



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 1, 2022

Timothy J. Walsh

TWalsh@libertyseniorliving.com

New Institutional Health Service

Record #: 3823
Date of Request: February 7, 2022
Facility Name: Pisgah Manor Health Care Center
FID #: 120033
Business Name: Pisgah Valley Retirement Center Properties, LLC
Pisgah Valley Retirement Center, LLC
Business #: 2659/3056
Project Description: Develop a kidney disease treatment center with six dialysis stations at Pisgah Manor Health Care Center
County: Buncombe

Dear Mr. Walsh:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the project described above is a new institutional health service within the meaning of G.S. 131E-176(16) because it results in the *offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 month by or on behalf of the facility*. Therefore, the facility identified above may not proceed to develop or offer the project described above without first obtaining a certificate of need.

This decision is based on the following:

1. The purpose of The Occupational Safety and Health Act of 1970 is to ensure worker and workplace safety; [OSH Act of 1970 | Occupational Safety and Health Administration](#).
2. The CDC precautionary materials provided in the request are not safety codes or regulations.
3. The request does not cite any federal, State, or local fire, building or life safety codes or regulations related to patient/resident safety.

Any person aggrieved by this decision may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).

Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Timothy J. Walsh
March 1, 2022
Page 2

Lisa G. Corbett
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Ena Lightbourne
Project Analyst



Micheala Mitchell
Chief

cc: Nursing Home Licensure and Certification Section, DHSR



2334 S. 41st Street • Wilmington, NC 28403
(910) 815-3122 • FAX: (910) 815-3111

February 4, 2022

VIA EMAIL ONLY

Ena Lightbourne, Project Analyst
NC Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: EXEMPT FROM REVIEW– Development of a kidney disease treatment center at Pisgah Manor Health Care Center to eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations

Dear Ms. Lightbourne:

In accordance with North Carolina G.S. 131E-184(a)(1), this letter is intended to request a determination of exemption from Certificate of Need (“CON”) review by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (“Agency”).

It is the intent of Pisgah Valley Retirement Center, LLC and Pisgah Valley Retirement Center Properties, LLC (the “Requestors”) to develop a kidney disease treatment center with 6 dialysis stations at Pisgah Manor Health Care Center to eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

Pursuant to N.C G.S. 131E-184 (a)(1), the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

- 1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

Section 13(a) of the Occupational Safety and Health Act of 1970 (“Act”) defines imminent danger as “... any conditions or practices in any place of employment which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by this Act”

The Occupational Safety and Health Administration (“OSHA”) has defined SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (“COVID-19”) as a Hazard Recognition. Please see

Attachment 1. Healthcare and medical transport workers are defined in the High and Very High Exposure Risk.

Furthermore, North Carolina G.S. 95-127(13) defines imminent danger as "any conditions or practices in any place of employment which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by this Article."

Additionally, according to the Centers for Disease Control and Prevention ("CDC"), certain people are at higher risk of developing more serious complications from COVID-19, including older adults and those with underlying medical conditions such as heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity. Please see **Attachment 2.**

According to the CDC, severe illness means that a person with COVID-19 may:

- Be hospitalized
- Need intensive care
- Require a ventilator to help them breathe
- Die

In addition, the CDC states:

- Older adults are more likely to get severely ill from COVID-19. More than 81% of COVID-19 deaths occur in people over age 65. The number of deaths among people over age 65 is 80 times higher than the number of deaths among people aged 18-29.
- The risk of severe COVID-19 increases as the number of underlying medical conditions increases in a person.

Lastly, per Executive Order No. 245 signed by Governor Roy Cooper on January 5, 2022, North Carolina remains in a state of emergency to coordinate the state's response and protective actions to address the COVID-19 public health emergency and to "provide for the health, safety, and welfare of residents and visitors located in North Carolina."

Transportation to an outpatient dialysis treatment center pose an imminent safety hazard (COVID infection risk) for all involved, including the dialysis patients, the staff, and other residents. This request would eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

Based on the above and attached facts, the Requestors respectfully request the Agency to provide a written response exempting Pisgah Manor Health Care Center to develop a kidney disease treatment center with 6 dialysis stations, pursuant to N.C G.S. 131E-184 (a)(1) to eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

Thank you in advance for your assistance and please let me know if you have any questions.

