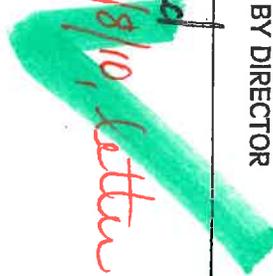


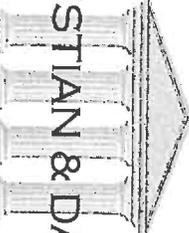
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	9-21-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000130	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  CC: Stensland Closed 10/8/10, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action DATE DUE 10-5-10

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



CHRISTIAN & DAVIS
LLC
ATTORNEYS AT LAW

RECEIVED

SEP 21 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

September 16, 2010

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

**RE: Lee Belton, Individually and as Personal Representative of the Estate of Elizabeth B. Belton v. Manor Care, Inc., et. al.
C.A. No.: 2010-CP-32-03729 & 03730**

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

Dear Ms. Putnam:

Pursuant to the Freedom of Information Act, I am requesting that you provide this office with copies of any and all cost reports related to Lexington Rehabilitation and Nursing Center-Lexington, SC, LLC d/b/a Heartland of Lexington Rehabilitation and Nursing Center, including but not limited to, the Home Office Cost Report, the management company's cost report, and the realty company's cost report. Based upon information available to us, we believe that these entities may include HCR Manor Care, Inc., Manor Care, Inc., Manor Care of America, Inc., and/or Manor Care Health Services, Inc.; however, should there be additional entities or corporations related to this facility whose reports would also be responsive to this request, please include those as well. Also in your production, please provide the as filed Cost Reports submitted as well as the Desk Audit Packages for same for any contract periods between January 1, 2006 and the present time.

I would appreciate if you would respond to this request within the next twenty days. If the processing of this request will exceed \$50.00, please provide an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC



Kirsten Harkness
Paralegal to Matthew Christian

RECEIVED

SEP 21 2010

SCDHHS BUREAU OF REIM.
METHODODOGY & POLICY

/kch

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



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: _____



Aug #000130

October 8, 2010

Ms. Kirsten Harkness
Paralegal
Christian & Davis, LLC
P. O. Box 332
1007 E. Washington
Greenville, SC 29602

Re: FOIA Request – Lee Belton, Individually and as Personal Representative of the Estate of Elizabeth B. Belton v. Manor Care, Inc., et. al.

Dear Ms. Harkness:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is fifty-one and 65/100 dollars (\$51.65). 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. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables