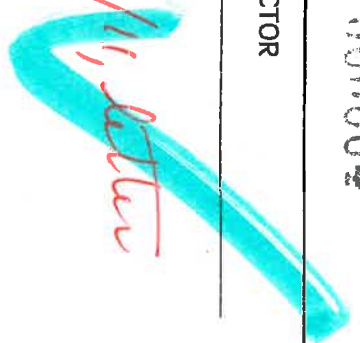


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singerton/FOIA</i>	DATE <i>7-5-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100004</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland cleared 7/13/11, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-19-11</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.			

THE HYMAN LAW FIRM, LLP

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WILLIAM P. HATFIELD*
E. HOOD TEMPLE

RECEIVED

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PETER D. HYMAN (1927-1999)
REGINALD C. BROWN, JR. (1940-2010)
EVANDER G. JEFFORDS (Retired)

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

*American Board of Trial Advocates
‡Board Certified Civil Trial Specialist by The National Board of Trial Advocacy

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

June 29, 2011

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

Re: Helen M. Rulli vs. Covenant
Towers Healthcare Center
Our File #2011091J

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 Covenant Towers Healthcare Center located at 5001 Little River Road, Myrtle Beach, 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. Helen M. Rulli



South Carolina Department of
Health & Human Services

Anthony E. Keck • Director
Nikki R. Haley • Governor

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: _____



208 45 000003
000004 ✓

July 13, 2011

William P. Hatfield, Esquire
The Hyman Law Firm, LLP
170 Courthouse Square
Post Office Box 1770
Florence, SC 29503-1770

Re: FOIA Request – Medicaid Cost Reports for Covenant Towers
Healthcare Center

Dear Mr. Hatfield:

In response to your Freedom of Information Act requests, this agency, the Department of Health and Human Services (DHHS), administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the state licensing agency and the state survey agency for facilities participating in the Medicaid and other programs. After a check of the files in the relevant units of the agency, DHHS does not have a Medicaid contract with Covenant Towers Healthcare Center. Therefore, the agency has none of the information specified in your requests for information, including Cost Reports, regarding the Covenant Towers Healthcare Center.

Please contact me if there are any questions.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h