

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>10-9-09</i>
------------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;"><i>101168</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Single den / Stenoland</i> <i>Cleared 10/23/09, letter</i> <i>attached.</i> </div>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-23-09</i> <input type="checkbox"/> Necessary Action

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.			



RECEIVED

OCT 09 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

October 08, 2009

Brandy Putnam
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

Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
Home Negligence

RE: Oakwood Health Care Center, 401 Witsell Street, Walterboro, SC
Facility may also be identified as Oakwood Health Care, Inc., Heritage
Healthcare of Walterboro, LLC, or Southern Medical of Walterboro, Inc.

Dear Ms. Putnam


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 2006 and 2008, inclusive and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose 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

/kch



South Carolina Department of
Health & Human Services

Emma Fortner • Director
Mark Sanford • Governor

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: _____

Dec 21/09

October 23, 2009

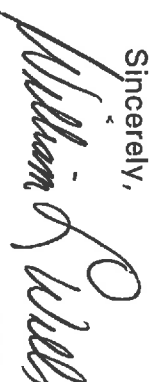
Ms. Kirsten Harkness
Christian & Davis, Attorneys at Law
Post Office Box 332
Greenville, SC 29602

Dear Ms. Harkness:

Enclosed you will find the information and the billing for processing your recent Freedom of Information Act request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,



William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures

October 23, 2009

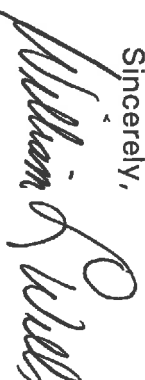
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Deputy Director

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