Best Regards,

A handwritten signature in black ink that reads "Timothy Walsh". The signature is written in a cursive style with a large initial 'T' and a long horizontal stroke at the end.

Timothy Walsh
Liberty Healthcare Management, Inc.
TWalsh@LibertySeniorLiving.com

From: [Timothy J. Walsh](#)
To: [Lightbourne, Ena](#)
Cc: [Hunt, Tiffany C](#); [Waller, Martha K](#)
Subject: [External] RE: Pisgah Manor Health Care Center - Exemption Request
Date: Monday, February 7, 2022 1:07:29 PM
Attachments: [Liberty - Pisgah Manor Dialysis Exemption Letter to CON Section.pdf](#)
Importance: High

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good afternoon Ms. Lightbourne:

The Requestors wanted to make one clarification to our exemption letter: CMS has confirmed to the Requestors that an independently certified ESRD may be located within or proximal to an independently certified nursing home. Each facility is responsible for meeting the Medicare conditions or requirements for Medicare participation for the specific provider/supplier type and would be separately surveyed.

Therefore, the Requestors would like to make it known that, while the ESRD will be located within the nursing home, it will need to be separately licensed/certified. Therefore, the licensee/entity of the ESRD will be a to-be-determined entity affiliated with the Requestors.

Please let me know if you need any further information regarding this. Thanks!

Regards,

Timothy J. Walsh

Senior Financial Analyst

Liberty Senior Living

TWalsh@libertyseniorliving.com

From: Timothy J. Walsh
Sent: Friday, February 4, 2022 10:33 AM
To: Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Cc: Hunt, Tiffany C <Tiffany.C.Hunt@dhhs.nc.gov>; Waller, Martha K <martha.waller@dhhs.nc.gov>
Subject: Pisgah Manor Health Care Center - Exemption Request
Importance: High

Good morning Ms. Lightbourne:

In accordance with North Carolina G.S. 131E-184(a)(1), the attached letter is intended to request a determination of exemption from Certificate of Need (“CON”) review by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (“Agency”).

Thank you in advance for your assistance and please let me know if you have any questions.

Regards,

Timothy J. Walsh

Senior Financial Analyst

Liberty Senior Living

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ATTACHMENT 1

Hazard Recognition

Given the evolving nature of the pandemic, OSHA is in the process of reviewing and updating this document. These materials may no longer represent current OSHA recommendations and guidance. For the most up-to-date information, consult **Protecting Workers Guidance**.

What is the risk to workers in the United States?

The risk of worker exposure to SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), depends on numerous factors, including the extent of community transmission; the severity of resulting illness; existing medical conditions workers may have; environmental conditions that may affect exposure risk (e.g., working or living in close quarters); and the medical or other measures available to control the impact of the virus and the relative success of these measures. The U.S. Centers for Disease Control and Prevention (CDC) provides detailed information about this topic.

Certain people are at higher risk of developing more serious complications from COVID-19, including older adults and those with underlying medical conditions such as heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity. See CDC's page for additional information about health conditions that put individuals at higher risk of serious illness from COVID-19.

For the most up-to-date information on OSHA's guidance see *Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace*.

Classifying Risk of Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2 during the pandemic may vary from community to community, depending on local conditions or outbreaks. Exposure risk depends in part on the physical environment of the workplace, the type of work activity, the health status of the worker, the ability of workers to wear face coverings and abide by CDC guidelines, and the need for close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people, including those known to have or suspected of having COVID-19, and those who may be infected with—and able to spread—SARS-CoV-2 without knowing it. Other factors, such as conditions in communities where employees live and work, their activities outside of work, and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.

OSHA has divided job tasks into four potential risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid.

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Employers should always rely on current hazard assessments to identify workers' initial exposure risk to the virus on the job and changes to exposure risk if and when job duties change.



Note: The U.S. Department of Labor and the U.S. Department of Health and Human Services originally published this risk pyramid as part of the Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace (Spanish). Our current understanding of how the SARS-CoV-2 virus spreads, combined with the risk of transmission by people who have the virus without knowing it, suggests that workers in areas with community transmission who have close contact with any other people—not just known or suspected COVID-19 cases—are at increased risk of exposure. Accordingly, OSHA has adjusted the risk categories and examples below to reflect this updated information.

Lower Exposure Risk (Caution)

Jobs that do not require close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.

