

MODEL LETTER FOR ESRD WAIVER: Isolation Room for Hepatitis B+ Patients

Date

State Survey Agency
Survey & Certification, ESRD Specialist
Street Address
City, State, Zip code

Dear ESRD Specialist,

We are planning to open a new dialysis facility or we are planning to expand the square footage of our existing dialysis facility, and we are applying for a waiver of the requirement for an isolation room for dialyzing hepatitis B+ patients. We believe that there is sufficient capacity of isolation stations in isolation rooms to serve the needs of hepatitis B+ patients in our geographic area.

Our facility is name, and the facility is located at complete address, including zip code. Our existing facility has the following CMS certification number, CCN for existing facilities only.

Below is a list of the facilities within our geographic area that have isolation stations in isolation rooms. If we marked “written agreement” yes, we have attached a copy of the written agreement with that facility indicating their willingness to accept hepatitis B+ patients from our facility should we admit a hepatitis B+ patient or have a current patient seroconvert to hepatitis B+.

Name of facility	Distance from Our facility	Number of Isolation Stations in Isolation Room	Number of Patient Shifts	Number of Current Patients in Isolation	Written Agreement Yes/No

We appreciate your consideration of this request and await your response.

Sincerely,

Name

Contact information, including mailing address, phone, and email address