


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8-16-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>600155</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 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.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St, Suite 4T20  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

August 15, 2006

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

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

*Log Wells*  
"McC. O'Brien"  
cc: *Smigelton*  
**RECEIVED**  
AUG 15 2006  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR