249	640,699	648,510	657,755	663,661	670,053	676,083**	677,021**
ESRD Prevalence Per 10,000	3.45	3.86	3.70	4.19	4.63	4.43	4.84	4.82	4.99
% increase (decrease) in prevalence		11.9%	(4.1%)	13.24%	10.5%	(4.3%)	9.3%	(0.4%)	3.5%

Source: Northwest Renal Network and U.S. Census Bureau

*U.S. Census Bureau. Numbers as of July 1 of each year.

** Estimated based on a 1.2% annual growth rate.

In addition to the growing need for dialysis in the coming years, practitioners believe that chronic kidney disease is significantly underdiagnosed. Underdiagnosis results in a large number of individuals dying before the issue is identified and also interferes with the physician's ability to implement an effective treatment regime to reduce the likelihood that the patient will ultimately need to undergo dialysis. With early detection of chronic kidney disease, health care providers now have a number of tools available to reduce the likelihood that patients will ultimately need dialysis, including:

- ACE-inhibitors. The use of angiotensin-converting enzyme inhibitors (ACE-inhibitors) and angiotensin receptor blockers (ARBs), which lower protein in the urine and are believed to prevent injury to the blood vessels in the kidneys;
- Control of Blood Pressure. The incident of chronic kidney failure is lower in individuals who careful control of blood pressure through diet, exercise and medication
- Diabetes Management. Careful control of diabetes through diet and exercise. Among persons with diabetes, those with glycated hemoglobin levels of <7% are less likely to have chronic kidney failure.

However, the local community must have a strong infrastructure in place focused on early identification of systems in order to make these strategies effective and improve quality of life while simultaneously reducing the cost burden on the health care system of treating end-stage renal disease patients.

Liberty believes that early diagnosis and disease management is key to managing the progression of chronic kidney disease, increasing life expectancy and, hopefully, delaying the need for individuals to undergo dialysis. As a result, Liberty and its doctor partners focus significant resources on education of the populations that we serve and early diagnosis. Liberty has established a non-profit chronic kidney disease foundation in Hawaii to operate chronic kidney disease clinics to significantly increase education and early stage outreach to the local population, particularly the native islanders who have typically had less access to health care

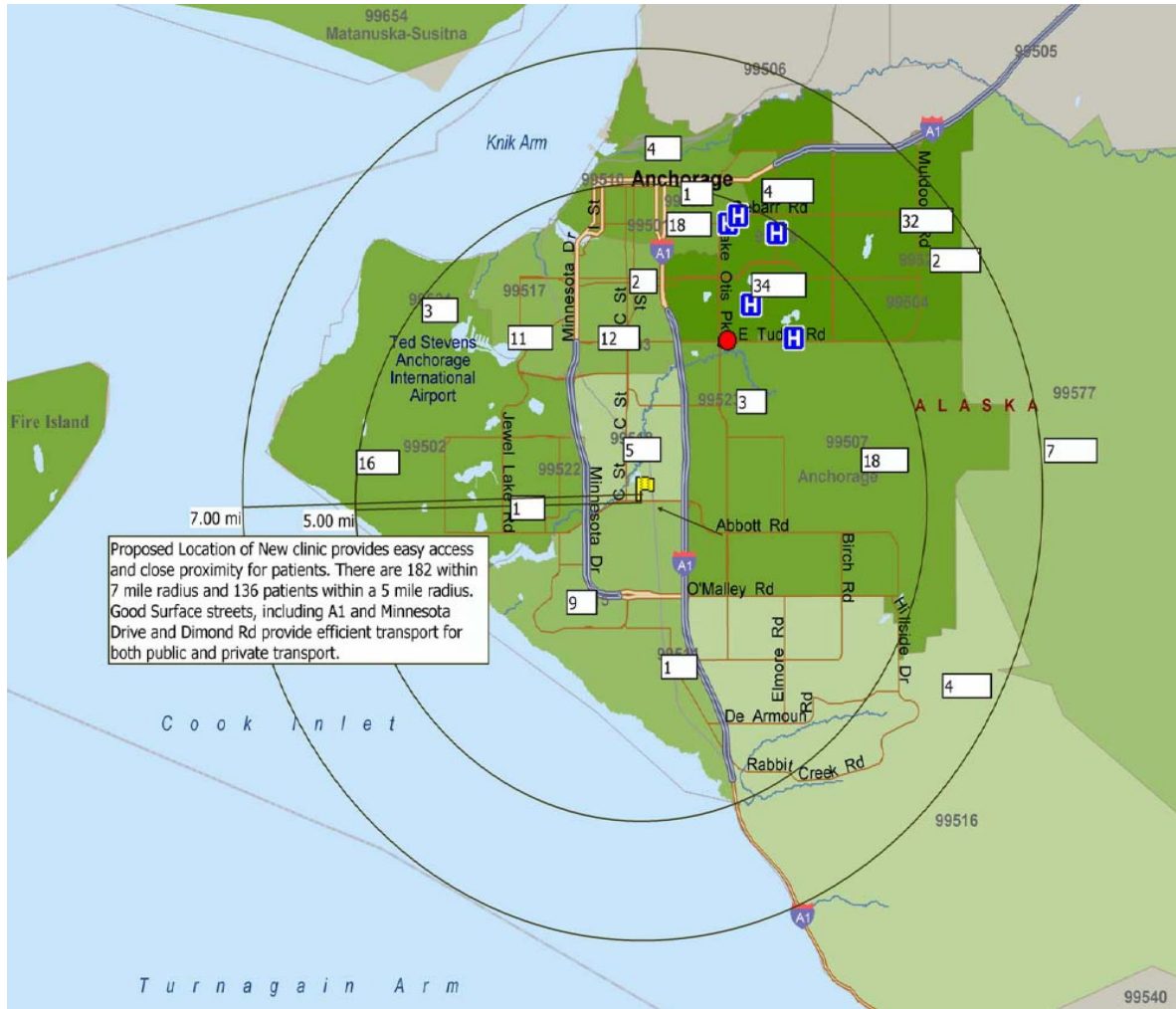
options. As discussed above, early identification is the key to better disease management and reduction in the number of chronic kidney disease sufferers requiring dialysis.

Every year, twenty percent of dialysis patient choose to discontinue dialysis. [source: The Choice by Michael J. McCarthy, The Wall Street Journal, November 3, 2005]. For these patients, on-going dialysis entails such a diminution of quality of life that they elect to die rather than continue with dialysis. Liberty is committed to substantially improving the quality of life of dialysis patients and significantly reducing the number of patients who elect to discontinue dialysis. Liberty works hard to provide inviting environments, flexible schedules, a wide range of dialysis options, including NxStage and other home dialysis modalities and an attentive and professional staff. Liberty hopes to make the dialysis process integrate as seamlessly as possible with the individual's life rather than act as a significant intrusion in their lives.

II. REVIEW STANDARDS

A. Description of Project

Liberty intends to build a dialysis clinic in Anchorage featuring 20 in-center dialysis stations and two home dialysis training stations consisting of approximately 10,000 square feet. The proposed location of the clinic is within 5 miles of Providence Hospital and within 7 mile radius of the 182 patients in the Anchorage area.



The new clinic will be built to the highest industry standards and consistent with other state of the art clinics built by Liberty Dialysis. It will include the latest equipment and technologies to provide the highest quality services for in-center hemodialysis, home hemodialysis, home peritoneal dialysis and a CKD clinic. These services will be available to all residents of Alaska and visiting hemodialysis patients. In addition Liberty Dialysis Anchorage will provide social services, dietician counseling and financial counseling on site. Liberty anticipates that the clinic will be completed 10 months after the approval of the certificate of need application and will cost approximately \$6,362,030. Liberty has sufficient cash to fund the development costs of the project; however, it may elect to finance a portion of the project if attractive terms are available.

Liberty initially expects to employ one head nurse, one chief technician, two nurses, five patient care technicians, one social worker and one dietician at the clinic.

B. Need for Project

1. The applicant documents need for the project by the population served, or to be served, including, but not limited to, the needs of rural populations in areas having distinct or unique geographic, socioeconomic, cultural, transportation, and other barriers to care.

(a) Quantitative Evaluation of Need

As discussed above in Section IV(B)(6), the formulas for determining the number of required dialysis stations (DRS) set forth in the Alaska Certificate of Need Review Standards and Methodologies dated December 9, 2005 can be combined and simplified to:

$$\text{DSR} = 0.000025 * P * UR$$

As there are currently 35 stations in Anchorage, the need for addition stations can then be calculated as follows:

$$\text{Need} = \text{DSR-Existing Stations} = (0.000025 * P * UR) - 35$$

Baseline Scenario

Using a strictly literal interpretation of the guidelines that ignores the trends in prevalence growth analyzed in detail in above in this Section VI, the formula for calculating need provides the following result:

$$\text{Need} = (0.000025 * 393,545 * 4.84) - 35 = 47.61 - 35 = \mathbf{12.61 \text{ additional stations.}}$$

Where:

- (a) $P=393,545$, the projected population of the greater Anchorage area in 5 years.
- (b) $UR=4.84$, the prevalence rate per 10,000 people as of December 31, 2006.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage who utilize the Anchorage facility to in-center patients in Anchorage as their condition progresses. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development), five years from now gives the following result:

$$\text{Need} = \text{DSR} - \text{Existing Stations} = (0.000025 * 539,855 * 4.84) - 35 = 65.32 - 35 = \mathbf{30.32}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=4.84, the prevalence rate per 10,000 people as of December 31, 2006.

This calculation results in the need for an additional 30.32 dialysis stations in Anchorage.

Projected Prevalence Growth Scenario

As discussed in detail in Section VI below, the prevalence rate for kidney dialysis has been increasing in Alaska consistently for the last 20 years. Based on the changing demographics of Alaska and the rising national prevalence of kidney disease, it is reasonable to assume that the rate of prevalence in Alaska will continue to grow. As noted in Section VI below, if the average growth rate in prevalence from 2000 through June 30, 2007 continues then the prevalence rate in five years will reach approximately 6.63 per 10,000.

Applying this projected prevalence rate solely to the population of greater Anchorage results in the following estimated need for dialysis stations:

$$\text{Need} = (0.000025 * 393,545 * 6.63) - 35 = 65.23 - 35 = \mathbf{30.23 \text{ additional stations.}}$$

Where:

- (a) P=393,545, the projected population of the greater Anchorage area in 5 years.
- (b) UR=6.63, the prevalence rate per 10,000 people as of June 30, 2012.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development), five years from now gives the following result:

$$\text{Need} = \text{DSR} - \text{Existing Stations} = (0.000025 * 539,855 * 6.63) - 35 = 89.48 - 35 = \mathbf{54.48}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=6.63, the prevalence rate per 10,000 people as of June 30, 2012.

This calculation results in the need for an additional 54.48 dialysis stations in Anchorage.

Regional Prevalence Scenario

Given the current trends in demographics and prevalence in Alaska discussed in this application, it seems reasonable to assume that the Alaskan prevalence rate will converge with the Northwest regional prevalence rate reported by the Northwest Renal Network of 6.98 per 10,000 in the near future.

Applying this projected prevalence rate solely to the population of greater Anchorage results in the following estimated need for dialysis stations:

$$\text{Need} = (0.000025 * 393,545 * 6.98) - 35 = 68.67 - 35 = \mathbf{33.67 \text{ additional stations.}}$$

Where:

- (a) P=393,545, the projected population of the greater Anchorage area in 5 years.
- (b) UR=6.98, the prevalence rate per 10,000 people as reported by Northwest Renal Network for the Northwest region.

As discussed above, using the population of only greater Anchorage understates the demand for services due to the transition of peritoneal dialysis patients from outside Anchorage. Using the more realistic projected population base of Alaska, excluding the Juneau and Fairbanks regions (the Southeast Region and Interior Region as reported by the Alaska Department of Labor and Workforce Development) five years from now gives the following result:

$$\text{Need} = \text{DSR} - \text{Existing Stations} = (0.000025 * 539,855 * 6.98) - 35 = 94.20 - 35 = \mathbf{59.2}$$

Where:

- (a) P=539,855, the projected population of Alaska in 5 years, excluding the Juneau and Fairbanks areas.
- (b) UR=6.98, the prevalence rate per 10,000 people as reported by Northwest Renal Network for the Northwest region.

This calculation results in the need for an additional 59.2 dialysis stations in Anchorage.

Based on these calculations, Liberty believes that there is a clear need for the 20 station project proposed herein.

(b) New Services to be Offered

Liberty offers patients and physicians access to a full range of options for dialysis treatment, including options not currently offered in the state of Alaska.

NxStage Portable Dialysis Product Line

One particularly exciting option that Liberty offers to home hemodialysis patients is the NxStage System One portable dialysis machine. Due to NxStage's limited exclusivity agreement with another large dialysis provider, Fresenius is unable to offer this product in any of its markets.

The NxStage System One is the smallest, commercially available hemodialysis system, consisting of a compact, portable and easy-to-use cycler, disposable drop-in cartridge and high purity premixed fluid. The System One has a self-contained design and simple user interface making it easy to operate by a trained patient and his or her trained partner in any setting prescribed by the patient's physician. Unlike traditional dialysis systems, the NxStage System

One does not require any special disinfection and or expensive plumbing or electrical modifications to the patient's home. The System One's diminutive size and flexibility allows patients significantly increased freedom to travel versus more traditional options.

The NxStage System One is designed to make more frequent treatment easier and more practical. A number of clinical studies suggest that therapy administered five to six times per week, better mimics the natural functioning of the human kidney and can lead to improved clinical outcomes, including reduction in hypertension, improved anemia status, reduced reliance on pharmaceuticals, improved nutritional status, reduced hospitalizations and overall improvement in quality of life.

NxStage treatments are normally performed six days per week, but only for approximately two hours per treatment versus the standard four to four and a half hour treatments done three times per week in-clinic. While the frequency of six days per week might be a drawback, as noted above, many patients and physicians may view the potential improvement in health and wellbeing as offsetting the inconvenience of more frequent treatment. Also, the more frequent treatments are balanced by the flexibility provided by performing dialysis in the comfort of the patient's own home (or wherever the patient chooses).

While the NxStage provides a number of potential benefits, three particular benefits stand out:

- It provides more patients with access to home hemodialysis.
- It improves overall patient health and gives patients greater control over their treatment and their lives.
- Because of the portability of the machine and no need for a dedicated pure water source, it allows patients the ability to travel.

In addition, in the context of critical care, the NxStage System One provides physicians with an alternative that simplifies the delivery of acute kidney replacement therapy and makes longer or continuous critical care therapies easier to deliver.

The NxStage product line is not an ideal solution for all patients, but it provides physicians and patients with another valuable option in managing ESRD. Liberty intends to bring this option to the population of Alaska.

Extraneal

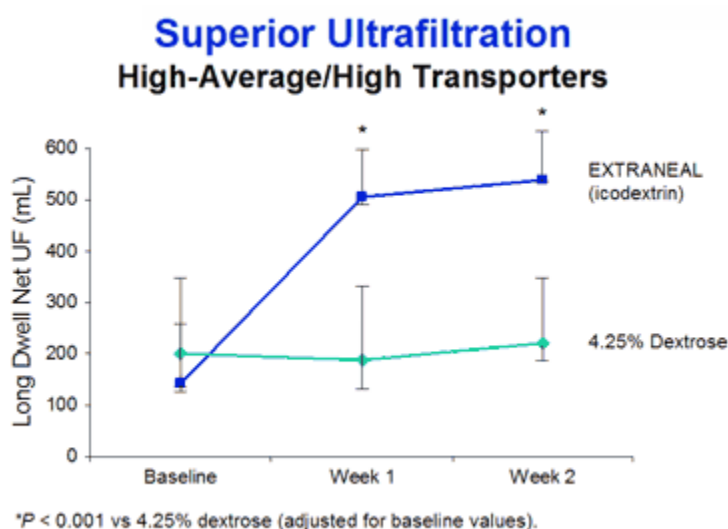
Liberty currently offers physicians the option of prescribing Extraneal for their dialysis patients; a option that is not currently offered in Alaska. Extraneal (icodextrin) is a peritoneal dialysis solution containing the colloid osmotic agent icodextrin in place of dextrose for ultrafiltration during long-dwell exchanges used for the long dwell. According to studies sponsored by Baxter, this solution offers the potential for increased ultrafiltration compared to 1.5% and 2.5% dextrose solutions in all patients. It also has been shown to provide more fluid removal during the long

dwell than 4.25% dextrose in patients with high-average or high membrane transport characteristics.

While Liberty typically does not receive increased reimbursement when doctors select Extraneal, it believes that it is in the patient's best interests to make the option available and doing so serves its goal of enhancing patient care and improving industry standards.

According to studies sponsored by Baxter, Extraneal has a number of patient care advantages versus the standard (and less expensive) 4.25% dextrose used with peritoneal dialysis patients.

A study reported in the Journal of the American Society of Nephrology reflected superior ultrafiltration performance of Extraneal compared to 4.25% dextrose³. In the study, both groups of patients had similar long dwell net ultrafiltration results at baseline, when all patients were using 4.25% dextrose. As noted in the chart below, at the end of both week 1 and week 2, net ultrafiltration was significantly greater among patients using extraneal compared to those patients who were in the control arm and continued on 4.25% dextrose.



Source: Baxter PD at <http://www.renalsource.com/extraneal/fluid.html>

This study also demonstrated a reduction in carbohydrate absorption among high-average and high transport patients in the Extraneal arm versus patients who continued on 4.25% dextrose. The decreased carbohydrate absorption resulted in greater ultrafiltration efficiency in the high-average and high transport patients on Extraneal. The total amount of carbohydrate absorbed was significantly lower with Extraneal compared to 4.25% dextrose (56.3 vs 77.7 g). As a result, the number of calories gained was also significantly lower with Extraneal (225.2 vs 310.0 Kcal). In combination, the significant increase in net ultrafiltration and the significant reduction in carbohydrate absorption resulted in a significantly greater ultrafiltration efficiency with

³ Finkelstein F. et al., Superiority of icodextrin compared to 4.25% dextrose for peritoneal dialysis ultrafiltration, J Am Soc Nephrol, 2005 16:546-554

Extraneal compared to 4.25% dextrose. Ultrafiltration efficiency was 10.9 mL/g with Extraneal vs 4.7 mL/g with 4.25% dextrose as reflected in the table set forth below.

Decreased Carbohydrate Absorption EXTRANEAL (icodextrin) vs 4.25% Dextrose

	Carbohydrate Absorbed (g) ^a	Calories Gained (Kcal) ^b	UF Efficiency (mL/g) ^c
4.25% Dextrose	77.7 (92.0%)	310.8	4.7
EXTRANEAL	56.3 (35.6%)*	225.2*	10.9*

^a Difference in carbohydrate content between infused and drained dialysate.

^b Carbohydrate absorbed (g) x 4 (Kcal/g).

^c Amount of UF achieved per gram of carbohydrate absorbed from the dialysate (UF [mL] ÷ CHO absorbed [g]).

* $P \leq 0.001$ vs 4.25% dextrose, measured at week 2.

Source: Baxter PD at <http://www.renalsource.com/extraneal/fluid.html>

Another potential advantage of Extraneal is that it contains icodextrin, which is an osmotic agent that is glucose-free. Icodextrin metabolism to glucose occurs predominantly after absorption from the peritoneal cavity. As a result, the peritoneal membrane is exposed to substantially reduced amounts of glucose versus the standard treatment.

Ultra Pure Water

Liberty takes every step to ensure patient safety and enhance patient care. As part of this commitment, we have voluntarily adopted more stringent requirements for our facilities than the industry norm. For example, Liberty was the first company to build all new facilities with “ultra pure” water.

During each dialysis treatment the patient’s blood is cleaned across an artificial kidney membrane with a cleansing solution (dialysate) made from purified water. Current standards in the United States recommend that the water not contain more than 200 colony forming units of bacteria per milliliter (ml) of water and less than 2 endotoxin units per ml of water.

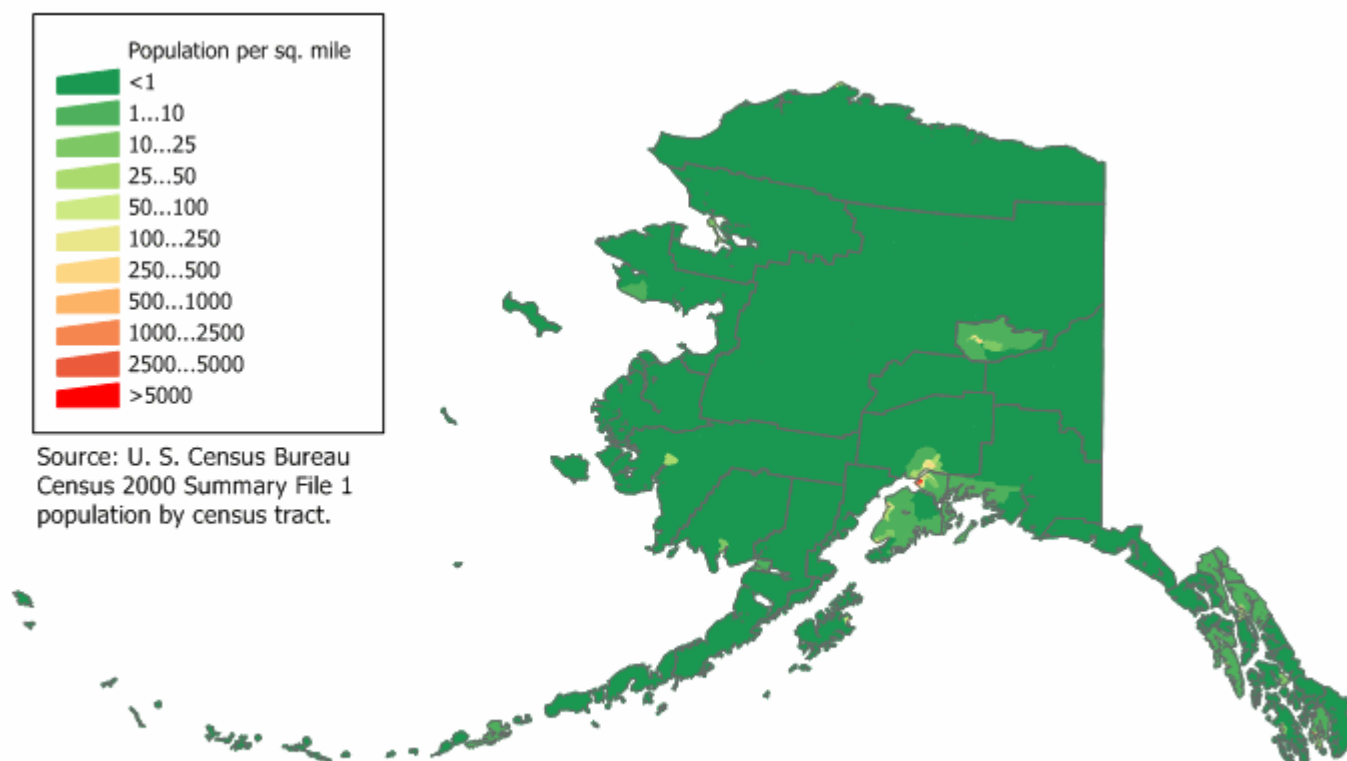
Liberty believes that lowering the amount of bacteria and endotoxins in the water will benefit our patients, and Liberty has therefore chosen to use "ultra pure" water standards instead of conventional standards. These "ultra pure" standards have 1,000 times less bacteria as compared to conventional standards. Available data would support that less bacteria and toxins results in a decrease of the chronic inflammation state often seen in dialysis patients.

Liberty believes that these enhanced standards will translate to improved nutritional status, less anemia, more clearance of B2 microglobulin, and possibly even fewer cardiovascular complications. There are clear morbidity and mortality benefits with improving nutrition and anemia. By clearing more B2 microglobulin, carpal tunnel syndrome and arthropathies become less significant and improve patient quality of life.

With respect to the lower rates of cardiovascular complications, the hypothesis is that reduced chronic inflammation from fewer bacteria and toxins will cause less vascular disease. This would result in fewer heart attacks, less strokes and less painful peripheral vascular disease.

(c) Establishment of Regional Facilities

As discussed below, Alaska's geography, dispersed population and mercurial weather conditions present significant challenges to the delivery of reliable health care services, particularly in the case of dialysis, where treatment is required on an uninterrupted basis.



As part of Liberty's vision for dialysis services in Alaska, Liberty has developed a strategic plan to address these challenges through the construction of approximately two to four small community-based dialysis clinics typically offering home hemodialysis and peritoneal dialysis training and support and chronic kidney disease education and, potentially, several dialysis stations for in-center dialysis treatment or back-up for patients on home hemodialysis or peritoneal dialysis. These facilities would be visited on a periodic basis by nephrologists and patients and physicians would be connected in real time through the telemedicine kiosks Liberty intends to install in each clinic. Liberty intends to primarily develop these facilities for less than \$1 million as calculated pursuant to the certificate of need regulations to ensure that the clinics

can open quickly to serve the local populations. Liberty is currently reviewing opportunities for clinics in a number of communities including Sitka and Kodiak Island.

Liberty executives have substantial experience in building and operating small clinics to meet the needs of local populations, such as the clinics located in Mountain Ridge, West Virginia and on the island of Molokai, both of which are small clinics with geographical challenges to access. In addition, Ronald Sawyer, our executive vice president, currently operates four peritoneal dialysis facilities in North Carolina and is in the process of expanding to fourteen clinics in North Carolina. This experience will be put to use in rolling out the network of local clinics in Alaska.

By implementing this network of small clinics in addition to the larger centralized clinic described in this application, Liberty believes that it can offer substantially improved patient care and quality of outcomes by reducing the distances that need to be traveled by dialysis patients to meet with a care provider and receive dialysis treatment and support. Further, the network of community dialysis facilities will allow patients to remain in their homes instead of moving to the larger communities that have full scale dialysis centers. As noted in the Wall Street Journal article referenced above, dialysis patients face a large number of physiological challenges that lead a discouraging high number to discontinue dialysis each year. One of the keys to overcoming these challenges is to keep the patient's support network in place. A big piece of this lies in allowing the patient to stay in their homes, close to family and friends and in a familiar setting while they undergo treatments. By augmenting our centrally located clinics with small regional clinics, Liberty will allow this support networks to remain intact, improving patient quality of life and outcomes while hopefully making a dent in the grim statistics cited in the Wall Street Journal article.

(d) Enhanced CKD Screening, Outreach Program and Telemedicine

Expansion of CKD Screening and Education

Key components of the project and Liberty's overall strategic plan for Alaska are the development of a chronic kidney disease community outreach program and implementation of a robust telemedicine program. As part of the project, Liberty will construct space for a chronic kidney disease (CKD) clinic in the facility modeled after the successful program that Liberty established in Hawaii. Liberty anticipates that the clinic will provide the following services to the local population:

- Kidney health education;
- Chronic kidney disease screening; and
- Early intervention disease management, such as dietary improvements.

As discussed above, Liberty also intends to expand the reach of its community outreach program to more remote locations by co-locating CKD clinic branches with its small satellite home and chronic dialysis centers it intends to establish throughout the state. By providing patients access to information and allowing nephrologists to intervene in disease progression at an early stage, Liberty believes that these CKD clinics will help patients with chronic kidney disease delay or,

maybe even avoid, dialysis and those patients who eventually need dialysis will be better prepared for, and more comfortable with, the process. By helping patients delay or avoid dialysis, these CKD clinics can result in substantially improved quality of life for kidney disease patients while also resulting in substantial costs savings to the medical system.

Telemedicine

Alaska has been at the forefront of adopting and implementing telemedicine systems to better serve its population and bridge the vast distances of the state. Telemedicine project such as the Alaska Federal Health Care Access Network (AFHCAN), which has already placed approximately 250 telemedicine kiosks through the state, have validated the efficacy and acceptance of telemedicine while providing the necessary infrastructure to further expand services.

Some of the widely recognized benefits of telemedicine are:

- Increased access to specialists;
- Improved efficiency for doctors;
- Reduction of costs of providing care;
- Reduced inconvenience for patients; and
- Enhanced information sharing among physicians.

Liberty intends to build on the existing successful implementations of telemedicine programs in the state to bring this powerful tool to the population coping with chronic kidney disease. Liberty's initial plan is to build out telemedicine access points in each of its clinics, including the small PD and home hemodialysis clinics that Liberty intends to build in the more remote regions. Each station will consist of a telecommunications access point, video conference device and encryption device allowing physicians to securely conference with patient and clinic staff on a real time basis from remote locations. This technology will allow physicians to augment their physical visits to the clinics with virtual interactive visits allowing patients to get more frequent feedback on treatment and have questions answered quickly as they arise while allowing the physicians to monitor progress and adjust treatments with greater ease. Further, by reducing the need for physicians to travel to the patients on each occasion, the physician is able to see a larger number of patients on a given day, allowing patients increased access. The telemedicine infrastructure will also allow technicians to quickly interact with clinic staff in the event of equipment failures and allow clinic staff to share information more effectively with each other.

Based on patient and physician acceptance of the system, Liberty also intends to push this technology into the homes of home hemodialysis and peritoneal dialysis patients through available telecommunication connections with the ultimate goal of substantially reducing the need of patients to travel long distances through difficult weather conditions or take substantial time out of their daily lives access their physicians. Once in place, we believe that these systems will make a significant impact in reducing the intrusiveness of treatment for chronic kidney disease or end stage renal disease by giving patients increased autonomy from the clinics, particularly for home hemodialysis and peritoneal dialysis patients.

2. The applicant demonstrates that the project, including the applicant’s long-range development plans, augments and integrates with relevant community, regional, state, and federal health planning, and incorporates or reflects evidenced-based planning and service delivery. A demonstration under this standard should show that the applicant has checked with the department regarding any relevant state plan, with appropriate federal agencies for relevant federal plans, and with appropriate communities regarding community or regional plans.

The proposed project and Liberty’s long term plans for serving Alaska would help meet several goals specified in Alaska planning documents including Healthy Alaskans 2010.

Educational & Community-based Programs. This Health Goal for the Year 2010 is to “[i]ncrease the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.” Two of the indicators of progress for primary care are:

- Increase the proportion of health care organizations that provide and document patient and family education.
- Increase the proportion of hospitals and health care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

Liberty has worked with physicians in local markets to increase the availability of educational and early intervention services to avoid, identify and managed chronic kidney disease, including the establishment of local chronic kidney disease clinics. For example, Liberty established a non-profit organization in Hawaii, Pacific Renal Care foundation that operates a chronic dialysis clinic serving the local population. One of the features that Liberty intends to include in its project is space for a chronic kidney disease clinic. Liberty also intends to explore the establishment of additional regional chronic kidney disease clinics in underserved or geographically remote areas including the possibility of co-location and cooperation with Native Alaskan health organizations. These clinics will focus on efforts to increase awareness of the causes of chronic kidney disease and actions that can be taken to prevent on-set, reduce the likelihood of progression to end stage renal disease and better manage chronic kidney disease.

Access to Quality Health Care. This Health Goal for the Year 2010 is to “[i]mprove access to comprehensive, high-quality health care services.” Among the indicators of progress for clinical preventive and primary care services are:

- Increase the proportion of Alaskan adults appropriately counseled about health behaviors within the last year.
- Increase the proportion of Alaskans counseled about diet or eating habits.
- Increase the proportion of adults aged 18 or older with a usual place to go for care if sick or needing advice about health.

- Reduce the proportion of adults aged 18 or older reporting that the distance or time to travel to their health care provider was either fair or poor.
- Reduce hospitalization rates for three ambulatory-care-sensitive conditions – pediatric asthma, ***uncontrolled diabetes***, and immunization-preventable pneumonia and influenza in older adults. [emphasis added]

Liberty’s project addresses each of these goals. As discussed above, Liberty intends to establish CKD clinics to provide education and disease management in conjunction with the project. Liberty believes that the addition of these clinics will substantially increase the number of Alaskans who receive counseling about chronic kidney disease issues, including diet, while also increasing the available locations for Alaskans to seek care. The project will also provide an additional chronic kidney dialysis facility, offering treatment options, such as NxStage and Extraneal, that are not currently available in Alaska. As a result, the project will provide another place to go for those suffering from ESRD while reducing the distance that individuals need to travel to the new clinic location and substantially eliminating the need to travel for patients who elect to take advantage of home dialysis options offered by the new clinic, including the NxStage system. As discussed above, the access of patients to clinics will be enhanced and the need to travel long distances will be reduced by Liberty’s plans to open small satellite dialysis facilities to provide home hemodialysis and peritoneal dialysis training and support services, and, depending on local community need, perhaps a small number of in-center hemodialysis machines, either for in-center treatment or for back-up if needed by a home hemodialysis or peritoneal dialysis patient, thus saving them the trip to Anchorage or another city with an existing in-center hemodialysis facility.

Some of the significant challenges to access to health care in Alaska are the unpredictable weather and vast geography. As noted in Section 15 of Healthy Alaskans 2010 – Volume I, “[approximately 25 percent of all Alaskans and 46 percent of Native Alaskans live in communities of less than 1,000 people...Nearly one-quarter of the state’s population lives in towns and villages that are reachable only by boat or aircraft. Approximately 75 percent of Alaskan communities are not connected by road to another community with a hospital...Severe weather often limits air travel, causing delays in obtaining care. The geography and climate of the state limits access to care...” These challenges are particularly daunting for dialysis care, since treatment must occur, at a minimum, three to four times per week regardless of weather conditions or remoteness in order to maintain the patient’s quality of life and well-being. As part of Liberty’s entry into the Alaska market, Liberty intends to address these challenges by establishing several smaller, satellite dialysis facilities, consisting of peritoneal and home dialysis support and services and up to two or three stations in more remote areas with populations needing treatment. Liberty has significant experiencing in building and operating small, remote facilities as demonstrated by its operations at (i) Molokai, Hawaii, (ii) Blackfoot, Idaho, and (iii) Mountain Ridge, West Virginia. In addition, as described above, Liberty intends to leverage the existing telemedicine infrastructure to bring the benefits of telemedicine to the population dealing with chronic kidney disease.

State Health Plan for Alaska, June 1984. The project and Liberty’s long-term plans for Alaska also serve the goal set forth for ESRD in the State Health Plan for Alaska, June 1984 that has the goal to “eliminate to the greatest extent possible, disability and death related to end stage renal

disease.” As noted above, Liberty intends to bring a number of new care options to the area to improve patient outcomes, such as Extraneal and NxStage, along with constructing a state of the art facility to serve the existing patient base and meet future growth needs. In addition, Liberty intends to locate a CKD clinic in the project, and regional CKD clinics in the planned satellite facilities, to assist in early diagnosis and dissemination to the population to improve the timing and efficacy of interventions. These resources will allow local nephrologists to reduce disability and death related to ESRD by identifying patients who were previously diagnosed too late to manage the disease or were never diagnosed due to a lack of resources. The project and the planned CKD and satellite clinics, taken as a whole, also tie into the Health System Response set forth in the State Health Plan for Alaska by “provid[ing] a proper distribution of ESRD treatment resources and a delivery system which is sufficiently flexible to meet the special needs of both rural and urban Alaskans.”

