

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	1-30-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000173	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Brooks, Muthis Cleared 2/17/15, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-10-15 <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

WILLIAM P. HATFIELD
E. HOOD TEMPLE

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

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

January 27, 2015

RECEIVED

JAN 30 2015

SC Department of Health & 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 Sir or Madam:

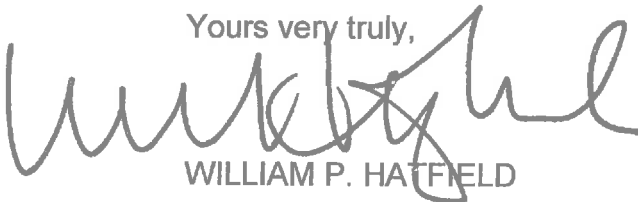
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513 regarding Palmetto Faith Operating, LLC, d/b/a Faith Healthcare Center located at 617 West Marion Street in Florence, South Carolina.

If this cost is going to exceed \$50.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next twenty days. I look forward to hearing from you.

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. Saura 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 #173



Nikki Haley GOVERNOR
Christian L. Saura DEPUTY 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 black ink that reads "Constance Holloway". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Constance Holloway
Assistant General Counsel

Cc: Lynette Wilson
Enclosures

Nikki Haley, Governor
Christian L. Saura, Director
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 17, 2015

TO: Mr. William P. Hatfield
Hatfield Temple LLP

FROM: Constance D. Holloway
Assistant General Counsel

SUBJECT: Cost of Processing FOIA Request #173, #174 & #175

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	<u>1</u> Hours	<u>\$10.00</u>
Pages copied at \$.10 per page	<u>313</u> Pages	<u>\$31.30</u>
Pages faxed at \$.20 per page	<u> </u> Pages	<u>\$ </u>
Shipping and Handling Costs	<u>3 lbs.8 ozs</u>	<u>\$4.13</u>

Total Amount Due SCDHHS: \$45.43

Please remit the above amount to the following address:

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

Signature

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Constance
RECEIVED

JAN 30 2015

SCDHHS
Office of General Counsel

TO	DATE
Roberts/Day/FOIA	1-30-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR <u>cc: Brooks, Mullis</u>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>2-10-15</u>
	<input type="checkbox"/> Necessary Action

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1.			
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4.			



HATFIELD TEMPLE LLP
ATTORNEYS

WILLIAM P. HATFIELD
E. HOOD TEMPLE

January 27, 2015

SC Department of Health & Human Services
Post Office Box 8206
Columbia, SC 29202

170 Courthouse Square
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OFFICE OF THE DIRECTOR

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WILLIAM P. HATFIELD

WPH:slh

cc: Ms. Valerie S. Rush

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JAN 30 2015

SCDHHS
Office of General Counsel



Nikki Haley GOVERNOR

Christian L. Saura INTERIM DIRECTOR

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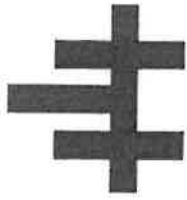
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Total Amount Due SCDHHS:		\$_____

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:



**HATFIELD TEMPLE LLP
ATTORNEYS**

POST OFFICE BOX 1770
FLORENCE, SC 29503

Forwarding and Address Correction Requested

RECEIVED

JAN 30 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

COLUMBIA
SC 29202
29202-2820
JAN 30 2015



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$000.48
0000812392 JAN 28 2015
MAILED FROM ZIP CODE 29501

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

RECEIVED

JAN 30 2015

SCDHHS
Office of General Counsel

29202-2820606



WHT20141217