



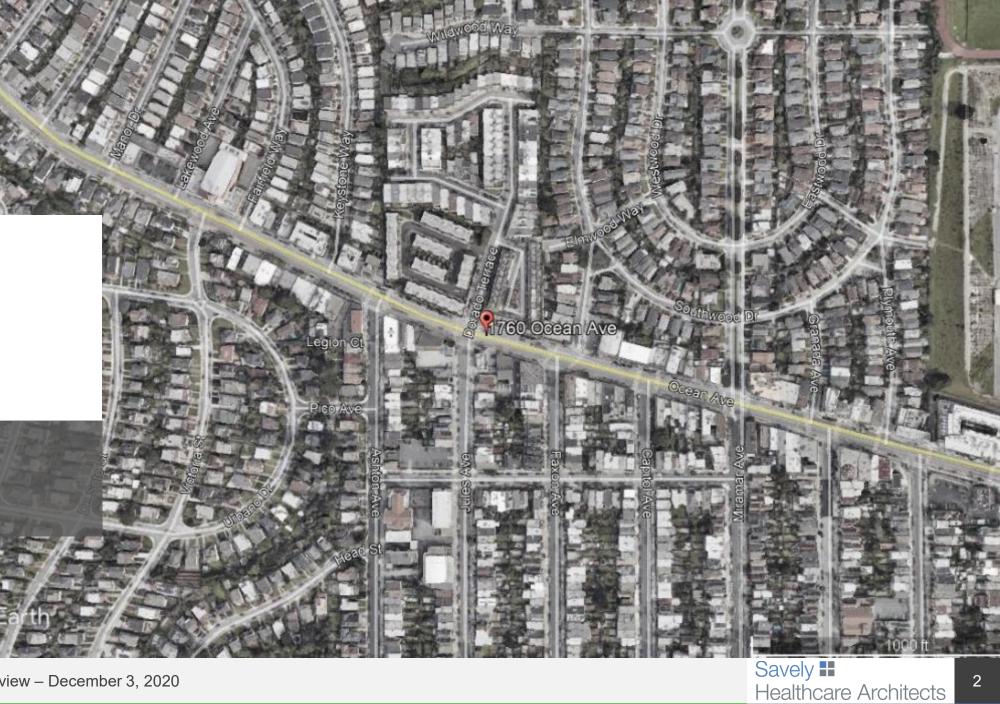
Proposed Dialysis Clinic for 1760 Ocean Avenue

