

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>8-26-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000084</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, Kost, Roberts</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-5-13</i>
<i>closed 8/29/13, see note</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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.			



State of South Carolina
Office of The Lieutenant Governor

Glenn F. McConnell
Lieutenant Governor

Office on Aging
Tony Kester
Director

August 23, 2013

RECEIVED

AUG 26 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Tony Keck
Director
SC Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

During a conference call on August 21, 2013, I learned of the pending enforcements against the facilities Azalea Woods and Florence Rehab and Nursing Center. According to information provided by your staff during the call, Medicaid billing has been disallowed for both facilities as a result of the facility operator pleading guilty to Medicaid fraud.

To gain further insight into this situation, I contacted the CMS Office of Long Term Care Certification and Enforcement. During my conversation with CMS staff, they confirmed the Office of the Inspector General's enforcement and advised me that your agency will make the decisions regarding the management of the residents of these facilities and their monies.

As the State Long Term Care Ombudsman, I am deeply concerned for the welfare of the residents in these facilities so I am inquiring into the status of this situation. Although these are unique circumstances, without Medicaid payments to provide for staff, medications, food, and overall care, a significant potential for a decline in the quality of care provided to the residents exists.

At present, I am not aware of a methodology in place that would establish an emergency fiscal intermediary or emergency management team for each facility. If such a protocol exists or if your agency could establish such a protocol, this would prevent the mass relocation of residents, potentially preventing deaths due to transfer trauma and reduce the number of residents who would be hospitalized or taken to the Emergency Room.

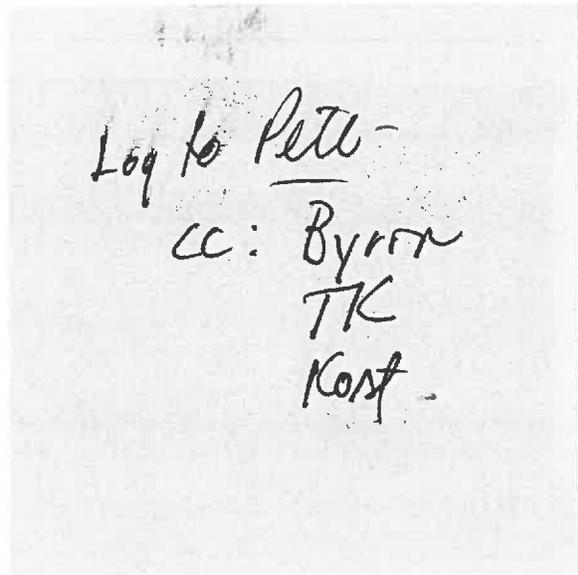
Thank you for your consideration and attention to this matter. Since our mission includes monitoring these facilities for quality of care concerns, please let me know if I can be of assistance as you move forward to resolve this issue.

Sincerely,



A. Dale Watson
State Long Term Care Ombudsman

Cc: The Honorable Glenn McConnell
Pete Liggett
Nicole Mitchell-Threatt



Lieutenant Governor
Office on Aging
1301 Gervais Street, Suite 350
Columbia, South Carolina 29201

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AUG 26 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Tony Keck
Director SCDHHS

Hand Delivered

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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>* Nicole is working on this - Response is not needed. 8/29/13</i>
2.			
3.			
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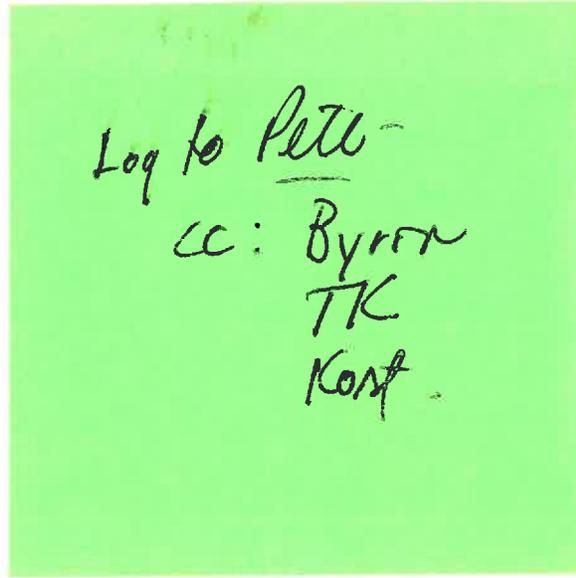
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State Long Term Care Ombudsman

Cc: The Honorable Glenn McConnell
Pete Liggett
Nicole Mitchell-Threatt



Log to Pete
cc: Byron
TK
Kost

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