3. The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.

In determining the need and scope for the project and Liberty’s broader vision for patient care in Alaska, Liberty has met with a number of health care providers with experience providing care in Alaska, some of whom have submitted letters in support of this application. Their input has been instrumental in the development of Liberty’s plans for better serving the patients of Alaska outlined in this application. In particular, physicians have expressed the need to (i) expand the number of dialysis stations to serve the growing population and increased incidence of end stage renal disease, (ii) expand the available treatment options for patients in Alaska through the addition new services and products, (iii) continue to improve access to care by bringing facilities closer to more remote populations either through new physical locations or through increased use of technology, such as telemedicine systems and (iv) place additional emphasis on early detection and treatment of chronic kidney disease in order to improve patient outcomes and reduce costs of care. We have incorporated this advice into our clinic design and our plans to expand service accessibility through the development of satellite clinics, CKD clinics and a CKD focused telemedicine system.

Further, in designing each clinic, Liberty seeks input from the physicians in the market to insure that facilities are designed and equipped in a manner that represents the evolving best practices in patient care in the industry.

Liberty has also engaged in discussions with doctors experienced in practicing in Alaska to determine the extent of need for services. These discussions reinforce the need for expanded facilities to deal with growth in the need for dialysis and chronic kidney disease management. Among the factors that the doctors identified as likely to lead to increased demand over and above projected growth are:

- *Older Patients on Dialysis.* The national trend of putting older patients on dialysis. According to the Northwest Renal Network, older patients are growing as a percentage of total dialysis patients in Alaska with the percentage of patients 65 and older rising from 58 or 27% of the population in 2000 (58/216) to 116 or 36% in 2006 (116/324). In

addition, 49 of the 118 newly diagnosed patients in 2006 or 42% of the new patients were 65 or older. (source: North West Renal Network Annual Report 2006)

- *Better Identification of CKD.* Earlier and more effective identification of patients resulting in more patients actually reaching dialysis instead of dying untreated;
- *Growing Retiree Population.* The growing retiree population in Alaska – according to State’s Official Population Forecast the current population of residents 65 and older will grow from 45,489 or 7% in 2006 to 55,324 or 8% of the population in 2010 and reach 74,980 in 2015 or 10% of the population. As more retirees decide to stay in Alaska we expect to see an increase in the number and percentage of hemodialysis patients;
- *Care for Aging Relatives.* The trend of working age individuals moving their aging parents to the area to more effectively care for them will increase the elderly population in need of dialysis services;
- *More Aggressive Treatment.* The trend of nephrologists to be more aggressive in treating chronic kidney disease by putting patients on dialysis earlier to improve outcomes and disease management;
- *Increased Demand From Native Populations.* Increasing awareness of chronic kidney disease among native populations and a concomitant demand for better access to dialysis.

4. The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that they proposed services are the most suitable approach.

There are several alternatives to developing a new facility in the area.

a. Send New Patients to the Facility in Wasilla. New patients could be sent to the Wasilla facility for treatment. However, this solution is very intrusive to patients’ lives because they will be forced to travel a substantial distance from their homes three to four days a week in order to receive treatment. In addition, this solution does not deal with the long term growth trend in absolute number of patients due to population growth, rising incidence of CKD and other factors noted above. In addition, shifting patients from Anchorage to Wasilla will reduce the capacity of the Wasilla facility to meet future local demand.

b. Additional Shifts at Existing Facility. It may be possible to add additional shifts at the existing facility located at 3950 Laurel St, Anchorage, AK 99508. Currently, the existing facility services 166 HD patients and 74 PD patients for a total of 240 patients according to the most recent data available from Northwest Renal Network. As a result, patients encounter difficulty scheduling a time that fits into their schedules. While the facility is considering adding a sixth shift, these time slots tend to be very difficult for patients to use. In addition, the current high levels of utilization at the existing facility make it very difficult for new patients or patients currently using peritoneal dialysis or

home hemodialysis to transition to in-center dialysis. It is not unusual for patients using peritoneal dialysis or home hemodialysis to need to switch to in-center dialysis for a period of time due to infections or other complications or equipment failures with their home systems. In addition, as ESRD progresses in patients on peritoneal or home dialysis, they often need to transition permanently to in-center dialysis due to declining health. The recent data published by Northwest Renal Network supports this transition as the number of peritoneal patients declined from 29% of patients as of December 31, 2001 to 25% of patients as of June 30, 2007. The current utilization level at the existing facility will not permit these patients to transfer to in-center dialysis without substantial expansion of the facility, let alone deal with increased need resulting from increasing incidence of chronic kidney disease, better diagnosis of the condition and population growth.

c. No Action. Another alternative is to take no actions to increase capacity at this time. This alternative would not be in the best interest of the patients or the health care system. As noted above, the incidence of chronic kidney disease has increased substantially in the last 15 years. Based on the certificate of need calculations, the existing facilities are running above the prescribe capacity levels. As a result, patients are not able to schedule times that may be optimal for their schedules and reduce the disruption of on-going dialysis on family and work. In addition, pressure to get a high volume of patients through on a given shift negatively impacts the ability of staff members to focus on individual patient care and may negatively impact outcomes. As discussed in Section IV(B)(2) above, this problem will substantially worsen as the population requiring dialysis grows.

d. Build a New Facility. As discussed in this application, the proposed project addresses future growth in the population needing dialysis, while providing new services not currently available to the people of Alaska. In addition, Liberty's long-term plan for Alaska will help improve access for remote populations and increase awareness and screening for CKD to allow for better and more cost effective disease management. Finally, the new facility will provide an alternative to the existing facility, providing a catalyst for innovation and general improvements in patient care.

5. The applicant briefly describes the anticipated impact on existing health care systems within the project's service area that serve the target population in the service area and the anticipated impact on the statewide health care system.

The new facility will provide physicians with access to products and services not currently available in Alaska, such as Extraneal and NxStage. Extraneal has been shown to improve outcomes in certain patient groups versus the industry standard products. The availability of Extraneal promises to enhance the effectiveness of dialysis treatment of members of the population. While Extraneal costs Liberty more than standard treatments and Liberty does not receive additional reimbursement for the product, Liberty believes it is in the best interest of its patients to make this product available.

Liberty's plan to develop a CKD clinic in the facility and establish satellite facilities offering CKD clinics, home hemodialysis and peritoneal dialysis training and support services and, potentially, in-center dialysis stations will allow local physicians to more effectively educate the local population about CKD and enhance the likelihood of early detection. Early detection allows physicians to take more efficacious approaches to treatment, both with respect to outcomes and costs that are available if the disease is diagnosed later in its progression. In addition, satellite clinics will offer more effective support of existing patients by providing access to trained clinical professionals without traveling to one of the existing clinics in the larger cities. This ease of access is further enhanced by Liberty's intention to leverage the existing telemedicine infrastructure and level of comfort in the area by placing telemedicine kiosks in its clinics. These kiosks will enable physicians, patients and support staff to interact on a real time basis to manage the patient's treatment for chronic kidney disease and enhance the physician's ability to manage the disease by providing the physician with continuous access to more remote patients without regard to distance or weather conditions.

In addition, Liberty will offer NxStage's home dialysis products which allow patients to take advantage of the benefits of home dialysis without the significant infrastructure costs and travel restrictions associated with traditional modalities. The NxStage product line is preferred by many nephrologists to alternatives such as peritoneal dialysis and traditional, bulky home dialysis machines.

Liberty also intends to develop satellite facilities in more remote areas to provide home hemodialysis and peritoneal dialysis support and services, chronic kidney disease screening and education, and, depending on need, a small number of in-center dialysis stations to provide back-up to individuals on peritoneal dialysis or home dialysis or provide an alternative to home dialysis modalities. Liberty believes that these facilities would have a significant positive impact on patients in these communities by allowing these patients to remain in the local area instead of having to move to Anchorage for treatment.

Finally, Alaska is currently served by a single dialysis provider. As noted in some of the examples in Section VI below, Liberty's experiences in other markets suggest that competition between dialysis providers has a positive impact on infrastructure, patient and physician treatment options and access to cutting edge products and value provided per health care dollar. The introduction of a competing facility often spurs existing providers to substantially upgrade service level and facilities, both technologically and aesthetically. This is particularly true when the new provider enters the market with the type of state-of-the-art, patient-friendly facility that Liberty focuses on providing to the community.

6. The applicant demonstrates that the project's location is accessible to patients and clients, their immediate and extended families and community members, and to ancillary services.

The proposed project is centrally located within five miles of Providence Hospital and within a seven mile radius of the 182 patients in the Anchorage area. The clinic will be fully compliant with applicable access rules and regulations, including the Americans with Disabilities Act and state requirements.

ADDITIONAL CONSIDERATIONS FOR CONCURRENT REVIEW OF MORE THAN ONE APPLICATION

1. The applicant demonstrates a commitment to quality that is consistent with, or better than, that of existing services, if any.

Liberty has a strong commitment to providing high quality patient care. We believe that it is very important for each clinic to have a local quality oversight body with primary responsibility for ensuring patient safety and improving efficacy of treatment since global requirements from a centralized office often times are not well tailored to local conditions. Each clinic has a management committee consisting of the medical director and key clinical personnel with responsibility for direct oversight of patient care. This model allows our clinics to be extremely responsive to patient needs and physician concerns and quickly implement solutions.

Liberty intends to establish a medical oversight board at the clinic including local physicians and nurses to oversee quality of care. In addition, quality of care at all clinics is closely monitored on an on-going basis by the senior executive team lead by Denise Van Valkenburgh, Liberty's Executive Vice President – Clinical Affairs and a former executive at Fresenius. Attached as Appendix V(2) is a copy of the Liberty Dialysis, LLC Quality Improvement Program that unifies the local board oversight with Liberty-wide quality initiatives.

Liberty also emphasizes continuing education for staff focused on enhancing patient care skills. Liberty holds on-going internal training for members of the staff in addition to investing significant resources in sending staff to national meetings and training sessions. Liberty strongly believes that investments in its employees translates to enhanced results for patients.

Liberty has also implemented technological solutions to addressing any issues relating to patient care. For example, Liberty has online reporting of any patient adverse events that ensures that data on any incidents are quickly disseminated to the local management team and the senior executive team. This mechanism allows rapid reviews of any events and quick implementation of any remedial measures necessary to avoid future incidents. Liberty also maintains a toll-free hotline for individuals to anonymously report any issues that they identify affecting patient care or other aspects of operations.

Finally, one of the keys to ensuring high quality of care and outcomes is providing physicians with access to the full range of tools available to treat disease progression. As discussed, Liberty strives to make cutting edge products available to physicians from all manufacturers so the physicians are able to match the appropriate products and services to their patients' needs.

2. The applicant demonstrates a pattern of licensure and accreditation surveys with few deficiencies and a consistent history of few verified complaints.

Liberty has a strong record in state surveys with no clinics every being put on a fast track decertification process by a regulator for any reason. Liberty has included a summary of the

status of its clinic as Appendix V(1)(a) and a copy of the licenses of its licensed employees and medical directors including a summary of such information as Appendix V(1)(b).

3. The applicant demonstrates that the applicant has consistently provided, or has a policy to provide, high levels of care to low-income and uninsured persons.

One of the substantial challenges to delivering high quality health care to patients is the number of individuals who are uninsured or underinsured in the country. Liberty believes that it is each provider's responsibility to assist patients in need in obtaining necessary care without creating significant financial strain in addition to the strain of on-going dialysis treatment. To help address the unmet need for health care, in 2007 Liberty adopted a company-wide indigent care policy to ensure that the uninsured or underinsured are able to access care. Liberty's policy provides for forgiveness of amounts that are the patient's responsibility after all potential sources of coverage have been evaluated for patients whose income is less than three times the current national poverty level. A copy of the policy is attached as Appendix IV(F)(2)(a).

Liberty opened the majority of its operating clinics after mid-2005 and, as a result did not begin tracking charity care until fiscal 2006. Attached as Appendix IV(F)(2)(b) is a schedule of charity care provided during fiscal 2006 and projections for the next three years.

Section VII. Construction Data

A. Please check appropriate boxes:

- | | | | |
|----------------------|-------------------------------|------------------------------------|--|
| 1. Construction type | <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Renovation |
| 2. Basement | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> None |

B. Project Development Schedule

1. Estimated completion of final drawings and specifications

Ninety days after CON award.

2. Estimated construction begun by

March 1, 2008

3. Estimated construction complete by

July 1, 2008

4. Estimated opening of proposed services

August 1, 2008

C. Facility site data: Provide the following as attachments (referenced by the subsection and item number):

1. A legal description and area of the proposed site. Is the site now owned by the facility? If not, how secure are the arrangements to acquire the site?

Liberty proposes to lease the site of the clinic. Liberty has been in discussion with brokers and has identified several sites that are well suited for the clinic.

2. Diagrammatic plan showing:

- a. dimensions and location of structures, easements, rights-of-way or encroachments;
- b. location of all utility services available to the site; and
- c. Location of service roads, parking facilities, and walkways within site boundaries.

Attached as Appendix VII(C)(2) is a representative example of a Liberty floor plan.

3. Document clearances regarding zone restrictions, fire protection, sewage, and other waste disposal arrangements (under special circumstances, it is acceptable to present evidence of conditional approvals from local government and regulatory agencies).

According to the local planning authority, the sites considered for the project are zoned I-1 retail and medical use.

4. An architectural master plan including long-range concept and development of total facility.

Attached as Appendix VII(C)(2) is a representative example of a Liberty floor plan.

5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.

Attached as Appendix VII(C)(2) is a representative example of a Liberty floor plan.

D. Describe the plan for completing construction and the effect (disruption) construction activities will have on existing services.

There would be no disruption in this case. The plan for construction would include demolishing existing interior space and then building out new clinic space to meet the requirements of the new clinic. The contractor for this project has completed over 20 clinics for Liberty and 12 others for competitors.

Section VIIIA. Financial Data - Acquisitions

1. Acquisition type: (Please check applicable boxes)

☒ Lease ☐ Rent ☐ Donation ☐ Purchase ☐ Stock Transaction

2. Cost data

(Omit cents)

- | | |
|---|---------------|
| a. Total acquisition cost* | \$ 4,500,000* |
| b. Amount to be financed | \$ |
| | |
| c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.) | \$ |
| | |
| d. Anticipated interest rate _% , term __ years. | |
| e. Total anticipated interest amount | \$ |
| f. Total of (a) and (e) | \$ 4,500,000 |
| g. Estimated annual debt service requirements | \$ |

*Lease of \$180,000 per year over 25 years.

3. Describe how you expect to finance the project.

Liberty has sufficient cash on hand to fund the project. However, if attractive financing terms are available, Liberty may elect to finance a portion of the project. The attached financial schedules assume that Liberty finances a portion of the project consistent with past experience.

Note: Acquisition costs must include (as appropriate):

- Total purchase price of land and improvements (if donated, the fair market value**)
- "Goodwill" or "purchase of business" costs
- The net present value of the lease calculated on the total lease payments over the useful life of the asset as set out in the 2004 version of *Estimated Useful Lives of Depreciable Hospital Assets*, published by the American Hospital Association.
- Consultant or brokers fees paid by person acquiring the facility
- Other pre-development costs to date.

*Site acquisition should be stated as "book" value, i.e. actual purchase price plus costs of development. If desired, the applicant may elect to state the acquisition as "fair market value"*** (in which case, give reason and basis).

** A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

Section VIIIB. Financial Data – Construction Only

1. Construction Method (Please check)

- a. ☒ Conventional bid ☐ Contract management ☐ Design and build
b. ☐ Phased ☐ Single project ☐ Fast Track

2. Construction Cost (New Activity)

(Omit cents)

- | | |
|---|--------------|
| a. Site acquisition (Section VIIIA.2.f) | \$ 4,500,000 |
| b. Estimated general construction** | \$ 1,350,000 |
| c. Fixed equipment, not included in a** | \$ 92,000 |
| d. Total construction costs (sum of items a, b, and c)** | \$ 5,942,000 |
| e. Major movable equipment** | \$ 299,000 |
| f. Other cost:** | |
| (1) Administration expense | \$ 25,000 |
| (2) Site survey, soils investigation, and materials testing | \$ |
| (3) Architects and engineering fees | \$ 72,000 |
| (4) Other consultation fees (preparation of application included) | \$ |
| (5) Legal fees | \$ 5,000 |
| (6) Land development and landscaping | \$ |
| (7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.) | \$ 14,330 |
| (8) Additional inspection fees (clerk of the works) | \$ 2,000 |
| (9) Insurance (required during construction period) | \$ 2,700 |
| g. Total project cost (sum of items d, e, f) | \$ 6,362,030 |
| h. Amount to be financed | \$ 1,396,522 |
| i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.) | \$ 4,965,508 |
| j. Anticipated long-term interest rate | <u>8.5 %</u> |
| k. Anticipated interim (construction) interest rate | <u>N/A</u> |
| l. Anticipated long-term interest amount | \$ 495,265 |
| m. Anticipated interim interest amount | N/A |
| n. Total items g, l, and m | \$ 2,582,015 |
| o. Estimated annual debt service requirement | \$ 286,380 |
| p. Construction cost per sq. ft. | \$ 145 |
| q. Construction cost per bed | N/A |
| r. Project cost per sq. ft. | \$ 186 |
| s. Project cost per bed (if applicable) | N/A |

Attached as Appendix VIIIB(2)(b) is a letter from a contractor with experience building dialysis facilities, including a number of facilities for Liberty and attached as Appendix VIIIB(2)(f)(3) is a letter from an architect providing estimated architecture fees.

*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case,

so indicate). A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

**** Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.**

Schedule I to Section VIII B

Available Resources

Initial Liberty Capital	\$ 676,725
Clinic Cash Flow after Principal Repayments – Years 1-10 only	\$6,370,193
Available Funds	<u>\$7,046,918</u>

Section IX. Financial Data – All Proposed Activities

Provide an accompanying narrative explanation for each of the schedules below if there are any significant trends or significant changes in any item or group of items from year to year.

Note: Indicate whether you are using a calendar year or other fiscal year period.

Liberty uses the calendar year as its fiscal year.

A. Attach Schedule I - Facility Income Statement

1. For the most recent five prior full fiscal or calendar years

Not applicable.

2. Projections during construction or implementation period (if applicable)

3. Projection for three years following completion of construction, or implementation of the proposed activity.

B. Attach Schedule II - Facility Balance Sheet

1. For the most recent five prior fiscal or calendar years.

Not applicable.

2. Current fiscal or calendar year to date

C. Attach Schedule III - Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide revenue and expense data FOR EACH SERVICE THAT IS IDENTIFIED AS CHANGING.

1. For the most recent five prior full fiscal or calendar years (information may be obtained on total patient load, directly from your respective years' Medicare Cost Reports)

2. Current fiscal or calendar year to date

3. Projection for five years following completion of construction or implementation.

Not applicable.

D. Attach Schedule IV – Operating Budget

Current and projected line item capital and operating budgets for the proposed activity. Describe what alternative plans have been made if deficits occur.

Not applicable.

E. Attach Schedule V – A. Debt Service Summary, and B. New Project Debt Service Summary

A debt service cash flow schedule over the life of the debt, if applicable, for all long-term debt of the facility. Identify each debt, including the proposed activity, and break out interest, principal, and other costs.

F. Attach Schedule VI - Reimbursement Sources

Showing reimbursement sources for the facility for the previous five full years and projected for three years after implementation.

G. Attach Schedule VII – Depreciation Schedule

Showing a depreciation schedule for all items acquired through the proposed project. Note that the straight-line method must be used. Indicate on the depreciation schedule or separately which major movable equipment is being purchased for the project (see Section VIIIB, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.

Schedule I. Facility Income Statement

Projections For Three Years Beyond Project Completion

Gross Patient Revenue:	FY	FY	FY
Inpatient Routine			
Inpatient Ancillary			
Outpatient			
Long-Term Care			
Swing Beds			
Other			
Total Patient Revenue	7,327,648	16,194,336	22,053,151
Less Deductions			
Charity Care			
Contractual Allowances	(5,818,565)	(12,859,214)	(17,511,442)
Bad Debts	(37,727)	(83,378)	(113,543)
Total Deductions	(5,856,292)	(12,942,592)	(17,624,985)
Net Operating Revenues	1,471,356	3,251,744	4,428,166
All Other Revenues			
EXPENSES:			
Salaries & Benefits	652,335	1,013,112	1,239,517
Supplies (Medical & Pharma)	406,967	872,412	1,182,741
Rent & Utilities	241,142	272,100	298,579
Property Tax			
Lease	9,717	21,368	29,656
Other Expenses	320,796	409,286	541,253
Depreciation	384,714	384,714	384,714
Interest	173,495	155,882	132,861
Total Expenses	2,189,166	3,128,873	3,809,321
Excess (Shortage) of Revenue	(717,810)	122,871	618,844
Over Expenditures			

Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens

Schedule II. Facility Balance Sheet

Projections For Three Years Beyond Project Completion

CURRENT ASSETS	FY	FY	FY
Cash & Cash Equivalent	150,193	244,179	500,000
Net Patient Accounts Receivable	352,824	538,316	718,221
Other Accounts Receivable			
Inventories			
Prepaid Expenses			
Other			
Total Current Assets	503,017	782,496	1,218,221
Property and Equipment			
Land & Improvements	1,350,000	1,350,000	1,350,000
Building/Fixed Equipment	756,900	756,900	756,900
Major Movable Equipment			
Accumulated Depreciation	384,714	769,428	1,154,142
Net Property & Equipment	1,722,186	1,337,472	952,758
Other Assets	-	-	-
TOTAL ASSETS	2,225,203	2,119,968	2,170,979
LIABILITIES/FUND BALANCE			
Current Liabilities			
Accounts Payable	276,177	368,038	466,719
Accrued Expenses			
Accrued Compensation			
Other Accruals			
Total Current Liabilities	276,177	368,038	466,719
Long Term Liabilities			
Long Term Debt	1,951,445	1,691,004	1,407,543
Other			
Total Long Term Liabilities	1,951,445	1,691,004	1,407,543
Fund Balance	(2,418)	60,925	296,717
Total Liabilities & Fund Balance	2,225,203	2,119,967	2,170,979

Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens

Not applicable.

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
	FY	FY	FY	FY	FY
Revenues					
Expenses					
Patient Days					
Revenue Per Patient Day					
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					
<p>Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.</p>					

Schedule IV. Operating Budget					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Description:	FY	FY	FY	FY	FY
Number of Beds					
Days in a year	365	365	365	365	365
Available bed days					
Resident bed days					
Percent growth					
Occupancy					
Average length of stay					
Patient Bed Days					
Number of Residents					
Daily Room and Board Rate*					
Nursing Revenue					
Nursing Services					
Payer Mix:					
Medicaid					
Medicare					
Other					
Ancillary Revenue					
Total Revenue					
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					
Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.					

Not applicable.

Schedule V-A. Debt Service Summary					
Provide Current Debt Data and Projections For the Next Three Years					
Existing Debt:	FY	FY	FY	FY	FY
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
(Identify)					
Principal					
Interest					
Total Existing Debt					
Principal					
Interest					
Estimated Debt – New Project					
Principal					
Interest					

Not applicable.

Schedule V-B. New Project Debt Service Summary

Attach a debt service cash flow schedule over the life of the debt for the new project.

Break out principal, interest, and other.	
---	--

[illegible]

* Note: Total debt includes loan for financing construction and loan for working capital.

Schedule VI. Reimbursement Sources

Show reimbursement sources projections for three years after the new project opens.

Fiscal Year				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	1	1,600	(200)	1,400
Medicare	46	1,600	(1,335)	265
Private Insurance	2	1,600	(200)	1,400
Self Pay	0	1,600	(1,429)	171
Charity	1	1,600	(1,600)	-
Other	0	1,600	(1,600)	-
Total	50		-	

Fiscal Year				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	1	1,600	(172)	1,428
Medicare	66	1,600	(1,330)	270
Private Insurance	3	1,600	(172)	1,428
Self Pay	1	1,600	(1,426)	174
Charity	1	1,600	(1,600)	-
Other		1,600	(1,600)	-
Total	72			

Fiscal Year				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	1	1,600	(143)	1,457
Medicare	87	1,600	(1,324)	276
Private Insurance	4	1,600	(143)	1,457
Self Pay	1	1,600	(1,422)	178
Charity	1	1,600	(1,600)	-
Other	0	1,600	(1,600)	-
Total	94			

Schedule VII. Depreciation Schedule			
Use the straight-line method. Provide a separate schedule for any pieces of major moveable equipment.			
Equipment Description	Cost	AHA Life	Depreciation Per Year
Computers and Communications			
Telephone System	\$20,000	5	\$4,000
Security System	\$20,000	5	\$4,000
Flat Screen Monitors	\$24,000	5	\$4,800
Computers/Printers	\$4,000	5	\$800
Total Communications	\$68,000	5	\$13,600
Water Treatment System:			
Marcor Water System	\$92,000	7	\$13,142.86
Medical Equipment			
Dialysis Machines	\$264,000	7	\$37,714.29
Dialysis Chairs -Regular	\$31,500	7	\$4,500.00
Dialysis Chairs - Oversize	\$2,020	7	\$288.57
Scale	\$6,500	7	\$928.57
Wheelchairs	\$1,800	7	\$257.14
Ice Machine	\$3,400	7	\$485.71
Small Refrigerators	\$720	7	\$102.86
Phoenix Meter	\$1,500	7	\$214.29
Neo-2 Meter	\$1,000	7	\$142.86
Machine Test Kit	\$540	7	\$77.14
Chlorimeter	\$600	7	\$85.71
Infusion Pumps	\$3,500	7	\$500.00
Oxygen Racks	\$384	7	\$54.86
Biomed Storage Locker	\$1,000	7	\$142.86
Biomed Tools	\$1,000	7	\$142.86
Acro Bin Rack	\$480	7	\$68.57
MIQS computers	\$6,500	7	\$928.57
Medical Equipment	\$326,444		

FAIR MARKET VALUE – HOW TO CALCULATE

Fair market value is the price that the property would sell for on the open market. It is the price that would be agreed on between a willing buyer and a willing seller, with neither being required to act, and both having reasonable knowledge of the relevant facts.

To determine the fair market value of equipment, using the formula below, first determine the number of years of estimated useful life of the equipment, as described in the AHA publication *Estimated Useful Lives of Depreciable Hospital Assets* to achieve an annual depreciation amount. Include your calculations as part of this section of your application.

Determining Fair Market Value of Equipment		
1	Purchase price of equipment (round to nearest dollar)	\$
2	AHA estimated useful life of equipment (in years)	
3	Annual Depreciation Expense (ADE) [Divide #1 by #2]	\$
4	Multiply ADE by age of equipment (new = 0)	\$
5	Fair Market Value (Subtract #4 from #1)	\$

The fair market value of land or buildings is the value contained in a current appraisal of the land or building from a licensed real estate appraiser who has no financial or other interest in the transaction. Attach the appraisal as an appendix to the application.

APPLICATION FEE – DETERMINATION AND CERTIFICATION OF AMOUNT

How to Determine the Amount of the Application Fee Required Under 7 AAC 07.079

(1) For a project that does not include a lease of a facility or equipment, the value of the project is:

A. the amount listed on page 20 of this packet under Section VIIIA, Financial Data – Acquisitions, subsection (2), item “a” (total acquisition cost of land and buildings): \$ _____

plus

B. the amount listed on page 21 of this packet under Section VIIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f): \$1,862,030

Estimated Value of the Activity for (1)
(sum of A & B above) \$1,862,030

(2) For a project that has a component that is leased, the fair market value of the leased equipment, facility, or land must be considered in addition to the acquisition cost. See the form on page 31 of this packet for how to determine fair market value.

Estimated Fair Market Value for (2): \$4,500,000

Estimated Value for (1) from above: \$1,862,030

Total Estimated Value of the Activity
(sum of (1) and (2): \$6,362,030

Amount of Application Fee submitted with this application
(see 7 AAC 07.079 to calculate amount due): \$6,362.03

Certification of Individual Determining Application Fee

I certify that, to the best of my knowledge, as of this date, the estimated value and fee for this certificate of need activity are accurate.

Date: August 15, 2007

Facility Name and Address: Liberty Dialysis – Anchorage

Name and Title of Person Determining Application Fee: Ryan Pardo, Vice President

Signature of Certifying Officer of the Organization

Appendix IV(B)(5)(c)

Utilization and Projected Utilization

Assumptions

		HD	HHD	PD	Total	
Census 6/30/07		Patients	Patients	Patients	Patients	% Total Pts
State	Patients	254	1	83	338	
County	Anchorage	157	1	33	191	57%
Anc. Clinic		166		74	240	71%

Historical Utilization

YR	Anchorage FMC Clinic	HD	HHD	HPD	Total
2002	RCG Anchorage	137	1	66	204
2003	RCG Anchorage	160	1	74	235
2004	RCG Anchorage	154		87	241
2005	RCG Anchorage	139	0	86	225
2006	FMC Anchorage	158	0	85	243
Q1 2007	FMC Anchorage	154	0	81	235
Q2 2007	FMC Anchorage	166	0	74	240
Est 12/31/07		178	0	78	256

Projected Population (based on information reported by Alaska Department of Labor and Workforce Development)

YR	Alaska	Int Reg	SE Region	Alaska Excluding Int Reg & SE Reg
2008	684,063	104,807	70,179	509,077
2009	691,177	106,097	70,242	514,838
2010	698,573	107,416	70,315	520,842
2011	705,698	108,415	70,167	527,116
2012	712,897	109,423	70,020	533,454

ERSD Rate Per 10,000 (assumes 5.85% historical growth rate between 2000 and mid-2007 continues):

YR	Rate	
Jul-07	4.99	Est. Anchorage Patient Base (Alaska Ex * Incident Rate for applicable year / 10,000)
Dec-08	5.43	276
Dec-09	5.75	296
Dec-10	6.09	317
Dec-11	6.44	339
Dec-12	6.82	363

Forecast Utilization

Anchorage FMC Clinic	HD	HHD	HPD	Total
2008 FMC Anchorage	150	1	74	225
2009 FMC Anchorage	152	1	70	223
2010 FMC Anchorage	152	1	66	219
2011 FMC Anchorage	152	1	65	218
2012 FMC Anchorage	152	1	64	217

Liberty Anchorage Clinic	HD	HHD	HPD	Total	Net New	Transfers
2008 Liberty Anchorage Clinic	43.00	4.00	4.00	51.00	20	31
2009 Liberty Anchorage Clinic	61.00	8.00	4.00	73.00	73	
2010 Liberty Anchorage Clinic	78.00	12.00	6.00	96.00	98	
2011 Liberty Anchorage Clinic	96.00	16.00	9.00	121.00	121	
2012 Liberty Anchorage Clinic	116.00	20.00	10.00	146.00	146	

Appendix IV(B)(5)(h)

Letters of Support

PHONE: 907 261-1436

AMERICAN BOARD OF
ORTHOPEDIC SURGERY



AMERICAN ACADEMY OF
ORTHOPEDIC SURGEONS

August 6, 2007

David Pierce, MPH
Certificate of Need Coordinator
Health Planning & Systems Development Unit
Office of the Commissioner
Department of Health and Social Services
P.O. Box 110601
Juneau, AK 99811-0601

Dear Mr. Pierce,

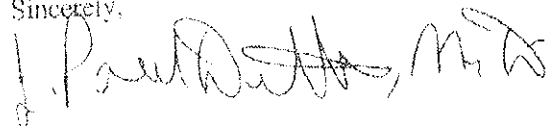
I have practiced medicine in Anchorage for over 30 years. I have witnessed the tremendous growth in the community and the expansion and improvements in the medical services available. However, demographic trends suggest the number of individuals with CKD and in need of dialysis will continue to grow and we need to be prepared to treat the affected population. Looking ahead, I believe we need to continue to build on the platform we have established by bringing in high quality physicians and providers.

It is my understanding that Liberty Dialysis is applying for a CON in Alaska. I am familiar with Liberty Dialysis and believe they are a high quality provider of dialysis services. They have solid reputation for working with local physicians and hospitals and enhancing the quality and access to care in communities they serve. With their history of developing clinics in underserved communities in both rural and urban areas, I think they are well suited to meet the unique needs of Alaska's population and the challenges posed by geography and weather.

In the past several years, I have watched Liberty Dialysis develop state of the art clinics in Utah and Idaho and introduce many new services not offered by their competitors, providing local physicians with an enhanced range of options for treatment of patients suffering from end stage renal disease. Because they are not tied to any particular manufacturer of products, they readily embrace innovative new products and technologies requested by local physicians that enhance quality and access to care. For example, Liberty offers two products for the Home Hemodialysis and PD patients that I am aware are not offered in Alaska today—Extraneal, a dialysis solution with superior efficacy for certain patient groups versus standard treatment, for PD patients and NxStage, an innovative and portable home dialysis system that frees patients from the need for significant infrastructure upgrades.

As an experienced physician, I know the value of continuing education and what competition can do to improve the quality and access to new products and therapies. I think the addition of Liberty Dialysis to the state of Alaska would raise the level of care by providing new services, greater access for patient care, more options to physicians and new ideas and approaches to treatment of CKD and outreach to the community.

Sincerely,



J. Paul Dittrich, MD

To whom it may concern;

I have been a dialysis patient for 2 years. I am 40 years old and live in Mooresville, NC. In 2005, I was diagnosed with kidney failure and it forced me to make many lifestyle changes. I could not bear the thought of having to drive to the clinic 3 times per week for dialysis treatments as my mother did. How I was going to handle this while raising my two children.

For 2 years I traveled to the Dialysis clinic about 30 miles one way, for lab work as well as clinic appointments. I had to travel quite a distance to the dialysis unit until now. I now a clinic that is a Home only program which focuses on my needs and family needs. I receive excellent care and have Nurses who are available to me 24hrs a day and 7 days a week.

These are the many areas in which my life had been affected.

Time lost: Travel time,
Scheduling challenges
Waiting when staffing issues arose
Lost quality time with family and friends
Restricted diet
Restricted fluid management required
Had to stop working, lost ability to enjoy hobbies,

How INS enabled change and provided a better Personalized Dialysis

When Dr. Lohrmann approached me and suggested this alternative, Independent Nephrology Services, I was excited to try it. I have been doing PD for two years. Now it is great as I have a clinic close to my home. Recently, I started working again part time and I have enjoyed that so much, I feel so excited to be involved in the world again. It has meant a lot to me as well as my family.

These are the way in which Being a Home dialysis patient vs. in center has affected me.

Freedom and Control to lead a more active life - less dependence
Felt much better
Weight Loss and Exercise in preparing for transplant
Improved diet
Took Less medications
Can travel – Portable

I have more time to do the things the enjoyed most being with my family and friends.

Sincerely,

A handwritten signature in cursive script, appearing to read "Amanda".

Appendix IV(F)(2)(a)

Indigent Policy

Liberty Dialysis, LLC
Indigent Patient Policy

I. POLICY

Liberty Dialysis, LLC ("Liberty") directly or indirectly owns and/or controls interests in dialysis centers (each a "Clinic") and is dedicated to bringing Clinics to communities in need. Liberty currently serves communities with high concentrations of uninsured, under-insured and Medicaid patients, and Liberty works to provide health care resources for these patients. In furtherance of its goal to provide access to superior dialysis care to the patients in the communities it serves, it is Liberty's policy to offer fee forgiveness to its patients based on ability to pay.

II. SCOPE

This policy applies to medically necessary dialysis services that are billable to low income, uninsured and underinsured patients who meet certain eligibility requirements. It is the policy of Liberty to provide forgiveness of co-pays, deductibles and other amounts for which they are personally responsible after exhaustion of all coverage options for Eligible Patients, as defined below ("Indigent Care"). "Eligible Patients" are (i) self-pay patients whose family income is at or below 300% of the Federal Poverty Guidelines and (ii) insured patients whose family income is at or below 300% of the Federal Poverty Guidelines and whose available net assets do not exceed \$25,000 or (iii) patients who are Medicaid eligible (with or without a spenddown). In considering available net assets, Liberty does not include the patient's primary residence, retirement accounts or automobiles needed for regular transportation. A self-pay patient is one who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury or illness is not compensable for purposes of worker's compensation, automobile insurance, or other insurance as determined and documented by the Clinic.

Indigent Care applies to all types of Clinic services. Services not provided or billed by the Clinic are not covered by this policy.

Indigent Care is always secondary to other governmental programs and third party payors. Patients eligible for government sponsored programs may also apply for the Liberty Indigent Patient program for Clinic services not covered by government programs and may receive the benefits of Indigent Care to the extent they are eligible patients as defined herein.

Eligibility for Indigent Care will be determined on an individual basis and evaluated on an assessment of the patient's and/or family's need, financial resources, and all financial obligations including medical expenses.

III. PROCEDURE

1. Social workers or other appropriate personnel will make patients aware of the Indigent Patient Policy in connection with the evaluation of all available payment sources.
2. Eligibility for the Indigent Patient Policy requires the full cooperation of the patients and their families in providing and completing required documents and information on a timely basis. Each applicant should provide documents supporting their request for relief under the Indigent Patient Policy, which may include, but is not limited to:
 - Completed application;
 - A copy of the prior year tax return, including schedules if applicable (if none filed, then a W-2 form, letter from employer and current bank statements);
 - A copy of current pay stubs for the last three months;
 - A copy of any social security, disability or unemployment check or award letter;
 - A copy of a state Medicaid decision/denial notice; or
 - Other documentation supporting their current financial condition.

Patients should submit supporting documentation within 60 days of submitting the completed application. If a person requesting a determination of eligibility under this Policy fails to provide the information that is reasonable and necessary for the Clinic to determine eligibility, the Clinic may consider that failure in making its determination.

3. Either (i) the patient or the patient's representative will individually complete the Liberty Dialysis' Indigent Care application form or (ii) the social worker will interview the patient and complete the Indigent Care application form as instructed by the patient. The social worker or other appropriate person will review the information provided by the patient with the appropriate billing personnel to determine if the patient meets the criteria under this policy. Each Clinic will retain documents in the patient's file supporting the rationale for providing Indigent Care and any type of financial discount in all cases.
4. Collection activities are suspended during the eligibility determination process.
5. The Clinic will provide an eligibility determination within 90 days of the date on which complete information is received signed off by the regional insurance manager pursuant to the Determination of Status attached hereto as Exhibit C. Patients or their representatives may appeal a determination by providing

additional information, such as income verification or an explanation of extenuating circumstances to the social worker or other designated representative within 30 days of notification of the Clinic's decision.

6. Once a determination on a patient's Indigent Care or Financial Discount application is made, retroactive adjustment to patient bills may be applied from the date of the patient's first bill.
7. Liberty provides forgiveness of co-pays, deductibles and other amounts for which they are personally responsible for Eligible Patients.
8. Unless a patient informs Liberty that his or her financial status has changed, reassessment of a patient's financial status will be performed every 12 months by the assigned social worker or other appropriate individual.
9. Billing statements sent out for charges that may be discounted or where payment may be waived or reduced will include the following:
 - A request that the patient inform the Clinic if the patient has health insurance coverage; and
 - The title and telephone number of the Clinic employee from whom the patient may obtain information about the Clinic's Indigent Patient Policy.

Exhibit A

Indigent Care Application

COMPLETE ALL BLANKS * PLEASE PRINT CAREFULLY * USE BLACK OR BLUE INK

Full Name			Sex:	Male	Female
Permanent Address					
	Street/Route #/P.O. Box		City	Zip Code	
County		Home Phone		Cell	
Social Security Number	- -		Date of Birth		
Medicare #	- -		Effective Date		
Have you applied for Medicaid?	Yes	No			
If not, why?					
Medicaid #			Type of Coverage*		
*Continuous, Spenddown, General Relief, QMB					
If Medicaid Spenddown, amount of spenddown	\$		/quarter		

1. OTHER INSURANCE _____
 TYPE OF COVERAGE _____
 (Hospital/Medicare Tie-In/Drugs/Inpatient/Outpatient/Prescription Card)

NAME OF POLICYHOLDER _____ POLICY NO. _____
 EFFECTIVE DATE _____ DEDUCTIBLE \$ _____

2. OTHER INSURANCE _____
 TYPE OF COVERAGE _____
 (Hospital/Medicare Tie-In/Drugs/Inpatient/Outpatient/Prescription Card)

NAME OF POLICYHOLDER _____ POLICY NO. _____
 EFFECTIVE DATE _____ DEDUCTIBLE \$ _____

ATTACH COPIES (FRONT AND BACK) OF MEDICARE, MEDICAID AND PRIVATE INSURANCE CARDS

Date of First Dialysis Treatment _____

Facility Name _____

Type of Treatment _____
 (Hemodialysis, Peritoneal)

In-Center

Home

INCOME INFORMATION

Number of Dependents: _____ (As shown on your Federal Income Tax Form. If you do not file taxes, indicate number of persons you support or who support you.)

List yourself and all members of your household. Write "N/A" in columns for those with no income.

Name	Age	Relationship	Adjusted Gross Income Listed on Most Recent 1040 Tax Form	Other Sources of Income (Social Security, Pension, Disability, Veterans Benefits, Unemployment, AFDC, Workmen's Compensation)	Per Month
1.			\$	\$	Per Month
2.			\$	\$	Per Month
3.			\$	\$	Per Month
4.			\$	\$	Per Month
5.			\$	\$	Per Month
6.			\$	\$	Per Month
TOTAL			\$	\$	Per Month

Assets

Savings Account \$ _____; Checking Account \$ _____; CDs \$ _____; Stock/Bonds \$ _____

Liabilities -- Total Due

Bank Loans \$ _____ Charge Accounts \$ _____ Medical \$ _____

Other \$ _____ Other \$ _____

MONTHLY EXPENSES FORM

Name	
------	--

MONTHLY EXPENSES

Rent/Mortgage Payment \$ _____

Food and Household Expenses \$ _____

Include groceries, household supplies and personal care items. If you receive Food Stamps, list only the amount spent for food over and above the food stamps.

Utilities

* Telephone \$ _____

* Gas \$ _____

* Electricity \$ _____

Since heating and cooling costs are higher during Winter and Summer, respectively, list average monthly cost for fuel (divide yearly by 12).

* Water \$ _____

* Trash Collection \$ _____

Taxes (Personal Property) \$ _____

Taxes listed should be Personal Property Taxes that are paid annually (divide by 12). Do not list taxes included with mortgage payment or taxes withheld from paychecks.

Transportation

* Automobile Payment \$ _____

* Gasoline \$ _____

* Other \$ _____

List transportation expense that is not reimbursed by the facility for traveling to and from treatments.

Medical Expenses

* Doctor \$ _____

* Hospital \$ _____

* Patient's Medications \$ _____

* Family's Medications \$ _____

List only those amounts paid each month.

Do not list amounts due or amounts that should be paid but are not currently being paid.

Insurance

* Medical \$ _____

* Life \$ _____

* Auto \$ _____

* Homeowner \$ _____

Divide annual expense by 12.

Divide annual expense by 12. Do not list if included in mortgage payment.

Charge Accounts \$ _____

Add together monthly payments for all accounts.

Loan Payments \$ _____

Add together monthly payments for all loans. Do not list total amount due.

Other (List) \$ _____

TOTAL MONTHLY EXPENSES \$ _____

TOTAL MONTHLY INCOME \$ _____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY
BEFORE SIGNING THIS DOCUMENT:**

- * In completing this application, I guarantee its accuracy and truth with the intent that it be relied upon by Liberty Dialysis to determine benefit eligibility.
- * I agree to inform the Liberty Dialysis in writing of any significant changes in my household income, Medicaid, Medicare or private insurance benefits, if any significant change should occur during the year.
- * I agree to furnish requested information annually.
- * It is understood that all information submitted by me will be treated as confidential.

Patient Signature

Date

The undersigned has reviewed the documentation provided by the Patient and, based on such review, confirms that the Patient meets the requirements for assistance under the Indigent Patient Policy.

(Social Worker Signature)

Exhibit B

Indigent Care Table

# In Family or Household	Federal Poverty Level	300% of the FPL 100% discount
1	\$10,210	\$30,630
2	13,690	\$41,070
3	17,170	\$51,510
4	20,650	\$61,950
5	24,130	\$72,390
6	27,610	\$82,830
7	31,090	\$93,270
8	34,570	\$103,710
For each additional person, add	3,480	\$10,440

SOURCE: *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148

Exhibit C

Determination of Status

The undersigned has reviewed the supporting documentation provided by _____ (the "Applicant") with the local social worker or other appropriate individual in order to determine the Applicant's eligibility under the Liberty Dialysis, LLC Indigent Patient Policy. Based on this review, the Applicant has been determined to be:

_____ eligible _____ ineligible

to utilize the Liberty Dialysis, LLC Indigent Patient Policy.

Insurance Manager

Appendix IV(F)(2)(b)

Schedule of Charity Care

Actuals - 2006

	TX	Charges	% TX	% of Charges
Commercial Insurance	51,677	96,471,299	19.5%	19.9%
Medicare	199,318	379,007,676	75.2%	78.1%
Medicaid	13,317	8,381,722	5.0%	1.7%
Charity/Self-Pay	915	1,714,707	0.3%	0.4%
Total	265,227	485,575,403	100.0%	100.0%

Bad Debt Expense 2,554,626

Estimated - 2007

	TX	Charges	% TX	% of Charges
Commercial Insurance	80,099	149,530,513	19.5%	19.9%
Medicare	308,983	587,537,162	75.1%	78.1%
Medicaid	21,000	13,217,461	5.1%	1.8%
Charity/Self-Pay	1,590	2,980,462	0.4%	0.3%
	411,672	752,641,875	100.0%	100.0%

Bad Debt Expense 4,064,602

Estimated - 2008

	TX	Charges	% TX	% of Charges
Commercial Insurance	116,144	216,819,244	19.5%	19.9%
Medicare	447,968	851,819,752	75.1%	78.1%
Medicaid	29,929	18,837,919	5.0%	1.7%
Charity/Self-Pay	2,339	4,383,032	0.4%	0.4%
	596,380	1,091,330,719	100.0%	100.0%

Bad Debt Expense 6,197,568

Estimated - 2009

	TX	Charges	% TX	% of Charges
Commercial Insurance	139,372	260,183,093	19.5%	19.9%
Medicare	537,562	1,022,183,702	75.1%	78.1%
Medicaid	35,915	22,605,503	5.0%	1.7%
Charity/Self-Pay	2,599	4,870,036	0.4%	0.4%
	715,448	1,309,596,863	100.0%	100.0%

Bad Debt Expense 7,559,415

Appendix V(1)(a)

Summary of Clinic Surveys

Facility Surveys

Facility Name	State	Provider Number	Date of Last Survey	Condition Level Deficiencies (Y/N)	Date Plan of Correction was Accepted	Type of Survey
Liberty Dialysis - Berlin	NJ	31-2575	5/4/2007	N	6/11/2007	Revisit
Charing Cross Dialysis, LLC	MD	21-2525	1/10/2007	N	N/A	MD Kidney Commission
Liberty Dialysis - North Haven	CT	pending	6/4/2007	N	N/A	Initial CMS survey
Liberty Dialysis - North Haven	CT	pending	5/31/2007	N	N/A	Initial State survey
St. Joseph's Hosp. Health Ctr.	NY					
- Cortland Dialysis Unit	NY	33-3551	5/15/2007	N	N/A	Initial CMS survey
- Camillus Dialysis Unit	NY	33-3517	1/4/2007	N	2/1/2007	Recertification
- Regional Dialysis Center	NY	33-2331	11/1/2006	N	12/5/2006	Recertification
- Northeast Dialysis Center	NY	33-3525	10/27/2004	N	12/13/2004	Recertification
- Seneca Campus	NY	33-3510	3/24/2007	N	5/11/2004	Recertification
Pasadena Dialysis, LLC dba	CA	55-2517	10/22/2003	N	N/A	Initial CMS Survey
- Arroyo Dialysis						
Liberty Dialysis Baden	PA	39-2721	12/30/2005	N	N/A	Initial CMS survey
Liberty Dialysis Banksville	PA	39-2727	1/20/2006	N	N/A	Initial CMS survey
Liberty Dialysis Chippewa	PA	39-2733	9/15/2006	N	N/A	Initial CMS survey
Liberty Dialysis Hopewell	PA	39-2720	11/21/2005	N	N/A	Initial CMS survey
Liberty Dialysis Friendship Ridge	PA	39-2732	7/28/2006	N	N/A	Initial CMS survey
Liberty Dialysis Southpointe	PA	39-2717	7/27/2005	N	N/A	Initial CMS survey
Liberty Dialysis Washington	PA	27-160901	7/11/2005	N	N/A	Initial CMS survey
Liberty Dialysis - Oquirrh	UT	46-2529	1/26/2007	N	N/A	Recertification
Lancaster Liberty Dialysis, LLC	TX	67-2526	10/20/2006	Y	10/24/2006	Initial CMS survey
Liberty Dialysis Hawaii						
- Hilo	HI	12-2507	10/12/2006	N	N/A	Recertification
- Kahana	HI	12-3507	3/3/2005	N	N/A	Recertification
- Kauai	HI	12-3502	4/12/2001	N	N/A	Recertification
- Kona	HI	12-3505	7/12/2004	N	N/A	Recertification
- Leeward	HI	12-2512	5/10/2007	N	N/A	Recertification
- Maui	HI	12-2510	7/20/2007	N	N/A	Recertification

- Molokai	HI	12-3509	1/26/2005	N	N/A	Recertification
- Siemsen	HI	12-2518	11/15/2006	N	N/A	Recertification
- Waianae	HI	12-3506	7/20/2001	N	N/A	Recertification
- West Kauai	HI	12-3508	7/1/2004	N	N/A	Recertification
Idaho Kidney Center - Idaho Falls	ID	13-2514	11/14/2006	N	N/A	Initial CMS survey
Idaho Kidney Center - Pocatello	ID	13-2511	10/5/2005	N	N/A	Initial CMS survey
Idaho Kidney Center - Blackfoot	ID	13-2515	11/15/2007	Y	11/20/2007	Initial CMS survey
Liberty Dialysis Petersburg	VA	49-2634	5/8/2006	Y	5/12/2006	Initial CMS survey
South Mountain Dialysis	UT	46-2532	11/24/2004	N	N/A	Initial CMS survey
Mountain Ridge Dialysis	WV	40-3031	1/12/2006	Y	2/6/2006	Initial CMS survey
Wasatch Artificial Kidney Center	UT	46-2530	2/10/2005	N	N/A	Recertification
Monroe Clinic Dialysis	WI	ESRD128	1/25/2007	N	1/29/2007	Initial CMS survey
Duneland Dialysis-Valparasio	IN	15-2595	10/17/2006	N	N/A	Initial CMS survey
Duneland Dialysis-LaPorte	IN	15-2599	12/12/2006	N	N/A	Initial CMS survey
Duneland Dialysis-Knox	IN	15-2608	3/20/07 & 3/21/07	N	N/A	Initial CMS survey
Sooner Dialysis - Lawton	OK	37-2574	8/31/2006	N	N/A	Initial CMS survey
Liberty Dialysis-Lafayette LLC						
- dba Liberty Dialysis-Monticello*	IN	15-3512				
- dba Liberty Dialysis-Crawfordsville	IN	15-3516	8/12/2005	Y		Initial CMS survey
- dba Liberty Dialysis-Lafayette	IN	15-2601	10/6/2006	Y	Nov-06	Initial CMS survey
Liberty Dialysis Lebanon	IN	17-00931714	5/14/2007	Y	5/31/2007	Initial CMS survey
Liberty Dialysis-Nampa	ID	13-2516	6/12/2007	N	N/A	Initial CMS survey
Liberty Dialysis-Meridian	ID	13-2512	10/14/2005	N	N/A	Initial CMS survey

* Information not currently available

Appendix V(1)(b)

Licensure Information

Licensed Employees

Employee Name	Facilities Where Employed	License Number	State	Expiration Date	Complaints or Revocations (Y/N)	OIG Excluded Party (Y/N)
Virginia Irwin-Obregon, DO	Liberty Dialysis - Berlin	25MB06117000	NJ	6/30/2009	N	N
Mary Walker, RN	Liberty Dialysis - Berlin	26NR05930400	NJ	5/31/2008	N	N
Eleanor Witkowski, LSW	Liberty Dialysis - Berlin	44SL04983400	NJ	8/31/2008	N	N
Donna Hunter, RD	Liberty Dialysis - Berlin	675255	NJ	8/31/2007	N	N
Leonida Aguilar, RN	Liberty Dialysis - Berlin	26NR08342200	NJ	5/31/2009	N	N
Luis Campina, RN	Liberty Dialysis - Berlin	26NO12442100	NJ	5/31/2009	N	N
Judy Guanzon, RN	Liberty Dialysis - Berlin	26NR08099100	NJ	5/31/2008	N	N
Arlene Dacumos, RN	Liberty Dialysis - Berlin	26NR09020200	NJ	5/31/2008	N	N
Lynn Brophy, RN	Liberty Dialysis - Berlin	26NO08749500	NJ	5/31/2008	N	N
Rebecca Dang, RN	Liberty Dialysis - Berlin	26NR11333500	NJ	5/31/2009	N	N
Mary Koptko, RN	Liberty Dialysis - Berlin	26NO04924200	NJ	5/31/2009	N	N
Radcliffe Thomas, MD	Charing Cross Dialysis	D0042683	MD	9/30/2007	N	N
Evita Thompson, RN	Charing Cross Dialysis	R122441	MD	11/28/2007	N	N
Betsy Blades, LCSW	Charing Cross Dialysis	1520	MD	10/31/2008	N	N
Todd Novobilsky, RD	Charing Cross Dialysis	D1717	MD	10/31/2008	N	N
Angela Solomon, RN	Charing Cross Dialysis	R101162	MD	11/28/2007	N	N
Valerie Holden, RN	Charing Cross Dialysis	R148001	MD	4/28/2008	N	N
Jeffrey Reynolds, MD	Liberty Dialysis - North Haven	39093	NJ	1/31/2008	N	N
Kathy Guerrero, RN	Liberty Dialysis - North Haven	E54167	NJ	9/30/2007	N	N
Audrey Whitemore, LCSW	Liberty Dialysis - North Haven	4800	NJ	7/31/2008	N	N
Janice Cotrona, RD	Liberty Dialysis - North Haven	275	NJ	3/31/2008	N	N
Veronica Landina, RN	Liberty Dialysis - North Haven	E25742	NJ	8/31/2007	N	N
James Harrington, RN	Liberty Dialysis - North Haven	E73917	NJ	3/31/2008	N	N
Kathleen Lavaway, RN	Liberty Dialysis - North Haven	E51236	NJ	12/31/2007	N	N
Yan Zhang, LPN	Liberty Dialysis - North Haven	27354	NJ	6/30/2008	N	N
Cheryl Bechayda, RN	Arroyo Dialysis	600116	CA	7/31/2009	N	N
Deborah Condon, RN	Arroyo Dialysis	275320	CA	1/31/2009	N	N
Florencia Del Rosario, RN	Arroyo Dialysis	343333	CA	2/29/2008	N	N

Edith Koch, RN	Arroyo Dialysis	520202	CA	10/31/2007	N
Deanna Mallasch, RN	Arroyo Dialysis	494343	CA	2/28/2009	N
Alfred Nichols JR, LCSW	Arroyo Dialysis	LCS 5183	CA	9/30/2007	N
Ulysses Quijada, RN	Arroyo Dialysis	410550	CA	7/31/2008	N
Barbara Vinson, RN	Arroyo Dialysis	307941	CA	12/31/2008	N
Maryam Hakazadeh, RD	Arroyo Dialysis	893596	CA	8/31/2007	N
Ashok Sunderraj, MD Med.Dir	Arroyo Dialysis	A41453	CA	8/31/2008	N
Sukhpal Gill, MD Staff Phys.	Arroyo Dialysis	A47807	CA	1/31/2009	N
Sheng-Yong Wang, Staff Phys	Arroyo Dialysis	A74153	CA	12/31/2008	N
Richard Cline, MD	Wasatch, LLC	173525-1205	UT	1/31.2008	N
Shirley Farr, RD	Wasatch, LLC	102677-4901	UT	9/30/2008	N
Minnie Dantis-Tan, RN	Wasatch, LLC	5291704-3102	UT	1/31/2009	N
Holli Reid, RN	Wasatch, LLC	5908420-3102	UT	1/31/2009	N
Michele Kluver, RN	Wasatch, LLC	184038-3102	UT	1/31/2009	N
Primitivo Baraceros, RN	Wasatch, LLC	6036711-3102	UT	1/31/2009	N
Stephanie McBride, RN	Wasatch, LLC	359196-3102	UT	1/31/2009	N
Jennifer Grotegut, RN	Wasatch, LLC	32037-3102	UT	1/31/2009	N
Misty Potter, RN	Wasatch, LLC	201648-3102	UT	1/31/2009	N
Karen Tramel, RN	Wasatch, LLC	189924-3102	UT	1/31/2009	N
Quinn Kiger, RN	Wasatch, LLC	6333329-3502	UT	1/31/2009	N
Natalie Monson, RD	Wasatch, LLC	6252912-4901	UT	9/30/2008	N
Debra Davis, RN	Liberty Dialysis - Baden	RN191550L	PA	10/31/2008	N
James Bailey, LPN	Liberty Dialysis - Baden	PN105026L	PA	6/30/2008	N
Nadine Dorosa, LDN	Liberty Dialysis - Baden	DN000640	PA	9/30/2008	N
Darlene Gwinn, RN	Liberty Dialysis - Baden	RN500547L	PA	4/30/2008	N
Rebecca Lampe, RN	Liberty Dialysis - Baden	RN53347	PA	10/31/2008	N
Toni Kastroll, SW	Liberty Dialysis - Baden	SW007939L	PA	2/28/2009	N
Ashlee Mengel, RN	Liberty Dialysis - Baden	RN577420	PA	10/31/2007	N
Jane Milligan, RN	Liberty Dialysis - Baden	RN545061	PA	4/30/2009	N
Nancy Riesmeyer, RN	Liberty Dialysis - Baden	RN260480L	PA	10/31/2007	N
Allan Wolfert, MD	Liberty Dialysis - Baden	MD041953E	PA	12/31/2008	N
Rachelle Babcock, RN	Liberty Dialysis - Banksville	RN528358L	PA	4/2008	N
Diane Baumgart, RN	Liberty Dialysis - Banksville	RN524138L	PA	10/2008	N
Lorraine Boehme, RN	Liberty Dialysis - Banksville	RN519399L	PA	10/2007	N
Carolyn Botta, RN	Liberty Dialysis - Banksville	RN297806L	PA	10/2007	N
Tina Brandi, RN	Liberty Dialysis - Banksville	RN508264L	PA	4/2009	N
Maryann Ferneding, RN	Liberty Dialysis - Banksville	RN279868L	PA	10/2008	N

Erin Ferrari, RN	Liberty Dialysis - Banksville	RN507438L	PA	4/2009	N
Sheri Fuller, RN	Liberty Dialysis - Banksville	RN501573L	PA	4/2008	N
Shane Konton, RN	Liberty Dialysis - Banksville	RN526189L	PA	10/2007	N
Diana Lentz, RN	Liberty Dialysis - Banksville	RN200106L	PA	4/2008	N
Christy Nyiri, RN	Liberty Dialysis - Banksville	RN335372L	PA	4/2009	N
Kathy Rothhaar, RN	Liberty Dialysis - Banksville	RN507691L	PA	4/2009	N
Barbara Stiegler, RN	Liberty Dialysis - Banksville	RN333184L	PA	10/2008	N
Cindy Tudi, RN	Liberty Dialysis - Banksville	RN508823L	PA	4/2009	N
Valerie Diggs, LPN	Liberty Dialysis - Banksville	PN076528L	PA	6/2008	N
Lisa Wheeler, RD	Liberty Dialysis - Banksville	DN001018	PA	9/2008	N
Laurence Freidman, MD	Liberty Dialysis - Banksville	MD052055L	PA	12/31/2008	N
Jo-Ann Smilek, RN	Liberty Dialysis - Chippewa	RN297829L	PA	10/31/2007	N
Karen Bequette, RN	Liberty Dialysis - Chippewa	RN573767	PA	10/31/2007	N
Jamie Donatella, RN	Liberty Dialysis - Chippewa	RN525312L	PA	10/31/2007	N
Michelle Coleman, RN	Liberty Dialysis - Chippewa	RN293366L	PA	10/31/2008	N
Marggie Gaus, RN	Liberty Dialysis - Chippewa	RN568444	PA	4/30/2009	N
Cindy Petrella, RN	Liberty Dialysis - Chippewa	RN508169L	PA	4/30/2009	N
Cathy Reese, RN	Liberty Dialysis - Chippewa	RN342977L	PA	4/30/2009	N
Dawn Musser	Liberty Dialysis - Chippewa	Bonnet205377	PA	9/26/2008	N
Matthew Pesacreta, MD	Liberty Dialysis - Chippewa	MD418075	PA	12/31/2008	N
Kathleen Marcus, LDN	Chippewa/Friendship Ridge	DN003454	PA	9/30/2008	N
Robert Rozman, SW	Chippewa/Friendship Ridge	SW012275L	PA	2/28/2009	N
Qizhi Xie, MD	LD - Friendship Ridge	MD419096	PA	12/31/2008	N
Rebecca Ruth Quigley, RN	LD - Friendship Ridge	RN555844	PA	10/31/2007	N
Judith Howard, RN	LD - Friendship Ridge	RN296352L	PA	10/31/2007	N
Mary Gould, RN	LD - Friendship Ridge	RN575229	PA	10/31/2007	N
Paradip Teredesai, MD	Liberty Dialysis - Hopewell	MD017691E	PA	12/31/2008	N
Linda Acon, RN	Liberty Dialysis - Hopewell	RN252285L	PA	10/31/2007	N
Tiffany Fedorko, RN	Liberty Dialysis - Hopewell	RN322643L	PA	10/31/2007	N
Carolyn Lemon, RN	Liberty Dialysis - Hopewell	RN575090	PA	10/31/2007	N
Dorothy Maly	Liberty Dialysis - Hopewell	RN235460L	PA	4/30/2009	N
Kathleen Nicol, RN	Liberty Dialysis - Hopewell	RN556919	PA	10/31/2007	N
Carol Perkovich, RN	Liberty Dialysis - Hopewell	RN168836L	PA	10/31/2008	N
Lori Smith, PN	Liberty Dialysis - Hopewell	PN088225L	PA	6/30/2008	N
Melissa Stone, RN	Liberty Dialysis - Hopewell	RN566822	PA	10/31/2008	N
Ruth Kruk, LDN	Liberty Dialysis - Hopewell	DN002453	PA	9/30/2008	N
Laura Schmidt, SW	Liberty Dialysis - Hopewell	SW007091L	PA	2/28/2009	N

Lisa Carter, PN	Liberty Dialysis - Hopewell	PN259404L	PA	6/30/2008	N
Miralee Streiner, RN	Hopewell Home Training	RN161074L	PA	4/30/2009	N
James McCann, MD	Liberty Dialysis - Southpointe	OS003824L	PA	10/31/2008	N
Lisa Bright, RN	Liberty Dialysis - Southpointe	RN511823L	PA	4/30/2008	N
Barbara Clegg, PN	Liberty Dialysis - Southpointe	PN025500L	PA	6/30/2008	N
Alison Cocco, LDN	Liberty Dialysis - Southpointe	DN003490	PA	9/30/2008	N
Angela Hughes, RN	Liberty Dialysis - Southpointe	RN534840	PA	10/31/2008	N
Susan McKinnis, RN	Liberty Dialysis - Southpointe	RN317078L	PA	10/31/2008	N
Candace Phillips, RN	Liberty Dialysis - Southpointe	RN224253L	PA	4/30/2009	N
Jill Rust, PN	Liberty Dialysis - Southpointe	PN257094L	PA	6/30/2008	N
Shannon Stanik, RN	Liberty Dialysis - Southpointe	RN56466	PA	10/31/2008	N
Cynthia West, MD	Liberty Dialysis - Washington	MD027808E	PA	12/31/2008	N
Nicole Whipkey, RN	Liberty Dialysis - Washington	RN552740	PA	4/30/2009	N
Linda West, PN	Liberty Dialysis - Washington	PN104787L	PA	6/30/2008	N
Joyce Robinson, SW	Liberty Dialysis - Washington	SW009524L	PA	2/28/2009	N
Theresa Pataski, RN	Liberty Dialysis - Washington	RN582329	PA	4/30/2008	N
Elsie Prevuznik, PN	Liberty Dialysis - Washington	PN047833L	PA	6/30/2008	N
Jamie Rice, RN	Liberty Dialysis - Washington	RN567567	PA	10/31/2008	N
Brenda Kress, RN	Liberty Dialysis - Washington	RN320856L	PA	4/30/2009	N
Patrick Koblarich, RN	Liberty Dialysis - Washington	RN561519	PA	4/30/2008	N
Bonnie Hammon, PN	Liberty Dialysis - Washington	PN261319L	PA	6/30/2008	N
Karen Glass, RN	Liberty Dialysis - Washington	RN331736L	PA	10/31/2008	N
Gretchen Clemens, RN	Liberty Dialysis - Washington	RN322960L	PA	10/31/2007	N
Maria Caruso, RN	Liberty Dialysis - Washington	RN510631L	PA	4/30/2008	N
Danielle Bodnovich	Liberty Dialysis - Washington	RN524312L	PA	10/31/2008	N
Vicki Bashoum, PN	Liberty Dialysis - Washington	PN150666L	PA	6/30/2008	N
Allyson Almeida, LDN	Liberty Dialysis - Washington	DN003271	PA	9/30/2008	N
Eugene Wong, MD	Liberty Dialysis Hawaii	1785	HI	1/31/2008	N
James Jones, MD	Liberty Dialysis Hawaii	9767	HI	1/31/2008	N
Jared Sugihara, MD	Liberty Dialysis Hawaii	1750	HI	1/31/2008	N
James Musgrave, MD	Liberty Dialysis Hawaii	3065	HI	1/31/2008	N
Jehal Lakkis, MD	Liberty Dialysis Hawaii	12546	HI	1/31/2008	N
Daisy Batangan, LPN	LD Hawaii - Sullivan	11130	HI	6/30/2009	N
Teomar Acdal, RN	LD Hawaii - Sullivan	39935	HI	6/30/2009	N
Charito Carlos, RN	LD Hawaii - Sullivan	28078	HI	6/30/2009	N
Amalia Marallag, RN	LD Hawaii - Sullivan	45253	HI	6/30/2009	N
Thomas Reetz, RN	LD Hawaii - Sullivan	39161	HI	6/30/2009	N

Jeremy Wong, RN	LD Hawaii - Sullivan	45335	HI	6/30/2009	N
Themla Bayes, LPN	LD Hawaii - Sullivan	4586	HI	6/30/2009	N
Phyllis Au, RN	LD Hawaii - Sullivan	21948	HI	6/30/2009	N
Eden Goto, RN	LD Hawaii - Home	23286	HI	6/30/2009	N
Nicole Carlson, LPN	LDH - Leeward	15400	HI	6/30/2009	N
Susan Keliikoa, LPN	LDH - Leeward	10717	HI	6/30/2009	N
Tashawn Sotelo, LPN	LDH - Leeward	15423	HI	6/30/2009	N
Brent Auyong, LSW	LDH - Leeward	125	HI	6/30/2010	N
Nancy Aglibot, RN	LDH - Leeward	46748	HI	6/30/2009	N
Aurora Archibald, RN	LDH - Leeward	38628	HI	6/30/2009	N
Delia Badua, RN	LDH - Leeward	39495	HI	6/30/2009	N
Teresita Baptista, RN	LDH - Leeward	36747	HI	6/30/2009	N
Elnora Cachola, RN	LDH - Leeward	18657	HI	6/30/2009	N
Agnes Dasalla, RN	LDH - Leeward	54266	HI	6/30/2009	N
Eva Enriquez, RN	LDH - Leeward	38225	HI	6/30/2009	N
Georbel Gadong, RN	LDH - Leeward	42220	HI	6/30/2009	N
Belen Llanes, RN	LDH - Leeward	30301	HI	6/30/2009	N
Aileen Mariano, RN	LDH - Leeward	56727	HI	6/30/2009	N
Leonarda Natividad, RN	LDH - Leeward	42863	HI	6/30/2009	N
Emilyn Ramones, RN	LDH - Leeward	17033	HI	6/30/2009	N
Eliza Saguiped, RN	LDH - Leeward	59023	HI	6/30/2009	N
Bernadette Velasco, RN	LDH - Leeward	43394	HI	6/30/2009	N
Pamela Carriage, LPN	LDH - Hilo	5693	HI	6/30/2009	N
Josefina Perez, LPN	LDH - Hilo	15586	HI	6/30/2009	N
Linda Halsted, LSW	LDH - Hilo	349	HI	6/30/2010	N
Myron Yamauchi, LSW	LDH - Hilo	348	HI	6/30/2010	N
Cheryl Chiquita, RN	LDH - Hilo	37383	HI	6/30/2009	N
Lorraine Edwards, RN	LDH - Hilo	53505	HI	6/30/2009	N
Lynne Forbes, RN	LDH - Hilo	19648	HI	6/30/2009	N
Tara Leao, RN	LDH - Hilo	57418	HI	6/30/2009	N
Andrew Macanas, RN	LDH - Hilo	29466	HI	6/30/2009	N
Renee Masuyama, RN	LDH - Hilo	16218	HI	6/30/2009	N
Carrie Sergeant, RN	LDH - Hilo	57234	HI	6/30/2009	N
Caren Song, RN	LDH - Hilo	16756	HI	6/30/2009	N
Mary Stancil, RN	LDH - Hilo	34765	HI	6/30/2009	N
Cass Tatsuna-Kunimoto, RN	LDH - Hilo	55515	HI	6/30/2009	N
David Teborek, RN	LDH - Hilo	49631	HI	6/30/2009	N

