


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

**ACTION REFERRAL**

<b>TO</b> <i>Wells</i>	<b>DATE</b> <i>6-12-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
<b>1. LOG NUMBER</b> <p align="center"><i>000770</i></p>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
<b>2. DATE SIGNED BY DIRECTOR</b> <p><i>CC: Singleton</i></p> 	<input type="checkbox"/> I 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 Street, Suite 4120  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**RECEIVED**

June 11, 2007

JUN 12 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Sue C. Stack, Administrator  
Medical Building PA #2  
456 North Main Street  
Hemingway, SC 29554

Re: RHC CMS Certification Number (CCN): 42-3859

Dear Ms. Stack:

We have been notified of the change in the ownership of your facility effective **January 1, 2007**. The effective date of the previous owner was April 18, 1995. The fiscal year end date is **December 31 and Riverbend CBA (00390)** 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 CMS-2007, PROVIDER TIE-IN NOTICE**