

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Mells</i>	DATE <i>6-12-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>000769</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>EC: Bowling, Singletan</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

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



June 11, 2007

JUN 12 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Karl Gorrell, CFO  
Trident Medical Skilled Nursing Care Center  
9330 Medical Plaza Drive  
Charleston, SC 29406

Re: SNF CMS Certification Number (CCN): 42-5336

Dear Mr. Gorrell:

Your request to withdraw from the Health Insurance for the Aged and Disabled Program (Medicare) as a provider of services has been accepted. Accordingly, your agreement with the Secretary of Health and Human Services will terminate effective **July 1, 2007**.

In accordance with your Health Insurance Benefits agreement, public notice of this voluntary termination is necessary. Please publish a notice in the local newspaper with the widest circulation as soon as possible. The notice should be along the following lines:

Trident Medical Skilled Nursing Care Center will no longer participate in the Medicare Program (Title XVIII of the Social Security Act) effective **July 1, 2007**. The agreement between Trident Medical Skilled Nursing Care Center and the Secretary of Health and Human Services will terminate on **July 1, 2007** in accordance with the provisions of the Social Security Act.

The Medicare program will not make payment for Skilled Nursing Facility services furnished to patients who were admitted on or after **July 1, 2007**. For patients admitted prior to **July 1, 2007**, payment may continue to be made for up to 30 days of inpatient services furnished on or after **July 1, 2007**.

Name of authorized official  
Name of institution

Please provide our office with a copy of the newspaper notice. Send to: Atlanta Federal Center, CMS, Region IV, 61 Forsyth Street, S.W., Suite 4T20, Atlanta, Georgia 30303-8909. You should be touch with **Mutual of Omaha (52280)** to make arrangements for completing a final cost report and to adjust any outstanding current financing or accelerated emergency payments. They have been notified of this action by copy of this letter.

Should you have any questions concerning this matter, please contact Willie Tucker (404) 562-7470.

Sincerely,

/s/

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

**NOTE TO THE FISCAL INTERMEDIARY:  
THIS LETTER REPLACES THE CMS-2007, PROVIDER TIE-IN NOTICE.**