Karen Williams, RN	LDH - Hilo	24043	HI	6/30/2009	N	N
Michael Chun, LPN	LDH Hemo Center	8067	HI	6/30/2009	N	N
Kim Eder, LPN	LDH Hemo Center	15238	HI	6/30/2009	N	N
Cheryl Ann Acorda, RN	LDH Hemo Center	47417	HI	6/30/2009	N	N
Eliorna Aquino, RN	LDH Hemo Center	55194	HI	6/30/2009	N	N
Myra Baided, RN	LDH Hemo Center	47197	HI	6/30/2009	N	N
Jeffrey Calderon, RN	LDH Hemo Center	49010	HI	6/30/2009	N	N
Lus Davis, RN	LDH Hemo Center	49415	HI	6/30/2009	N	N
Edna Maria Dela Cruz, RN	LDH Hemo Center	42878	HI	6/30/2009	N	N
Andrea Isree, RN	LDH Hemo Center	32938	HI	6/30/2009	N	N
Beverly Kuwaye, RN	LDH Hemo Center	18482	HI	6/30/2009	N	N
Ji Lee, RN	LDH Hemo Center	54017	HI	6/30/2009	N	N
Lucena Padre, RN	LDH Hemo Center	39917	HI	6/30/2009	N	N
Armilinda Perez, RN	LDH Hemo Center	47820	HI	6/30/2009	N	N
Norma Perucho, RN	LDH Hemo Center	33392	HI	6/30/2009	N	N
Leo Mars Tamayo, RN	LDH Hemo Center	49704	HI	6/30/2009	N	N
Robert Wakefield, RN	LDH Hemo Center	47204	HI	6/30/2009	N	N
Regina Chung, LPN	LDH Seimsen	12127	HI	6/30/2009	N	N
Un Shin Park, LPN	LDH Seimsen	10364	HI	6/30/2009	N	N
Jo Shimada, LSW	LDH Seimsen	1019	HI	6/30/2010	N	N
Irene Yonashiro, LSW	LDH Seimsen	478	HI	6/30/2010	N	N
Corazon Bocanegra, RN	LDH Seimsen	45461	HI	6/30/2009	N	N
Oscar Bumanglag, RN	LDH Seimsen	42788	HI	6/30/2009	N	N
Kelvin Chan, RN	LDH Seimsen	40234	HI	6/30/2009	N	N
Mei Yin Chen, RN	LDH Seimsen	50069	HI	6/30/2009	N	N
Ilene Dumaslan, RN	LDH Seimsen	37747	HI	6/30/2009	N	N
Maria Jessica Espresion, RN	LDH Seimsen	57340	HI	6/30/2009	N	N
Estrellia Garcia, RN	LDH Seimsen	47090	HI	6/30/2009	N	N
Myrna Gustilo, RN	LDH Seimsen	39531	HI	6/30/2009	N	N
Cynthia Hee, RN	LDH Seimsen	14512	HI	6/30/2009	N	N
Mary Ann Laguna, RN	LDH Seimsen	60930	HI	6/30/2009	N	N
Kristy Larson, RN	LDH Seimsen	57247	HI	6/30/2009	N	N
Madelaine Laurente, RN	LDH Seimsen	57350	HI	6/30/2009	N	N
Roberta Lovely, RN	LDH Seimsen	17178	HI	6/30/2009	N	N
Philip Mamacalay, RN	LDH Seimsen	56491	HI	6/30/2009	N	N
Keith McCloskey, Rn	LDH Seimsen	58388	HI	6/30/2009	N	N
Mario Palma, RN	LDH Seimsen	40017	HI	6/30/2009	N	N

Katherine Pervis, RN	LDH Seimsen	43601	HI	6/30/2009	N	N
Susan Ramiro, RN	LDH Seimsen	42147	HI	6/30/2009	N	N
Rosarena Salomon, RN	LDH Seimsen	59622	HI	6/30/2009	N	N
Cheryl Solomon	LDH Seimsen	43492	HI	6/30/2009	N	N
Aristotle Tabios, RN	LDH Seimsen	60684	HI	6/30/2009	N	N
Elsa Talavera, RN	LDH Seimsen	26806	HI	6/30/2009	N	N
Bernadette Terrado, RN	LDH Seimsen	60043	HI	6/30/2009	N	N
Frederic Foronda, LPN	LDH Renal Annex	14086	HI	6/30/2009	N	N
Aurea Garcia-Agas, RN	LDH Renal Annex	36702	HI	6/30/2009	N	N
Shiori Kennedy, RN	LDH Renal Annex	41276	HI	6/30/2009	N	N
Ursula Kahakauwila, LPN	LDH Maui	12593	HI	6/30/2009	N	N
Erlinda Racca, LPN	LDH Maui	10103	HI	6/30/2009	N	N
April Torres, LPN	LDH Maui	7650	HI	6/30/2009	N	N
Kristen Nosek, LCSW	LDH Maui	3421	HI	6/30/2010	N	N
Clara Tolbe-Mackler, LSW	LDH Maui	172	HI	6/30/2010	N	N
Henry Acidera, RN	LDH Maui	49271	HI	6/30/2009	N	N
Azenith Acio, RN	LDH Maui	49312	HI	6/30/2009	N	N
Sherry Allison, RN	LDH Maui	43741	HI	6/30/2009	N	N
Mary Jane Asayo-Paet, RN	LDH Maui	55834	HI	6/30/2009	N	N
Pattee Delima, RN	LDH Maui	53888	HI	6/30/2009	N	N
Melanie Espino, RN	LDH Maui	35578	HI	6/30/2009	N	N
Tina Fey, RN	LDH Maui	59562	HI	6/30/2009	N	N
John Ray Garcia, RN	LDH Maui	56337	HI	6/30/2009	N	N
Glenda Hidalgo, RN	LDH Maui	55513	HI	6/30/2009	N	N
Traci Johnson, RN	LDH Maui	43816	HI	6/30/2009	N	N
Teresita Layugan, RN	LDH Maui	42285	HI	6/30/2009	N	N
Arne Piccio, RN	LDH Maui	56375	HI	6/30/2009	N	N
Melissa-Ann Souza, RN	LDH Maui	26945	HI	6/30/2009	N	N
Lilibeth Gacria, LSW	LDH Waianae	893	HI	6/30/2010	N	N
Arceli Araki, RN	LDH Waianae	41278	HI	6/30/2009	N	N
Arne Gerilla, RN	LDH Waianae	38424	HI	6/30/2009	N	N
Vivencio Javier Jr., RN	LDH Waianae	59423	HI	6/30/2009	N	N
Kimi Prentice, RN	LDH Waianae	57267	HI	6/30/2009	N	N
Jacqueline Mok, LSW	LDH Regional	105	HI	6/30/2010	N	N
Rose Bombarda, RN	LDH Regional	41314	HI	6/30/2009	N	N
Cynthia Fujino, RN	LDH Regional	20436	HI	6/30/2009	N	N
Barbara Lee Ainge, RN	LDH Regional	24593	HI	6/30/2009	N	N

Carol Lee, RN	LDH Regional	11374	HI	6/30/2009	N	N
Maureen Naganuma, RN	LDH Regional	18946	HI	6/30/2009	N	N
Paula Suyama, RN	LDH Regional	22750	HI	6/30/2009	N	N
Allison Stephenson, LSW	LDH Kauai	1485	HI	6/30/2010	N	N
Sandra Gaal-Oshiro, RN	LDH Kauai	26927	HI	6/30/2009	N	N
Robert Ishiguro, RN	LDH Kauai	27959	HI	6/30/2009	N	N
Maria La Madrid, RN	LDH Kauai	30898	HI	6/30/2009	N	N
Leslie Lane-Schwarze, RN	LDH Kauai	46983	HI	6/30/2009	N	N
Kathleen Miller, RN	LDH Kauai	33748	HI	6/30/2009	N	N
Heidi Pickrell, RN	LDH Kauai	45356	HI	6/30/2009	N	N
Deanna Starinieri, RN	LDH Kauai	17664	HI	6/30/2009	N	N
Laura Stern, RN	LDH Kauai	22517	HI	6/30/2009	N	N
Donna Pimental, RN	LDH West Kauai	32421	HI	6/30/2009	N	N
Elizabeth Villasista, RN	LDH West Kauai	29250	HI	6/30/2009	N	N
Diane Williams, RN	LDH West Kauai	16496	HI	6/30/2009	N	N
Shirley Beidleman, RN	LDH Kahana	52973	HI	6/30/2009	N	N
Aileen Concepcion, RN	LDH Kahana	47278	HI	6/30/2009	N	N
Jacqueline Mazna, RN	LDH Kahana	53516	HI	6/30/2009	N	N
Isaac Dela Cruz, RN	LDH Kona	47279	HI	6/30/2009	N	N
Ana Harris-Akina, RN	LDH Kona	48324	HI	6/30/2009	N	N
Mary Mauiola, RN	LDH Kona	11877	HI	6/30/2009	N	N
Rosemary Taylor, RN	LDH Kona	44426	HI	6/30/2009	N	N
Kristie Caparida, RN	LDH Molokai	49086	HI	6/30/2009	N	N
Felisberto Mendija, RN	LDH Molokai	35727	HI	6/30/2009	N	N
Helen Domingo, RN	LDH Wailuku	40674	HI	6/30/2009	N	N
Dolores Soler-Bergau, RN	LDH CKD	23402	HI	6/30/2009	N	N
Terri Therp, RN	Idaho Falls	N-23968	ID	8/31/2007	N	N
Stacy Washburn, RN	Idaho Falls	N-34416	ID	8/31/2007	N	N
Rosalee Stevens, LPN	Idaho Falls	PN-13936	ID	8/31/2007	N	N
Sheila Dabell, LCSW	Idaho Falls	LCSW-25348	ID	12/2/2007	N	N
Debra Nelson, LPN	Idaho Falls, Pocatells	PN-8440	ID	8/31/2008	N	N
Linda Jean Fisher, RN	Pocatello	N-18438	ID	8/31/2007	N	N
Cecilia Lebel, RN	Pocatello	N-31895	ID	8/31/2009	N	N
Margaret Myers, RN	Pocatello	N-12489	ID	8/31/2007	N	N
Anastasia Milliron, RN	Pocatello Acute	N-35563	ID	8/31/2007	N	N
Noria Kipsuge, RN	Pocatello Acute	N-30048	ID	8/31/2007	N	N
Linda Williams, RN	Pocatello, Blackfoot	N-17747	ID	8/31/2007	N	N

Amanda Cole, LMSW	Pocatello, Blackfoot	LMSW-27361	ID	8/11/2007	N
Gayle Wallace, RN	Blackfoot	N-21736	ID	8/31/2008	N
Julie Hendricks, RN	Blackfoot	N-35246	ID	8/31/2007	N
Lori Maupin, RN	Idaho Falls, Pocatello, Blackfoot	N-26799	ID	8/31/2007	N
Joanna Yizar, LD	Idaho Falls, Pocatello, Blackfoot	D-002	ID	8/31/2007	N
Jorge Gordinho, MD	Mountain Ridge Dialysis	16005	WV	6/30/2008	N
George Bryant, PA	Mountain Ridge Dialysis	698	WV	3/31/2009	N
Ali-Ahmad Suliman, MD	Mountain Ridge Dialysis	16913	WV	6/30/2009	N
Debra Lynn Campbell, PA	Mountain Ridge Dialysis	597	WV	3/31/2009	N
Tina Boyd, RN	Mountain Ridge Dialysis	53100	WV	12/31/2007	N
Stacy Brown, RN	Mountain Ridge Dialysis	63094	WV	12/21/2007	N
Pamela Chisholm, RN	Mountain Ridge Dialysis	57261	WV	12/21/2007	N
Shelba Underwood, CDT	Mountain Ridge Dialysis	1098	WV	6/30/2008	N
April Brown, CDT	Mountain Ridge Dialysis	1093	WV	6/30/2008	N
Michele Rexroad, LD	Mountain Ridge Dialysis	476	WV	6/30/2008	N
Sharon Hopkins, MSW	Mountain Ridge Dialysis	CP00939481	WV	1/1/2008	N
Vijaya Chirumamilla, MD	Liberty Dialysis Petersburg	101044813	VA	6/30/2008	N
Satish Bankuru, MD	Liberty Dialysis Petersburg	101236668	VA	9/30/2008	N
Terri Jordan, LPN	Liberty Dialysis Petersburg	24166231	VA	1/31/2008	N
Sandy Gibson, MD	Liberty Dialysis Petersburg	101041677	VA	5/31/2008	N
Russell Ellenberg, MD	Liberty Dialysis Petersburg	101041671	VA	4/30/2008	N
Brenda Halstead, RN	Liberty Dialysis Petersburg	1095927	VA	9/30/2007	N
Leah Duty, RN	Liberty Dialysis Petersburg	1169252	VA	7/31/2009	N
Amy Gordon, RN	Liberty Dialysis Petersburg	1201980	VA	7/31/2008	N
Gloria Hahn, RN	Liberty Dialysis Petersburg	1070499	VA	7/31/2009	N
Constance Jones, LPN	Liberty Dialysis Petersburg	2019558	VA	1/31/2009	N
Tammy Peterson, RD	Liberty Dialysis Petersburg	719384	VA	5/31/2010	N
Tauna Kemp, RN	Liberty Dialysis Petersburg	118673	VA	8/31/2008	N
Donald Moore, RN	Liberty Dialysis Petersburg	1144185	VA	8/31/2007	N
Arlene Hyllton, LPN	Liberty Dialysis Petersburg	2040697	VA	6/30/2008	N
Marsha Benenhaley, LPN	Liberty Dialysis Petersburg	2013261	VA	12/31/2008	N
Nancy Holden, LPN	Liberty Dialysis Petersburg	2025147	VA	8/31/2008	N
Monica Williams, LPN	Liberty Dialysis Petersburg	2070292	VA	3/31/2009	N
Tameka Walker, LPN	Liberty Dialysis Petersburg	2055103	VA	3/31/2008	N
Ethel Shaw, LPN	Liberty Dialysis Petersburg	2041557	VA	9/30/2007	N
Velvit Harvey, LPN	Liberty Dialysis Petersburg	2032966	VA	2/29/2009	N
Linda Hopkins, LPN	Liberty Dialysis Petersburg	2021535	VA	8/31/2007	N

Barbara Robinson, LPN	Liberty Dialysis Petersburg	2051532	VA	9/30/2007	N
Toni Lee Hamilton, LPN	Liberty Dialysis Petersburg	2075512	VA	10/31/2009	N
Ruth Richardson, LPN	Liberty Dialysis Petersburg	2051970	VA	11/30/2008	N
Suhas Agte, MD	Sooner Dialysis - Lawton	23687	OK	11/1/2007	N
Bali Sodam, MD	Sooner Dialysis - Lawton	24723	OK	11/1/2007	N
Gabrielle Derenoncourt, RN	Sooner Dialysis - Lawton	R0079117	OK	1/31/2008	N
Deborah Davis, LPN	Sooner Dialysis - Lawton	L0020846	OK	2/28/2009	N
Tracy Battle, LPN	Sooner Dialysis - Lawton	L0033525	OK	10/31/2007	N
Jay Galloway, LD	Sooner Dialysis - Lawton	608	OK	10/31/2007	N
Mary Ann Jackson, RN	Sooner Dialysis - Lawton	R0059730	OK	10/31/2008	N
Dagmar Lamar, RN	Sooner Dialysis - Lawton	R0074007	OK	8/31/2008	N
Koelle Sutton, RN	Sooner Dialysis - Lawton	R0058416	OK	5/31/2008	N
Amy Outlaw, RN	Sooner Dialysis - Lawton	R0088883	OK	11/30/2008	N
Shavon Stinson, RN	Sooner Dialysis - Lawton	R0083308	OK	3/31/2008	N
Rebecca Gutierrez, LPN	Sooner Dialysis - Lawton	L0078848	OK	3/31/2008	N
Deanna Webb, LPN	Sooner Dialysis - Lawton	L0051026	OK	9/30/2007	N
Catherine Brink, RN	Sooner Dialysis - Lawton	R0040594	OK	6/30/2008	N
Tela Baughman, RN	Sooner Dialysis - Lawton	R0058007	OK	7/31/2008	N
Roa Kambhampati, MD	St. Joseph's - Syracuse	220651	NY	1/2009	N
Becky Ackerman, LPN	St. Joseph's - Syracuse	267064	NY	6/2010	N
Denise Amigh, RN	St. Joseph's - Syracuse	499862	NY	4/2010	N
Angela Baldini, RN	St. Joseph's - Syracuse	416435	NY	8/2009	N
Catherine Beachman, RN	St. Joseph's - Syracuse	282699	NY	2/2008	N
Carrie Ann Bendura, LMSW	St. Joseph's - Syracuse	64185	NY	10/2009	N
Lauren Berkun, LD	St. Joseph's - Syracuse	1768	NY	11/2007	N
Kristin Bland, RN	St. Joseph's - Syracuse	465890	NY	9/2008	N
Trisha Brame, LPN	St. Joseph's - Syracuse	285524	NY	7/2009	N
Kimberly Burke, LPN	St. Joseph's - Syracuse	223667	NY	8/2010	N
Karen Burwell, RN	St. Joseph's - Syracuse	279231	NY	6/2008	N
Christine Caldwell-Rudolph, LPN	St. Joseph's - Syracuse	110312	NY	12/2008	N
Marjorie Carter, LPN	St. Joseph's - Syracuse	122108	NY	5/2009	N
Jane Cipriano, RN	St. Joseph's - Syracuse	497036	NY	11/2009	N
Josephine Clark, LPN	St. Joseph's - Syracuse	249688	NY	9/2008	N
Sherry Clarke, RN	St. Joseph's - Syracuse	505733	NY	1/2008	N
Susan Cook, RN	St. Joseph's - Syracuse	296809	NY	11/2009	N
Natalina Crouse, RN	St. Joseph's - Syracuse	433719	NY	5/2010	N
Elizabeth Czaprynski, RN	St. Joseph's - Syracuse	552681	NY	11/2009	N

Marianne Desimone, RN	St. Joseph's - Syracuse	433932	NY	5/2010	N	N
Robin Dimura, RN	St. Joseph's - Syracuse	358321	NY	10/2010	N	N
Nancy Dote, LD	St. Joseph's - Syracuse	1323	NY	5/2010	N	N
Stephanie Estes, LPN	St. Joseph's - Syracuse	262761	NY	7/2008	N	N
Yuliya Fahey, RN	St. Joseph's - Syracuse	563664	NY	7/2008	N	N
Donna Grella, LPN	St. Joseph's - Syracuse	132983	NY	12/2009	N	N
Deborah Gross, LPN	St. Joseph's - Syracuse	2244816	NY	5/2010	N	N
Carole Hackett, RN	St. Joseph's - Syracuse	404501	NY	11/2007	N	N
Marylou Hawks, RN	St. Joseph's - Syracuse	460249	NY	4/2008	N	N
Tina Henshaw, RN	St. Joseph's - Syracuse	554120	NY	7/2010	N	N
Ruth Herb, LPN	St. Joseph's - Syracuse	261278	NY	9/2010	N	N
Stephanie Hofmann, RN	St. Joseph's - Syracuse	554074	NY	4/2010	N	N
Ruth Holliday, LMSW	St. Joseph's - Syracuse	61506	NY	5/2008	N	N
Melody Hutchinson, LPN	St. Joseph's - Syracuse	224584	NY	3/2010	N	N
Charlene Jimenez, LPN	St. Joseph's - Syracuse	264477	NY	2/2009	N	N
Janett Johnson, LPN	St. Joseph's - Syracuse	264254	NY	8/2008	N	N
Vickey Kenyon, LPN	St. Joseph's - Syracuse	202573	NY	1/2009	N	N
David Labelle, LPN	St. Joseph's - Syracuse	266136	NY	9/2009	N	N
Nancy Lantry, RN	St. Joseph's - Syracuse	551172	NY	1/2010	N	N
Kathleen Johnson, RN	St. Joseph's - Syracuse	474577	NY	12/2009	N	N
Jamie Lowery, RN	St. Joseph's - Syracuse	517922	NY	1/2009	N	N
Frank Klawonn, RN	St. Joseph's - Syracuse	482673	NY	8/2010	N	N
Bernadette Lamanna, RN	St. Joseph's - Syracuse	524909	NY	4/2010	N	N
Mary Ann Lincoln, LPN	St. Joseph's - Syracuse	125933	NY	9/2008	N	N
Steven Malkoske, LPN	St. Joseph's - Syracuse	279729	NY	2/2008	N	N
Carolyn Mandel, RN	St. Joseph's - Syracuse	534969	NY	2/2008	N	N
Betty Jane Martin, LMSW	St. Joseph's - Syracuse	64486	NY	7/2010	N	N
Michael Mickinkle, LPN	St. Joseph's - Syracuse	258123	NY	12/2009	N	N
Judi Miller, RN	St. Joseph's - Syracuse	484214	NY	9/2010	N	N
Linda Norbom, LPN	St. Joseph's - Syracuse	265709	NY	7/2009	N	N
Eileen Odell, RN	St. Joseph's - Syracuse	490708	NY	9/2009	N	N
Franklin Orr, RN	St. Joseph's - Syracuse	551764	NY	1/2010	N	N
Ellyn Ostrander, LPN	St. Joseph's - Syracuse	189836	NY	1/2009	N	N
Deborah Pelmeear, RN	St. Joseph's - Syracuse	309583	NY	1/2008	N	N
Therese Perrotti, LPN	St. Joseph's - Syracuse	199070	NY	8/2008	N	N
Patricia Pirro, LPN	St. Joseph's - Syracuse	131958	NY	5/2010	N	N
Melane Pistello, RN	St. Joseph's - Syracuse	255293	NY	10/2009	N	N

Susan Prose, RN	St. Joseph's - Syracuse	557567	NY	11/2007	N	N
Kathleen Quarella, RN	St. Joseph's - Syracuse	494122	NY	5/2009	N	N
Karyn Quinn, LPN	St. Joseph's - Syracuse	237555	NY	8/2009	N	N
Deborah Richer, LPN	St. Joseph's - Syracuse	123683	NY	12/2008	N	N
Teresa Ann Riley, RN	St. Joseph's - Syracuse	402066	NY	3/2008	N	N
Emmi Rogala, LPN	St. Joseph's - Syracuse	279627	NY	1/2008	N	N
Melissa Sgarlata, LPN	St. Joseph's - Syracuse	268316	NY	2/2010	N	N
Gary Shepard, RN	St. Joseph's - Syracuse	552967	NY	1/2010	N	N
Brian Shonyo, LPN	St. Joseph's - Syracuse	274213	NY	11/2008	N	N
Tammy Slamp, LPN	St. Joseph's - Syracuse	256923	NY	4/2010	N	N
Melissa Supernault, LPN	St. Joseph's - Syracuse	261944	NY	10/2010	N	N
Pamela Thompson, LPN	St. Joseph's - Syracuse	172428	NY	7/2009	N	N
Erin Tolchin, LD	St. Joseph's - Syracuse	1809	NY	2/2010	N	N
Denise Torrence, LPN	St. Joseph's - Syracuse	277960	NY	5/2010	N	N
Theresa Trumble, LPN	St. Joseph's - Syracuse	278601	NY	5/2010	N	N
Elizabeth Valenti, RN	St. Joseph's - Syracuse	353273	NY	9/2009	N	N
Deborah Visalli, LPN	St. Joseph's - Syracuse	244698	NY	8/2010	N	N
Mark Waite, RN	St. Joseph's - Syracuse	457136	NY	1/2008	N	N
Richard Watrous, RN	St. Joseph's - Syracuse	352200	NY	4/2008	N	N
Bernard Weinheimer, LPN	St. Joseph's - Syracuse	253410	NY	1/2009	N	N
Barbara Wheeler, LPN	St. Joseph's - Syracuse	211378	NY	10/2008	N	N
Barbara Yanceybritt, RN	St. Joseph's - Syracuse	578984	NY	8/2009	N	N
Lucy Antony, RN	Liberty Dialysis Lancaster	579976	TX	6/30/2008	N	N
Nancy Gonzales, RN	Liberty Dialysis Lancaster	244106	TX	9/30/2007	N	N
Sherry Green, RN	Liberty Dialysis Lancaster	613124	TX	2/30/2009	N	N
Genevieve Lat, RN	Liberty Dialysis Lancaster	703858	TX	8/31/2007	N	N
Ancy Mathew, RN	Liberty Dialysis Lancaster	714384	TX	4/30/2008	N	N
Euchaaria Okafor, RN	Liberty Dialysis Lancaster	578104	TX	3/31/2009	N	N
Treneva Rockwell, SW	Liberty Dialysis Lancaster	34215	TX	7/31/2008	N	N
Barry Sorisantos, RN	Liberty Dialysis Lancaster	635822	TX	5/31/2008	N	N
Carla Turner, RN	Liberty Dialysis Lancaster	657706	TX	10/31/2008	N	N
Karen Beal, RN	Monroe Clinic Dialysis	145548-030	WI	2/29/2008	N	N
Carmen Prechel, RN	Monroe Clinic Dialysis	138612-030	WI	2/29/2008	N	N
Kathryn Reidenbach, RN	Monroe Clinic Dialysis	124189-030	WI	2/29/2008	N	N
Matthew Garvoille, RN	Monroe Clinic Dialysis	132766-030	WI	2/29/2008	N	N
Kay Griffith, SW	Monroe Clinic Dialysis	443-122	WI	2/28/2009	N	N
Ambreen Gul, MD	Monroe Clinic Dialysis	49821-020	WI	10/31/2007	N	N

Julie Mears, RN	Liberty Dialysis - Monticello	28130535A	IN	10/31/2007	N
Paula Lucas, RN	Liberty Dialysis - Monticello	28147919A	IN	10/31/2007	N
Barbara Hasbargen, MSN, CNS, RN	Duneland Dialysis - Admin	28122837A	IN	10/31/2007	N
Jennifer Stott, RD	Duneland Dialysis - Admin	808303	IN	8/31/2008	N
Cheryl Schneckenburger, RN	Duneland Dialysis-Valparaiso	28164961A	IN	10/31/2007	N
Sharon Mroz, RN, CNN	Duneland Dialysis-Valparaiso	28087140A	IN	10/31/2007	N
Christine Witt, RN	Duneland Dialysis - Knox	28139170A	IN	10/31/2007	N
Nancy Bross, RN	Duneland Dialysis - Knox	28165721A	IN	11/1/2007	N
Pam Smith, RN	Duneland Dialysis - Knox	28154021A	IN	10/31/2007	N
Robyn Stanley, BS, RN	Duneland Dialysis - Knox	28153701A	IN	10/31/2007	N
Jeanne Fowler, RN	Duneland Dialysis - LaPorte	28071832A	IN	10/31/2007	N
JoAn Godfrey, RN	Duneland Dialysis - LaPorte	28059550A	IN	10/31/2007	N
Mary Kay Minich, RN	Duneland Dialysis - LaPorte	28168635A	IN	10/31/2007	N
Michelle Jarka, RN	Duneland Dialysis - LaPorte	28173943A	IN	10/31/2007	N
Nancy Hughes, RN	Duneland Dialysis - LaPorte	28132009A	IN	10/31/2007	N
Sharon Gumbert, MSW	Duneland Dialysis - LaPorte	33004637A	IN	4/1/2008	N
Tim Savage, RN	Duneland Dialysis - LaPorte	28168938A	IN	10/31/2007	N
Tracy Harshman, RN	Duneland Dialysis - LaPorte	28141873A	IN	10/31/2007	N
James Hasbargen, MD, FACP	Duneland Nephrology, PC	01041789A	IN	6/30/2009	N
John Brady, MD	Duneland Nephrology, PC	01040551A	IN	6/30/2009	N
Angie Halford, RN	Liberty Dialysis Lebanon/Frankfort/Witham	28145029A	IN	10/31/2007	N
Dana Busenbarrick, RN	Liberty Dialysis Lebanon/Frankfort	28132213A	IN	10/31/2007	N
Maria Pahmeier, RN	Liberty Dialysis Frankfort	28119416A	IN	10/31/2007	N
Paul Shin, MD	Liberty Dialysis Lebanon/Frankfort/Witham	01060949B	IN	6/30/2009	N
Rita Mankus, MD	Liberty Dialysis Lebanon/Frankfort/Witham	01042441B	IN	6/30/2009	N
Sudha Rani, MD	Liberty Dialysis Lebanon/Frankfort/Witham	01061382A	IN	6/30/2009	N
Akram Makki, MD	Liberty Dialysis Lebanon	01046256A	IN	6/30/2009	N
Stephen Ash, MD	Liberty Dialysis Lebanon	01024554A	IN	6/30/2009	N
James Sutton, MD	Liberty Dialysis Lebanon	01037260A	IN	6/30/2009	N
Jeanna Peterson, RN	Liberty Dialysis Lebanon	28150495A	IN	10/31/2007	N
Cristen Thompson, RN	Liberty Dialysis-Crawfordsville	28133832A	IN	10/31/2007	N
Johanna Dale, RN	Liberty Dialysis-Crawfordsville	28098415A	IN	10/31/2007	N
Kathleen Keller, LPN	Liberty Dialysis-Crawfordsville	27009316A	IN	10/31/2008	N
Penny Dyer, RN	Liberty Dialysis-Crawfordsville	28076645A	IN	10/31/2007	N
Deborah Cearing, RN	Liberty Dialysis - Lafayette	28093398A	IN	10/31/2007	N
Kari Barowsky, RN	Liberty Dialysis - Lafayette	28132420A	IN	10/31/2007	N
Carol Crull, RN	Liberty Dialysis - Lafayette	28113186A	IN	10/31/2007	N

Robert Cole, RN	Liberty Dialysis - Lafayette	28120727A	IN	10/31/2007	N
Rebecca Conklin, RN	Liberty Dialysis - Lafayette	28140985A	IN	10/31/2007	N
Audrey Burghardt, LPN	Liberty Dialysis - Lafayette	2701130A	IN	10/31/2008	N
Eyde Burghardt, LPN	Liberty Dialysis - Lafayette	27055325A	IN	10/31/2008	N
Kathryn Sipe, RN	Liberty Dialysis - Lafayette	28110592A	IN	10/31/2007	N
Nancy Smith, RN	Liberty Dialysis - Lafayette	28130537A	IN	10/31/2007	N
Amy Vanderkolk, RN	Liberty Dialysis - Lafayette	28168265A	IN	10/31/2007	N
Denise Pickering, LPN	Liberty Dialysis - Lafayette	27020594A	IN	10/31/2008	N
Kerri Loft, LPN	Liberty Dialysis - Lafayette	27054799A	IN	10/31/2008	N
Kendra Foley, LPN	Liberty Dialysis - Lafayette	27058675A	IN	10/31/2008	N
Anna Rogers, RN	Liberty Dialysis-Nampa/Meridian	N-36128	ID	8/31/2007	N
Brenda Koosmann, RN	Liberty Dialysis - Meridian	N-36088	ID	8/31/2007	N
Molly Kusik, RN	Liberty Dialysis - Meridian	N-35424	ID	8/31/2007	N
Amy Kerner, RN	Liberty Dialysis - Meridian	N-31275	ID	8/31/2007	N
Liza Bea, RN	Liberty Dialysis - Meridian	N-30571	ID	8/31/2009	N
Sheri Stanley, RN	Liberty Dialysis - Meridian	N-22082	ID	8/31/2007	N
Sharon Joramo, RN	Liberty Dialysis - Nampa	N-33907	ID	8/31/2007	N
Patricia Gibbens, RN	Liberty Dialysis - Nampa	N-35064	ID	8/31/2007	N
James Joramo, RN	Meridian Acutes	N-33880	ID	8/31/2007	N
Barbara Smith, RN	Meridian Acutes	N-19439	ID	8/31/2009	N
Jill Bankhead, RN	Meridian Acutes	N-34159	ID	8/31/2007	N
Dave Tien, MD	OAKC	378892-1205	UT	1/11/2008	N
Juliet Miranda, RN	OAKC	5232212-3102	UT	1/31/2009	N
Amy Kulwicki, RN	OAKC	5987035-3102	UT	1/31/2009	N
Michelle Nickell, RN	OAKC	5225913-3102	UT	1/31/2009	N
Tamara Snyder, RN	OAKC	283021-3102	UT	1/31/2009	N
Sardar Talib, RN	OAKC	5684770-3102	UT	1/31/2009	N
Joseph Navarro, RN	OAKC	5687040-3102	UT	1/31/2009	N
Shannon Walker, SW	OAKC	5770990-3502	UT	9/30/2008	N
Susan Van Deventer, RN	South Mountain Dialysis	327083-3102	UT	1/31/2009	N
Alisse Kiger Quinn, SW	South Mountain Dialysis	6333329-3502	UT	9/30/2008	N
Marietta Moratalla, RN	South Mountain Dialysis	264695-3102	UT	1/31/2009	N
Sousada Lertsongkham, RN	South Mountain Dialysis	5033158-3102	UT	1/31/2009	N
Natalie Monson, RD	South Mountain Dialysis	6252912-4901	UT	9/30/2008	N
Melinda McAnulty, MD	South Mountain Dialysis	187091-1205	UT	1/31/2008	N
Bonnie Rosenberg, RN	South Mountain Dialysis	261570-3102	UT	1/31/2009	N
Keena Price, RN	South Mountain Dialysis	4885325-3102	UT	1/31/2009	N

Appendix V(2)

Quality Improvement Program

Liberty Dialysis, LLC

Quality Improvement Program

I. Purpose:

The primary purpose of the Quality Improvement Program at Liberty Dialysis, LLC (Liberty) is to seek to ensure the provision of superior and continuously improving quality and cost-effective care in an environment that promotes patient safety. This program provides a mechanism and process designed to identify region-wide opportunities to improve care and services by measuring, assessing, and improving care in a systematic and ongoing manner. The Quality Improvement Program bases as its foundation the mission, vision, values and strategic plan of Liberty.