Medium Exposure Risk

Jobs that require either frequent close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) or sustained close contact with other people in areas with community transmission.* Examples of workers in this category include:

- Those who have frequent or sustained contact with coworkers, including under close working conditions outdoors or in well ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces.
- Those who have frequent outdoor or well ventilated contact with the general public, including workers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars.
- Those living in temporary labor camps (e.g., farm workers) or similar shared housing facilities.

** Because any given person may be an asymptomatic carrier, workers' exposure risks may increase when they have repeated, prolonged contact with other people in these situations, particularly where physical distancing and other infection prevention measures may not be possible or are not robustly implemented and consistently followed.*

High Exposure Risk

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Examples of workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.
- Those who have frequent or sustained contact with coworkers, including under close working conditions indoors or in poorly ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces.
- Those who have frequent indoor or poorly ventilated contact with the general public, including workers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars.

Very High Exposure Risk

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Examples of workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

How Does SARS-CoV-2 Spread?

Although the pandemic possibly originated from humans exposed to infected animals, SARS-CoV-2—like other coronaviruses—spreads between people. The CDC acknowledges that at this time, there is no evidence that companion animals, including pets, play a significant role in spreading SARS-CoV-2 to people.

According to the CDC, the virus that causes COVID-19 spreads most commonly through person-to-person contact (within about 6 feet), primarily through inhalation of respiratory particles (droplets and aerosols) produced when an infected person exhales, talks, sings, shouts, coughs, or sneezes. Less commonly, it is spread through airborne transmission over longer distances when smaller droplets and particles linger in air, particularly in enclosed spaces with inadequate ventilation.

Another less common way that the virus spreads is when someone touches a contaminated surface, and then touches their nose, mouth, or eyes. Current evidence suggests that novel coronavirus may remain viable for hours to days on a variety of surfaces. Frequent cleaning of visibly dirty and high-touch surfaces, followed by disinfection, can help prevent SARS-CoV-2 and other respiratory pathogens (germs) from spreading in workplaces. Although touching contaminated surfaces or objects is not thought to be the main way the virus spreads, CDC is still learning more about various pathways of transmission.

Person-to-person spread is likely to continue to occur in areas with community transmission and insufficient mitigation strategies.

There is still more to learn about the transmissibility, severity, and other features associated with SARS-CoV-2.

Identifying Potential Risks and Sources of Exposure

OSHA requires employers to provide a workplace free from recognized hazards that are causing or are likely to cause death or serious physical harm (29 U.S.C. § 654(a)(1)). To meet this obligation, it is important for employers to assess occupational hazards to which their workers may be exposed. Some OSHA standards, such as those for personal protective equipment (PPE) (29 CFR 1910.132) and respiratory protection (29 CFR 1910.134), include requirements that will help protect workers from exposure to SARS-COV-2.

In assessing potential hazards, employers should consider if and when their workers may be in close contact (within 6 feet) with someone who could have the virus and be able to spread it without knowing it. The extent of community spread, if any, is a key consideration in hazard assessment. Employers should also determine if workers could be exposed to environments (e.g., work sites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Employers may also rely on the identification of infected individuals who have signs and/or symptoms of COVID-19 to help identify exposure risks for workers and implement appropriate control measures. It is also possible that someone may have been in close contact (within about 6 feet) with someone with SARS-CoV-2 in their community

and, thus, may have had exposure that should prompt employer action (e.g., excluding the worker from the workplace during an appropriate self-monitoring quarantine period). The Control and Prevention page provides guidance for controlling risks for worker exposures.

Additional Information

The CDC provides data on COVID-19 cases and deaths in individual states, with links to additional data at the county level. This data can be used to help assess worker risk at specific work locations.

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

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ATTACHMENT 2



People with Certain Medical Conditions

Updated Dec. 14, 2021



COVID-19

This information is intended for a general audience. Healthcare providers should see [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19](#) for more detailed information.

