

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5-27-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101659</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>6/5/09</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farber Cleared 6/5/09, letter attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA
ASSISTANT REPUBLICAN WHIP
COMMITTEES:
ARMED SERVICES
RANKING, PERSONNEL SUBCOMMITTEE
FOREIGN AFFAIRS
EDUCATION AND LABOR
HOUSE POLICY

Congress of the United States
House of Representatives

May 26, 2009

Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Attention: Long Term Care

Re: Howard A. Bean
Daughter: Susan Till

Dear Friend:

I am writing to you on behalf of the above named constituent who has contacted me regarding admission to C.M. Tucker Nursing Center. Enclosed is a letter from Ms. Susan Till further explaining her concerns. Your kind assistance in this matter would be greatly appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input. Thank you for your time and concern in this and all other matters.

Please respond to the Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169, Fax: 803-939-0078.

Very truly yours,

JOE WILSON
Member of Congress

JW/ww

RECEIVED
SCOTT'S BUREAU OF
LONG TERM CARE
MAY 27 AM 9:10

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

RECEIVED

MAY 27 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please log:
Myers
c: klf gk

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAY 27 2009

RECEIVED

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2535

TOLL FREE 1-888-381-1442

Monday Oct 11, 2009

A
R. Walker,

This is in reference to our conversation on Mon, Oct. 11th, about my dad Howard A. Barn. I have been trying to get Mimi into the CM Tucker nursing home for a month now. I was told the first week in April. Then the whole nursing home came down with the flu. It was also under inspection, which was held up because of the flu. It had been closed for about 3 weeks now, every Monday I am told the director hasn't give the okay to start admitting yet. There is a change of director taking place the end of May. My dad is having mimi diagnosed or checked one or two times a day. This is hard for me to do now. I need Mimi where he can be monitored & taken care of. This is hard for me to do as it is, he has almost total dementia and doesn't remember eating, when it's day or night, time. We need help with Mimi. I don't want anything to happen to Mimi before it's his time. I am hoping you can help us. My contact at CM Tucker IR N Home is: Sarah Kishman
803-737-5441

His Doctor is DR. Scott Dacus 1-803-957-8400

My phone # 803-892-6615

My cell # 803-427-6106

Thank-you so much

Sudans tul
351 Shady Grove Rd
Gilbert, S.C. 29054



CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Agency: C.M. Tucker, Jr. Nursing Care Center

Name (please print): Howard A. Bean

Date of Birth 4-14-1926

Address 351 Shady Grove Rd

Gilbert City S.C. Zip 29054

Social Security Number 004-20-2406

E-mail Address stblueclay@aol.com (Susan's)
Daughter

Telephone Number - Home 803-892-1615

Telephone Number - Cell 803-429-1616

Signature Howard A. Bean

Today's Date 5-11-09

Please briefly explain your concern (use the back if necessary): We need help

getting my dad in the nursing home. His health is
getting worse, he needs monitoring, 24-7.

Thank-you

General Power of Attorney
(with Durable Provision)

FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOSE NAME IS IN THE "GRANTOR" SECTION OF THIS DOCUMENT THE POWER TO PLEDGE, SELL OR OTHERWISE DISPOSE OF BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Howard A Bean Sr.
of 351 Shady Grove Rd Gilbert SC 29054 Busen
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to 351 Shady Grove Rd Gilbert SC
B. Till
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.

If my Agent is unable to serve for any reason, I designate Stephen M. Till Sr.
of 351 Shady Grove Rd Gilbert SC 29054 as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | | |
|-------------------------------------|-----|--|
| <input checked="" type="checkbox"/> | (A) | Real estate transactions |
| <input checked="" type="checkbox"/> | (B) | Tangible personal property transactions |
| <input checked="" type="checkbox"/> | (C) | Bond, share and commodity transactions |
| <input checked="" type="checkbox"/> | (D) | Banking transactions |
| <input checked="" type="checkbox"/> | (E) | Business operating transactions |
| <input checked="" type="checkbox"/> | (F) | Insurance transactions |
| <input type="checkbox"/> | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| <input checked="" type="checkbox"/> | (H) | Claims and litigation |
| <input checked="" type="checkbox"/> | (I) | Personal relationships and affairs |
| <input checked="" type="checkbox"/> | (J) | Benefits from military service |

- (K) ~~XXXXXX~~ Records, reports and statements
- (L) ~~XXXXXX~~ Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
- (M) Access to safe deposit box(es)
- (N) ~~XXXXXX~~ All other matters

Durable Provision:

 (O)

If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.

Other Terms:

My Attorney-in-Fact/Agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this _____ day of _____, 20____.

Signed in the presence of:

[Signature]
Witness

[Signature]
Witness

Grantor (Principal)

[Signature]
Attorney-in-Fact/Agent

[Signature]

coming in via signature
On April 19, 2018 before me, Pauline Holmes, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Pauline Holmes

Affiant Known Produced ID
Type of ID _____
(Seal)



059
To do ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 5, 2009

The Honorable Joe Wilson
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for forwarding us correspondence from Ms. Susan Till regarding the potential placement of her father, Howard Bean, into CM Tucker Jr. Nursing Care Center.

Since the South Carolina Department of Health and Human Services (SCDHHS) does not oversee the admission of residents to CM Tucker Jr. Nursing Care Center, we are forwarding Ms. Till's letter to the South Carolina Department of Mental Health for a response. SCDHHS is responsible for the Medicaid payment made to nursing homes.

If you have any questions or need additional assistance, please contact Nicole Mitchell-Threatt in the Bureau of Long Term Care and Behavioral Health Services at (803) 898-2689. Thank you for your support of the South Carolina Medicaid program.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/mwhk



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 5, 2009

John H. Magill
State Director
South Carolina Department of Mental Health
2414 Bull Street
Columbia, South Carolina 29202

Dear Mr. Magill: *John*

Attached please find a request from Representative Joe Wilson on behalf of Ms. Susan Till who is trying to get her father Mr. Howard Bean admitted to C.M. Tucker Nursing Center.

Since the South Carolina Department of Health and Human Services (SCDHHS) does not oversee the admission of residents to CM Tucker Jr. Nursing Care Center, we are forwarding her letter to you for appropriate disposition.

Should you have further questions regarding this correspondence, feel free to contact Nicole Mitchell-Threatt in the Bureau of Long Term Care and Behavioral Health Services at (803) 898-2689.

Sincerely,

A handwritten signature in cursive script that reads "Emma".

Emma Forkner
Director

EF/mwhk