II. Scope:

The Quality Improvement Program is incorporated in all functions of patient care and services. They include:

- 1) Direct patient care services
- 2) Support services
- 3) Technical and IS services
- 4) Patient care contracted services

III. Objectives:

1. To utilize a comprehensive, region/nation-wide approach to improve important functions using team efforts whenever possible.
2. To increase the probability of desired patient outcomes, including customer satisfaction, by assessing and improving governance, management, and clinical support processes that most affect those outcomes.
3. To identify opportunities to improve patient care and services provided.
4. To establish priorities for improving patient care and services that have the greatest impact on patient care outcomes and patient satisfaction.
5. To provide guidance and knowledge to individuals and groups of individuals for improving processes in which they are involved.

6. To coordinate quality improvement activities and integrate the efforts of all disciplines whenever appropriate.
7. To enhance a regional/national culture that promotes patient safety and medical error reduction.
8. To promote an evidence-based and data driven approach to quality improvement efforts and decision-making.
9. To promote communication or quality improvement activities throughout the region.

IV. Authority and Accountability:

Each separately incorporated entity is responsible for the CQI activities in their clinic/region. The Executive Management Team and the Medical Advisory Board will aggregate the data periodically and will provide oversight and feedback to the Medical Directors of each of the clinics. (Ryan, please review)

- A. The Liberty Dialysis Executive Management Team:
 - shall delegate the authority and accountability for the establishment, maintenance, and support of a continuous Quality Improvement Program to the individual Administration, the Medical Director and other designees.
 - is responsible to foster an environment that promotes quality improvement in a customer-focused framework and ensure that the important processes and systems throughout the region are continuously assessed, improved and sustained.
 - is responsible to assure sufficient resources, information systems/data; education and personnel are available to support an ongoing Quality Improvement Program
- B. The Medical Advisory Board is responsible:
 - for providing the leadership to the Medical Staff for quality improvement activities.
 - to participate in the Quality Improvement Program through quality improvement team involvement, committee membership and peer review activities.
 - for reviewing and making recommendations regarding the functions of peer review, privileging and credentialing and required mandatory performance measures.

C. The National Quality Council (Council) is an interdisciplinary committee comprised of the:

1. Senior Management Team, including but not limited to the CEO, COO
2. Medical Advisory Board Members. The Senior Medical Advisor shall serve as the Co-Chair of the committee
3. Executive Vice President Clinical Affairs will serve as a Co-Chair of the Committee
4. Quality & Regulatory Compliance Director (currently open)
5. Technical Manager (currently open)
6. Social Services Coordinator (currently open)
7. Dietitian Coordinator (currently open)

The Chair(s) shall appoint other members of the Administrative / Management team, as needed. The Council shall meet at least twice per year as deemed necessary by the Chair. Minutes and reports shall be maintained and forwarded to each of the (Regional) Executive Vice Presidents. The Council is responsible for providing guidance, support and resources for the Quality Improvement Program. Responsibilities include:

1. Analyze and review regional patient outcomes and identify opportunities for improvement.
2. Identify regional improvement priorities through consensus, based on a review of pertinent measures and input. The priorities may be adjusted throughout the years as new findings and measures become available.
3. Support ongoing, proactive patient safety via a review of patient safety data, including adverse event reports, root cause investigations and other patient safety measures.
4. Communicate quality improvement activities throughout the region

D. All Executive Vice Presidents are responsible for providing resources for staff participation in quality improvement activities, identifying quality improvement opportunities and obtaining data on required performance measures.

E. Facilities are responsible for focusing on processes and outcomes for unit improvement and for assuring that improvements are sustained. They have the responsibility to evaluate and improve current processes and design new processes and services utilizing quality improvement tools and techniques.

- F. Employees are responsible for participating, as appropriate, in quality improvement activities. Employees may contribute to the Quality Improvement Program by participating on a quality improvement team, assisting with data retrieval within their facility, and identifying opportunities for improvement.

V. Methodology:

Quality improvement is a continuous process. It involves measuring the functioning of important processes and services, and, when indicated, identifying changes that enhance performance. Quality improvement focuses on outcomes of care, treatment and services. The approach to quality improvement shall be regional and integrated with a focus on customer service. Fundamental components of quality improvement are:

1. Measuring through objective data collection;
2. Assessing current performance;
3. Improving performance and outcomes; and
4. Effectively reducing factors that contribute to unanticipated adverse events and/or outcomes.

Performance Improvement Model: CHECK PLAN-DO-CHECK-ACT (CPDCA)

This model provides a consistent problem solving approach for quality improvement activities. It guides quality improvement activities through the processes of data collection, data aggregation and analysis, process design, process implementation, monitoring of outcomes, and sustained improvements.

- Check:** Identify data that will help measure and track the issues you want to improve. Collect Base line data
- PLAN:** Plan a change by studying the process and choosing an improvement based on data collected. (Flow chart the current process, brainstorm, analyze data and draw conclusions; decide on an improvement Plan
- DO:** Carry out the Plan. (Make the changes that will improve the process)
- CHECK:** Obtain results and data supporting the change; modify change if necessary. (Collect and analyze data to see if there was an improvement; make additional changes if necessary, re-collect data)

ACT: Implement change or abandon plan and repeat cycle. (Develop procedures that ensure continuance of the successful plan, or start over if plan did not work.)

The scope of quality improvement activities includes, at a minimum, the following:

1. Measurement and analysis of clinical performance measures:
 - a. Adequacy of Dialysis
 - b. Anemia Management
 - c. Bone Management
 - d. Adequacy of Nutrition
2. Review and analysis of morbidity / mortality events with identification of trending patterns. Implement and monitor corrective actions.
3. Analysis of adverse event reports and other undesirable patterns or trends and implementation of corrective actions.
4. Proactive identification and reductions of unanticipated adverse events and safety risks to patients and staff.
5. Assessment of patient satisfaction through ongoing surveys and review of patient grievances.
6. Review and analysis of internal and external surveys and implementation of corrective actions.
7. Monthly review of medical records, identification of undesirable trends and implementation of corrective action.
8. Review and analysis of technical performance measures:
 - a. Cultures
 - b. Reuse
 - c. Water treatment

Improvement initiatives shall incorporate the following essential elements:

1. Utilization of the Quality Improvement Model: Check??Plan ??Do ??Check ??Act
2. Consideration of how the initiative might affect patient care
3. Consideration of evidenced-based guidelines that have been scientifically developed based on current literature and are consensus driven.
4. Development of specific "target(s)" or desired goals.

5. Measurement of performance through systematic data collection and analysis.
6. Use of team techniques and statistical tools.
7. Comparison of performance measure outcomes internally over time and externally, when available.
8. As a result of information from data analysis, implementation of changes are initiated that will improve the quality of care, treatment, and services
9. Monitoring of the effectiveness of redesigned processes and assuring that improvement efforts and outcomes are sustained.

VI. Reporting:

Facilities shall report activities and progress at monthly facility specific quality improvement meetings. Data shall be submitted using the appropriate statistical graphs and reports.

Facility specific quality improvement activities shall also be reported monthly to the local Governing Body. Data shall be submitted using the appropriate statistical graphs and reports.

Quality control activities shall be reported at the facility specific monthly quality improvement meetings. A trend or opportunity for improvement identified through the quality control activities shall be reported. Specific quality control data shall be kept within the appropriate facility.

The National Quality Council shall review trended measures at least twice per year in order to identify any regional issues needing action.

VII. Confidentiality:

All communication and information regarding quality improvement activities shall be maintained in a manner ensuring strict confidentiality. It is essential that the information, analysis, findings, recommendations, conclusions and other actions developed by or for the use of any medical staff or internal committee carrying out quality improvement functions shall not be available to unauthorized persons or organizations. Liberty Dialysis, LLC adheres to the policy of resisting and challenging all demands for disclosure of improvement and peer review data permitted by USC title 10, Section 11.02 and all other applicable state and federal statutes.

Appendix V(4)

Wall Street Journal Article

THE WALL STREET JOURNAL.

THURSDAY, NOVEMBER 3, 2005

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The Choice

Years on Dialysis Brought Joe Mole To a Crossroads

Treatment Kept Him Alive, But Always Exhausted; A Sister's Plea to Continue

Handmade Clocks for Nurses

BY MICHAEL J. MCCARTHY

ELKINS, W.Va. -- As the winter of 2002 approached, the only things standing between Joe Mole and the biggest decision of his life were his family and friends, his faith, and an unfinished set of cherry wood pews. Mr. Mole, a 41-year-old carpenter, was debating whether to die.

He had spent most of his life dealing with complications of diabetes, diagnosed when he was 19. By the prime of his life, his vision was blurring, he had lost four toes to amputation, and kidney failure had forced him to undergo dialysis treatments three times a week.

None of this was life-threatening. Mr. Mole wasn't suicidal. He was close to his two sisters. He liked going to church and cooking neighbors his special chicken roll-ups. He was proud of his reputation for making fine cabinets, candle holders, clocks and other wood items.

But every Monday, Wednesday and Friday, he drove his Chevy truck to a clinic, climbed into reclining chair number 7, and had to sit for four hours as a dialysis machine washed toxins from his blood that his kidneys no longer could. And he was sick of it -- sick enough to start telling people he might quit the treatments even though that meant certain death.

Dialysis is one of the great life-extending treatments of all time. Despite failed kidneys that can kill a person in a matter of days, life can be preserved for a decade or more. Yet among those with kidney failure who have died, roughly one in five chose to quit dialysis, according to government data. Forgoing dialysis means nature

takes its course, poisoning the body to death, often within a week or so.

Between 1995 and 1999, about 36,000 people died this way, government statistics show. Between 2001 and 2002, the latest data available, an additional 25,000 had died; the mean age of those who chose to quit dialysis was 74. The number is likely to keep growing

have chronic, but not terminal, health woes, such as diabetes, high-blood pressure and heart problems.

Otherwise, voluntary dialysis quitters are often in solid mental health, and aren't usually influenced by major depression or suicidal tendencies, according to psychiatrists who have studied the issue. They don't leave family members to confront a sudden loss with little more than a suicide note. Rather, they sometimes quit treatments despite having family and friends who plead with them to choose life.

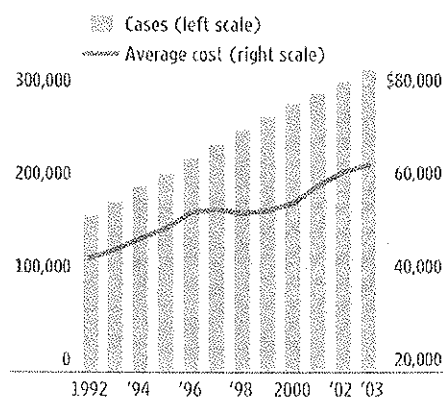
One day in November 1999, Joe Mole settled for the first time into the gray reclining chair at the dialysis center in Elkens, a town of 7,000 amid lush mountain forests. Working beneath fluorescent lamps, a nurse fit two clear tubes into Mr. Mole's arm. One tube turned red as his blood was extracted and siphoned into a filtering machine called a dialyzer. The other reddened as it returned the cleaned blood to Mr. Mole's body.

He'd had a difficult autumn. In September, his doctor, Rebecca Schmidt, told him that, due to his diabetes, his kidneys had failed and he would have to begin dialysis. Then his mother became ill with lung cancer. Dorothy Mole, 72, died that November. As her adult children stood around her bed at home, she took a last gasp. Joe Mole darted from the room and threw up.

Joe had been born three months premature. Doctors told Mrs. Mole her son wouldn't last long, his family recalls. But he grew into a slight, shy child, who liked to ride his unicycle along the Tygart Valley River, laughing off the taunts of passersby: "Hey, you lost a

More Patients

Number of Americans on dialysis and average cost per person



Source: U.S. Renal Data System

because more people are receiving dialysis.

Fueled largely by an increase in diabetes, the number of Americans on dialysis machines doubled between 1988 and 2003, to nearly 325,000. About 100,000 people start the treatment each year.

People who choose death usually cite the discomfort and tedium of treatments, nausea, vomiting, exhaustion and troubles with veins. They usually

wheel."

A year after graduating from high school, he was diagnosed with Type 1 diabetes, then known as juvenile diabetes. Doctors discovered the disease after Mr. Mole lost 30 pounds in a matter of weeks, leaving him at 5-foot-7-inches, 130 pounds. Insulin kept the diabetes under control as he lived with his mother and father, Donald W. Mole, who taught him his woodworking trade.

Eventually, Joe Mole set up his own business. He made enough money to buy a small apartment building, which he owned for rental income, but chose to stay with his parents.

Mr. Mole started his dialysis treatments at the age of 38. Many patients start in their early 60s. While mortality is high because these patients often have other serious ailments, some patients can last 10 years or more. The annual cost for the average dialysis patient is about \$64,000. In 1972, Congress passed legislation that made people of any age with permanent kidney failure automatically eligible for Medicare, which picked up most of Mr. Mole's tab.

Initially, he found it hard to rise at 5 a.m. and drive through mountain fog to make the early dialysis session, but it allowed him to get to work by late morning. His legs cramped up from sitting in one place so long. He told his eldest sister, Pam Kimble, that he sometimes pretended to be asleep so he didn't have to talk to the other patients. "I don't like talking to these old women," she recalls him saying.

Many days sitting next to him in chair number 6 was fellow diabetic Genny Cross, 64. A previous companion had commandeered the TV remote, forcing her to watch the History Channel. "Joe let me watch whatever I wanted," she says.

Mr. Mole had never been religious. But around the time of his mother's death and his first dialysis treatments, he attended mass at St. Brendan church with his sister Beverly Wingate, 10 years older and visiting from Cincinnati. That afternoon, he started taking instruction to become a Roman Catholic.

Shortly before his April 2000 baptism, he had four toes amputated. As happens with many diabetics, the circulation in his feet had grown weak and his toes had become hopelessly infected. Mr. Mole was concerned he wouldn't be able to stand in the baptismal font, as adult converts did, because doctors warned him not to get his feet wet. "I have to get in that water," he told his sis-

ter. "Otherwise, I'm worried it won't count."

Before the service, he taped a plastic bag around each foot. "Joe had bags on his feet in the baptismal font," says Father William Anderson, who baptized him. "And he was beaming."

That summer, Mr. Mole vacationed in Florida with Ms. Kimble, a nurse, and her boyfriend, Junior Phillips, a truck driver. They rode in a power boat and watched the sun set over the Gulf of Mexico. Mr. Phillips held Mr. Mole in the water as he tried to learn to swim. His sister drove him every other day to a dialysis center, where he sat for the procedure, then returned to the beach. Sometimes he was too tired for anything fun, she says.

One day they visited Cypress Gardens, a tourist spot. Inside a butterfly sanctuary, Mr. Phillips recalls spotting Mr. Mole covered with butterflies. Only one or two landed on him and Ms. Kimble. "Pam," Mr. Phillips said, "do you think they somehow know he's sick?"

In January 2002, the Tomblyn Funeral Home in Elkins commissioned Mr. Mole to build and install 22 cherry wood pews in its chapel. It was one of the biggest projects he'd ever undertaken. He asked for about \$1,400 for the job, which he figured would take three months.

He was 40, but his health was declining. In addition to failed kidneys, he had high blood pressure. The diabetes, as it frequently does, harmed the blood vessels in his eyes and blurred his vision. He developed a chronic raspy cough.

When Ms. Kimble followed him in converting to Catholicism, she asked Mr. Mole to sponsor her. He worried that he'd embarrass her if he coughed through her baptism. He put some ice chips in a plastic bag and sucked on them throughout the sacrament. It worked. "I could hear that baggie rattling behind me throughout the service," Ms. Kimble recalls.

That summer, Mr. Mole spent hours one hot day working on a roof. Removing his jeans later, he discovered he'd seriously burned the leg he'd sat on while on the roof. Because of his poor circulation, he hadn't felt his skin burning. Ms. Kimble, who lived nearby, applied ointments and bandages for weeks before it healed.

Fall of 2002 found Mr. Mole struggling with the pew project. It had grown more complicated than he'd expected. Because the chapel floor was old and uneven, Mr. Mole had to custom-cut the bottom of some pews. He worked late

nights and weekends. Sometimes he was too tired for the day's final chore, using an air hose to blow sawdust from the hair on his arms.

The funeral-home owner, Myron Tomblyn, occasionally suggested Mr. Mole knock off early. "He said he felt better working with wood than sitting home on the couch," Mr. Tomblyn recalls.

Ms. Kimble worried that her brother seemed weaker. Sometimes she'd pop into his shop to sweep up sawdust or hand him tools, and take the opportunity to check his blood sugar. "I'm getting sick, Pam," she recalls him saying. "I've got to finish these pews." Ms. Kimble's boyfriend, Mr. Phillips, quietly began lining up a replacement to finish the job if Mr. Mole couldn't.

But just before Thanksgiving, Mr. Mole, with the help of Mr. Phillips and a few other friends, put the last of the pews in place. It was seven months later than scheduled. An appreciative Mr. Tomblyn, feeling Mr. Mole had underbid the job, paid him a bonus of more than \$600.

Around Christmas, Mr. Mole showed up at the dialysis center bearing gifts: more than a dozen mantel clocks that he had made, for each of the aides, nurses and doctors. He handed one to nurse Barbara Weaner without a box or wrapping, "just a hug and a thanks," she says.

By then, he had begun talking privately with her about the possibility of stopping his treatments. She wasn't surprised, she says; other patients had asked her about quitting before. He told her he didn't feel well enough to work many days, and she knew how important his work was to him. "It would come in waves," she recalls. "He would talk about it for about a week, keep showing up for treatments, and then not talk about it again for a month or so."

One night in January 2003, Mr. Mole lay on his bed with his sister, Ms. Kimble, at his bedside. "I can't take it any more," she says he told her. "I'm just too sick. I want to go be with mom."

He'd hinted at his intentions before, but never so forcefully. "You've got to keep going," Ms. Kimble said. "You've got to fry." He said nothing. "You're not sick enough," she continued. "The big guy's not ready for you."

She recalls his answer: "If you were in my body, you wouldn't say that."

Frantic, she made Mr. Mole call her boyfriend, who was driving his truck near Detroit. Mr. Mole reached him on his cellphone and told him what he

wanted to do.

"I got to pull over, Joe," Mr. Phillips replied. "Because my eyes are all watery."

Sitting in the dark along Interstate 75, Mr. Phillips says he told Mr. Mole how much he'd be missed by those who loved him. "Joe, please," he said. "You can't do this." Mr. Mole hung up, and didn't say a word to his sister.

In the weeks to follow, Mr. Mole kept bringing the issue up with his sister. Each time, Ms. Kimble gently discouraged: "Why don't you go just one more time?" She was hoping to keep him alive until a kidney donor could be found. He was on a waiting list, hoping to find a suitable transplant. Ms. Kimble offered to donate one of her kidneys, but Mr. Mole declined, worried she might need it.

Sitting in Ohio, his other sister, Mrs. Wingate, heard Mr. Mole's despair over the phone. "He would call me crying, saying, 'I can't take it anymore,'" she recalls. "He wanted to quit, but he didn't have the guts to." She wanted to stop his suffering, but couldn't bring herself to tell him to stop the treatments. She told him to pray, and to speak again with his nurses and doctor. "I knew it had to be his decision."

The sisters say they felt their brother wasn't close enough to their dad to discuss the matter. So Ms. Kimble took their father aside and apprised him of what Joe had in mind. "If Joe stops," she told her father, "he'll die." Her father, characteristically stoic, said nothing, she recalls. (Mr. Mole's father declined to be interviewed.)

Mrs. Wingate says that one morning shortly afterward, Joe Mole lay in bed and told his father he didn't feel up to going to dialysis. She says their father told him: "You've got to go . . . I won't let you quit." The elder Mr. Mole drove him to the dialysis center.

Dr. Schmidt encouraged Mr. Mole to hang on until a kidney transplant came through. He'd been on a waiting list for three years, and twice had been called about possible matches. But both times, the kidneys went to other candidates, who were deemed more appropriate. Dr. Schmidt, 50, had never had a patient so young consider ending dialysis. Her own husband, who had had kidney failure, made a complete recovery with a transplant.

Mr. Mole kept going to dialysis. Many days he was too weary to leave the house. His cough and eyesight worsened. He began using a magnifying glass to see the tiny numbers on his

insulin syringe as he dosed out 22 units in the morning, 25 in the evening.

Itching frequently besets dialysis patients, as toxins surface on the skin. Mr. Mole scratched himself bloody. Ms. Kimble bought him a pair of white cotton gloves so he wouldn't hurt himself.

Nurses from a hospice-care agency came to treat him at home. One was Timothy Nulph, 43, who drove a Harley-Davidson motorcycle and wore shoulder-length blond hair, a mustache and a beard. He and Mr. Mole talked about woodworking, women and how they'd ride motorcycles together when Mr. Mole felt better.

Mr. Nulph says Mr. Mole asked him what he could expect if he quit dialysis: How long would he live? What pain and discomfort might he experience? How was quitting dialysis morally different than ending your life, as Mr. Mole put it, "with a shotgun"?

Mr. Nulph says he listened without advising. But he couldn't help giving his opinion when Mr. Mole asked whether quitting dialysis was a sin.

"You're being kept alive by a machine," Mr. Nulph says he told him. "Yes, God gave us the knowledge to make the machine, but I can't see stopping something artificial as a sin."

Ms. Kimble asked Father Anderson to talk with Mr. Mole. The priest visited Mr. Mole in his room one day in June of 2003. Father Anderson told Mr. Mole that what he was contemplating wasn't suicide. Rather, it was a decision not to interfere with nature taking its course. The church didn't require him to submit to "extraordinary" means, such as a kidney machine, to sustain life, the priest said. Mr. Mole looked relieved, Father Anderson recalls.

How the church views the decision to discontinue medical treatment varies upon on the individual case, says William Ryan, a spokesman for the U.S. Conference of Catholic Bishops. "If the person simply wanted to stop dialysis to end their life that wouldn't be considered the moral thing to do," he says. "If the treatment is considered burdensome, not doing any good, useless, it may be permissible to quit in the eyes of the Catholic faith."

Late the night before the Fourth of July, the phone rang at Mr. Mole's home. The Charleston Area Medical Center had a potential donor kidney. Mr. Mole was told to keep his dialysis appointment the next day in case the kidney wasn't suitable. Mr. Mole called Ms. Kimble, who recalls that he sounded excited. She agreed to drive him to

Charleston if the kidney worked. He packed a bag.

The next day, as he sat in seat number 7 at the dialysis clinic, word came from Charleston: The kidney wasn't going to work for him. Mr. Mole called his sister. "Not a match," he said.

That Monday, Genny Cross arrived at the dialysis clinic to find chair number 7 empty. "I thought maybe he was in the hospital," she recalls.

Mr. Mole was at home, where Father Anderson had come to give him communion. Because he was so nauseated, Mr. Mole was concerned he might regurgitate the host, so the priest broke off a speck and gave that to him. "In God's eyes," the priest said, "you're in good shape."

Ms. Kimble began calling family members, summoning their brother, the cousin they vacationed with in Florida, an aunt and uncle from New York state. She told them Mr. Mole was in dire shape, leaving it to him to elaborate on what he had decided. On Tuesday, when Mr. Mole flatly told his aunt, Jeanne Lee, that he had quit going to dialysis for good, she sat stunned at his bed, holding his hand. "I wanted so much to talk to him and say don't do this, but he was so adamant, I didn't think it would help," she recalls.

Some patients can reverse course after missing a dialysis treatment or two, but at a certain point there's no turning back. One day he asked Mr. Nulph, the hospice nurse, what would happen after he missed his third session. "You're going to die, Joe," Mr. Nulph said. "We talked about this."

He says Mr. Mole replied, "Yeah, we talked about this."

After missing that third session on Friday, July 11, 2003, Mr. Mole spent part of the day retching into a trash can that his Aunt Jeanne held for him. Mr. Phillips says Mr. Mole told him, "I need you to take care of Pam." Mr. Phillips bent down and kissed Mr. Mole on the side of the head.

Around 9 that night, Joe Mole tried to move in his bed, and Ms. Kimble, standing watch, grabbed him by the arms. They felt rigid, clammy. "Dad," she called to her father, who was in his own room, "you better come quick." She says their father hurried into his son's room, and began shaking him.

"It's no good, Dad," Ms. Kimble said.

At the Tombllyn Funeral home, family and friends of Robert Joseph Mole, 42, sat on the pews he'd made and bid him farewell.

Father Anderson told them Mr. Mole

was handed life like a piece of imperfect wood, and through his handiwork, crafted something beautiful. He joked about a reading from the Gospel of John: "In my Father's house are many mansions." Father Anderson said, "Joe is probably up there, fixing some of them now."

A riderless Harley stood on a hill outside St. Brendan church, placed there by Mr. Nulph, the hospice nurse, as a tribute.

Two years later, his sisters say they remain haunted about how they responded to their brother's wishes.

Mrs. Wingate wonders if she should have simply encouraged him to do what he wanted. "Even now I struggle with the rightness and appropriateness" of her early response, she says. On several occasions when she has thought about her brother, she says a white butterfly with a black spot on each wing has appeared, fluttering around her before flying off. She thinks it's a signal from her brother, telling her he's well and happy.

In September, Ms. Kimble, 57, attended the dialysis clinic's annual candlelight vigil for patients who have died. She says she now regrets discouraging Mr. Mole from stopping treatments. "It was selfish on my part," she says. "I just didn't want to let him go."

Appendix V(8)(a)

Description of Positions

Liberty Dialysis- Alaska

Clinical Manager

The Clinical Manager (CM) provides Professional Leadership and ensures the values expressed in the Mission, Vision and Work Ethics standards of Liberty Dialysis-Alaska are integrated into daily operations.

The CM maintains an organizational perspective at all times and works to develop systems that support organizational initiatives. S/he assumes 24-hour responsibility and accountability for the supervision and management of personnel and material resources necessary to maintain optimal functioning of the unit.

Responsibilities include compliance with existing laws and regulatory agencies; promotes patient and staff satisfaction; assures clinic meets or exceeds clinical performance measures, provides supervision and support of clinical and technical staff; creates a clean safe environment for patients and; meets or exceeds financial performance measures.

Works collaboratively to develop the CQI plan to ensure patients meet or exceed individual clinical performance measures.

LEADERSHIP:

Clarifies and communicates the organization's mission, vision and values in such a way that all the staff understand their individual and departmental responsibilities related to the mission, vision and values.

Plans, develops and communicates strategic vision for unit in alignment with the organizational goals.

At all times, acts on behalf of and in the interest of LDA and as such, exemplifies professional behaviors.

Identifies, copes with, introduces and assimilates change to support organizational goals.

Utilizes a variety of methods to communicate information to all levels of staff.

CUSTOMER SERVICE:

Promotes outstanding service and ensures commitment to Patient, Staff and Physician Satisfaction.

Treats staff members, colleagues, patients and the public courteously and with respect.

Communicates clearly with others both verbally and in writing.

Maintains effective work relationship with staff, physicians, patients and public.

Is aware of non-verbal communication and impact on others.

Promotes a "customer first" environment and attitude as demonstrated by absence of complaints.

Ensures unit cleanliness, eliminates clutter, assesses unit processes to ensure an organized and standard approach, and holds staff accountable for maintaining these standards.

REGULATORY, BUSINESS AND HIPPA COMPLIANCE

Ensures Clinical and Technical environment is in compliance with all local, state and Federal Guidelines, including but not limited to Conditions of Participation found in the Federal Regulations at 42 CFR Part 405 Subpart U.

Participates in External Surveys such as the Department of Health or insurance carriers. Participates in the development and directs the implementation of the Corrective Action Plans that may result from the survey.

Ensures staff participate in and comply with LDA Annual Compliance and HIPPA Training

Evaluates performance of staff against established LDA standards
Ensures Staff are in compliance with all LDA policies and procedures
CLINICAL QUALITY PERFORMANC/OUTCOMES
Meets or exceeds LDA performance measures. Is responsible for achieving Liberty Leadership Metrics defined by LDA for : <ol style="list-style-type: none"> 1. URR 2. Hemoglobin 3. Albumin 4. Fistula First 5. Patient Satisfaction 6. Staff Satisfaction
Establishes an effective CQI team that meets monthly to review clinical outcomes and develop effective plans of care for patients.
Monthly, assures CQI team reviews the measurement and analysis of clinical performance measures such as Adequacy of Dialysis, Anemia Management, Bone Management and Adequacy of Nutrition and implements effective plans of action achieve patient specific and facility driven performance measures
Monthly, reviews and analyzes mortality/morbidity outcomes for the unit, identifying trends and implementing corrective actions
Monthly, monitors and analyzes adverse events. Seeks to identify patterns and implement solutions
Monthly, reviews Patient Grievances and seeks to identify patterns and implement solutions
Monthly, ensures the completion of various self audits to ensure compliance to Federal Regulations/guidelines. Audits to include by not limited to: Medical Records Audit, Fire/Safety Audit, Reuse Audit, and Infection Control Audit.
Stimulates staff to participate in research and CQI activities; coaches staff to develop and use problem solving, decision making, critical thinking and bench marking methodologies and skills.

CLINICAL OPERATIONS/PROFESSIONAL PRACTICE & EDUCATION:
Assesses current practice patterns; promotes innovative approaches to problem solving and evaluates the effectiveness of new approaches when current practice is ineffective.
Ensures implementation and maintenance of standards of practice and standards of care into clinical practice.
Facilitates interdisciplinary involvement as required by patient needs.
Plans, develops and implements educational plan and unit-based competency program for all levels of unit-based staff.
Collects, reviews trends and reports data related to staff competency program.
Identifies learning needs; initiates action to meet the needs of staff and ensures the integration of this information into practice.
Assists staff to establish and evaluate personal goals and to identify learning needs for individual professional development.
Collaborates with staff and colleagues to promote professional development.
Acts as liaison with educational institutions; communicates with clinical instructors and evaluates student nurse experience on unit.
Supports and helps with other designated organizational educational initiatives.
FINANCIAL OPERATIONAL MANAGEMENT:

Ensures timely and efficient admission of patients to the unit. Works with the VP of Insurance Management to ensure insurance coverage needs for the patient are maximized
<p>Responsible for implementing and achieving financial performance measures:</p> <ol style="list-style-type: none"> 1. EPO utilization (margin) 2. Direct Patient Care Hours/Rx 3. Supply cost per treatment 4. Missed treatments/hospitalizations 5. Station utilization
Assesses current staffing and scheduling practices; plans and implements new approaches that have the potential to reduce cost yet maintain or improve the quality of patient care and address staff satisfaction.
Ensures appropriate par levels and storage of pharmaceutical, supplies and equipment
Educates staff, as appropriate in the maintenance and improvement of cost/workload and other fiscal parameters.
Investigates, recommends or implements program/procedures that will generate revenue or conserve cost while ensuring quality.
STAFFING AND SCHEDULING:
Ensures staffing schedules are adequate to ensure patient safety, but achieve our targeted 'productive hours/Rx' metric.
Develops and maintains staffing and scheduling practices that enhance patient care and allow staff satisfaction; utilizes on-call and OT as appropriate to ensure patient safety.
Ensures accuracy of schedules, reviews reports, plans in advance to address staffing variances; responsible for maintaining a sufficient number of qualified staff to meet patient care needs.
Develops contingency plans for potential staff shortages as well as low census periods.
Monitors and analyzes employee turnover rates; develops and implements plans to address related issues.
Adjusts schedules to allow employees time to complete orientation, attends in-services and other educational activities.
Maintains 24-hour responsibility as an operational resource for staffing and scheduling and availability of supplies and equipment.
RISK MANAGEMENT:
Reviews incident reports for timeliness, appropriateness and completion; and analyzes trends, underlying skills and/or performance deficits for correction
Ensures the Completion of the Adverse Event Report (AER) and reports the incident to the Director of Quality and to Director of HR as appropriate
Works with HR department to minimize adverse events such as back injuries and needle sticks
HUMAN RESOURCE MANAGEMENT:
Has ultimate authority for hiring and terminating employees.
Consistent with the LDA Recruitment/Hiring Process" recruits and interviews prospective employees; evaluates qualifications and provides recommendations for employment.
Processes all required paperwork in a timely manner to complete the hiring process.

Assists staff to establish and evaluate meaningful goals for the unit.
Fosters autonomy, collaboration, teamwork and trust for all levels of staff.
Establishes and clearly communicates performance expectations to all staff.
Counsels employees and initiates disciplinary action up to and including termination when necessary.
Evaluates and maintains objective records of staff performance through performance evaluations in a timely manner per policy.
Develops and oversees the unit orientation and preceptor program.
Cultivates an environment conducive to continuous learning.
Values individual differences and manages cultural diversity.
PHYSICIAN RELATIONS:
Establishes and promotes collaborative relationships with physicians.
Promotes open communication between staff and physicians.
Works with physician liaison(s) to identify and seek solutions to patient care and staff-related issues.
PROFESSIONAL GROWTH:
Assumes accountability and responsibility for own professional growth and development.
Demonstrates professional commitment through membership and participation in professional organizations.
Represents the organization through participation in community-based activities.
Actively engages in self-learning and demonstrates continuing competence as evidenced through continuing education programs.
Maintains awareness of local and national issues as they affect the delivery of healthcare and utilizes the information to educate staff.
MIQS:
Ensures the integrity of the Medical Record in MIQS by ensuring completeness of documentation by all staff.
Ensures new staff are adequately trained and adhere to the privacy requirements
Routinely reviews daily MIQS reports to ensure the completeness and accuracy of documentation in MIQS; review monthly reports to anticipate and minimize errors that might disrupt the billing process
Works with physicians to ensure all orders are signed off monthly
Prepares all reports as required.
PERFORMS OTHER RELATED DUTIES AS ASSIGNED

Liberty Dialysis- Alaska
Staff Nurse/Team Leader

The Staff Nurse/Team Leader (Nurse) supports the values expressed in the Mission, Vision and Work Ethics standards of Liberty Dialysis-Alaska and ensures they are integrated into daily operations.

S/he provides clinical leadership, promotes patient and staff satisfaction; assures patients meet or exceed clinical performance measures, provides supervision of the patient care staff; maintains a clean safe environment for patients and; acts consistently to meet or exceed financial performance measures.

Actively participates to develop and support Continuous Quality Initiatives (CQI) to ensure patients meet or exceed individual clinical performance measures.

LEADERSHIP:

Provides clinical leadership for patients and staff

Acts as a team leader to coordinate the assignment of patient care technicians and/or dialysis aides

At all times, acts on behalf of and in the interest of LDA and as such, exemplifies professional behaviors.

Supports and assimilates organizational change/initiatives.

Utilizes a variety of methods to communicate information to patients and staff.

