

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>7-3-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000003	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>Cleared on 7/3/07, the attached e-mail response</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-13-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input 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.			



House of Representatives
Washington, DC 20515

BOB INGLIS
4TH DISTRICT, SOUTH CAROLINA

June 27, 2007

JUDICIARY
EDUCATION AND WORKFORCE
SCIENCE

Kristen Taylor
Administrator
Community Long Term Care
1411 W. O. Ezell Boulevard
Spartanburg, SC 29301-1513

Dear Ms. Taylor:

I am writing on behalf of my constituent, James Lancaster (POA for Bertha L. Lancaster 248-38-4176), about the status of Mrs. Lancasters placement with a Community Long Term Care facility. Enclosed is a copy of his letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in James' correspondence with respect to your agency's governing rules and regulations. I have assured James that I would write to emphasize my interest in his case and to help obtain a reply from your office.

Thank you, in advance, for your help and please feel free to call Dwayne Hatchett of my Spartanburg office if you have any questions or need further information. Dwayne can be reached at 864-582-6422.

I look forward to hearing from you soon.

Sincerely,

Bob Inglis
Member of Congress

B/dh

Enclosure

cc: James Lancaster

WASHINGTON, DC
330 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20516
PHONE: (202) 225-6930
FAX: (202) 228-1177

SPARTANBURG, SC
464 EAST MAIN STREET, SUITE 8
SPARTANBURG, SC 29302
PHONE: (864) 682-6422
FAX: (864) 673-9478
UNION, SC
PHONE: (864) 427-2205
www.house.gov/inglis

GREENVILLE, SC
106 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
PHONE: (864) 232-1141
FAX: (864) 233-2160

07/02/2007 10:21AM

RECEIVED
JUN 27 2007

BY:.....

June 25, 2007

James C. Lancaster
274 Woodhaven Dr.
Union, SC 29379

Congressman Bob Inglis
464 East Main St., Suite 8
Spartanburg, SC 29302

Dear Congressman Inglis:

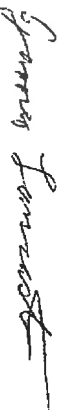
Per my telephone conversation with Dewayne, I have been trying to get my mother, Bertha L. Lancaster, approved for Community Long Term Care. I need for her to attend adult day care. She has been approved for Medicaid. All the forms have been submitted and she has been on the slot list as of May 16, 2007. Her case worker is Andrea Thompson with the S. S. Office in Union, SC (864-429-1660).

My sister is her primary care giver and her husband is going to have major surgery June 29, 2007 and she will not have the time to take care of her during the day.

Your help in getting this service

approved will be greatly appreciated.

Sincerely,



James C. Lancaster
Power of Attorney

Enclosures (3)

07/02/2007 10:21AM

STATE OF SOUTH CAROLINA)
)
 COUNTY OF UNION)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, Bertha L. Lancaster, a legal

resident of Union County, South Carolina, do hereby make, constitute, and appoint

George R. Lancaster and/or James C. Lancaster, legal resident of Union County,
 South Carolina, my true and lawful Attorneys-in-fact to specifically perform as follows:
 follows:

1. Perform all and every act, deed, matter and thing whatsoever in and about my estate, property and affairs, as fully and effectually to all intents and purposes as I might or could do in my own proper person, if personally present, with full powers for me and in my name to ask, demand, sue for, defend, collect, receive, release and give acquittance for, all sums of money, debts, demands whatsoever which are or shall be due, owing or belonging to me from any person, corporation or otherwise.

2. To prosecute and/or defend any actions, suits or legal proceedings which may be pending or may be instituted, with full power to employ counsel, to arbitrate, compromise, submit to judgment, or prosecute an appeal, and the said attorney is hereby authorized to settle or compromise any claim due me or my estate for such amounts as he may deem best and to prosecute as he deems necessary to protect my interest.

3. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, endorsements, hypothecations, checks, notes, mortgages, vouchers, receipts, consents, waivers, releases, undertakings, satisfactions, acknowledgments and such other documents or instruments in writing of whatever kind and nature as may be necessary, convenient, or proper in the premises.

4. To deposit in my name and for my account, with any bank, banker or trusts company or any building or savings and loan association or any other banking or similar institution, all moneys to which I am entitled or which may come into Attorney's hands as such attorney-in-fact, and all bills of exchange, drafts, checks, promissory notes and other securities for money payable belonging to me, and for that purpose to sign my name and endorse each and every such instrument for deposit or collection; and from time to time, or at any time, to withdraw any or all moneys deposited to my credit at any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution having moneys belonging to me, and, in connection therewith, to draw

checks or to make withdrawals in my name; to make, do, execute, acknowledge and deliver, for and upon my behalf and in my name, all such checks, notes and contracts;

5. To endorse, receive, and collect checks payable to my order drawn on the Treasurer or other fiscal officer or depository of the United States, or any sovereign state or authority.

6. To apply for, elect, deposit and utilize on my behalf all benefits payable by any governmental body or agency, state, federal, county, city or other ad to obtain, make claim upon, collect and dispose of insurance and insurance proceeds for my care, custody and control.

7. This power of attorney shall not be affected by physical disability or mental incompetence which renders me incapable of managing my own estate.

WITNESS my hand and seal at Union, South Carolina this 23rd day of July, 2004.

IN THE PRESENCE OF:

Brenda H. McLeod
James B. Black

Bertha L. Lancaster
Bertha L. Lancaster

STATE OF SOUTH CAROLINA)
) PROBATE
COUNTY OF UNION)

PERSONALLY appeared before me, the undersigned witness, who being sworn, says that (s)he was present and saw the within named, Bertha L. Lancaster as her act and deed deliver the within POWER OF ATTORNEY, and that (s)he with the other witness, witnessed the execution thereof.

SWORN to before me this 23rd
day July, 2004

James B. Black

Brenda H. McLeod
Notary Public for South Carolina
My commission expires 4/16/12

DATE 7-1-07Mark Sanford
GovernorState of South Carolina
Department of Health and Human ServicesSusan B. Bowling
Acting DirectorFAX TRANSMITTAL SHEETTO: Mary Patton FAX # 803 898 4569
FROM: Spartanburg FAX # (864) 587-4716COMMENTS: _____

_____☒ NOTICE: Follow-up copy will NOT BE SENT. Retain
for your records.5 PAGES INCLUDING TRANSMITTAL SHEETIf you do not receive the entire transmission or have questions, please call _____
at (864) 587-4707.CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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Authorized _____

SpartanburgDivision of Community Long Term Care
1411 W. O. Ezell Blvd., Suite 6
Spartanburg, SC 29301

07/02/2007 10:21AM

From: Maria Patton
To: Bryan Kost
Date: 7/3/2007 9:37:50 AM
Subject: Fwd: Inglis office

This is the one I emailed you about yesterday

>>> Kristin Taylor 07/03/07 8:13 AM >>>

Bertha Lancaster was entered into CM yesterday and working on the ADHC service, per Susan Dowd.

CC: sam

Cheri Offie has been
advised of this

Stulley
7/3/07