


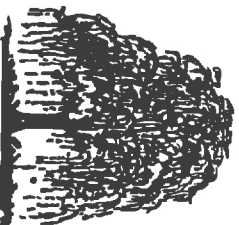
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Myers</b>	DATE <b>7-8-10</b>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000015</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> 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.			



# Willowglen Academy

## South Carolina, Inc.

A Wholly Owned Subsidiary of Phoenix Care Systems, Inc.

1399 Harmony Camp Road, Greeleyville, South Carolina 29056 (803) 473-4656 Fax: (803) 473-4676

**RECEIVED**

JUL 07 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Willowglen Academy – South Carolina, Inc.  
1399 Harmony Camp Rd.  
Greeleyville, SC 29056

803-473-4656

Fax: 803-473-4676

936MXH

Dear Ms. Forkner,

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my personal knowledge and belief, I attest that Willowglen Academy – South Carolina, Inc. hereby complies with all of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 rule).

I understand that the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA), SCDHHS or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to Medicaid regulations at 431.610, have the right to validate that Willowglen Academy – South Carolina, Inc. is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

In addition, I will notify the SCDHHS immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify SCDHHS if it is my belief that Willowglen Academy – South Carolina, Inc. is out of compliance with the requirements set forth in the Psych Under 21 rule.

Richard Danback

Executive Director

6/21/2010

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