CUSTOMER SERVICE:

Consistently acts to provide service and ensures commitment to Patient, Staff and Physician Satisfaction.

Treats staff members, colleagues, patients and the public courteously and with respect.

Communicates clearly with others both verbally and in writing.

Maintains effective work relationship with staff, physicians, patients and public.

Is aware of non-verbal communication and impact on others.

Promotes a "customer first" environment and attitude as demonstrated by absence of complaints.

Ensures unit cleanliness, eliminates clutter, assesses unit processes to ensure an organized and standard approach, and holds staff accountable for maintaining these standards.

REGULATORY, BUSINESS AND HIPPA COMPLIANCE

Acts consistently to ensure clinical environment is in compliance with all local, state and Federal Guidelines, including but not limited to Conditions of Participation found in the Federal Regulations at 42 CFR Part 405 Subpart U.

Participates in External Surveys such as the Department of Health or insurance carriers. Participates in the development and implementation of the Corrective Action Plans that may result from the survey.

Acts consistently to comply with LDA Annual Compliance and HIPPA Training

Acts consistently to comply with all LDA policies and procedures

Ensures staff they supervise consistently comply with all LDA policies and procedures

CLINICAL QUALITY PERFORMANC/OUTCOMES

Meets or exceeds LDA performance measures. Is responsible for achieving Liberty Leadership Metrics defined by LDA for :
1. URR
2. Hemoglobin
3. Albumin
4. Fistula First
5. Patient Satisfaction
6. Staff Satisfaction
Participates as a CQI team member.
Works with Clinical Manager and team members to develop and achieve objectives of Plans developed by CQI team to improve clinical outcomes for patients.
Works with Clinical Manager and team members to identify risks and minimize adverse events in the clinic.
Works with Clinical Manager and team members to identify and minimize Patient Grievances
Participates in various self audits to ensure compliance to Federal Regulations/guidelines. Audits to include but not limited to: Medical Records Audit, Fire/Safety Audit, Reuse Audit, and Infection Control Audit.
Participate in research and CQI activities; develops and uses problem solving, decision making, critical thinking and benchmarking methodologies and skills.

CLINICAL OPERATIONS/PROFESSIONAL PRACTICE & EDUCATION:

Complies with all Policies and Procedures
Complies with all Documentation requirements; ensures the complete integrity and confidentiality of the patient medical record
Consistently complies with Blood Borne Pathogen (BBP) policies and procedures for Infection Control; wears PPE as appropriate and ensures all staff are in compliance.
Acts as team leader and ensures patients are safely and effectively dialyzed according to the physician order
Supervise staff and enforce all LDA policies and procedures to ensure clinic consistently in compliance with all Federal, State and local laws and regulations, including, but not limited to the Conditions of Participation found in the Federal Regulations at 42 CFR Part 405 Subpart U.
Actively participates in and/or supervises the pre assessment, initiation, monitoring, termination of treatment and the post assessment of the patient
Completes the Initial and Annual Nursing Assessments on all patients within the time requirements noted in the policy
Ensures the patient access is properly cared for to extend the life of the access and to maximize patency
Administers and documents reactions to all medications ordered by the physician
Reviews, transcribes and/or enters physician lab orders into the Medical Record System; ensures all orders are properly followed
Provides patient education on all aspects of End Stage Renal Disease (ESRD) including, but not limited to: Principles of dialysis, access care, modality options (including transplantation), and compliance to medications, diet/fluid control and dialysis prescription.
Rounds with physicians to ensure patient needs are identified, communicated and documented.
Completes the documentation required for the Short Term Care Plan (STCP) and Long Term Care Plan (LTCP) consistent with LDA policies; promotes patient participation in the development and implementation of these documents.

Maintains CPR competency
Ensures patients are properly vaccinated including, but not limited to: PPD, Hepatitis Vaccine and Flu/Pneumovax Vaccine.
Participates in Patient Care Team Meetings; ensures patients are aware of and is encouraged to participate in Care Team Meetings
Actively maintains own professional development; Professional Certification is strongly encouraged and supported.
FINANCIAL OPERATIONAL MANAGEMENT:
Ensures timely and efficient admission of patients to the unit. Works with financial coordinators/Social Workers to ensure insurance coverage needs for the patient are maximized
<p>Works with Clinical Manager and team member to achieve financial performance measures:</p> <ol style="list-style-type: none"> 1. EPO utilization (margin) 2. Direct Patient Care Hours/Rx 3. Supply cost per treatment 4. Missed treatments/hospitalizations 5. Station utilization
Ensures appropriate par levels and storage of pharmaceutical, supplies and equipment
STAFFING AND SCHEDULING:
Works with Clinic Manager to ensure staffing schedules are adequate to ensure patient safety, but achieve targeted 'productive hours/Rx' metric.
Works with Clinic Manager to develop and maintain staffing and scheduling practices that enhance patient care and allow staff satisfaction; utilizes on-call and OT as appropriate to ensure patient safety.
RISK MANAGEMENT:
Works with Clinic Manager to Review incident reports for timeliness, appropriateness and completion; and analyzes trends, underlying skills and/or performance deficits for correction
Provides a safe environment for patients and staff; works with team to minimize risks associated with 'slips, trips and falls'; works with staff to identify and prevent adverse events from occurring.
Works with HR department to minimize adverse events such as back injuries and needle sticks
HUMAN RESOURCE MANAGEMENT:
Has ultimate authority for hiring and terminating employees.
May participate in the LDA Recruitment/Hiring Process"
Participates and /or oversees the unit orientation and preceptor program.
Cultivates an environment conducive to continuous learning.
Values individual differences and manages cultural diversity.
PHYSICIAN RELATIONS:
Establishes and promotes collaborative relationships with physicians.

Promotes open communication between staff and physicians.
Works with physician liaison(s) to identify and seek solutions to patient care and staff-related issues.
PROFESSIONAL GROWTH:
Assumes accountability and responsibility for own professional growth and development.
Demonstrates professional commitment through membership and participation in professional organizations.
Represents the organization through participation in community-based activities.
Actively engages in self-learning and demonstrates continuing competence as evidenced through continuing education programs.
Maintains awareness of local and national issues as they affect the delivery of healthcare and utilizes the information to educate staff.
MIQS:
Ensures the integrity of the Medical Record in MIQS by ensuring completeness of documentation by all staff.
Ensures new staff are adequately trained and adhere to the privacy requirements
Routinely reviews daily MIQS reports to ensure the completeness and accuracy of documentation in MIQS; review monthly reports to anticipate and minimize errors that might disrupt the billing process
Works with physicians to ensure all orders are signed off monthly
Prepares all reports as required.
PERFORMS OTHER RELATED DUTIES AS ASSIGNED

Liberty Dialysis- Alaska
Social Worker

The Social Worker (SW) ensures the values expressed in the Mission, Vision and Work Ethics standards of Liberty Dialysis-Alaska are integrated into daily operations.

The SW provides psycho-social assessment, education and counseling services to assigned renal, transplant and pre-dialysis patients.

Works collaboratively to develop the CQI plan to ensure patients meet or exceed individual clinical performance measures.

LEADERSHIP:
At all times, acts on behalf of and in the interest of LDA and as such, exemplifies professional behaviors.
Utilizes a variety of methods to communicate information to all levels of staff.
CUSTOMER SERVICE:
Promotes outstanding service and ensures commitment to Patient, Staff and Physician Satisfaction.
Treats staff members, colleagues, patients and the public courteously and with respect.
Communicates clearly with others both verbally and in writing.
Maintains effective work relationship with staff, physicians, patients and public.
Is aware of non-verbal communication and impact on others.
Promotes a "customer first" environment and attitude as demonstrated by absence of complaints.
REGULATORY, BUSINESS AND HIPPA COMPLIANCE
Participates in External Surveys such as the Department of Health or insurance carriers. Participates in the development and directs the implementation of the Corrective Action Plans that may result from the survey.
Complies with LDA Annual Compliance and HIPPA Training
Complies with all LDA Policies and Procedures
CLINICAL QUALITY PERFORMANC/OUTCOMES
As a member of the healthcare team assures the patient meets or exceeds LDA performance measures. 1. Patient Satisfaction
Participate in CQI team that meets monthly to review clinical outcomes and develop effective plans of care for patients.

CLINICAL OPERATIONS/PROFESSIONAL PRACTICE & EDUCATION:
1. Pre-dialysis orientation of patients before starting treatment.
2. Review Patient Rights and Grievance Procedure with every new patient within 7 days of first out patient treatment. Complete sign-off forms with patient.

3.	Review advance directives to patient within 7 days of first outpatient treatment and annually thereafter. Assist patient in executing advance directive if he/she requests.
4.	Complete psychosocial assessment within 30 days of patient's first outpatient treatment.
5.	Document psychosocial issues, and plan of care in short-term care plan at least every six months and as new problems arise.
6.	Review and signs Long Term Care Plan (LTCP) on initiation of treatment and annually thereafter.
7.	Provide ongoing social work services to patients and families, including counseling referral to community resources, advocacy, education, consultation to health care team on issues identified in care plan. Documentation of problem, interventions, and outcomes at least quarterly in progress notes, or with any significant change in patient's psychosocial status.
8.	Complete Annual Psychosocial Update.
9.	Participate in facility Continuous Quality Improvement meetings.
10.	Provide in-service to LDH staff on relevant psychosocial issues.
11.	Participate in community education activities, such as National Kidney Foundation programs, health fairs, etc.
12.	Collaborate with financial counselor with regards to patient's financial affairs and needs.
13.	Collaborate with healthcare team of communities' long term facilities as to assure continuity in patients' care.
14.	Keep up to date with profession through journals, meetings, etc.
15.	Maintain confidentiality of patient and family.
PROFESSIONAL GROWTH:	
Masters degree in Social Work from an accredited school of social work	
Licensed as a social worker in the State of Hawaii.	
Assumes accountability and responsibility for own professional growth and development.	
Demonstrates professional commitment through membership and participation in professional organizations.	
Represents the organization through participation in community-based activities.	
MIQS:	
Ensures the integrity of the Medical Record /Electronic Medical Record .	
PERFORMS OTHER RELATED DUTIES AS ASSIGNED	

Liberty Dialysis- Alaska
Patient Care Technician

The Patient Care Technician (PCT) supports the values expressed in the Mission, Vision and Work Ethics standards of Liberty Dialysis-Alaska (LDA) and ensures they are integrated into daily operations. The PCT functions as part of the hemodialysis healthcare team in providing a safe and effective dialysis therapy for patients with End Stage Renal Disease (ESRD).

Under the supervision of a licensed registered nurse and in conjunction with all Liberty Dialysis Alaska (ADA) policies and procedures, s/he sets up dialysis equipment, initiates, monitors and terminates dialysis treatments and disinfects the equipment at the end of the treatment.

The PCT actively participates and supports Continuous Quality Initiatives (CQI) to ensure patients meet or exceed individual clinical performance measures.

LEADERSHIP:
At all times, acts on behalf of and in the interest of LDA and as such, exemplifies professional behaviors.
Utilizes a variety of methods to communicate information to patients and staff.
CUSTOMER SERVICE:
Consistently acts to provide service and ensures commitment to Patient, Staff and Physician Satisfaction.
Treats staff members, colleagues, patients and the public courteously and with respect.
Communicates clearly with others both verbally and in writing.
Maintains effective work relationship with staff, physicians, patients and public.
Is aware of non-verbal communication and impact on others.
Promotes a "customer first" environment and attitude as demonstrated by absence of complaints.
Ensures unit cleanliness, eliminates clutter, assesses unit processes to ensure an organized and standard approach, and holds staff accountable for maintaining these standards.
REGULATORY, BUSINESS AND HIPPA COMPLIANCE
Acts consistently to ensure clinical environment is in compliance with all local, state and Federal Guidelines, including but not limited to Conditions of Participation found in the Federal Regulations at 42 CFR Part 405 Subpart U.
Participates in External Surveys such as the Department of Health or insurance carriers. Participates in the development and implementation of the Corrective Action Plans that may result from the survey.
Acts consistently to comply with LDA Annual Compliance and HIPPA Training
Acts consistently to comply with all LDA policies and procedures
CLINICAL QUALITY PERFORMANC/OUTCOMES
As a member of the health care ensures the patient meets or exceeds LDA performance measures :
1. URR
2. Hemoglobin
3. Albumin

1. URR
2. Hemoglobin
3. Albumin

4. Fistula First
5. Patient Satisfaction
6. Staff Satisfaction
Participates as a CQI team member.
Works with Nurse/ Clinical Manager and team members to develop and achieve objectives of Plans developed by CQI team to improve clinical outcomes for patients.
Works with Nurse/Clinical Manager and team members to identify risks and minimize adverse events in the clinic.
Works with Nurse/Clinical Manager and team members to identify and minimize Patient Grievances
Participates in various self audits to ensure compliance to Federal Regulations/guidelines. Audits to include by not limited to: Medical Records Audit, Fire/Safety Audit, Reuse Audit, and Infection Control Audit.
Participate in research and CQI activities; develops and uses problem solving, decision making, critical thinking and benchmarking methodologies and skills.

CLINICAL OPERATIONS/PROFESSIONAL PRACTICE & EDUCATION:
1. Performs and documents all machine safety checks, consistent with LDA policies and procedures
2. Rinses, and primes dialyzer, hangs required tubing; positions dialyzer, prepares fluid delivery system and bath fluid for dialysis; connects dialyzer and all pumps, calibrates and checks alarms; sets monitors; tests dialyzer for required disinfectant clearance. Charts consistently, accurately and consistent with LDA policies and procedures.
3. Assembles all necessary supplies and equipment at patient station.
4. Weighs patient and obtains baseline vital signs (blood pressure supine and standing, apical pulse; measure neck veins, confirms presence of access bruit and thrill (if appropriate). Documents accurately and completely. If any aspect of the pre-dialysis assessment is not within normal limits, will communicate variance to the Team Leader (i.e. nurse assigned to supervise the patient) Follows prescribed treatment plan.
5. At beginning of each treatment, asks the patient how they are feeling and if there have been any changes in their medical condition since their last treatment. Communicates effectively to patients, family members and team members. Assesses patient per LDA policies and procedures, communicating any abnormal assessment findings to the Team Leader
6. Inspects and evaluates access sites (palpates for the bruit, listens with a stethoscope for the thrill in fistula and grafts); evaluates for signs and symptoms of infection (i.e. redness, swelling, pain); inserts fistula needles appropriately and without causing harm to access or unreasonable stress for the patient.. Notifies Nurse Team Leader if access infiltrates and/or requires a second (or more) cannulation.
7. Inspects and evaluates catheter access site for signs of infection or clotting. Reports finding to the Team Leader and documents appropriately.
8. Consistently wears Personal Protective Equipment (PPE) and follows LDA Blood Borne Pathogen policies and procedures.
9. Obtains and prepares laboratory specimens and handles lab specimens according to Laboratory Guidelines.
10. Initiates and discontinues dialysis utilizing established internal vascular access. Ensures documentation is accurate and complete.
11. Initiates and terminate a dialysis treatment if the patient has a catheter using aseptic techniques, and following all policies and procedures
12. Consults with nurse caring for the patient regarding heparin; makes adjustments according to established protocol.
13. Reviews prescription (including dialyzer, blood and dialysate flow rates, estimated dry weight etc) with the nurse caring for the patient. Reviews the pre assessment and the targeted weight loss and plan for each treatment with the nurse assigned to care for the patient.
14. Administers specific dialysis related medications according to LDA policy, including the administration of intradermal anesthetic as needed (Xylocaine).
15. Measures and adjusts blood flow and fluid removal rates consistent with the physician orders and following policies and procedures. If unable to obtain prescribed flow rates, the PCT will document appropriately and advise the Nurse Team Leader

16. Accurately, and completely, monitors and records dialysis treatment parameters on dialysis flow sheet (e.g. vital signs, weight, arterial pressure, TMP, Na modeling).. This data will be documented in the electronic medical record system (or a paper flow sheet is the system in down temporarily).
17. Notifies the Nurse Team Leader of any unexpected event that occurs pre, during or after the treatment. Documents appropriately (facts only, no opinion) in the patient chart.
18. May complete an Adverse Event Report (AER) when directed to do so. Consistently records only the facts of the event
19. Returns blood (reinfusion) and discontinues dialysis consistent with LDA policies and procedures. Documents appropriately.
20. Consistently engages the safety feature of fistula needles, consistent with LDA policies and procedures
21. Cleans and dresses access sites using appropriate aseptic techniques and consistent with LDA policies and procedures. Documents appropriately.
22. Charts accurately and completely on the chronic dialysis record/Electronic Medical Record.
23. If a documentation error is made, the error is reported to the nurse assigned to the patient and the error is rectified immediately.
24. Cleans and disinfects equipment and disposable supplies; disposes expendables; carries out reuse (reprocessing) procedures.
25. At all times, maintains safe, clean, and respectful environment for patients and staff.
26. Performs preventive maintenance level and basic corrective maintenance of dialysis machines and related equipment; uses correct operational procedures to assure that equipment will be in optimal condition.
27. Operates monitors, cleans and disinfects water treatment system (chlorine and chloramine tests) according to demands of unit. Following LDA policies and procedures.
28. Maintains current CPR certification. .
29. Attends and completes all mandatory inservices in a timely manner.
30. Orients new staff to unit (as buddy/preceptor, if, attended preceptor class.)
31. Participates in basic patient education by supporting/reinforcing teaching related to access care, dry weight, emergency disaster evacuation, etc.
32. Actively maintains own professional development; Professional Certification is strongly encouraged and supported
MIQS:
Ensures the integrity of the Medical Record in MIQS by ensuring completeness of documentation by all staff.
PERFORMS OTHER RELATED DUTIES AS ASSIGNED

Liberty Dialysis- Alaska
Renal Dietitian

The Renal Dietitian (RD) ensures the values expressed in the Mission, Vision and Work Ethics standards of Liberty Dialysis-Alaska are integrated into daily operations.

The Renal Dietitian provides nutritional assessment, education and counseling services to assigned renal, transplant and pre-dialysis patients.

Works collaboratively to develop the CQI plan to ensure patients meet or exceed individual clinical performance measures.

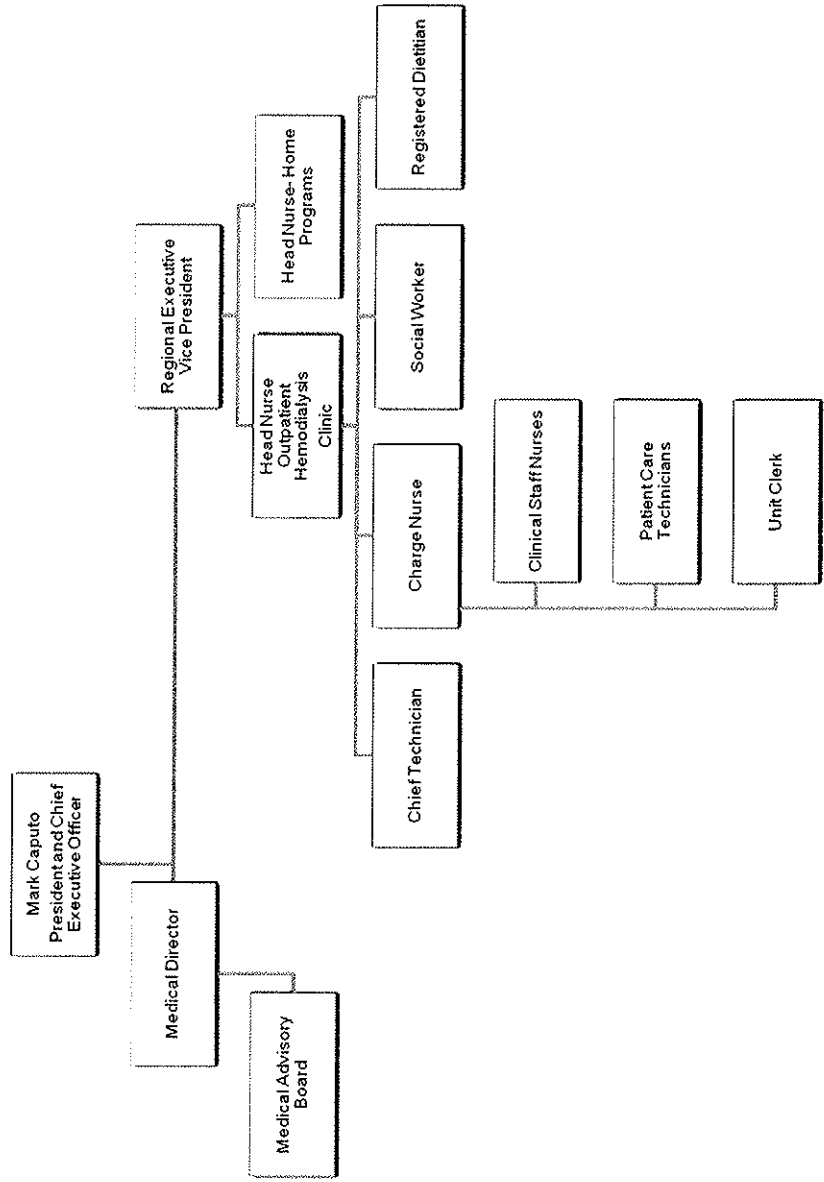
LEADERSHIP:
At all times, acts on behalf of and in the interest of LDA and as such, exemplifies professional behaviors.
Utilizes a variety of methods to communicate information to all levels of staff.
CUSTOMER SERVICE:
Promotes outstanding service and ensures commitment to Patient, Staff and Physician Satisfaction.
Treats staff members, colleagues, patients and the public courteously and with respect.
Communicates clearly with others both verbally and in writing.
Maintains effective work relationship with staff, physicians, patients and public.
Is aware of non-verbal communication and impact on others.
Promotes a "customer first" environment and attitude as demonstrated by absence of complaints.
REGULATORY, BUSINESS AND HIPPA COMPLIANCE
Participates in External Surveys such as the Department of Health or insurance carriers. Participates in the development and directs the implementation of the Corrective Action Plans that may result from the survey.
Complies with LDA Annual Compliance and HIPPA Training
Complies with all LDA Policies and Procedures
CLINICAL QUALITY PERFORMANC/OUTCOMES
As a member of the healthcare team assures the patient meets or exceeds LDA performance measures. 1. Albumin 2. Patient Satisfaction
Participate in CQI team that meets monthly to review clinical outcomes and develop effective plans of care for patients.

CLINICAL OPERATIONS/PROFESSIONAL PRACTICE & EDUCATION:
1. Assesses all new ESRD patients and prepares a nutritional assessment within 30 days of first outpatient dialysis treatment. Develops a care plan, which may include parenteral and enteral support.
2. Recommends and documents appropriate diet. Counsels patients and their families/caregivers.

3.	Reviews monthly laboratory values and provides patient report with appropriate recommendations; documents patient education in Medical Record/MIQS.
4.	Assesses laboratory values, nutritional status, fluid balance and compliance; documents on a quarterly basis and as condition changes.
5.	Performs as a member of multi-disciplinary team and actively participates in the care planning process.
6.	Has knowledge of community resources and collaborates effectively with other patient care providers.
7.	Conducts nutrition education programs for LDH staff, physicians and community.
8.	Provides nutritional consultation for pre-dialysis, diabetic, and transplant patients.
9.	Participates in the Dialysis Unit's Continuous Quality Improvement Program by monitoring/evaluating nutritional criteria.
10.	Develops and updates patient nutrition education materials.
11.	Serves as preceptor for nutrition students.
12.	Performs other duties as needed.
PROFESSIONAL GROWTH:	
Baccalaureate or advanced degree with major studies in food and nutrition or dietetics.	
Registration by American Dietetic Association.	
Assumes accountability and responsibility for own professional growth and development.	
Demonstrates professional commitment through membership and participation in professional organizations.	
Represents the organization through participation in community-based activities.	
MIQS:	
Ensures the integrity of the Medical Record /Electronic Medical Record .	
PERFORMS OTHER RELATED DUTIES AS ASSIGNED	

Appendix V(8)(b)

Organizational Chart of Clinic



Appendix VII(C)(2)

Liberty Floor Plan



Appendix VIIIB(2)(b)

Contractor Certification of Construction Costs

The Dubs Company

Specializing in the Construction of Commercial Interiors

August 12, 2008

David Pierce, MPH
Certificate of Need Coordinator
Health Planning & Systems Development Unit
Office of the Commissioner
Department of Health and Social Services
P.O. Box 110601, Juneau, AK, 99811-0601

RE: Alaska Dialysis Clinic

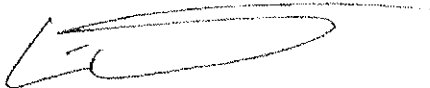
Dear David,

I have built approximately twenty Liberty Dialysis clinics, as well as a dozen clinics for Fresenius and Renal Care Group. After my discussions with Mr. Schoenberg regarding the proposed clinic in Anchorage, I reviewed all the clinics currently under construction and believe the 10,000 S. F. clinic in Anchorage will cost about \$1,450,000 to complete.

As a result of building many dialysis clinics across the country, I developed a formula for projecting the cost of future clinics. The key factors that need to be adjusted between the comparable clinic in New Jersey and Anchorage are the number of stations, square footage, construction cost inflation, and the location factor. The overall cost of labor and materials in Anchorage is approximately 15% higher than it is in Runnemede, NJ. Estimating a March 2008 start of construction the projected cost for this facility would be \$145 per square foot.

If you need any additional information, please feel free to contact me.

Sincerely,



Robin M. Dubs

Copy: Tim Schoenberg
Executive Vice President, Liberty Dialysis

VIIIB(2)(f)(3)

Architect Certification of Architecture Costs

Christopher Kidd & Associates, LLC

Architects and Engineers

August 15, 2007

via E-Mail Attachment

Timothy Schoenberg
Liberty Dialysis
4540 Campus Dr Ste 104
Newport Beach, CA 92660-1815
tschoenberg@libertydialysis.com

Gary W. Dawkins, A.L.A.
Christopher Kidd & Associates, LLC
Architects and Engineers

Re: Proposed Liberty Dialysis – Anchorage, Alaska
CKA Project # 07180-01

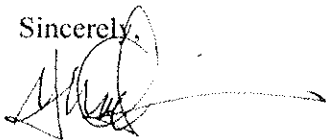
Dear Tim:

This letter is a follow up to our telephone discussion today regarding the potential opportunity of working together on the above referenced project.

Our estimated fee is approximately \$72,000.00 to \$73,000.00 for our services. Attached please find our proposed fee schedule for the project. This project proposal is summarized with a description of fee structure, phases and methodology and is for complete architectural and engineering services for the building shell and interiors. The fee does not include civil engineering (this would be handled between you and your consultant). If this proposal is acceptable, please contact me so we can prepare the proper A.I.A. B141 contract document.

In closing, I appreciate the opportunity to discuss this project. Thank you for considering Christopher Kidd & Associates, L.L.C.

Sincerely,



Gary W. Dawkins, A.L.A.
Sr. Project Manager

GWD:mao

Enclosure

Liberty Dialysis - Anchorage
Anchorage, Alaska
Proposed Fee Schedule – Complete Architectural and Engineering

Estimated Construction 10,000 g.s.f. x \$145.00 per s.f. = \$1,450,000.00
Estimated A/E Fee: \$1,450,000.00 x 5.00% = \$72,500.00 *

Schematic Design Phase

Preparation and submittal of Schematic Design Drawings including floor plan, interior elevations and details.

20% of fee = \$14,500.00

Design Development Phase

Preparation of Design Development Drawings including floor plan, building elevations, wall sections (where applicable), details and schedules. Preparation of H.V.A.C., plumbing and electrical system drawings.

20% of fee = \$14,500.00

Construction Documentation Phase

Preparation of construction drawings for construction, including floor plan, enlarged floor plan, building elevations, wall sections, details, etc. Preparation of Construction Documents for H.V.A.C., plumbing and electrical systems, and submittal of drawings for plan review.

40% of fee = \$29,000.00

Bidding & Negotiation Phase

Bidding of the project, answering contractor questions and bid tabulation for Owner review.

5% of fee = \$3,625.00

Construction Administration Phase


Construction Administration including review of project during construction, review of shop drawings, as well as Project Meetings with Contractor and Owner.

15% of fee = \$10,875.00

Please note that the final project construction cost could increase or decrease approximately 10%, depending on final bids and the final project square footage. The Architectural fee will be adjusted accordingly.

All site visits are handled on an hourly basis and will be billed accordingly. All renderings, printing, shipping, travel expenses, etc. will be billed as reimbursable charges. Renderings typically are \$1,200.00 to \$1,500.00 each. Structural, environmental, geotechnical and civil engineering services are not included in this fee.

* Approximately \$7.25 per square foot.

Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		06 314807
License Type Registered Nurse		License Status Active
MARYANN GRODSON FERNEDING 1251 SATELLITE CIRCLE PITTSBURGH PA 15241	License Number RN279868L	Initial License Date 07/14/1986
		Expiration Date 10/31/2008
Commissioner of Professional and Occupational Affairs <i>Basil L. Weir</i>		Signature <i>Maryann Ferneding</i>

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Commonwealth of Pennsylvania
Department of State

Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 044070

License Type

Registered Nurse

License Status

Active

Initial License Date

07/14/1995

Expiration Date

04/30/2009

License Number

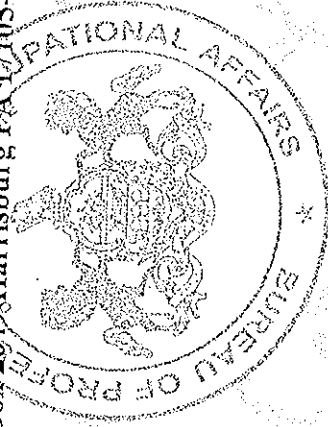
RN507438L

ERIN LYNNE FERRARI
3041 CUSTER AVE
PITTSBURGH PA 15227

Erin L. Ferrari
Signature

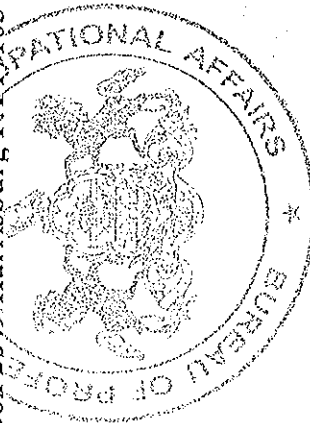
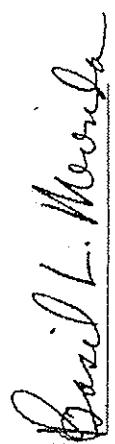
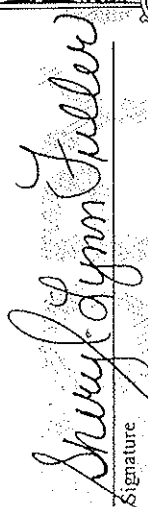
David L. Morala

Commissioner of Professional and Occupational Affairs



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Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		06 530198
License Type Registered Nurse		License Status Active
SHERYL LYNN FULLER 108 KAYE CIRCLE BEAVER PA 15009	License Number RN501573L	Initial License Date 07/26/1994
 Commissioner of Professional and Occupational Affairs		Expiration Date 04/30/2008
 Signature		

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04-151796

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse


License Status
Active


Initial License Date
08/02/1999

Expiration Date
10/31/2007

License Number
RN526189L

SHANE J KONTON
100 KEENAN DRIVE
FINLEYVILLE PA 15332


Commissioner of Professional and Occupational Affairs


Signature

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E05-001589

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type

Registered Nurse

License Status

Active

Initial License Date

10/07/1974

Expiration Date

04/30/2008

License Number

RN200106L

DIANA LENTZ
2308 HARROW ROAD
UPPER-ST-CLAR PA 15241

Signature

Basil L. Morone

Commissioner of Professional and Occupational Affairs

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Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 045136

License Type
Registered Nurse

License Status
Active

Initial License Date
04/14/1994

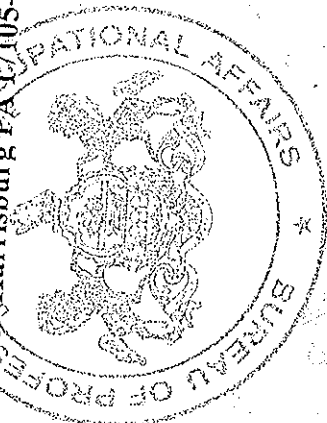
Expiration Date
04/30/2009

License Number
RN335372L

CHRISTY DORN NYIRI
146 STONEGATE DRIVE
MC MURRAY PA 15317

Christy Dorn Nyiri
Signature

Basil L. Mervin
Commissioner of Professional and Occupational Affairs

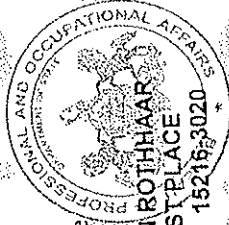


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Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Registered Nurse

License Number RN507691L
Expiration Date 04/30/2009

Registration Code e1624716
License Status Active



KATHRYN HELEN ROTHHAAR
1124 SHADYCREST PLACE
PITTSBURGH PA 15215-3020

PENNSYLVANIA DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 248414



License Type
Registered Nurse

License Status
Active

Initial License Date
10/14/1993

Expiration Date
10/31/2008

License Number

RN333184L

BARBARA STADELMAN STIEGLER
6400 UNION AVENUE
FINLEYVILLE PA 15332

Basil L. Morala
Signature

Barbara Stiegler
Signature

Commissioner of Professional and Occupational Affairs

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO BOX 2649 HARRISBURG PA 17105-2649

06 046889

License Type
Registered Nurse

License Status
Active

Initial License Date
08/07/1995

Expiration Date
04/30/2009

CYNTHIA M TUDI
72 SOUTHERN HILANDS DRIVE
PITTSBURGH PA 15241

License Number
RN508823L

David L. Moore
Commissioner of Professional and Occupational Affairs

[Signature]
Signature

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06 357806

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type
Practical Nurse

VALERIE L DIGGS
136 SHERIDAN AVE # 110
BELLEVUE PA 15202

License Status
Active

Initial License Date
06/08/1981

Expiration Date
06/30/2008

Signature
Valerie L. Diggs

License Number
PN076528L

Commissioner of Professional and Occupational Affairs
Basil L. Weir

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CDR

COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the
AMERICAN DIETETIC ASSOCIATION
120 South Riverside Plaza, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Lisa L. Wheeler

has successfully completed requirements for dietetic registration.

