

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>7-21-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center;"><i>000103</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"><i>CC: Singleton, Bowling</i></div>	

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 Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



July 19, 2006

Ms. Nancy Seagraves, Administrator
Ridgeland Nursing Center, Inc.
1516 Grays Highway, P.O. Box 1570
Ridgeland, SC 29936

SNF Provider Number: 42-5132

Dear Ms. Seagraves:

This is to inform you that as a result of the Centers for Medicare and Medicaid Services Ruling (CMS-R-92-1) and Section 1819 and 1919 of the Social Security Act (the Act), agreement for Skilled Nursing Facilities and Nursing Facilities will no longer be time limited. Therefore, your facility's provider agreement will not automatically expire. The ruling affirms CMS's intention to assure consistency between the nursing home reform provisions of Section 1819 and 1919 of the Act and other program regulations.

Your facility must comply with the Requirements for Participation as specified in Sections 1819(b), (c), and (d) and/or 1919(b), (c), and (d) of the Act. An onsite survey by the State Agency is still required and will be conducted periodically to verify compliance.

Waiver has been approved for F458/Life Safety Code.

Waivers are not open-ended. The State Survey Agency will evaluate the justification for continuing these waivers or variances during each annual survey.

If you have any questions, please contact Willie Tucker at 404-562-7470.

Sincerely,

/s/

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

Los-Wells
"See Action"
cc: Singleton
Bowling
RECEIVED
JUL 20 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR