

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8/29/07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000120	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Singhla</i> <i>Bouding / Chaloup</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 Ser
61 Forsyth St, Suite 4T20
Atlanta, Georgia 30303-8909

*Log: Sander
c: waldrop
N/A*



August 23, 2007

RECEIVED

AUG 27 2007

Mr. P. Scott Jones, Administrator
Pepper Hill Nursing & Rehab Center, LLC
3525 Augustus Road
Aiken, SC 29801

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: SNF CMS Certification Number (CCN): 42-5308

Dear Mr. Jones:

We have been notified of the change in the ownership of your facility effective **October 1, 2003**.

When there is a change of ownership, the Medicare agreement between the Secretary of Health and Human Services and the former owner is automatically assigned to the new owner, who is subject to all the terms and conditions of the provider agreement. These include: correcting deficiencies previously cited, complying with Title VI of the Civil Rights Act, complying with applicable health and safety requirements, and submitting the Ownership and Financial Interest Disclosure Statement to the Centers for Medicare and Medicaid Services.

Effective with the change of ownership the following apply:

PREVIOUS

Provider #: 42-5308
Effective Date: 5/23/91
Intermediary & Code: Palmetto (00380)
FYE: 09/30

NEW

Provider #: 42-5308
Effective Date: 10/01/03
Intermediary & Code: Palmetto (00380)
FYE: 09/30

Payment may be made for services rendered by your facility under the new ownership until your compliance with all Medicare requirements can be confirmed by an on-site survey. Payments will be discontinued upon the expiration of your provider agreement if certification requirements are not met.

You must take steps to maintain required records and information necessary to allocate the costs for furnishing services to beneficiaries. Payments made under Medicare are subject to a final cost report. Your fiscal intermediary will contact you shortly concerning the cost report. Your fiscal intermediary will contact you shortly concerning the cost report. They will explain any records and information, which will be needed to validate these costs. **Palmetto Government Benefits Administration (00380)** has been notified by a copy of this letter.

Should you have any questions concerning this matter, please contact Patricia Pearson at (404) 562-7441.

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