

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/FOIA	6-20-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101460	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stensland Cleveland Lepaglia, letter attached.	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 6-20-12 <input type="checkbox"/> I 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

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WILLIAM P. HATFIELD†*
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RECEIVED

JUN 05 2012

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.lhymanlawfirm.com
Email: wphatfield@lhymanlawfirm.com

June 4, 2012

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

Re: Commander Health Care
Facilities, Inc., d/b/a
Commander Nursing Home
4438 Pamplico Highway
Florence, SC 29505
Our File #2012063 J

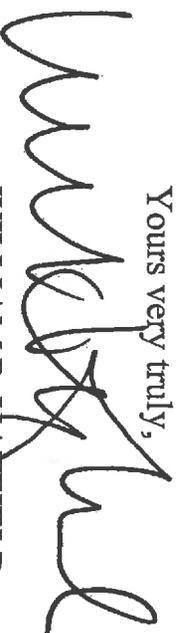
Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with copies of any and all Cost Reports related to Commander Health Care Facilities, Inc., d/b/a Commander Nursing Home, the home office and operator of the above identified facility. Furthermore, I would request that you also provide the Home Office Cost Reports, the management company Cost Reports and the realty company Cost Reports for any other entities associated with this facility. In your production, please provide the as filed Cost Reports submitted as well as the Desk Audit packages for same for any contact periods between January 1, 2011 to the present time.

I would appreciate it 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. Thank you for your help and cooperation. Should you have any questions, please feel free to contact me.

Ms. Brandy Putnam
SC Department of Health and Human Services
June 4, 2012
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With kindest regards, I am

Yours very truly,

WILLIAM P. HATFIELD

WPH:slh
cc: Ms. Barbara A. Davis
D. Nathan Hughey, Esquire (via email)



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 #s - 000459+ 000460

June 22, 2012

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

Re: FOIA Request – Medicaid Cost Reports for Commander Health
Care Facilities

Dear Mr. Hatfield:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports and Desk Audit Packages you requested. The 2011 Desk Audits cannot be released yet. Also, there is no home office management company for this provider. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is seventeen and 90/100 dollars (\$17.90). 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,

Byron R. Roberts
General Counsel

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