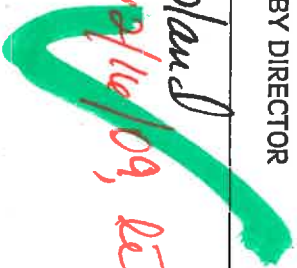


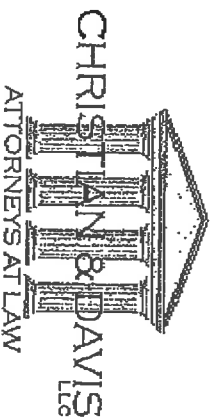
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>12-16-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001268</i>	<input type="checkbox"/> 1 Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cc: Stensland</i> <i>Cleared 12/16/09, letter</i> <i>attached.</i> 	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>1-5-10</i>		

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.			



December 16, 2009

Via facsimile (803) 255-8210

Linda Hillian

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

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

**RE: Clarendon Memorial Hospital d/b/a Lake Marion Nursing Home
AC#3-LAK-J
NCF-0736**

Dear Ms. Hillian:

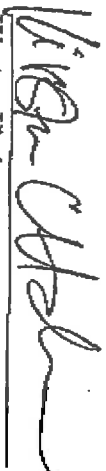
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between October 1, 2006 and September 30, 2008 and the Desk Audit package for same.

As we discussed via telephone, anything you can do to expedite the processing of this request would be most appreciated. If you have any questions regarding this request, please do not hesitate to contact me.

With kindest regards, I am

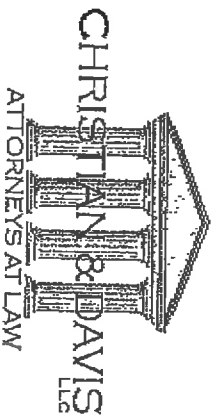
Very truly yours,

CHRISTIAN & DAVIS, LLC


Kristen Harkness
Paralegal to Matthew Christian

/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



FACSIMILE COVER SHEET

DATE: December 16, 2009

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Linda Hillian

FIRM/LOCATION: SC DHHS

FAX NO: (803) 255-8210 NO. OF PAGE(S): 2 (incl. cover)

RE: Lake Marion Nursing Facility (operated by Clarendon Hospital District)

THIS FAX IS BEING SENT BY: Kirsten Harkness

COMMENTS:

PHONE: (864)232-7363 FACSIMILE: (864)370-3731

If you do not receive all pages listed on the above cover sheet, please call as soon as possible
at
(864) 232-7363.

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

THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED SOLELY FOR THE USE OF THE INDIVIDUAL NAMED BELOW. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE PERSON RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO THE SENDER BY U.S. MAIL.

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: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>12-16-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100268</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cc: Stendland</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-5-10</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.			

209 #000268

December 16, 2009

Ms. Kirsten Harkness
Paralegal to Matthew Christian
Christian & Davis, LLC
P. O. Box 332
Greenville, SC 29602

Re: FOIA Request – Cost Reports for Clarendon Memorial Hospital
d/b/a Lake Marion Nursing Home

Dear Ms. Harkness

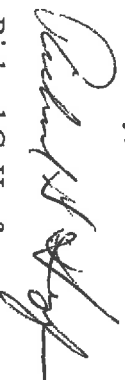
In response to your Freedom of Information Act request, enclosed you will find the Cost Reports for the periods between October 1, 2006 and September 30, 2008 you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing this information is twenty-five and 80/100 dollars (\$25.80). 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