

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

ACTION REFERRAL

TO <i>Wells/FOIA</i>	DATE <i>8-15-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000150</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Singleton, Stensrud Claus & 8/17/06, letter attached.</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>8-29-06</i>
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

CES, Inc.
636 Powdersville Rd
Easley, SC 29642
Phone: 864-306-7785
Cell: 803.240-7355

Fax

To: Brian Kost	From: Sherry Hipp
Fax: 803-898-4515	Pages: 2
Phone:	Date: 8/3/06 8/14/06
Re: FOI Request	S. Hipp Email: shipp@ces-services.com

Ross Wells
"FOIA"
cc: Sineleton
Steward

RECEIVED

AUG 14 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



To: Brian Kost
Fax #: 803-898-4515
From: Sherry Hipp 803-240-7355
Date: 8/14/06
Subject: FOI Request: SNF Cost Report Data

Mr. Kost,

Please provide me a copy of the 2005 (or most current) revenue & expense report for the following facilities:

Sandpiper Nuring & Rehab

Please provide information on the following five centers:
Dietary, Laundry, Housekeeping, Computation, Reimbursement rate & space allocation

Please mail to:

Sherry Hipp
1640 Koulter Dr
Columbia, SC 29210

Thank-you,

Sherry Hipp

RECEIVED

AUG 14 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

636 Powdersville Road, Easley, SC 29642 Office (864) 306-7785 Fax (864) 306-7786



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

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 8355
Columbia, South Carolina 29202-8355

Please contact _____ should you have any questions.

Signature _____ Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515



State of South Carolina
Department of Health and Human Services

09/15/06 ✓

Mark Sanford
Governor

Robert M. Kerr
Director

August 17, 2006

CES
Attn: Sherry Hipp
C/O 1640 Koulter Drive
Columbia, South Carolina 29210

Dear Ms. Hipp:

In response to your recent Freedom of Information Act request, enclosed you will find the information you requested on Sandpiper Rehab & Nursing and the billing for processing this information.

I hope this information is helpful to you. If you should have any questions, please contact Jacqueline Wilson-Barnes at (803) 898-1040.

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/jwb

Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 17, 2006

TO: CES
Attn: Sherry Hipp

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 150

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	1	Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	7	Pages	\$ <u>.70</u>
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ <u>1.00</u>
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$ <u>11.70</u>

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Jacqueline Wilson-Barnes at (803) 898-1040 should you have any

questions:
William L. Wells
Signature _____ Date August 17, 2006