



# REQUEST FOR RECONSIDERATION

Please see the back of the form for instructions.

Return completed form to:

Bureau of Health Facilities Licensing  
2600 Bull Street Columbia South Carolina 29201  
(803) 545-4370  
Fax: (803) 545-4212  
Email: CR.BHFL@dhec.sc.gov

## 1. Facility/Activity Information:

\_\_\_\_\_  
(Name of Facility/Activity) \_\_\_\_\_  
(License number)

\_\_\_\_\_  
(Street Address or Location)

\_\_\_\_\_  
(City, State, & Zip Code)

\_\_\_\_\_  
(Mailing Address, if different from above)

\_\_\_\_\_  
(City, State, & Zip Code) \_\_\_\_\_  
(Date submitted)

\_\_\_\_\_  
(Email address)

## 2. Administrator/Designee: This Request for Reconsideration is submitted by:

Prefix: Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

## 3. Citation for which review is being requested: Regulation 61-\_\_\_\_\_, Section \_\_\_\_\_

Report of Visit Date: \_\_\_\_\_

Inspection Type: \_\_\_\_\_

## 4. Review of the cited violation is requested because:

## 5. What documentation and/or information are being provided to support your request?

## Instructions for Completing DHEC Form 283

### Request for Reconsideration

**PURPOSE:** To improve compliance with licensing standards enforced by the Bureau of Health Facilities Licensing (BHFL), BHFL will implement a consistent process by which facilities may request a citation reconsideration. The following outlines the procedures used by BHFL in reconsiderations:

1. A request for review of a citation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator. Each request for reconsideration shall be on a separate Request for Reconsideration DHEC Form 283.
2. A request must be received by BHFL within 10 calendar days following the date of receipt of the Report of Visit (ROV) in order to be considered for review. Requests received after 10 calendar days may be evaluated by the Division Director to determine if they will be reviewed.
3. The request shall include supporting documents explaining the rationale for the request.
4. A request must be submitted on DHEC Form 0283. Forms and supporting documents may be submitted by mail, fax or by e-mail.
5. BHFL will review the request and the supporting documents provided by the facility, and shall issue a written determination rescinding, upholding, or modifying the violation.
6. A plan of correction (POC) for the requested citation under review will not be required during the pendency of BHFL's review of the request. However, a POC will be required for the remaining cited violations.
7. Should BHFL determine that a citation will be rescinded, an amended report of visit will be forwarded to the facility and a POC will not be required. If the citation is upheld, the facility will be required to provide an acceptable plan of correction to the cited violation(s) within 15 days from the date of notification. In some instances where a violation occurred, BHFL may correct the citation with an amended ROV and require a POC.

#### FORM INSTRUCTIONS:

- Line 1 Self-explanatory.
- Line 2 Enter the name and signature of the administrator.
- Line 3 Enter the regulation number and section for the citation for which you are requesting review. Enter the date of the Report of Visit (ROV) and inspection type. This information can be found in the Audit Information Section at the top of the ROV.
- Line 4 Enter the reason you are requesting review of the cited violation.
- Line 5 Enter a list of documents that are attached or information that is being provided to support your request for review of this cited violation.

**Return the completed form to: by email at [CR.BHFL@dhec.sc.gov](mailto:CR.BHFL@dhec.sc.gov), or fax (803) 545-4212, or by mail SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull Street, Columbia SC 29201.**