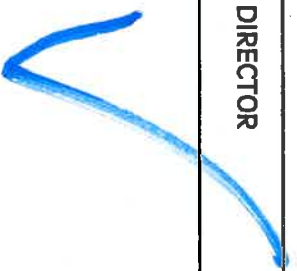


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bewling</i>	DATE <i>8-28-06</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>000176</i>	<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.			



August 24, 2006

*Doc-Bordley
"The Action"*

RECEIVED

AUG 28 2006

Robert M. Kerr, Director
Department of Behavioral Health Services
Attention: Behavioral Health, J-9
Post Office Box 8206
1801 Main Street
Columbia, South Carolina 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Provider Number: RTF027

Dear Mr. Robert M. Kerr, Director:

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my resident knowledge and belief, I attest that Lighthouse Care Center of Conway 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 twenty-one published on February 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 Rule).

Subject Facility is licensed for 16 RTF beds and runs an ADC of 14 in these beds. Our census today is 14. All of the licensed beds are paid for by South Carolina Medicaid and we have never served any adolescent from any other state.

I attest that Lighthouse Care Center of Conway meets all of the requirements under Part 483 Subpart G governing the use of restraint and seclusion, based upon my information.

I understand that the Centers for Medicare and Medicaid Services (CMS) formerly HCFA, the State Medicaid Agency 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 Lighthouse Care Center of Conway is in compliance with the requirements set forth in the Psych Under 21 Rule, and to investigate serious occurrences as defined under this rule.

I acknowledge the right of DHEC (or its agents) and, if necessary CMS to conduct an on-site survey at any time to validate Lighthouse Care Center of Conway's compliance with

the requirements of the rule to investigate complaints lodged against the facility, or to investigate serious occurrences.

In addition, I will notify the Department of Health and Human Services, Behavioral Health Services, Attestation Department located at Post Office Box 8206, Columbia, South Carolina, 20206-8206 immediately if I vacate this position so that an attestation can be submitted by my successor. I will notify the State Medicaid Agency if it is my belief that Lighthouse Care Center of Conway is out of compliance with the requirements set forth in the Psych Under 21 Rule.

Lighthouse Care Center of Conway will submit a new attestation of compliance annually and in the event of a new facility director being appointed.

This information is respectfully submitted,

Sincerely,

A handwritten signature in dark ink, appearing to read "Francis M. Sauvageat", written in a cursive style.

Francis M Sauvageat
CEO

Lighthouse Care Center of Conway