

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

**ACTION REFERRAL**

TO <i>Liggett</i>	DATE <i>4-27-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000235</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Sapan</i>	<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.			

**RECEIVED**

APR 24 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



W. Marshall Taylor Jr., Acting Director

*Promoting and protecting the health of the public and the environment*

April 21, 2015

Mr. Al Towery, Administrator  
Lake Emory Post Acute Care  
59 Blackstock Road  
Inman, SC 29349

**Re: Special Focus Facility**

**CCN: 425303**

Dear Mr. Towery:

Because of your facility's poor compliance history for the past three years, you have been selected as a Special Focus Facility (SFF) program. The purpose of this letter is to notify you of this designation and to explain what this designation means for your nursing home.

**What Does This Mean?**

You will be subjected to two standard surveys per year instead of the one required by law. You can expect that we will be closely monitoring your facility with the desire that your facility can attain and maintain compliance.

**How Does A Facility Get Removed From the SFF?**

A nursing home may be removed from the SFF program when it demonstrates at two standard surveys that it has no deficiencies cited at a scope and severity level of "F" or greater and no intervening complaint-related investigation cited at "F" or greater. A nursing home may also be removed through a termination action if it fails to make significant improvements in the 24 months (3 standard surveys) following its selection as a SFF.

**Robust Enforcement for Lack of Significant Progress:** CMS will impose an immediate sanction on a SFF that fails to achieve and maintain significant progress in correcting deficiencies on the first and each subsequent standard survey after a facility becomes a SFF. Enforcement sanctions will be of increasing severity. These will include a Civil Money Penalty and/or a Denial of Payment for New Admissions.

If, after 24 months and four surveys subsequent to being selected as a SFF, you fail to have made significant progress, a notice of termination from participation in Medicare and Medicaid will be issued. CMS will consider a facility's status and progress as a SFF in setting a reasonable assurance period before a home can reapply to participate in Medicare.

Mr. Al Towery, Administrator  
April 21, 2016  
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**Can This Be Appealed?**

Your selection as a SFF cannot be appealed. However, you still have the right to informal dispute resolution (see 42 Code of Federal Regulations 488.331) and to appeal the noncompliance that led to a remedy through an Administrative Law Judge of the Department of Health and Human Services. Specific requirements for requesting a formal hearing are contained in the notice of the imposition of the remedy.

It is our intent that you take the designation of a special focus facility seriously. We can help. We can refer you to helpful resources, including help from the Carolinas Center for Medical Excellence.

We are also sending a copy of this notice to other accountable parties to give them notice of the designation of SFF for your facility.

If you have any questions, please contact me at (803) 545-4293.

Sincerely,



MaryJo Roué  
Bureau Chief  
Bureau of Certification/Health Regulation

MJR/tah

cc: Thi of SC at Camp Care, LLC  
Stephanie Davis, CMS Atlanta Regional Office  
State Medicaid Director  
Dale Watson, State Ombudsman  
Gwen Thompson, Division of Health Licensing  
Linda Moore, Carolinas Center for Medical Excellence

BUREAU OF CERTIFICATION



2600 Bull Street  
Columbia, SC 29201

Return Service Requested

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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