

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>3-28-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000609</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling, Singleton</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> I FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid
61 Forsyth St. Suite 4T20
Atlanta, Georgia 30303-8909

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

March 27, 2007

Log. Wells
"No. Action"
cc: *Bowling*
Smyleton

Mr. Roy W. Furr, Jr., M.D. FAAP, FRSM
Cherokee Children's Clinic
1307 N. Logan Street
Gaffney, SC 29341

MAR 27 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: RHC CMS Certification Number (CCN): 42-8948

Dear Mr. Furr:

This correspondence is in response to your request for a waiver of the Rural Health Clinic staffing requirement for the above referenced Rural Health Clinic.

Based on the documentation furnished to us, it has been determined that your request for a waiver of the staffing requirement is approved. Please note that the Secretary allows for a one-year Rural Health Clinic staffing requirement waiver. The effective date is **December 1, 2006**.

We are notifying the South Carolina State Survey Agency of this action. If you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey & Certification