

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

ACTION REFERRAL

TO	DATE
<i>Wells</i>	<i>6-29-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000806	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Bowling, Singleton</i>	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite 4120
Atlanta, Georgia 30303-8909

CENTERS for MEDICARE & MEDICAID SERVICES



June 27, 2007

Ms. Shannon C. Morrison, Administrator
Executive Director
Blue Ridge Living Center
1850 Crestview Road
Easley, SC 29642

Log: Wells
c: Bowling
Sinkster
RECEIVED
JUN 28 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: SNF CMS Certification Number (CCN): 42-5298

Dear Ms. Morrison:

This is to inform you that as a result of the Centers for Medicare and Medicaid Services Ruling (CMS-R-92-1) and Section 1819 and 1919 of the Social Security Act (the Act), agreements for Skilled Nursing Facilities and Nursing Facilities will no longer be time limited. Therefore, your facility's provider agreement will not automatically expire. The ruling affirms CMS's intention to assure consistency between the nursing home reform provisions of Section 1819 and 1919 of the Act and other program regulations.

Your facility must comply with the Requirements for Participation as specified in Sections 1819(b), (c), and (d) and/or 1919(b), (c), and (d) of the Act. An onsite survey by the State Agency is still required and will be conducted periodically to verify compliance.

Waiver has been approved for K-056/Life Safety Code.

Waivers are not open-ended. The State Survey Agency will evaluate the justification for continuing these waivers or variances during each annual survey.

If you have any questions, please contact Hayri Ozdener at Hayri.Ozdener@cms.hhs.gov or Willie Tucker at 404-562-7470.

Sincerely,

/s/

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