Request for Conditional Use Approval

Savely ##
Healthcare Architects

Project Location

1760 Ocean Avenue San Francisco (NCT-1 Zone)

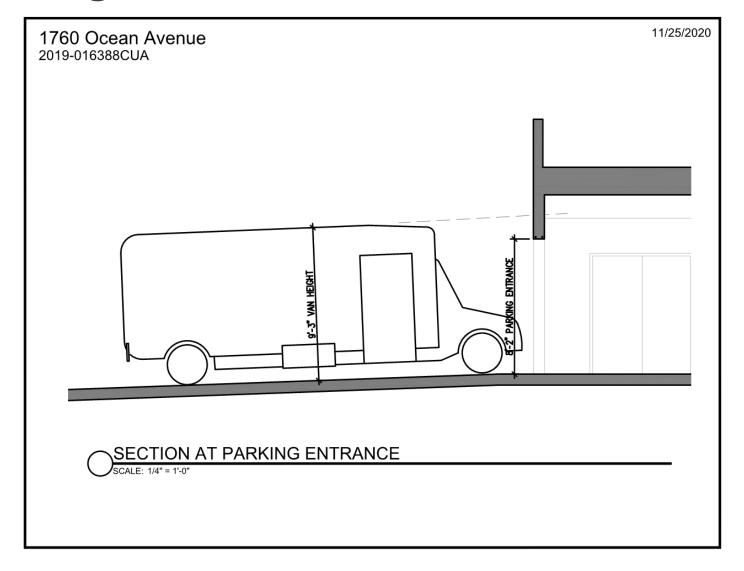


Building Exteriors

View from Dorado Terrace



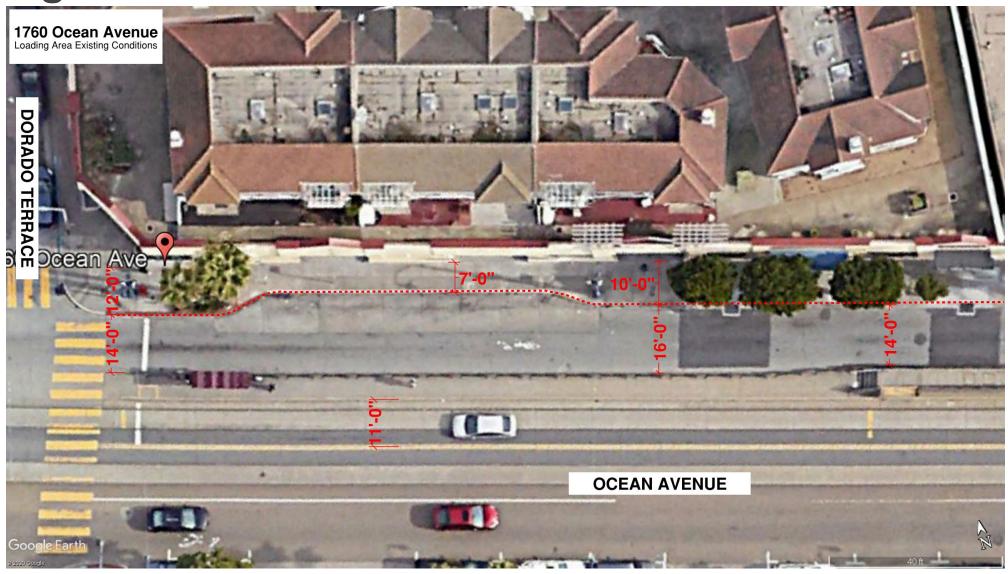
Existing Parking Entrance



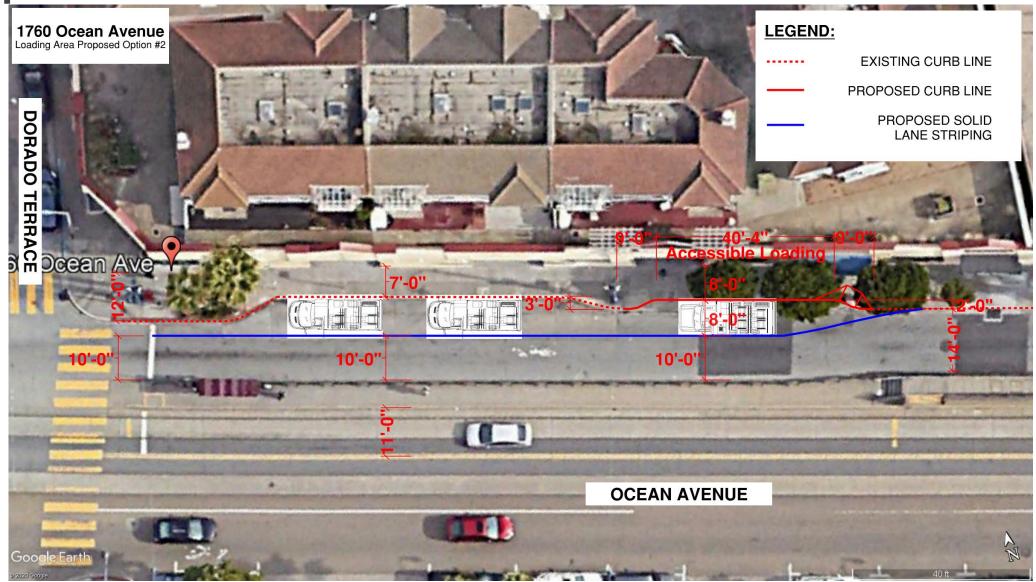
View in Parking Structure



Existing Conditions – Ocean Avenue



Proposed Solution – Ocean Avenue



Patient Petition for New Clinic

2020-09-23 09:03

FKC 7105 14155848705 >> FMC OAKLAND HOME

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PETITION

Request to City Of San Francisco To Permit Use Of Vacant Retail Space To Be New Dialysis Clinic

