

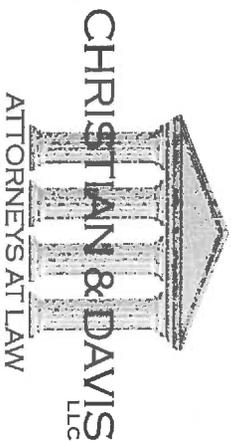
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singley/FOIA</i>	<i>7-14-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000023</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stausland Claud 7/28/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-28-08</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.			



**RECEIVED**

JUL 14 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 11, 2008

Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

**Re: Summit Place Living Center, Simpsonville, South Carolina**

Dear Sir/Madam:

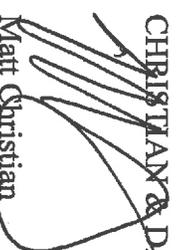
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, 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 20 days. I look forward to hearing from you.

With kindest regards,

Sincerely,

**CHRISTIAN & DAVIS**



Matt Christian  
Attorney at Law

W. Harold Christian, Jr.  
Richard V. Davis  
Matthew W. Christian  
Joshua D. Christian  
Workers' Compensation  
Auto & Truck Collisions  
Insurance Litigation  
Social Security Disability  
Serious Personal Injury  
Medical & Nursing  
Home Negligence

MC/ses

cc: *Kirk Fisher*

P.O. Box 332 Greenville, SC 29602  
1007 E. Washington St. Greenville, SC 29601  
Phone (864)232-7363 Fax (864)370-3731 www.christiandavislaw.com

Log # 000023



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

July 28, 2008

Matt Christian, Esquire  
Christian & Davis, LLC  
Post Office Box 332  
Greenville, SC 29602

Re: Summit Place Living Center, Simpsonville, South Carolina

Dear Mr. Christian:

Your enclosed letter of July 11, 2008, 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 nursing home 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 EIN and provider numbers.

Our expense for reproducing and mailing this information is seventeen and 42/100 dollars. 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 29202-8355

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

Sincerely,  
  
Richard G. Hepfer  
Deputy General Counsel

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

Office of General Counsel  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2795 Fax (803) 255-8210