

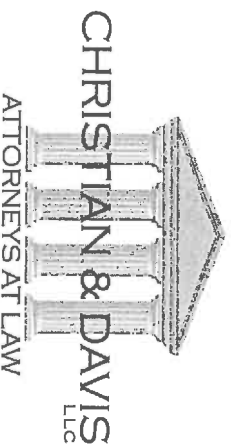
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleday/FOIA	2-14-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 00311	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland Cleared 2/29/12 letter attached	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-29-12 <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.			



February 08, 2012

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

**RE: Riverside Health & Rehab, formerly known as Driftwood Nursing Center
2375 Baker Hospital Blvd., Charleston, SC**

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 2007 and 2010, 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

RECEIVED

FEB 13 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

P.O. Box 332 Greenville, SC 29602

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Matthew W. Christian
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Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability

Serious Personal Injury
Medical & Nursing
Home Negligence

TO:

FROM:

SUBJECT: Cost of Processing Request for Information #

The South Carolina Department of Health and Human Services has received and processed your request for information. 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 # 000311

February 29, 2012

Matthew Christian, Esquire
Christian & Davis, LLC
P. O. Box 332
1007 E. Washington Street
Greenville, SC 29602

Re: FOIA Request – Riverside Health & Rehab, formerly known as
Driftwood Nursing Center

Dear Mr. Christian:

In response to your Freedom of Information Act requests, enclosed you will find the applicable cost report you requested. The 2010 Desk Audits can not be released yet. 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-eight and 90/100 dollars (\$38.90). 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,



Richard G. Hepfer
Deputy General Counsel

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