What You Need To Know

- People of any age with the conditions listed below are more likely to get severely ill from COVID-19.
- COVID-19 vaccines (initial doses and boosters) and preventive measures for COVID-19 are important, especially if you are older or have multiple or severe health conditions including those on this list.
- Approved and authorized COVID-19 vaccines (initial doses and boosters) are safe and effective and should be administered to people at higher risk including people with underlying medical conditions. Learn more about [COVID-19 vaccines for people with underlying medical conditions](#).
- [Some immunocompromised people](#) may be eligible for a COVID-19 additional primary dose.
- This list does not include all possible conditions that place you at higher risk of severe illness from COVID-19. If you have a condition not included here, talk to your doctor about how best to manage your condition and protect yourself from COVID-19.

Overview

People of any age with the following conditions are more likely to get severely ill from COVID-19. Severe illness means that a person with COVID-19 may:

- Be hospitalized
- Need intensive care
- Require a ventilator to help them breathe
- Die

In addition:

- [Older adults](#) are more likely to get severely ill from COVID-19. More than 81% of COVID-19 deaths occur in people over age 65. The number of deaths among people over age 65 is 80 times higher than the number of deaths among people aged 18-29.
- The risk of severe COVID-19 increases as the number of underlying medical conditions increases in a person.

- Long-standing systemic health and social inequities have put various groups of people at increased risk of getting sick and dying from COVID-19, including many [people from certain racial and ethnic minority groups](#) and [people with disabilities](#).
 - Studies have shown people from racial and ethnic minority groups are also dying from COVID-19 at younger ages. People in minority groups are often younger when they develop chronic medical conditions and may be more likely to have more than one condition.
 - People with disabilities are more likely than those without disabilities to have [chronic health conditions, live in congregate settings, and face more barriers to healthcare](#). Studies have shown that some people with certain disabilities are more likely to get COVID-19 and have worse outcomes.

COVID-19 vaccines (initial doses and boosters) and preventive measures for COVID-19 are important, especially if you are older or have multiple or severe health conditions. Learn more about CDC's [COVID-19 vaccination](#) recommendations, including how medical conditions and other factors inform recommendations. If you have a medical condition, learn more about [Actions You Can Take](#).

Medical Conditions

- This list is presented in alphabetical order and **not in order of risk**.
- CDC [completed an evidence review process](#) for each medical condition on this list to ensure they met criteria for inclusion on this list. CDC conducts ongoing reviews of additional underlying condition and some of these conditions might have enough evidence to be added to the list.
- As we are learning more about COVID-19 every day, this list **does not** include all medical conditions that place a person at higher risk of severe illness from COVID-19. Rare medical conditions, including many conditions that primarily affect children, may not be included below. The list will be updated as the science evolves.
- A person with a condition that is not listed may still be at greater risk of severe illness from COVID-19 than people of similar age who do not have the condition and **should talk with their healthcare provider**.

Cancer

Having cancer can make you more likely to get severely ill from COVID-19. Treatments for many types of cancer can weaken your body's ability to fight off disease. At this time, based on available studies, having a history of cancer may increase your risk.

Get more information:

- [Cancer](#)
- [American Cancer Society: What People with Cancer Should Know about Coronavirus](#) [↗](#)

Chronic kidney disease

Having chronic kidney disease of any stage can make you more likely to get severely ill from COVID-19.


Get more information:

- [Chronic kidney disease](#)
- [National Kidney Foundation: Kidney disease and COVID-19](#) [↗](#)

Chronic liver disease

Having chronic liver disease, such as alcohol-related liver disease, non-alcoholic fatty liver disease, and autoimmune hepatitis, and especially cirrhosis, or scarring of the liver, can make you more likely to get severely ill from COVID-19.

Get more information:

- [Liver Disease](#) 
- [American Liver Foundation: Your Liver & COVID-19](#) 

Chronic lung diseases

Having chronic lung diseases can make you more likely to get severely ill from COVID-19. These chronic lung diseases may include:

- Asthma, if it's moderate to severe
- Bronchiectasis (thickening of the lungs airways)
- Bronchopulmonary dysplasia (chronic lung disease affecting newborns)
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- Having damaged or scarred lung tissue such as interstitial lung disease (including idiopathic pulmonary fibrosis)
- Cystic fibrosis, with or without lung or other solid organ transplant
- Pulmonary embolism (blood clot in the lungs)
- Pulmonary hypertension (high blood pressure in the lungs)

Get more information:

- [COPD](#)
- [Asthma](#)
- [People with Moderate to Severe Asthma](#)
- [American Lung Association: Controlling Chronic Lung Diseases Amid COVID-19](#) 
- [Cystic Fibrosis](#)

Dementia or other neurological conditions

Having neurological conditions, such as dementia, can make you more likely to get severely ill from COVID-19.

