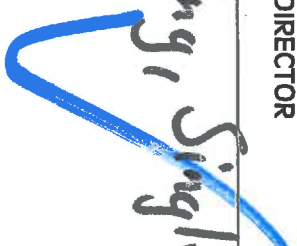


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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  <i>000104</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>CC: Bowling, 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 4120  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

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

*Pos. Wille*  
*McC. Galtion*  
*cc: Bowling*  
*Swingleton*  
**RECEIVED**  
JUL 20 2006  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR