

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

ACTION REFERRAL

TO <i>Roberto/Day/FOIA</i>	DATE <i>1-30-15</i>
------------------------------------------	-----------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000174</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis cleared 2/17/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>2-10-15</i>
	<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.			



**HATFIELD TEMPLE LLP
ATTORNEYS**

170 Courthouse Square
Post Office Box 1770
Florence, SC 29503-1770
Telephone: (843) 662-5000
Fax: (843) 678-9273

**WILLIAM P. HATFIELD
E. HOOD TEMPLE**

Web: www.htlawsc.com
E-Mail: wphatfield@htlawsc.com

January 27, 2015

RECEIVED

JAN 30 2015

Ms. Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Palmetto Faith Operating, LLC, d/b/a
Faith Healthcare Center
617 West Marion Street
Florence, SC 29501
Our File #2014127J

Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with copies of any and all Cost Reports related to Palmetto Faith Operating, LLC, d/b/a Faith Healthcare Center, ~~the home office, and operator of the above identified~~ facility. Furthermore, I would request that you also provide the Home Office Cost Reports, the management company Cost Reports and the realty company Cost Reports for any other entities associated with this facility. In your production, please provide the as filed Cost Reports submitted as well as the Desk Audit packages for same for any contact periods between January 1, 2013 to the present time.

I would appreciate it if you would respond to this request within the next twenty days. If the processing of this request will exceed \$50.00, please provide an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. Thank you for your help and cooperation. Should you have any questions, please feel free to contact me.

With kindest regards, I am

Yours very truly,

WILLIAM P. HATFIELD

WPH:slh

cc: Ms. Valerie S. Rush

Nikki Haley GOVERNOR
 Christian L. Soura INTERIM DIRECTOR
 P.O. Box 8206 - Columbia, SC 29202
 www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
 South Carolina Department of Health and Human Services
 Post Office Box 8297
 Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

 Signature

 Date:

Log # 174



Nikki Haley GOVERNOR
Christian L. Soura DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 17, 2015

William P. Hatfield
Hatfield Temple, LLP
170 Courthouse Square
Florence, South Carolina 29503

Dear Mr. Hatfield:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated January 27, 2015 and received by DHHS on January 30, 2015. Enclosed are the cost reports and all documents regarding ownership, control, licensing, and related entities regarding Palmetto Faith Operating, LLC, d/b/a Faith Health Care Center copies of the SC Nursing Homes Medicaid cost reports and rate sheets that you requested.

Our expense for extracting this information is Forty Five Dollars and 43/100 dollars (\$45.43). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me at (803)898-0062.

Sincerely,

A handwritten signature in cursive script that reads "Constance Holloway".

Constance Holloway
Assistant General Counsel

Cc: Lynette Wilson
Enclosures