

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells</i>	<i>8-16-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000155</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action DATE DUE _____

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

CENTERS FOR MEDICARE & MEDICAID SERVICES



August 15, 2006

Palmetto Low Country Behavioral Health
2777 Speissegger Drive
Charleston, SC 29405

Joy Wells

RECEIVED

AUG 15 2006

"Mr. Austin"

cc: Swigert

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Hospital Identification No.: 42-4006

Dear Administrator:

This letter is to inform you that it has been determined that your psychiatric hospital continues to meet the requirements to participate in the Health Insurance for the Aged and Disabled Program (Medicare).

You are advised to report any major changes in staffing, services, ownership, or other significant characteristics, which potentially could affect your facility's compliance, to the State Survey Agency for action as deemed necessary.

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