We, the undersigned patients of the RAI Clinic, and residents of the City of San Francisco ask the City to permit the proposed new clinic be built in the existing vacant retail space located at 1760 Ocean Avenue, San Francisco 94112. The newly remodeled space will provide 37 treatment chairs (increase from current 24) and 5 home hemodialysis rooms (increase from current 3), which will provide a more comfortable environment for our treatment as well as greater access for dialysis patients in the central San Francisco area.

Current Patient	Name	Signature	City of Current Residence	Date signed
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PETITION

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Petitions (continued)

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2020-09-23 09:05

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PETITION

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Petitions (continued)

2020-09-23 09:05

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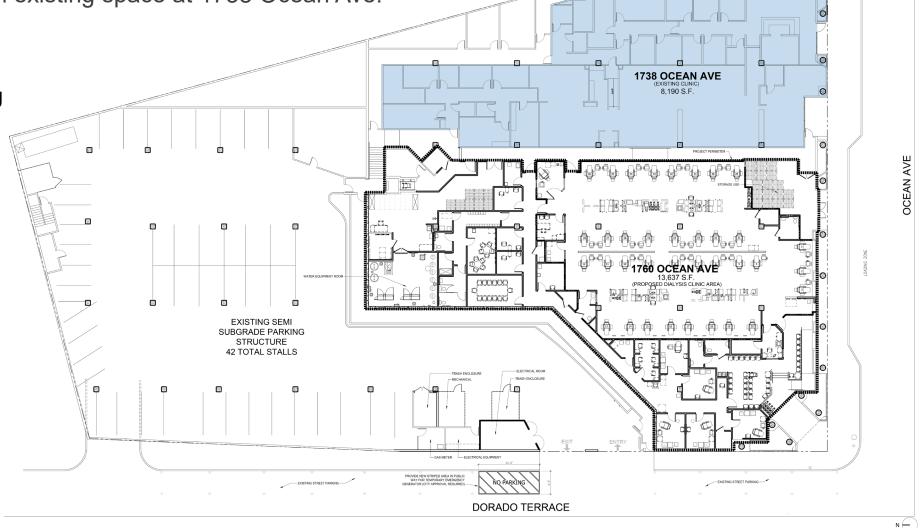
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Site Plan

Clinic proposed to move from existing space at 1738 Ocean Ave.

Current clinic capacity

- 24 patient stations
- 3 home hemodialysis training rooms
- 8,190 Square Feet



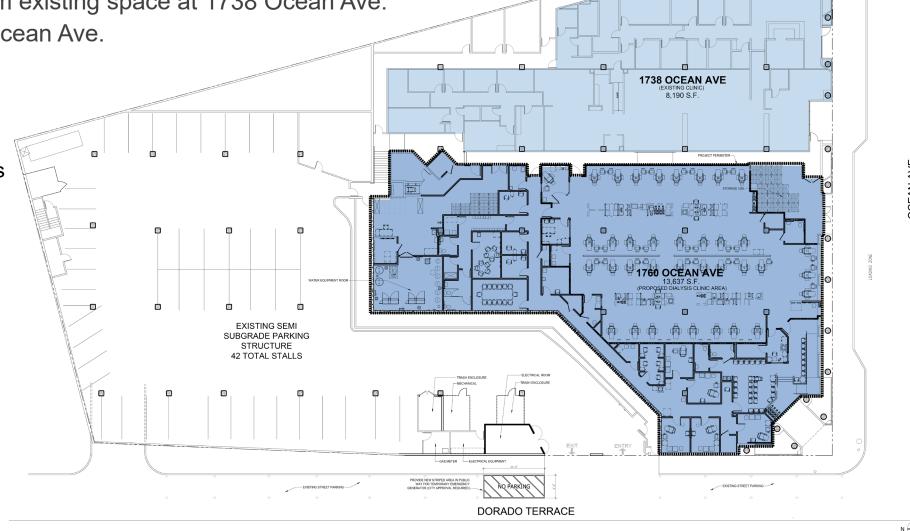
1728 OCEAN AVE
(EXISTING RETAIL)
3,052 S.F

Site Plan

Clinic proposed to move from existing space at 1738 Ocean Ave. to adjacent space at 1760 Ocean Ave.

Proposed Clinic:

- 36 patient stations
- 1 isolation room
- 5 home training hemodialysis rooms
- Improved patient experience
- 13,637 S.F.
- Patient lift from parking to clinical space

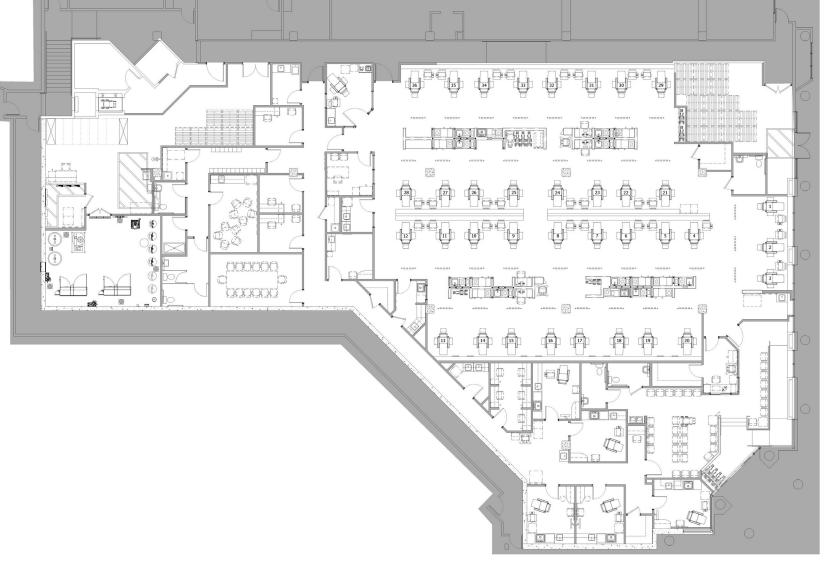


1728 OCEAN AVE
(EXISTING RETAIL)
3,052 S.F

Floor Plan

Proposed Dialysis Clinic

- 36 patient treatment stations
- 1 patient isolation station
- New water treatment room
- Improved waiting area for patients and guests
- New support spaces





Chronic Kidney Disease in the United States, 2019

With **chronic kidney disease (CKD)**, kidneys become damaged over time or cannot clean the blood as well as healthy kidneys. When the kidneys don't work well, wastes and extra water build up in the body and may cause other health problems, including heart disease and high blood pressure. However, people with CKD and people at risk for CKD can take steps to protect their kidneys.

CKD Is Common Among US Adults

Fast Stats

- 15% of US adults—37 million people—are estimated to have CKD.*
- . Most (9 in 10) adults with CKD do not know they have it.
- 1 in 2 people with very low kidney function who are not on dialysis do not know they have CKD.

More than 1 in 7 15% of US adults are estimated to have chronic kidney disease—that is about 37 million people.

Percentage* of CKD Among US Adults 18 Years or Older,

According to current estimates:*

- CKD is more common in people aged 65 years or older (38%) than in people aged 45–64 years (13%) or 18–44 years (7%).
- . CKD is more common in women (15%) than men (12%).
- CKD is more common in non-Hispanic blacks (16%) than in non-Hispanic whites (13%) or non-Hispanic Asians (12%).
- · About 14% of Hispanics have CKD.

By Age, Sex, and Race/Ethnicity 18-44 45-64 65+ Men Women Non-Hispanic whites Non-Hispanic Asians Hispanics 0 5 10 15 20 25 30 35 40

CKD Risk Factors

Diabetes and high blood pressure are the major causes of CKD in adults. Other risk factors include heart disease, obesity, a family history of CKD, past damage to the kidneys, and older age.

