

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>10-4-00</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000295</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Bowling</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

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

October 4, 2006

Gaurand Shah, M.D., Owner/President
Tri-County Pediatrics, LLC
31 S. Congress Street
York, SC 29745

Jos- Wells
" u. Mc. Action "
De. Smo. Action
for

RECEIVED
OCT 04 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Dr. Shah:

We have determined that your facility is not eligible to participate as a Rural Health Clinic Facility in the Medicare Program. In order to qualify for participation in the Program, a Rural Health Clinic Facility must comply with the statutory provisions, and with the Conditions of Participation.

Representatives of the South Carolina State Survey Agency conducted an initial survey on **July 3, 2006** and determined that your facility did not meet the conditions of participation. The Statement of Deficiencies (CMS-2567) is attached. Although you do not qualify at this time, you may take the necessary steps to correct these deficiencies and reapply to establish your eligibility.

If you believe that this determination is incorrect, you may request that the deficiencies be reconsidered. The request must be submitted in writing to this office within sixty (60) days from the date you receive this notice. You may submit with the reconsideration request any additional information that you feel may have a bearing on this decision.

If you have any concerns or questions, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

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

Enclosure: CMS 2567