Registration Payment Period: 9/1/2006 - 8/31/2007

Signature

Registration I.D. Number

861580

Registered Dietitian (RD)

PhD, RD, LD, CD, FADA
Chair, Commission on Dietetic Registration

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 292883

License Type

Dietitian-Nutritionist (LDN)

License Status

Active

Initial License Date

05/28/2003

LISA LYNN WHEELER
44 POCONO DRIVE
PITTSBURGH PA 15220

License Number

DN001018

Expiration Date

09/30/2008

Basil L. Meola

Commissioner of Professional and Occupational Affairs

Lisa Lynn Wheeler

Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 214488

License Type

Medical Physician and Surgeon

License Status

Active

Initial License Date

01/05/1994

License Number

MD052055L

Expiration Date

12/31/2008

LAURENCE ERIK FRIEDMAN
1001 OSAGE ROAD
PITTSBURGH PA 15243

David L. Mendenhall
Commissioner of Professional and Occupational Affairs

Michael Friedman
Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO BOX 2649 HARRISBURG PA 17105-2649

04-178088

License Type
Registered Nurse

License Status
Active

Initial License Date
09/16/1988

Expiration Date
10/31/2007

License Number
RN297829L

JOANN ROGER SMILEK
130 SAMUEL STREET
BEAVER FALLS PA 15010

Joann R. Smilek
Signature

Basil L. Moorhead
Commissioner of Professional and Occupational Affairs

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06 390636

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type
Registered Nurse

License Status
Active

Initial License Date
06/09/2006

Expiration Date
10/31/2007

License Number
RN573767

KAREN LOUISE BEQUETTE
360 BUFFALO STREET
BEAVER PA 15009

David L. Mowbray
Commissioner of Professional and Occupational Affairs

Karen Louise Bequette
Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

04-172116

License Type

Registered Nurse

License Status

Active

Initial License Date

07/08/1999

Expiration Date

10/31/2007

License Number

RN525312L

JAMIE WILSON DONATELLA
110 HUMMEL DRIVE
INDUSTRY PA 15052


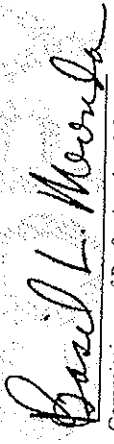
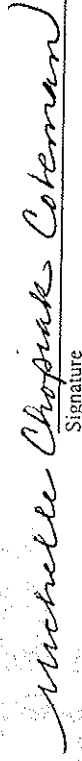
Basel L. Morala

Commissioner of Professional and Occupational Affairs

Basel L. Morala

Signature

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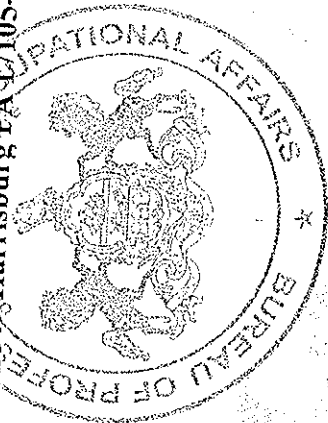
Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		06 301935
License Type Registered Nurse		License Status Active
MICHELLE CHOPIAK COLEMAN 6094 TUSCARAWAS RD INDUSTRY PA 15052	License Number RN293366L	Initial License Date 04/04/1988
		Expiration Date 10/31/2008
 Basil L. Moran Commissioner of Professional and Occupational Affairs		 Michelle Chopiak Coleman Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 045002



License Type
Registered Nurse

License Status
Active

Initial License Date
12/01/2005

MARGGIE LYNN GAUS
1818 GRANT ST REAR
ALIQUippa PA 15001

License Number
RN568444

Expiration Date
04/30/2009

Basil L. Morala
Commissioner of Professional and Occupational Affairs

Marggie L. Gaus
Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 066195

License Type

Registered Nurse

License Status

Active

Initial License Date

07/25/1995

CINDY TRAVIS PETRELLA
138 JOE HALL RD
BEAVER FALLS PA 15010

License Number

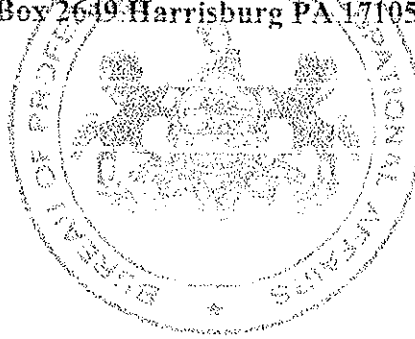
RN508169L

Expiration Date

04/30/2009

Basil L. Mowla

Cindy M Petrella
Signature



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO Box 2648 Harrisburg PA 17105-2649

06 016464

License Type
Registered Nurse

License Status
Active

Initial License Date
08/21/1995

Expiration Date
04/30/2008

License Number
RN342977L

CATHERINE DANNEKER REESE
50458 RICHARDSON STREET
NEGLEY OH 44441

Catherine Danneker Reese
Signature

Basil L. Weaver
Commissioner of Professional and Occupational Affairs

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**Board of Nephrology
Examiners Nursing and
Technology**

P.O. Box 15945-282
Lenexa, KS 66285
(913) 541-9077
Fax (913) 541-0156
bonent-info@goAMP.com

CERTIFIED HEMODIALYSIS PRACTITIONER

ID #: 205377 EXP. DATE: 11/30/2009

Dawn A. Musser
252 Gary Lane
Edinburg, PA 16116



BONENT

To provide the Nephrology nurse and practitioner with educational materials and programs necessary to develop, maintain and enhance their competence in practice in effort to assure quality patient care.

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ANY NAME OR ADDRESS CHANGE:

PENNSYLVANIA NURSE AIDE REGISTRY
ASI
P.O. BOX 13785
PHILADELPHIA, PA 19101-3785
1-800-852-0518

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH
DIVISION OF NURSING CARE FACILITIES

REGISTRATION NO.

9913490



EXPIRATION DATE

09/26/2008

THE FOLLOWING INDIVIDUAL IS ENROLLED IN
THE NURSE AIDE REGISTRY:

DAWN MUSSER

PLEASE CAREFULLY DETACH AT PERFORATION



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
NOTICE OF ENROLLMENT



DAWN MUSSER

Has successfully completed a
NURSE AIDE TRAINING AND
COMPETENCY EVALUATION PROGRAM
OR A COMPETENCY EVALUATION PROGRAM

And has been enrolled in the Pennsylvania Department of Health
Division of Nursing Care Facilities
NURSE AIDE REGISTRY

Registration
Number
9913490

Enrollment
Date
09/26/2000

Expiration
Date
09/26/2008

DAWN MUSSER
252 Gary Lane
Edinburg, PA 16116 3772

William A. Bador

DIRECTOR, DIVISION OF NURSING CARE FACILITIES

1194

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Medical Physician and Surgeon

License Number
MD418075

Expiration Date
12/31/2008

Registration Code
6130VKC2

License Status
Active

MATTHEW GEORGE PESACRETA
244 CONNECTING ROAD
PITTSBURGH PA 15228

OFFICIAL DOCUMENT

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1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Registration Code




Your registration code is found on the attached wallet card.

Use this registration code online to: renew your license, change your personal or license address, or order duplicate licenses.

Visit our website at: www.mvlicense.state.pa.us

First time users will be required to use this registration code to create a user ID and password.

MATTHEW GEORGE PESACRETA
244 CONNECTING ROAD
PITTSBURGH PA 15228

Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		06 163492
License Type Medical Physician and Surgeon		License Status Active
MATTHEW GEORGE PESACRETA 244 CONNECTING ROAD PITTSBURGH PA 15228	License Number MD418075	Initial License Date 10/12/2001
		Expiration Date 12/31/2008
 Commissioner of Professional and Occupational Affairs		 Signature

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Dietitian-Nutritionist (LDN)

License Number
DN003454

Expiration Date
09/30/2008

Registration Code
129134Tz

License Status
Active

KATHLEEN RENE' MARCUS
6845 TANGLEWOOD DR
YOUNGSTOWN OH 44512

OFFICIAL DOCUMENT

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KATHLEEN RENE' MARCUS
6845 TANGLEWOOD DR
YOUNGSTOWN OH 44512

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 294544

License Type

Dietitian-Nutritionist (LDN)

License Status

Active

Initial License Date

01/30/2006

KATHLEEN RENE' MARCUS
6845 TANGLEWOOD DR
YOUNGSTOWN OH 44512

License Number

DN003454

Expiration Date

09/30/2008

Basil L. Mevoda
Commissioner of Professional and Occupational Affairs

[Signature]
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 545545

License Type
Social Worker

License Status
Active

Initial License Date
06/13/2000

Expiration Date
02/28/2009

License Number
SW012275L

ROBERT J ROZMAN
78 MAIN STREET
FAIR OAKS PA 15003

Basil L. Morala
Commissioner of Professional and Occupational Affairs

[Signature]
Signature

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Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		07 545545
License Type Social Worker	License Status Active	Initial License Date 06/13/2000
ROBERT J ROZMAN 78 MAIN STREET FAIR OAKS PA 15003	License Number SW012275L	Expiration Date 02/28/2009
Basil L. Morone Commissioner of Professional and Occupational Affairs		Signature



License Type

Dietitian-Nutritionist (LDN)

License Status

Active

Initial License Date

01/30/2006

License Number

DN003454

Expiration Date

08/31/2006

KATHLEEN RENE' MARCUS
6845 TANGLEWOOD DR
YOUNGSTOWN OH 44512

Basil L. Meunier

Commissioner of Professional and Occupational Affairs

Kathleen R. Marcus
Signature

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CDR

COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the
AMERICAN DIETETIC ASSOCIATION
120 South Riverside Plaza, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Kathleen R. Marcus

has successfully completed requirements for dietetic registration.

Registration Payment Period: 9/1/2006 - 8/31/2007

Kathleen R. Marcus
Signature
Registration I.D. Number

707340

Carol J. Kung PhD, RD, LD, CD, FADA
Chair, Commission on Dietetic Registration



*Pennsylvania Department of
State Bureau of Professional and
Occupational Affairs*



License Verification

Person Information

Name: QIZHI XIE

Address(city,state zipcode): Mount Lebanon PA 15228

Employer Information

No Information Found

License Information

Type: Medical Physician
and Surgeon

**Secondary
Type:** N/A

Number: MD419096

Profession: Medicine

Status: Active

**Obtained
By:** Unaccredited School
Graduate

Issue Date: 6/4/2002

Expires: 12/31/2008

**Last
Renewed:** 10/27/2006

Standing: This license is in good standing.

**Disciplinary action
history:** No disciplinary actions were found for this license.

[Return to Licensee Search](#) | [Back to Results](#)

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Registered Nurse

License Number
RN558844

License Status
Active

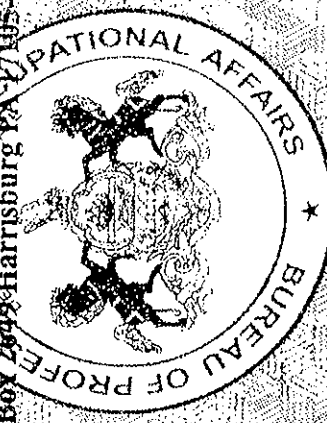
Expiration Date
10/31/2007

Issued To:
REBECCA RUTH QUIGLEY
324 DIVISION LANE
BEAVER PA 15009



04-084562

Commonwealth of Pennsylvania
Department of State
AND
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse

License Status
Active

Initial License Date
09/15/1988

Expiration Date
10/31/2007

License Number
RN296352L

JUDITH A HOWARD
183 STATE LINE RD
BESSEMER PA 15112

Baril L. Moore
Commissioner of Professional and Occupational Affairs

Judith A. Howard

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 343107

License Type
Registered Nurse

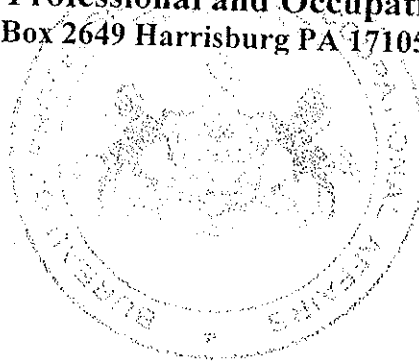
License Status
Active

Initial License Date
07/18/2006

Expiration Date
10/31/2007

MARY JO GOULD
1158 THIRD ST APT 1
BEAVER PA 15009

License Number
RN575229



Basil L. Meola
Commissioner of Professional and Occupational Affairs


Mary Jo Gould
Signature

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Disciplinary action none

04-190937

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse


License Status
Active


Initial License Date
09/22/1982

Expiration Date
10/31/2007

License Number
RN252285L

LINDA KELLY/AGON
232-C KELLY ROAD
INDUSTRY PA 15052


Signature

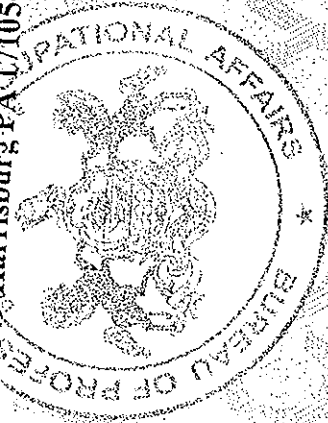

Basil L. Meorda
Commissioner of Professional and Occupational Affairs

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO BOX 2649 HARRISBURG PA 17105-2649

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

04-116348



License Type
Registered Nurse

License Status
Active

Initial License Date
09/25/1992

TIFFANY COMPTON FEDORKO
222 PRINCETON DR
ALIQUIPPA PA 15001

License Number
RN322643L

Expiration Date
10/31/2007

Basil L. Morin
Commissioner of Professional and Occupational Affairs

Tiffany L. Fedorko
Signature

Commissioner of Professional and Occupational Affairs

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 345400

License Type

Registered Nurse

License Status

Active

Initial License Date

07/14/2006

CAROLYN ANNE LEMON
129 DIVOT ST
BEAVER FALLS PA 15010

License Number

RN575090

Expiration Date

10/31/2007

Basil L. Merenda

Commissioner of Professional and Occupational Affairs

Carolyn Anne Lemon
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 522482

License Type

Registered Nurse

License Status

Active

Initial License Date

04/02/1980

DOROTHY BABILON MALY
136 ROSEWOOD DRIVE
ALIQUPPA PA 15001

License Number

RN235460L

Expiration Date

04/30/2009

Basil L. Mevula


Commissioner of Professional and Occupational Affairs

Dorothy Babilon Maly
Signature

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04-149768

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse


License Status
Active


Initial License Date
08/21/2004

Expiration Date
10/31/2007

License Number
RN556919

KATHLEEN ANN NICOL
116 MURRAY DRIVE
BEAVER PA 15009-9226


Signature


Commissioner of Professional and Occupational Affairs

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Department of State
Bureau of Professional and Occupational Affairs

PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse

CAROL PERKOVICH
417 OLIVER ROAD
SEWICKLEY PA. 15143

License Number

RN168836L

License Status
Active

Initial License Date
01/31/1969

Expiration Date
10/31/2008

Basel L. Morala
Commissioner of Professional and Occupational Affairs

Carol Perovich
Signature

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06 401828

License Status
Active

Initial License Date

LORI ALLISON SMITH
418 LITTLE BLUE ROAD
GEORGETOWN PA 15043

06/10/1985

License Number

PN088225L

Expiration Date

06/30/2008

Israel L. Menden

Lori L. Brown Smith
Signature

Commissioner of Professional and Occupational Affairs

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.A.C.S.S. 4911

STUDENT

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06 203119

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type

Registered Nurse

License Status

Active

Initial License Date

10/06/2005

Expiration Date

10/31/2008

License Number

RN566822

MELISSA MARIE STONE
1430 PENN AVENUE
NEW BRIGHTON PA 15066

Baill L. Merenda

Commissioner of Professional and Occupational Affairs

Melissa M. Stone
Signature

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Member ID# 15740
Ruth Ellen Kruk, MS, RD
Liberty Dialysis
101 Nathan Dr
Monaca, PA 15061-2547

Member ID# 15740
Ruth Ellen Kruk, MS, RD

10/10/1989
Member Since

12/31/2006
Valid Thru

NKF National Kidney Foundation®
Making Lives Better

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Dietitian-Nutritionist (LDN)

License Number
DN002453

Expiration Date
09/30/2008

Registration Code
23131342

License Status
Active

RUTH ELLEN KRUK
101 NATHAN DRIVE
MONACA PA 15061



CDR

COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the
AMERICAN DIETETIC ASSOCIATION
120 South Riverside Plaza, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Ruth E Kruk

has successfully completed requirements for dietetic registration.

Registration Payment Period: 9/1/2006 - 8/31/2007

Ruth E Kruk
Signature

Registered Dietitian (RD)

Registration I.D. Number

651397

John J. Loggins PhD, RD, LD, CD, FADA
Chair, Commission on Dietetic Registration



MEMBERSHIP CARD

American Dietetic Association
FOR
Ruth E Kruk

Membership Year June 1, 2006 - May 31, 2007

Class Active Member # 00651397

Signature: *Ruth E Kruk*
Martin M. Yadrick, MS MBA RD FADA Treasurer

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs

PO Box 2634 Harrisburg PA 17105-2649

06 054672

License Type
Social Worker

License Status
Active

Initial License Date
01/21/1992

Expiration Date
02/28/2009

License Number
SW007091L

LAURA LOUISE SCHMIDT
2502 WIGWAM ROAD
ALQUIPPA PA 15001



Basil L. Meorda
Commissioner of Professional and Occupational Affairs

Dana J. Schmidt
Signature

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Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Practical Nurse


License Number: PN259404L

Expiration Date: 06/30/2009

Registration Code: 13217023

LISA V. CARTER
3185 BROADHEAD RD
ALIQUIPPA PA 15001

License Status: Active



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Lisa V. Carter

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 517843

License Type

Registered Nurse

License Status

Active

Initial License Date

Expiration Date

04/30/2009

License Number

RN161074L

MIRALEE STREINER
3141 BRADBURY DR
ALQUIPPA PA 15001

Basil L. Morola
Commissioner of Professional and Occupational Affairs

Mira Lee Streiner
Signature

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BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO BOX 2649 HARRISBURG PA 17105-2649

06 209779

License Type
Osteopathic Physician & Surgeon

License Status
Active

Initial License Date
08/08/1977

Expiration Date
10/31/2008

License Number
OS003824L

JAMES EDWARD MCCANN
1050 BOWER HILL ROAD
NUMBER 204
PITTSBURGH PA 15243

Commissioner of Professional and Occupational Affairs

James E. Williams
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

OS 403883

License Type

Registered Nurse

License Status

Active

Initial License Date

06/26/1996

License Number

RN511823L

Expiration Date

04/30/2008

LISA A BRIGHT
168 LATIMER AVE
STRABANE PA 15363

Basil L. Merenda
Commissioner of Professional and Occupational Affairs

Lisa A. Bright
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 365301

License Type

Practical Nurse

License Status

Active

Initial License Date

05/26/1964

License Number

PN025500L

Expiration Date

06/30/2008

BARBARA CLEGG
507 SECOND ST
MONONGAHELA PA 15063

Barbara Clegg
Signature

Commissioner of Professional and Occupational Affairs

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Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Dietitian-Nutritionist (LDN)

License Number
DN003490

Expiration Date
09/30/2008

Registration Code
py591831

License Status
Active

ALISON E COCCO
260 KING RICHARD DR
MC MURRAY PA 15317

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ALISON E COCCO
260 KING RICHARD DR
MC MURRAY PA 15317

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 339219

License Type
Dietitian-Nutritionist (LDN)

License Status
Active

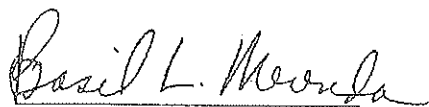
Initial License Date

04/06/2006

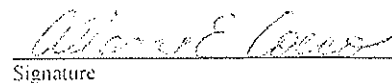
ALISON E COCCO
260 KING RICHARD DR
MC MURRAY PA 15317

License Number
DN003490

Expiration Date
09/30/2008



Commissioner of Professional and Occupational Affairs



Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 241908

License Type

Registered Nurse

License Status

Active

Initial License Date

11/13/2001

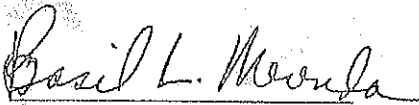
ANGELA M HUGHES
201 SKYVIEW DR
PITTSBURGH PA 15241

License Number

RN534840

Expiration Date

10/31/2008



Commissioner of Professional and Occupational Affairs


Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 330280

License Type

Registered Nurse

License Status

Active

Initial License Date

09/17/1991

SUSAN FAIR MCKINNIS
1315 THIRD ST
BEAVER PA 15009

License Number

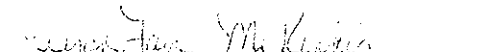
RN317078L

Expiration Date

10/31/2008



Commissioner of Professional and Occupational Affairs


Signature

Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649		06 033798
License Type Registered Nurse	License Status Active	
CANDACE MIKUS PHILLIPS 164 VISTA DRIVE CANONSBURG PA 15317	Initial License Date 09/05/1978	
	Expiration Date 04/30/2009	
CANDACE MIKUS PHILLIPS Signature		
Basil L. Menden Commissioner of Professional and Occupational Affairs		

06 436361

Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type

Practical Nurse

License Status

Active

JILL CRUST

230 HOOKS LANE

CANONSBURG PA 15317.

Initial License Date

10/08/1997

License Number

PN257094L

Expiration Date

06/30/2008

Basil L. Moody

Commissioner of Professional and Occupational Affairs

Signature: John Rust

Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 229860

License Type

License Status

Registered Nurse

Active

Initial License Date

08/30/2005

SHANNON JONES STANIK
201 CYNTHIA DRIVE
CANONSBURG PA 15317

License Number

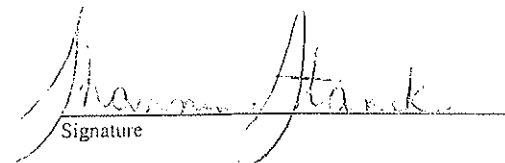
RN565466

Expiration Date

10/31/2008



Commissioner of Professional and Occupational Affairs


Signature

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Medical Physician and Surgeon
License Number MD027808E Expiration Date 12/31/2008

Registration Code 59X1 47 82 License Status Active

CYNTHIA GULA WEST
129 LEXINGTON DRIVE
MCMURRAY PA 15317-3639

OFFICIAL DOCUMENT

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CYNTHIA GULA WEST
129 LEXINGTON DRIVE
MCMURRAY PA 15317-3639

<p>Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg PA 17105-2649</p>		06 207978
<p>License Type Medical Physician and Surgeon</p>	<p>License Status Active</p>	
<p>CYNTHIA GULA WEST 129 LEXINGTON DRIVE MCMURRAY PA 15317-3639</p>	<p>Initial License Date 09/17/1982</p>	
<p>License Number MD027808E</p>	<p>Expiration Date 12/31/2008</p>	
<p><i>Basil L. Meola</i> Commissioner of Professional and Occupational Affairs</p>		<p><i>[Signature]</i> Signature</p>

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 481640

License Type

Registered Nurse

License Status

Active

Initial License Date

03/16/2004

License Number

RN552740

Expiration Date

04/30/2009

NICOLE SUE WHIPKEY
182 HATHAWAY ROAD
CLAYSVILLE PA 15323

Basil L. Morone
Commissioner of Professional and Occupational Affairs

Nicole S. Whipkey
Signature

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Commonwealth of Pennsylvania
Department of State

Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 478389

License Type

Practical Nurse

License Status

Active

Initial License Date

12/18/1992

License Number

PN104787L

Expiration Date

06/30/2008

LINDA YOUNG WEST
312 NEEDMORE ROAD
SCENERY HILL PA 15360

Basil L. Weir
Commissioner of Professional and Occupational Affairs

Linda Young West
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 533885

License Type
Social Worker

License Status
Active

Initial License Date
12/18/1995

JOYCE A ROBINSON
465 FAYETTE ST
WASHINGTON PA 15301

License Number
SW009524L

Expiration Date
02/28/2009

Basil L. Wanda

Commissioner of Professional and Occupational Affairs

Jane L. Robinson

Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 533304

License Type

Registered Nurse

License Status

Active

Initial License Date

03/06/2007

License Number

RN582329

Expiration Date

04/30/2008

THERESA RENEE PATASKI
229 HAPPY VALLEY ROAD
WAYNESBURG PA 15370

Theresa R. Pataski
Signature

Basil L. Weir

Commissioner of Professional and Occupational Affairs

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 433461

License Type
Practical Nurse

License Status
Active

ELSIE PREVUZNIK
174 E KATHERINE AVENUE
WASHINGTON PA 15301

License Number
PN047833L

Initial License Date
05/24/1971

Expiration Date
06/30/2008

David L. Moran
Commissioner of Professional and Occupational Affairs

Elise H. Prevuznik
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 265189

License Type

Registered Nurse

License Status

Active

Initial License Date

07/26/2005

Expiration Date

10/31/2008

License Number

RN567567

JAMIE LYNN RICE
770 CRAWFORD ROAD
PO BOX 321
FREDERICKTOWN PA 15333

Basil L. Meola
Commissioner of Professional and Occupational Affairs

Jamie Lynn Rice
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 503399

License Type

Registered Nurse

License Status

Active

Initial License Date

04/14/1992

License Number

RN320856L

Expiration Date

04/30/2009

BRENDA WARD KRESS
720 MCKEE RD
WASHINGTON PA 15301

Brenda Ward Kress
Signature

David L. Menden

Commissioner of Professional and Occupational Affairs

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06 549473

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type
Registered Nurse

License Status
Active

Initial License Date
03/25/2005

Expiration Date
04/30/2008

License Number
RN561519

PATRICK GEORGE KOBLARCHICK
139 CONKLIN RD
WASHINGTON PA 15301

Patrick G. Koblarchick
Signature

Basil L. Weerden
Commissioner of Professional and Occupational Affairs

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NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

Commonwealth of Pennsylvania
Department of State

Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 453919

License Type
Practical Nurse

License Status
Active

Initial License Date
03/15/2001

Expiration Date
06/30/2008

License Number
PN261319L

BONNIE MORRIS HAMMON
192 HAPPY VALLEY ROAD
WAYNESBURG PA 15370

Basil L. Morone
Commissioner of Professional and Occupational Affairs

Bonnie Morris Hammon
Signature

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

Virginia Irwin Obregon
Center for Kidney Disease & Hypertension
129 Johnson Road
Suite 4
Turnersville NJ 08012

FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathy

04/29/2007 TO 06/30/2009
VALID

25MB06117000

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PLEASE DETACH HERE

Virginia Irwin Obregon

YOUR LICENSE/REGISTRATION/CERTIFICATION NUMBER IS 25MB06117000 EXPIRATION DATE 2009
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PRINT YOUR NEW ADDRESS OF RECORD BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL BE PRINTED
ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

PRINT YOUR NEW MAILING ADDRESS BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Nursing

HAS LICENSED

MARY E. WALKER
102 GLASSBORO ROAD
MONROEVILLE NJ 08543-1824

FOR PRACTICE IN NEW JERSEY AS AN Registered Prof Nurse



03/22/08 NO. 05/31/2008

26NR05930400

License Registration Service Fee

[Signature]

[Signature]

Supervisor of Registration

Director

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Social Work Examiners

HAS CERTIFIED

Eleanor M. Warkowski
21 Sleepy Hollow Dr
Tabernacle NJ 08088

FOR PRACTICE IN NEW JERSEY AS A(N) Licensed Social Worker

07/15/2006 TO 08/31/2008
VALID

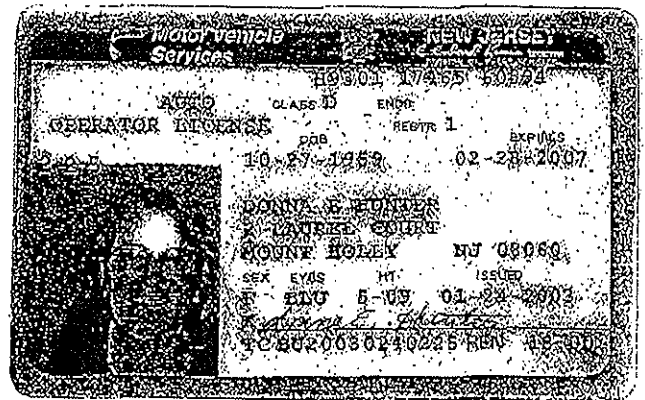
44SL04983400

LICENSE REGISTRATION CERTIFICATION *

Signature of Licensee/Registration Certificate Holder

DIRECTOR

Eleanor M. Warkowski



MEMBERSHIP CARD
American Dietetic Association
FOR
Donna E Hunter

Membership Year June 1, 2005 - May 31, 2006
Class Active Member # 00675255

Signature: *Donna E. Hunter*
Martin M. Yadrick, MS MBA RD FADA Treasurer

CDR

COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the
AMERICAN DIETETIC ASSOCIATION
120 South Dearborn Street, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Donna E Hunter

has successfully completed requirements for dietetic registration.

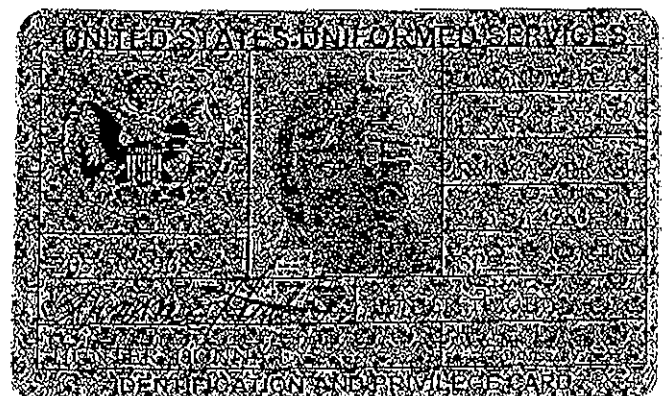
Registration Payment Received \$700.00 12/31/2007

Signature: *Donna E. Hunter* Registered Dietitian (RD)

Registration I.D. Number

675255

Robert PhD, RD, LD
Chair, Commission on Dietetic Registration



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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Nursing

HAS LICENSED

LEONIDA AGUILAR
708 DOUGLAS DR
CHERRY HILL NJ 08034-1638

FOR PRACTICE IN NEW JERSEY AS A(N) Registered Prof. Nurse.

03/26/2007 TO 05/31/2009
VALID

26NR08342200

LICENSE/REGISTRATION/CERTIFICATION #

Leonida Aguilar
Signature of Licensee/Registration/Certificate Holder

Stephen B. Volpe
ACTING DIRECTOR



PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE/ID CARD IS LOST
PLEASE NOTIFY:

BOARD OF NURSING
P.O. BOX 45070
TRENTON, NJ 08646-0070

PLEASE DETACH HERE

Copy

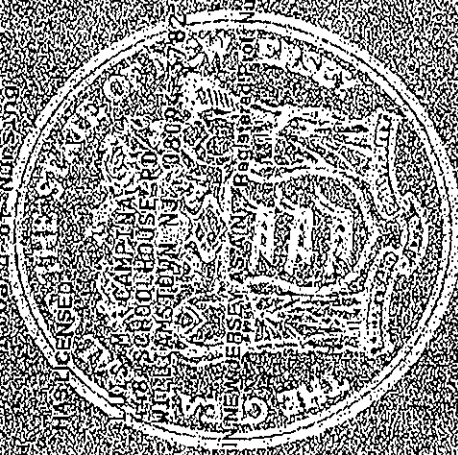
005165 26NO12442100 05/21/2007

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

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State of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

HAS LICENSED THE STATE OF NEW JERSEY
Board of Nursing



FOR PRACTICE IN NEW JERSEY AS A NURSE

05/21/2007 TO 05/21/2009
26NO12442100

FOR PRACTICE IN NEW JERSEY AS A NURSE
FOR PRACTICE IN NEW JERSEY AS A NURSE
FOR PRACTICE IN NEW JERSEY AS A NURSE

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE/ID CARD IS LOST,
PLEASE NOTIFY
26NO12442100

PLEASE DETACH HERE

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Nursing

HAS LICENSED

JUDY GUANZON
3535 Ventura Lane
Vernon, NJ 08361

FOR PRACTICE IN NEW JERSEY AS AN Registered Professional Nurse

05/01/2006 TO 05/31/2008

26NR08099100

LICENSE REGISTRATION CERTIFICATION

[Signature]
Signature of License Granting Authority

[Signature]
DIRECTOR

NEW JERSEY
AUTO DRIVER LICENSE




JUDY GUANZON
3535 VENTURA LANE
VERNON, NJ 08361
DOB: 01/12/2006 EXP: 05/31/2010







American Heart Association. 
Learn and Live.

Healthcare Provider

Lynn Brophy

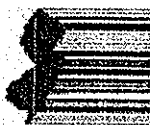
This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.
7/27/2005 7/2007

Issue Date

Recommended Renewal Date

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office of the attorney general department of law & public safety



new jersey

division of consumer affairs

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Registered Nurses

[Disclaimer](#)

[for more information about nursing](#)

This data is current as of June 1, 2007.

Please use our License Verification Line at (973) 273-8090 for the most recent status of a licensee.

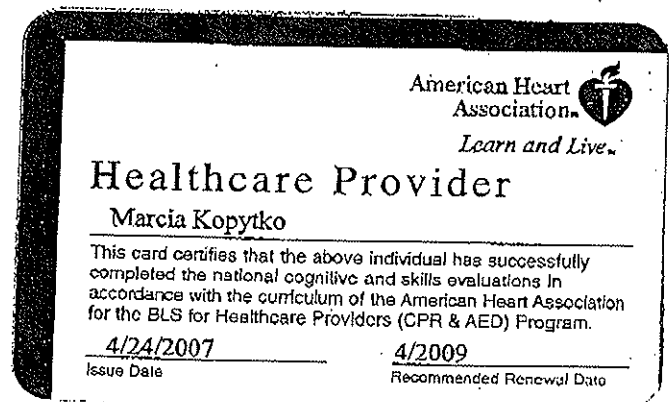
Your search for **Registered Nurses** with the name **Rebecca Dang** generated 1 match.

Name:	Dang, Rebecca
Address:	Sicklerville, NJ 08081
License Number:	26NR11333500
License Status:	Active
Expiration Date:	31-MAY-09
Board Action	None * See bottom of page

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Consent Order, Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record of a pending matter such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General, and do not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.
New Jersey Board of Nursing at (973) 504-6430

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74100

Control No. 919327

919327

State of



Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LICENSE OR CERTIFICATION

MARYLAND BOARD OF PHYSICIANS

CERTIFIES THAT

RADCLIFFE MENDELSSOHN THOMAS

IS AN AUTHORIZED

PHYSICIAN AND SURGEON

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. CERT. NO.

EXPIRATION DATE

D0042583

09/30/2007

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Anthony H. Kelly
Secretary of Health and Mental Hygiene

Medicaid #: 284574400

NAME AND/OR ADDRESS CHANGES. BOARD MUST
NOTIFIED OF THESE CHANGES IMMEDIATELY.

