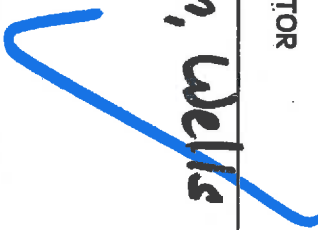


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>3-28-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000613</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Wells</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.			

Lancaster Convalescent Center, Inc.

P.O. Box 1749
2044 Pageland Highway
Lancaster, South Carolina 29721
(803) 285-7907 • Fax (803) 289-1790

Log-Bowling
Mr. Ne. Astor
Dr. Singleton
Wells

March 26, 2007

RECEIVED

MAR 27 2007

S C Department of Health & Human Services
Mr. Robert Kerr, Director
P O Box 8206
Columbia, S C 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am advising you of a change in Administrator at Lancaster Convalescent Center. Effective March 26, 2007, Mrs. Cynthia S. Williamson, License # 12121-N06 is not the Administrator of Lancaster Convalescent Center. Mrs. Catherine M. Hester, License # N90-260 has been engaged to accept the Administrator position effective March 26, 2007.

Please let me know if you require any additional information.

Thank you,



C. C. Cecil
V. P. of Operations