Get more information:

- [Dementia](#)
- [Alzheimer's Association: COVID-19, Alzheimer's and Dementia](#) 

Diabetes (type 1 or type 2)

Having either type 1 or type 2 diabetes can make you more likely to get severely ill from COVID-19.

Get more information:

- [Diabetes](#)
- [American Diabetes Association: How COVID-19 Impacts People with Diabetes](#) 

Down syndrome

Having Down syndrome can make you more likely to get severely ill from COVID-19.

Get more information:

- [Down syndrome](#)
- [Global Down Syndrome Foundation](#) 
- [National Down Syndrome Society: COVID-19 and Down Syndrome](#) 

Heart conditions

Having heart conditions such as heart failure, coronary artery disease, cardiomyopathies, and possibly high blood pressure (hypertension) can make you more likely to get severely ill from COVID-19.

Get more information:

- [Heart Disease](#)
- [American Heart Association: COVID-19](#) 

HIV infection

Having HIV (Human Immunodeficiency Virus) can make you more likely to get severely ill from COVID-19.

Get more information:

- [HIV Infection](#)
- [Interim Guidance for COVID-19 and Persons with HIV](#) 




Immunocompromised state (weakened immune system)

Having a weakened immune system can make you more likely to get severely ill from COVID-19. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. [Primary immunodeficiency](#) is caused by genetic defects that can be inherited. Prolonged use of corticosteroids or other immune weakening medicines can lead to [secondary or acquired immunodeficiency](#).

People who have a condition or are taking medications that weaken their immune system may not be protected even if they are fully vaccinated. They should continue to take all [precautions recommended for unvaccinated people, including wearing a well-fitted mask](#), until advised otherwise by their healthcare provider.

Some people with [moderately or severely compromised immune systems](#) should receive an additional primary dose of COVID-19 vaccine.




Get more information:

- [Types of Primary Immune Deficiency Diseases](#) 
- [Jeffrey Modell Foundation](#) 
- [Immune Deficiency Foundation](#) 
- [Primary Immunodeficiency \(PI\)](#)

Mental health conditions

Having mood disorders, including depression, and schizophrenia spectrum disorders can make you more likely to get severely ill from COVID-19.

Get more information:

- [National Institute of Mental Health \(NIMH\) Shareable Resources on Coping with COVID-19](#) 
- [National Institute of Mental Health \(NIMH\) Depression](#) 
- [Mood Disorders](#) 

Overweight and obesity

Overweight (defined as a [body mass index](#) (BMI) ≥ 25 kg/m² but < 30 kg/m²), obesity (BMI ≥ 30 kg/m² but < 40 kg/m²), or severe obesity (BMI of ≥ 40 kg/m²), can make you more likely to get severely ill from COVID-19. The risk of severe COVID-19 illness increases sharply with elevated BMI.

Get more information:

- [Obesity](#)
- [Obesity, Race/Ethnicity, and COVID-19](#)
- [Obesity Action Coalition: COVID-19 and Obesity](#) [↗](#)

Pregnancy

Pregnant and recently pregnant people (for at least 42 days following end of pregnancy) are more likely to get severely ill from COVID-19 compared with non-pregnant people.

Get more information:

- [Pregnant and Recently Pregnant People](#)
- [Toolkit for Pregnant People and New Parents](#)
- [Investigating the Impact of COVID-19 during Pregnancy](#)

Sickle cell disease or thalassemia

Having hemoglobin blood disorders like sickle cell disease (SCD) or thalassemia can make you more likely to get severely ill from COVID-19.

Get more information:

- [Sickle Cell Disease](#)
- [Thalassemia](#)

Smoking, current or former

Being a current or former cigarette smoker can make you more likely to get severely ill from COVID-19. If you currently smoke, quit. If you used to smoke, don't start again. If you've never smoked, don't start.

Get more information:

- [Smoking & Tobacco Use](#)
- [Tips From Former Smokers](#)
- [Health Benefits of Quitting Smoking](#)

Solid organ or blood stem cell transplant

Having had a solid organ or blood stem cell transplant, which includes bone marrow transplants, can make you more likely to get severely ill from COVID-19.

