

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	6-24-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101579	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensrud closed 7/13/11, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-11-11 <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

LAWYERS SERVING THE PEOPLE SINCE 1963

WILLIAM P. HATFIELD†*
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RECEIVED

JUN 24 2011

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

June 23, 2011

SC Department of Health & Human Services
Post Office Box 8206
Columbia, SC 292202

Re: Barbara Harness as Personal
Representative of the Estate of
Ervin Allen Harness vs. Cooke
Associates of Fork SC, LLC,
d/b/a Sunny Acres
Our File #2011093J

Dear Sir or Madam:

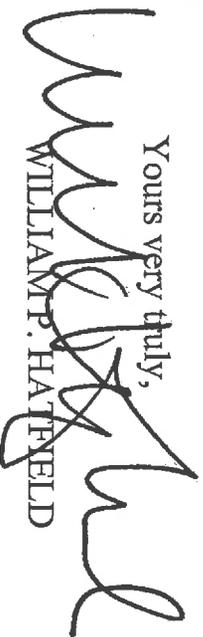
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513 regarding Cooke Associates of Fork SC, LLC, d/b/a Sunny Acres located at 1727 Buck Swamp Road in Fork, South Carolina.

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: Mrs. Barbara Harness



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 # D00579

July 12, 2011

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

Re: Barbara Harness as Personal Representative of the Estate of Ervin Allen Harness vs.
Cooke Associates of Fork, SC, LLC, d/b/a Sunny Acres

Dear Mr. Hatfield:

Your enclosed letter of June 23, 2011, was referred to this Office for a response. This agency, the Department of Health and Human Services, administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the State Survey Agency as well as the State licensing agency, and it may be that some or most of the information you seek is kept by them.

We do obtain Disclosure of Ownership and Control Interest Statement forms and other miscellaneous ownership information from providers. Also, we receive, by way of verification, copies of some information from DHEC. We believe that the information enclosed is what we have that is responsive to your request, but we did not search further than the current files in our Contracts Division, which is where most of this type information is kept. We have redacted the provider numbers and EIN.

Our expense for reproducing and mailing this information is thirteen and 49/100 dollars (\$13.49). 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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Richard G. Hepler
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette Wilson, Receivables (w/o enclosures)