

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

**ACTION REFERRAL**

TO <i>Liggett</i>	DATE <i>6-11-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000396</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<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.			

**EXPANDI**



**RECEIVED**

MAY 30 2014

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

May 27, 2014

SCDHHS Division of Family Services

Attention: Attestation

Post Office Box 8206

Columbia, SC 29202

Re: Palmetto Summerville Behavioral Health

225 Midland Parkway, Summerville, SC 29485

Phone: 843-851-5015 Fax: 843-745-5115

Provider Number: RTF003 NPI: 1467485144

To Whom It May Concern:

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my personal knowledge and belief, I attest that the Summerville Behavioral Health Campus hereby complies with all of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 rule).

I understand that the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA), SCDHHS or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to Medicaid regulations at 431.610, have the right to validate that Summerville Behavioral Health Campus is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

Currently this sixty-unit bed facility serves two (2) residents from North Carolina, one (1) resident from Virginia and is serving one (1) resident who funded through private insurance from Georgia.

225 Midland Parkway  
Summerville, SC 29485  
Phone 843.851.5015  
Fax 843.745.5115

In addition, I will notify the SCDHHS immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify SCDHHS if it is my belief that Palmetto Summerville Behavioral Health is out of compliance with the requirements set forth in the Psych Under 21 rule. If you should need any additional information please do not hesitate to contact me at (803) 791-9918 or [Shannon.marcus@uhsinc.com](mailto:Shannon.marcus@uhsinc.com).

Sincerely,



Shannon Marcus, CEO

Palmetto Summerville Campus

CC: Anthony Keck

225 Midland Parkway  
Summerville, SC 29485  
Phone 843.851.5015  
Fax 843.745.5115

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL™**  
COLUMBIA



7013 0600 0000 3196 2954



**THREE RIVERS**  
RESIDENTIAL TREATMENT  
MIDLANDS CAMPUS

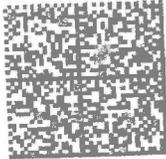
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**OFFICE OF THE DIRECTOR**

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MAY 30 2014  
JUN 15 2014

SCDHHS Division of Family Services  
Attn: Attestation/*Anthony Heck*  
PO Box 8206  
Columbia, SC 29202



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