Get more information:

- [Transplant Safety](#)
- [COVID-19 Resources for Transplant Community](#) [↗](#)

Stroke or cerebrovascular disease, which affects blood flow to the brain

Having cerebrovascular disease, such as having a stroke, can make you more likely to get severely ill from COVID-19.

Having cerebrovascular disease, such as having a stroke, can make you more likely to get severely ill from COVID-19.


Get more information:

- [Stroke](#)
- [COVID19 Stroke Podcast Series for Patients and Caregivers](#) 

Substance use disorders

Having a substance use disorder (such as alcohol, opioid, or cocaine use disorder) can make you more likely to get severely ill from COVID-19.

Get more information:

- [How to Recognize a Substance Use Disorder](#) 
- [Drug Overdose](#)

Tuberculosis

Having tuberculosis can make you more likely to get severely ill from COVID-19.

Get more information:

- [Basic TB Facts](#)
- [Public Health Emergencies](#)

Additional Information on Children and Teens

While children have been less affected by COVID-19 compared with adults, children can be infected with the virus that causes COVID-19, and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions.

Current evidence suggests that children with medical complexity, with genetic, neurologic, or metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19. One way to protect the health of children not currently eligible for vaccination is to ensure that everyone who is eligible in a household is [fully vaccinated against COVID-19](#).

- [Information for Parents and Families](#)

Actions You Can Take

In general, the older you are, the more health conditions you have, and the more severe the conditions, the more important it is to take [preventive measures against COVID-19](#) such as vaccination, wearing a mask, social distancing, and practicing hand hygiene. Please [contact your state, tribal, local, or territorial health department](#) for more information on [COVID-19 vaccination in your area](#).

It is important for people with medical conditions and their providers to work together and manage those conditions carefully and safely. **Get vaccinated for COVID-19 as soon as you can, including taking boosters if and when they are recommended for you.** If you have a medical condition, the following are actions you can take based on your medical conditions and other risk factors:

Seek care when needed

- Call your healthcare provider if you have any concerns about your medical conditions or if you get sick and think that

you may have COVID-19. Discuss steps you can take to manage your health and risks. **If you need emergency help, call 911 right away.**

- Do not delay getting care for your medical condition because of COVID-19. Emergency departments, urgent care, clinics, and your health provider or doctor have infection prevention plans to protect you from getting COVID-19 if you need care.

Continue medications and preventive care

- Continue your medicines and do not change your treatment plan without talking to your healthcare provider.
- Have at least a 30-day supply of prescription and non-prescription medicines. [Talk to a healthcare provider](#), insurer, or pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- Follow your current treatment plan (e.g., [Asthma Action Plan](#), dialysis schedule, blood sugar testing, nutrition, and exercise recommendations) to keep your medical condition under control.
- When possible, keep preventive care and other routine healthcare appointments (e.g., vaccinations and blood pressure checks) with your provider. Check with your provider about safety precautions for office visits and ask about telemedicine or remote healthcare visit options.
- Learn about [stress and coping](#). You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions.

Accommodate dietary needs and avoid triggers

- Have shelf-stable food choices available to accommodate dietary needs based on your medical condition (e.g., kidney diet and [KCER 3-Day Emergency Diet Plan](#) [↗](#), diabetic diet).
- Know the triggers for your condition and avoid when possible (e.g., avoid [asthma triggers](#) by having another member of your household clean and disinfect your house for you or [avoid possible sickle cell disease triggers](#) to prevent vaso-occlusive episodes or pain crises).

Last Updated Dec. 14, 2021

From: [Timothy J. Walsh](#)
To: [Lightbourne, Ena](#)
Cc: [Hunt, Tiffany C](#); [Waller, Martha K](#)
Subject: [External] Pisgah Manor Health Care Center - Exemption Request
Date: Friday, February 4, 2022 10:34:04 AM
Attachments: [Liberty - Pisgah Manor Dialysis Exemption Letter to CON Section.pdf](#)
Importance: High

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good morning Ms. Lightbourne:

In accordance with North Carolina G.S. 131E-184(a)(1), the attached letter is intended to request a determination of exemption from Certificate of Need (“CON”) review by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (“Agency”).

Thank you in advance for your assistance and please let me know if you have any questions.

Regards,

Timothy J. Walsh

Senior Financial Analyst

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