

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	2-27-12

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	00335	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Stensland Closed 3/14/12, letter attached ✓	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE 3-13-12
		<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.			

McGowan, Hood & Felder, LLC

Chad A. McGowan (SC, GA, NC)

S. Randall Hood

John G. Felder, Jr.

W. Jones Andrews, Jr.

Jordan C. Calloway

Susan F. Campbell

Ashley White Creech

Christy M. DeLuca

Lara Pettiss Harrill



Patrick M. Killen

T. Travis Medlock

William A. McKinnon (SC, DC)

Daniel "Ernie" Peagler

Robert V. Phillips

Seth Rose

James Stephen Welch* (SC, OK)

Jay F. Wright

Joseph G. Wright, III*

Of Counsel*

Writer's Email: htindall@mcgowanhood.com

February 22, 2012

FOIA Coordinator

Department of Health and Human Services

P.O. Box 8206

Columbia, SC 29202

RECEIVED

FEB 27 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Harvey Jenkins, Jr.

Dear FOIA Coordinator:

I am making a request for information pursuant to the South Carolina Freedom of Information Act S.C. Code §§ 30-4-10 through 30-4-165, and the applicable federal statutes and regulations, see, e.g., 5 U.S.C.A. §552 and 29 C.F.R. §1610.7.

In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request, or sooner, if possible.

We are requesting the following **signed** Cost Reports for:

1. Heritage Health care of Walterboro, LLC d/b/a Oakwood Health Care Center
2. United Health Services of South Carolina
3. Pruitt Properties, Inc.
4. Pruitt Corporation d/b/a UHS Pruitt Corporation
 - a) Medicaid Cost Reports fiscal year ending 2007-2008;
 - b) Home Office Cost Reports fiscal years ending 2007-2008;
 - c) Realty Company Cost Reports fiscal years ending 2007-2008;
 - d) Management Company Cost Reports fiscal years ending 2007-2008.

1539 Health Care Drive, Rock Hill, SC 29732 • Tel: 803-327-7800 • Fax: 803-324-1483

Rock Hill • Columbia • Anderson • Sumter

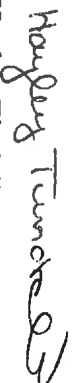
www.mcgowanhood.com

Please call me if the copying charges incurred will be more than \$150.00.

Thank you for your assistance in this matter and I look forward to hearing from you in the near future.

With best regards, I am,

Yours truly,

A handwritten signature in cursive script that reads "Hayley Tindall". The signature is written in dark ink and is positioned above the printed name and title.

Hayley Tindall
Legal Assistant

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: _____

March 14, 2012

Ms. Hayley Tindall
Legal Assistant
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, SC 29732

Re: FOIA Request – Harvey Jenkins, Jr.

Dear Ms. Tindall:

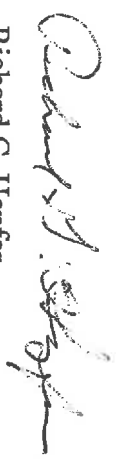
In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is thirty-seven and 50/100 dollars (\$37.50). 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