Board of Nursing
4140 Patterson Ave.
Baltimore, MD 21215-2254

EVITA YOLANDA THOMPSON
4118 EDMONDSON AVENUE
BALTIMORE MD 21229

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
NURSING
LICENSE CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF
NURSING
EVITA YOLANDA THOMPSON, RN
IS AUTHORIZED
REGISTERED NURSE

In accordance with the H&M, Title 8 of the Annotated Code of Maryland

LC NO.	EXPIRATION DATE
R122441	11/28/2007

Signature of Nurse: *[Signature]*

Signature of Director: *[Signature]* Donna M. Dorey, MS, RN
EXECUTIVE DIRECTOR

NATURE OF BEARER

State of



Maryland

724988

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF SOCIAL WORK EXAMINERS
CERTIFIES THAT **BETSY CAROL BLADES**
IS AN AUTHORIZED **LICENSED CERTIFIED SOCIAL WORKER**

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. CERT. NO.	EXPIRATION DATE	ORIGINAL LIC. DATE
01520	10/31/2008	07/20/1977

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES.

S. Anthony McQueen
SECRETARY D.H.M.H.

LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL

SAVE THIS PORTION OF CARD AND USE REVERSE SIDE
FOR NAME AND/OR ADDRESS CHANGES. BOARD MUST
BE NOTIFIED OF THESE CHANGES IMMEDIATELY.

Board of

DIETETIC PRACTICE

4201 PATTERSON AVENUE
BALTIMORE MARYLAND 21215

TODD M NOVOBILSKY

38 CEDARMERE ROAD
OWINGS MILLS MD 21117

STATE OF MARYLAND 009519
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL
THE MARYLAND STATE BOARD OF
DIETETIC PRACTICE
CERTIFIES THAT
TODD M NOVOBILSKY
IS AN AUTHORIZED
DIETITIAN-NUTRITIONIST
In accordance with the Health Occupations Article of the Annotated Code of Maryland.
I.D. REG. CERT. NO. 101717 EXPIRATION DATE 10/31/2008
Signature of Todd M. Novobilsky
Signature of Secretary D.H. M.J.

State of Maryland
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF
CERTIFIES THAT
IS AN AUTHORIZED
DIETETIC PRACTICE
TODD M NOVOBILSKY
DIETITIAN-NUTRITIONIST
IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

I.D. REG. CERT. NO. 101717 EXPIRATION DATE 10/31/2008

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

009519
Signature of Secretary D.H. M.J.
SECRETARY D.H. M.J.

LICENSE, CERTIFICATION RENEWAL

SAVE THIS PORTION OF CARD AND USE REVERSE SIDE
FOR NAME AND/OR ADDRESS CHANGES. BOARD MUST
BE NOTIFIED OF THESE CHANGES IMMEDIATELY.

Board of Nursing
4140 Patterson Ave.
Baltimore, MD 21215-2254

ANGELA SOLOMON
3802 KILBURN ROAD
RANDALLSTOWN MD 21133-0000

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, CERTIFICATION RENEWAL

COMPACT STATE THE MARYLAND STATE BOARD OF
NURSING
CERTIFIES THAT
ANGELA SOLOMON, RN
IS AN AUTHORIZED
REGISTERED NURSE

In accordance with the H.O.A. Title 8 of the Annotated Code of Maryland

LIC. NO. R101162	EXPIRATION DATE 11/28/2007
---------------------	-------------------------------

SIGNATURE OF BEARER

Donna m. Dolan M.S., RN
EXECUTIVE DIRECTOR

COMPACT STATE

State of



Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF NURSING
CERTIFIES THAT
IS AN AUTHORIZED ANGELA SOLOMON, RN
REGISTERED NURSE

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE TITLE 8 OF THE ANNOTATED CODE OF MARYLAND

LIC. NO. R101162	EXPIRATION DATE 11/28/2007
---------------------	-------------------------------

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES.

Donna m. Dolan M.S., RN
EXECUTIVE DIRECTOR

SIGNATURE OF BEARER



Maryland Board of Nursing Web Lookup

Licensee Verification



Name : VALERIE D. HOLDEN		Person	
Profession and License Information			
Profession :	Nursing	License Number :	R148001
License Type	COMPACT STATE	License Status	Active
REGISTERED NURSE		Last Renewal Date	4/9/2007
		Expiration Date	4/28/2008
Qualifying Education/Training		Education	
VILLA JULIE/UNION MEMORIAL		Year Graduation/Completion	
		1/1/1999	
Disciplinary Action		Disciplinary Action(s)	
No Disciplinary Action Information Found		Date of Action	
Item	Completed Date	Application Status	
No Checklist Status Information Found		Item Status	

[Return to Licensee search](#) | [Back to Results](#)

0004623 FP **PRSR T2 0 0664 06443
JEFFREY T. REYNOLDS MD
23 RANDI DRIVE
MADISON CT 06443

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

J Robert Galvin M.D., M.P.H.

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

Detach and sign each of the cards on this form.
Display the large card in a prominent place in your office or place of business.
The wallet card is for you to carry on your person. If you do not wish to carry wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
PHYSICIAN/SURGEON

JEFFREY T. REYNOLDS MD

LICENSE NO.
039093
CURRENT THROUGH
01/31/08
VALIDATION NO.
03-436340

SIGNATURE

COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

JEFFREY T. REYNOLDS MD

VALIDATION NO.
03-436340

LICENSE NO.

039093

CURRENT THROU

01/31/08

PROFESSION

PHYSICIAN/SURGEON

SIGNATURE

COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

REGISTERED NURSE

KATHLEEN M. GUERRERA RN

LICENSE NO.
E54167

CURRENT THROUGH
09/30/07

VALIDATION NO.
03-382283

SIGNATURE

COMMISSIONER

M.D. M.H.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED

BY THIS DEPARTMENT AS A

LICENSED CLINICAL SOCIAL WORKER

AUDREY D. WHITEMORE LCSW

LICENSE NO.

004800

CURRENT THROUGH

07/31/08

VALIDATION NO.

03-515054

Audrey D. Whitmore
SIGNATURE

J. Robert Blawie MD, MPH
COMMISSIONER

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification
for the coming year. Should you have any questions about
your license/certificate renewal, please do not hesitate to
write or call:

Department of Public Health

P.O. Box 340308

M.S.#12MGA

Hartford, CT 06134-0308

(860) 508-7603

<http://www.dph.state.ct.us>

Sincerely,

J Robert Galvin M.D., M.P.H.

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

0000748 FP
JANICE COTRONA
403 PARK DRIVE
BERLIN CT 06037

**PRSR T2 0 0764 08037

ONS:

Each of the cards on this form.
card in a prominent place in your office or place of business.
for you to carry on your person. If you do not wish to carry
it in a secure place.

4. The employer's copy is for persons who must
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card is to be presented in the employer and kept by
them as a part of your personnel file. Only one copy
of this card can be supplied to you.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NOT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS CERTIFIED
BY THIS DEPARTMENT AS A
DIETITIAN/NUTRITIONIST

CERTIFICATION NO.
000275
CURRENT THROUGH
03/31/08
VALIDATION NO.
03-457942

J Robert Galvin M.D., M.P.H.
COMMISSIONER

EMPLOYER'S COPY
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
JANICE COTRONA
CERTIFICATION NO.
000275
CURRENT THROUGH
03/31/08
PROFESSION
DIETITIAN/NUTRITIONIST
SIGNATURE
J Robert Galvin M.D., M.P.H.
COMMISSIONER

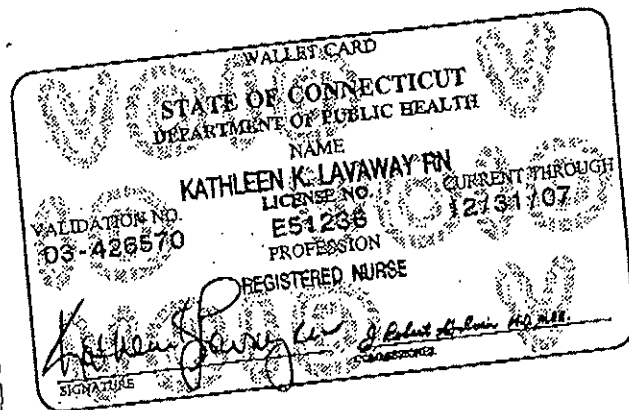
WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
JANICE COTRONA
CERTIFICATION NO.
000275
CURRENT THROUGH
03/31/08
PROFESSION
DIETITIAN/NUTRITIONIST
SIGNATURE
J Robert Galvin M.D., M.P.H.
COMMISSIONER

WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

VALIDATION NO.	NAME	CURRENT THROUGH
03-373313	VERONICA LANDINO RN	08/31/07
	LICENSE NO. E25742	
	PROFESSION	
	REGISTERED NURSE	

SIGNATURE *Veronica Landino* COMMISSIONER

WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NAME
JAMES P. HARRINGTON RN
DATE OF BIRTH
4/27/05
LICENSE NO.
073917
CURRENT THROUGH
03/31/08
PROFESSION
REGISTERED NURSE
J Robert Gelinec, M.D., M.P.H.
COMMISSIONER



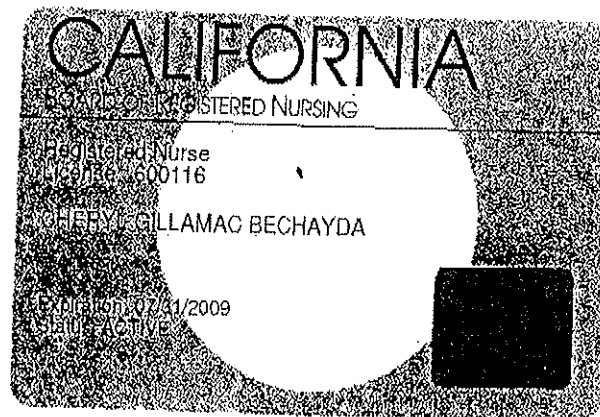
WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

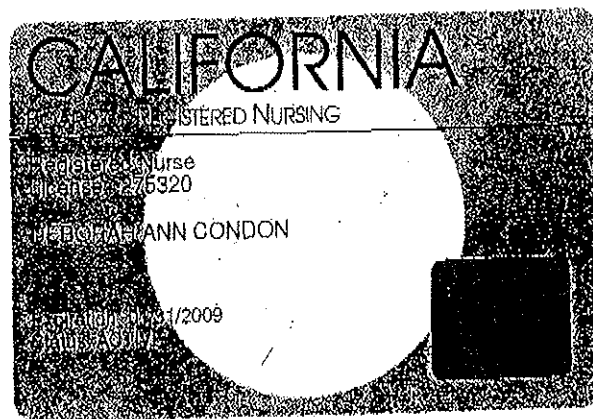
VALIDATION NO. 03-498949

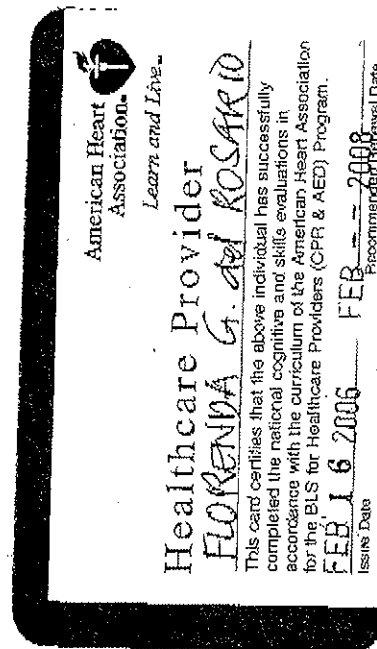
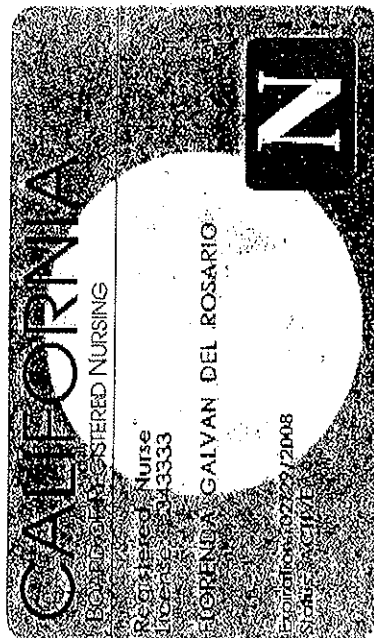
NAME YAN ZHANG-LIN
LICENSING NO. 027854
CURRENT THROUGH 08/30/08

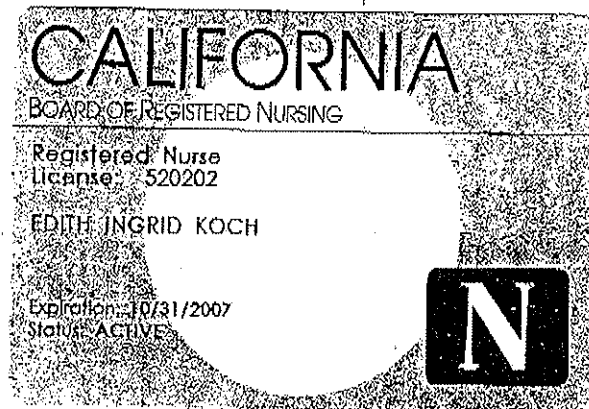
PROFESSION LICENSED PRACTICAL NURSE

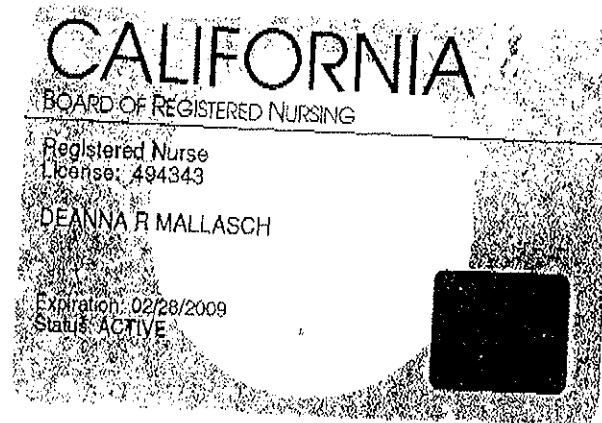
SIGNATURE *Yan Zhang-Lin*













BOARD OF BEHAVIORAL SCIENCES
400 R STREET, RM 3150
SACRAMENTO, CA 95814
916 445-4933

LICENSED CLINICAL SOCIAL WORKER

LICENSE NO. LCS 5183
RECEIPT NO. 24500002

VALID UNTIL SEPTEMBER 30, 200

ALFRED NICHOLS JR
1228 E 127TH STREET
LOS ANGELES CA 90059

In accordance with the provisions of
Division 2 Chapter 14 of the BUSINESS
AND PROFESSIONS CODE, the person
named hereon is issued a Clinical Social
Worker renewal license.

19/12/08
19/12/08

NON-TRANSFERABLE POST IN PUBLIC VIEW

WBSLCS 01/10/97

CALIFORNIA

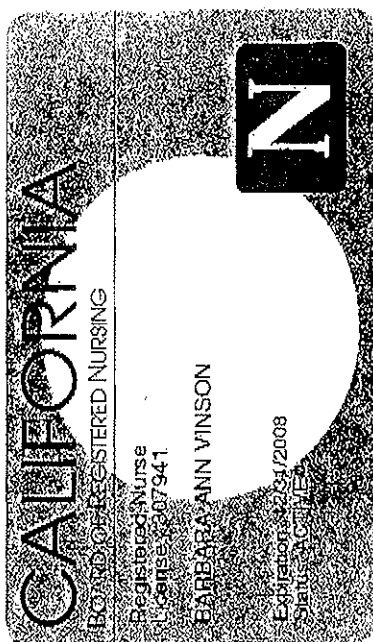
BOARD OF REGISTERED NURSING

Registered Nurse
License: 410550

ULYSSES QUIZON QUIJADA

Expiration: 07/31/2008
Status: ACTIVE







COMMISSION ON DIETETIC REGISTRATION
the credentialing agency for the
AMERICAN DIETETIC ASSOCIATION
120 South Riverside Plaza, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Maryam Hakakzadeh

has successfully completed requirements for dietetic registration.

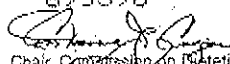
Registration Period: 9-01-03 TO 8-31-07

Signature

Registration I.D. Number

893596

Registered Dietitian (RD)

 Ph.D., RD, CD
Chair, Commission on Dietetic Registration



The Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, California 95825-3236



PHYSICIAN AND SURGEON

CERTIFICATE NO. A41453 EXPIRATION 08/31/2008

ASHOK SUNDERRAJ
2700 E WASHINGTON BLVD STE 270
PASADENA CA 91107

ORIGINAL
ISSUANCE DATE
12/10/1984

RECEIPT NO.
14400161

STATE OF CALIFORNIA - STATE AND CONSUMER SERVICES AGENCY

ARNOLD SCHWARZENEGGER, Governor

**MEDICAL BOARD OF CALIFORNIA
CASHIERING/RENEWAL UNIT**1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2573 FAX (916) 263-2579*January 25, 2007***TO WHOM IT MAY CONCERN:**

*This is to certify that Physician's and Surgeons License Number, A47807
issued to Dr. Sukhpal K. Gill, is valid with fees paid through
01/31/2009.*

Sincerely,

A handwritten signature in cursive script, appearing to read 'Justin Silva'.

**Justin Silva, Cashier
Renewal Section
Cashiering Unit**





Fa Aug. 2, 2007 1:39PM 15 Arroyo Dialysis K RAJ M.D.
Fax from : 626 397 2978

12-28-No. 6196 P. 3/13 1/2



The Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, California 95825-3236



PHYSICIAN AND SURGEON
CERTIFICATE NO. A74188 EXPIRATION 11/31/2008
SHENG-YONG WANG
1818 SOUTH 16TH AVENUE
ARCADIA CA 91008

ORIGINAL
ISSUANCE DATE
03/22/2001

RECEIPT NO.
00104861

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
LICENSE

EFFECTIVE DATE: 01/24/2006
EXPIRATION DATE: 01/31/2008
ISSUED TO: Richard C Cline



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

173525-1205 Physician & Surgeon
173525-8905 Physician/Surgeon CS Schedule 2-5

Richard C Cline MD

SIGNATURE OF HOLDER

Certificate of License Renewal

Control Number: 5311028-3502-20060928-403

Your license has been renewed and this temporary Certificate of License Renewal allows you to practice. In approximately 15 to 30 working days you will receive your wallet card and wall certificate in the mail. If you do not receive it within this time, please contact DOPL immediately at (801) 530-6628 or (866) 275-3675 (toll-free in Utah only).

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**Certificate of License Renewal**

Control Number: 5311028-3502-20060928-403

EFFECTIVE DATE: 09/28/2006

EXPIRATION DATE: 09/30/2008

ISSUED TO: Sheryllin H Walters

**REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAILS(S)**

5311028-3502

Certified Social Worker

Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time this license was issued.



MEMBERSHIP CARD
American Dietetic Association
FOR
Shirley K Farr

Membership Year June 1, 2006 - May 31, 2007

Class Active Member # 00339100

Signature: *Shirley K Farr*
 Martin M. Yadrick, MS MBA RD FADA Treasurer

CDR

COMMISSION ON DIETETIC REGISTRATION
 the credentialing agency for the
 AMERICAN DIETETIC ASSOCIATION
 120 South Dearborn Street, Suite 2000, Chicago, IL 60606

The Commission on Dietetic Registration certifies that

Shirley K Farr
 has successfully completed requirements for RD registration.
 Registration Period: 6/1/2006 - 5/31/2007

Signature: *Shirley K Farr* Registered Dietitian (RD)

Registration ID Number
339100

PhD, RD, LD, CD, FADA
 Chair, Commission on Dietetic Registration

STATE OF UTAH
 DEPARTMENT OF COMMERCE
 LICENSE

Shirley K Farr

EFFECTIVE
08/15/2006

EXPIRATION
09/30/2008

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

Certified Dietitian
102677-4901

Shirley K Farr
 SIGNATURE OF HOLDER

Certificate of License Renewal

Control Number: 5291704-3102-20070111-352

Your license has been renewed and this temporary Certificate of License Renewal allows you to practice. In approximately 15 to 30 working days you will receive your wallet card and wall certificate in the mail. If you do not receive it within this time, please contact DOPL immediately at (801) 530-6628 or (866) 275-3675 (toll-free in Utah only).

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

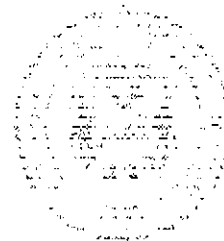
Certificate of License Renewal

Control Number: 5291704-3102-20070111-352

RENEWAL DATE: 01/11/2007

EXPIRATION DATE: 01/31/2009

Licensee Name: Minerva Abeleda Dantis-Tan



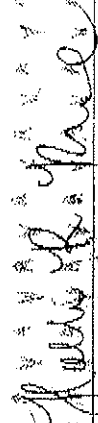
5291704-3102

Registered Nurse

Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time this license was issued.

License Record Renewal Fee Summary

Date of Transaction:	01/11/2007 10:11
Payment Method:	Visa
Order Number:	2456272
Last 4 Digits of Credit Card Number:	XXXX
Primary License Renewal Fee:	\$8.00
Late Renewal Fee:	\$0.00
Total Fee	\$8.00

STATE OF UTAH		REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)	
DEPARTMENT OF COMMERCE		Registered Nurse Under Interstate Compact	
ACTIVE LICENSE		5908420-3102	
Holt Rebecca Reid			
EFFECTIVE	07/19/2005	SIGNATURE OF HOLDER	
EXPIRATION	01/31/2009		

<p>STATE OF UTAH DEPARTMENT OF COMMERCE ACTIVE LICENSE</p> <p>Michele E Kluever</p> <p>EFFECTIVE 08/30/2006</p> <p>EXPIRATION 01/31/2009</p>	<p>REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)</p> <p>Registered Nurse Under Interstate Compact 184038-3102</p> <p><i>Michele E Kluever</i> SIGNATURE OF HOLDER</p>
--	--

STATE OF UTAH

DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

ISSUANCE DATE: 09/22/2006

EXPIRATION DATE: 01/31/2009

ISSUED TO: Primitivo Carbonell Baráceros



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

6046713-3102

Registered Nurse Under Interstate Compact

SIGNATURE OF HOLDER

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 11/09/2000
EXPIRATION DATE: 01/31/2009
ISSUED TO: Jennifer M Grotegut



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

320379-3102 Registered Nurse Under Interstate Compact

A handwritten signature in cursive script, appearing to read "Jennifer M Grotegut", is written over a horizontal line.

SIGNATURE OF HOLDER

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE



EFFECTIVE DATE: 09/02/1994

EXPIRATION DATE: 01/31/2009

ISSUED TO: Misty Lynette Potter

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

201648-3102 Registered Nurse Under Interstate Compact

Misty Lynette Potter

SIGNATURE OF HOLDER

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 10/30/1998
EXPIRATION DATE: 01/31/2009
ISSUED TO: Karen Tramel



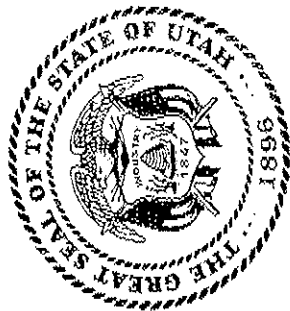
REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

189924-3102 Registered Nurse Under Interstate Compact

Karen Tramel

SIGNATURE OF HOLDER

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING



ACTIVE LICENSE

EFFECTIVE DATE: 09/29/2006
EXPIRATION DATE: 09/30/2008
ISSUED TO: Quinn Alisse Kiger

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

6333329-3502 Certified Social Worker

Quinn A. Kiger

SIGNATURE OF HOLDER

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
LICENSE

EFFECTIVE DATE: 07/07/2006

EXPIRATION DATE: 09/30/2008

ISSUED TO: Natalie H Monson



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

6252912-4901 Certified Dietitian


SIGNATURE OF HOLDER

DISPLAY THIS CERTIFICATE PROMINENTLY - NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania

06 245849

Department of State

Bureau of Professional and Occupational Affairs

PO Box 2649 Harrisburg PA 17105-2649

License Type

Registered Nurse

License Status

Active

Initial License Date

06/15/1973

DEBRA DAVIS
107 HIGHLAND AVENUE
MONACA PA 15061

License Number

RN191550L

Expiration Date

10/31/2008

Commissioner of Professional and Occupational Affairs

David L. Mearls

Debra Davis

Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 383636

License Type
Practical Nurse

License Status
Active

JAMES H BAILEY
1250 ROBINSON STREET
FREEDOM PA 15042

License Number
PN105026L

Initial License Date
06/18/1993

Expiration Date
06/30/2008

David L. Mearns

Signature *David L. Mearns*

COMMISSIONER OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS



Pennsylvania Department of State Bureau of Professional and Occupational Affairs



License Verification

Person Information

Name: NADINE DOROSA

Address(city,state zipcode): Trafford PA 15085

Employer Information

No Information Found

License Information

Type: Dietitian-Nutritionist
(LDN)

**Secondary
Type:** N/A

Number: DN000640

Profession: Nursing

Status: Active

Obtained By: Application

Issue Date: 7/3/2003

Expires: 9/30/2008

**Last
Renewed:** 7/25/2006

Standing: This license is in good standing.

**Disciplinary action
history:** No disciplinary actions were found for this license.

[Return to Licensee Search](#) | [Back to Results](#)

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 016343



License Type

Registered Nurse

License Status

Active

Initial License Date

07/14/1994

License Number

RN500547L

Expiration Date

04/30/2008

DARLENE GWINN
536 MAPLEWOOD AVENUE
AMBRIDGE PA 15003-2412

Basil L. Morinda

Commissioner of Professional and Occupational Affairs

Darlene Gwinn

Signature

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Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 255631

License Type

Registered Nurse

License Status

Active

Initial License Date

08/29/2001

License Number

RN533347

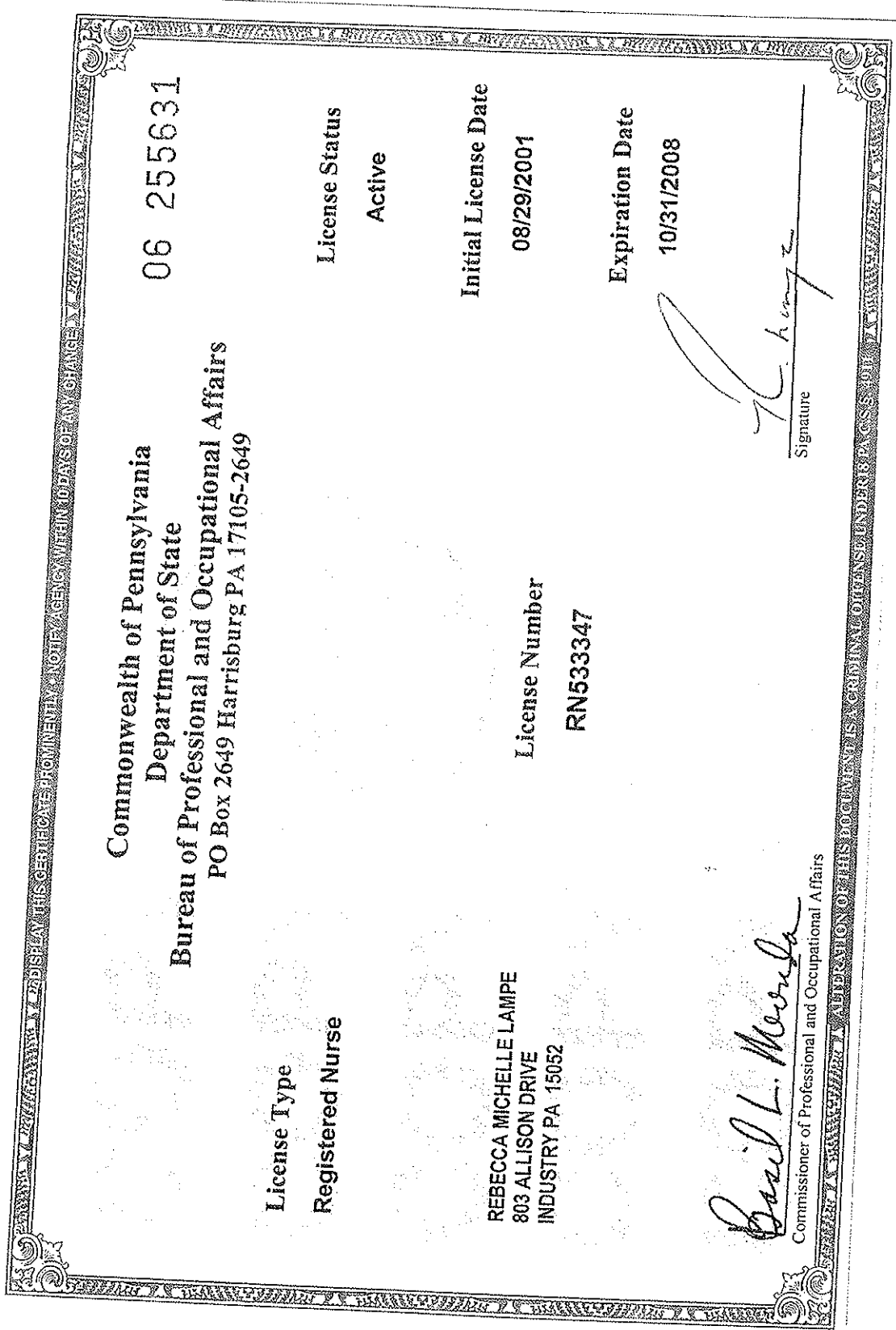
Expiration Date

10/31/2008

REBECCA MICHELLE LAMPE
803 ALLISON DRIVE
INDUSTRY PA 15052

Basil L. Menden
Commissioner of Professional and Occupational Affairs

K. King
Signature



Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Social Worker

License Number
SW007939L

Expiration Date
02/28/2009

Registration Code
232210m1

License Status
Active

TONI LYNN KASTROLL
15 ZELIE DRIVE
ZELIENOPLE PA 16063

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Registration Code

Your **registration code** is found on the attached wallet card.

Use this **registration code** online to: renew your license, change your personal or license address, or order duplicate licenses.

Visit our website at: www.mylicense.state.pa.us

First time users will be required to use this **registration code** to create a user ID and password.

TONI LYNN KASTROLL
15 ZELIE DRIVE
ZELIENOPLE PA 16063

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

06 070482

License Type
Social Worker

License Status
Active

TONI LYNN KASTROLL
15 ZELIE DRIVE
ZELIENOPLE PA 16063

License Number
SW007939L

Initial License Date
08/02/1993

Expiration Date
02/28/2009

Basil L. Mevoda

Commissioner of Professional and Occupational Affairs

Toni Lynn Kastroll
Signature

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO Box 2649 Harrisburg PA 17105-2649

06 293659

License Type
Registered Nurse

License Status
Active

Initial License Date
08/24/2006

Expiration Date
10/31/2007

License Number
RN577420

ASHLEE RENAE MENGEL
275 BRADEN SCHOOL ROAD
APT 1302
BEAVER FALLS PA 15010

Basil L. Moorada
Commissioner of Professional and Occupational Affairs

Ashlee Mengel
Signature

SEAL OF THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 509185

License Type

Registered Nurse

License Status

Active

Initial License Date

11/25/2003

Expiration Date

04/30/2009

JANE MARIE MILLIGAN
1006 CHARLES STREET
BADEN PA 15005

License Number

RN545061

Basil L. Morone
Commissioner of Professional and Occupational Affairs

Jane Milligan
Signature

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04-116569

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type
Registered Nurse

License Status
Active

Initial License Date
09/12/1983

Expiration Date
10/31/2007

License Number
RN260480L

NANCY NELSON RIESMEYER
1704 RIDGE AVENUE
CORAOPOLIS PA 15108

Nancy Nelson Riesmeyer
Secretary

Barry D. Wooten
Secretary of Professional and Occupational Affairs

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Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO Box 2669 Harrisburg PA 17105-2669		06 223667
License Type Medical Physician and Surgeon		License Status Active
ALLENDA WOLFEY 100 BOWER HILL ROAD PITTSBURGH PA 15243	License Number MD041983E	Initial License Date 08/03/1988
	Expiration Date 12/31/2008	
Commissioner of Professional and Occupational Affairs <i>Carol M. Monda</i>		Signature <i>De Wolf</i>

06 013123

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type
Registered Nurse

License Status
Active

Initial License Date
07/12/2000

Expiration Date
04/30/2008

License Number
RN528358L

RACHELLE LYNN BABCOCK
615 DUNSTER STREET
PITTSBURGH PA 15226

Rachelle Lynn Babcock
Signature

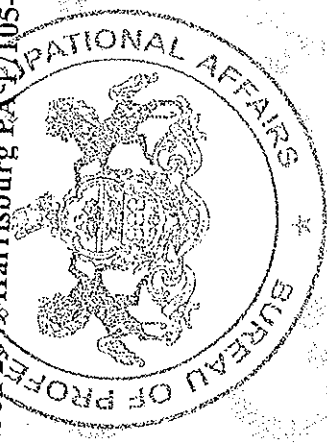
Basil L. Mowda
Commissioner of Professional and Occupational Affairs

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ALTERNATE TO PA.C.S.S. 4911 - A CHANGING PACE

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Registered Nurse

DIANE L BAUMGART
3547 WILLETT ROAD
PITTSBURGH PA 15227

License Number
RN524138L

06 248712

License Status
Active

Initial License Date
10/30/1998

Expiration Date
10/31/2008

Basil L. Mervin
Commissioner of Professional and Occupational Affairs

Diane L. Baumgart
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. 4911 - A CHANGING PACE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO Box 2649 Harrisburg PA 17105-2649

04-159285

License Type
Registered Nurse

License Status
Active

Initial License Date
08/07/1997

Expiration Date
10/31/2007

License Number
RN519399L

LORRAINE STANGL BOEHME
800 DOOLITTLE STREET
EAST CARNEGIE PA 15106

Lorraine Stangl Boehme
Signature

David L. Morahan
Commissioner of Professional and Occupational Affairs

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Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Registered Nurse

License Number
RN297806L

Expiration Date
10/31/2007

License Status
Active

Issued To:

CAROLYN SITLER BOTTA
66 FOREST GLEN DR
IMPERIAL PA 15126



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PO BOX 2649 HARRISBURG PA 17105-2649

07 501254

License Type
Registered Nurse

License Status
Active

Initial License Date
07/27/1995

Expiration Date
04/30/2009

License Number
RN508264L

KRISTINA MARIE BRANDI
16 LYNNVIEW DR
MCDONALD PA 15057

Signature
Kristina Marie Brandi

Commissioner of Professional and Occupational Affairs
Basil L. Morone

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