

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

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>4-18-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>000659</i>  <i>cc: Singleton, Bowling</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input 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



Amending letter dated 2/1/07

April 12, 2007

**RECEIVED**

APR 17 2007

Ms. Evelyn Swinton, Administrator  
Faith Health Care Center  
617 West Marion Street  
Florence, SC 29501

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: SNF CMS Certification Number (CCN): 42-5009

Dear Ms. Swinton:

We have been notified of the change in the ownership of your facility effective **\*September 29, 2006**. The effective date of the previous owner was May 13, 2002. The fiscal year end date is **December 31 and Mutual of Omaha, (52280)** will continue to serve as the intermediary. They have been notified of this change by copy of this letter.

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.

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. They will explain any records and information which will be needed to validate these costs.

Should you have any questions concerning this matter, please contact Willie Tucker at (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 HCFA-2007, PROVIDER TIE-IN NOTICE**

**\*Amended to show the correct effective date of September 29, 2006.**