Keep kidneys healthy by managing blood sugar and blood pressure.



Proceedings of CRD stages 1–4 among US adds aged 18 years or older using data from the 2013-2016 National Health and National Commission Survey and the CRD Edidenticities (CRD-EPI) equation. These existence of all purinaries or establishments are blacked or an airgle resistant or all althoratives or all commissions. The Mission of all purinaries or all purinaries are formed by the Stringe Disease in Emprising Global Outcomes recommendations. Thus, CRD in this report might be overestimated. Estimates by sex and reacel without him was a personal readed using the 2000 US consus population; the overall percentage is unadjusted. The mathem of endulutive Microb CRD stages 1–4 was estimated by application to the 2016 US Cross population.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

277382-C March 05, 2019

Ways to Prevent CKD or Detect It Early

- · Control risk factors for CKD:
- o High blood pressure.
- o High blood sugar levels.

Keeping a healthy body weight through a balanced diet and physical activity may help.

 Test for CKD regularly in people who have diabetes, high blood pressure, or other risk factors for CKD.

Testing and Treatment

- People may not feel ill or notice any symptoms until CKD is advanced.
- The only way to find out if people have CKD is through simple blood and urine tests. The blood test checks for creatinine (a waste product produced by muscles) in the blood to see how well the kidneys work. The urine test checks for protein in the urine (a sign of kidney damage).
- Following a healthy diet and taking medicine for diabetes and high blood pressure may keep CKD from getting worse and may prevent other health problems such as heart disease.

CKD-Related Health Problems

Early Death

Adults with CKD are at a higher risk of early death compared to adults without CKD of the same age.

Heart Disease and Stroke

- Having CKD increases the chances of also having heart disease and stroke.
- Managing high blood pressure, blood sugar, and cholesterol levels—all factors that increase the risk for heart disease and stroke—is very important for people with CKD.

Other Health Problems

As CKD worsens over time related health problems become more likely, including:

- Anemia or low red blood cell count (can cause fatigue and weakness).
- Low calcium levels and high phosphorus levels in the blood (can cause bone problems).
- High potassium levels in the blood (can cause an irregular or abnormal heartbeat).
- Loss of appetite or nausea.
- Extra fluid in the body (can cause high blood pressure, swelling in the legs, or shortness of breath).
- · Infections or a weakened immune system.
- Depression.

Kidney Failure

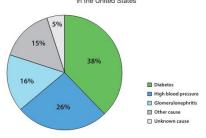
If kidney damage is severe and kidney function is very low, dialysis or a kidney transplant is needed for survival. Kidney failure treated with dialysis or a kidney transplant is called end-stage kidney disease (ESKD).

Treatment may slow the decline in kidney function and delay kidney failure. However, not everyone with CKD develops ESKD, and in some cases ESKD develops even with treatment.

Facts About ESKD

- In 2016, nearly 125,000 people in the United States started treatment for ESKD, and more than 726,000 (2 in every 1,000 people) were on dialysis or were living with a kidney transplant.
- · Every day, more than 240 people on dialysis die.
- For every 2 women who develop ESKD, 3 men develop ESKD.
- African Americans are about 3 times more likely than whites to develop ESKD.
- For every 3 non-Hispanics who develop ESKD, 4 Hispanics develop ESKD.
- In US adults aged 18 years or older, diabetes and high blood pressure are the main reported causes of ESKD.
- In US children and adolescents younger than 18 years, polycystic kidney disease and glomerulonephritis (inflammation of the kidneys) are the main causes of ESKD.

Reported Causes of End-stage Kidney Disease in the United States



N=726,331 (all ages, 2016) Source: US Renal Data Sytem *Includes polycystic kidney disease, among other causes.

277382-C March 05, 2019

SOURCE: US DEPARTMENT OF HEALTH AND HUMAN SERVICES