

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>12-22-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000151</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullis</i> <i>closed 1/5/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>1-6-15</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.			



December 17, 2014

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

RE: **Laurel Baye Healthcare of Orangeburg, LLC**
575 Stonewall Jackson Blvd.
Orangeburg, SC 29115
Our File No.: 13-743-MC, Jones

Ms. Putnam:

I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control interests, and related entities, including but not limited to, Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

Matthew W. Christian
Attorney at Law

MC/jah

RECEIVED

DEC 22 2014

HHS BUREAU OF REIM
COLUMBIA, SC

RECEIVED

DEC 22 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Nikki Haley GOVERNOR
Christian L. Saura INTERIM DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

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 #151



Nikki Haley
Christian L. Saura
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

January 5, 2015

VIA EMAIL ONLY: jhutchins@christiananddavis.com

Mr. Matthew W. Christian, Attorney at Law
Christian & Davis, LLC
1007 E. Washington Street
Greenville, South Carolina 29601

Dear Mr. Christian:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated December 17, 2014 and received by DHHS on December 22, 2014. Enclosed are copies of all documents regarding ownership, control interests and related entities in reference to Laurel Baye Healthcare of Orangeburg, LLC.

Thank you for your request. If you have any questions, please feel free to contact me at (803)898-0062.

Sincerely,

A handwritten signature in black ink, which appears to read "Constance Holloway". The signature is written in a cursive, flowing style.

Constance Holloway
Attorney II
General Counsel

Enclosures

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

General Instructions

Federal Medicaid regulations (Title XIX - 42CFR 455.100 - 106) require that all Medicaid providers disclose the name and address of each person with an ownership or control interest in the provider and any subcontractor where the provider has a direct or indirect ownership interest of 5% or more. All applicants, except individual practitioners or group of practitioners as mentioned in 42 CFR 455.101, must complete this form in order to enroll as a provider in the Medicaid program.

Failure to provide this form may result in a refusal by the South Carolina Department of Health and Human Services (SCDHHS) to enter into an agreement or contract with any such provider or institution or in termination of existing agreements.

Please answer all questions as of the current date. If the "Yes" block for an item is checked, list the requested additional information in that item or under the "Remarks" section on page 4. If more space is needed, referencing the item number to which the information corresponds. If additional space is needed, use another sheet. Return the original to SCDHHS; retain a copy for your files.

Completion and submission of this form is also a condition of approval or renewal of a contractor agreement between the disclosing entity and SCDHHS. This form is to be completed under any programs established by Title XIX and Title XXI and must be submitted whenever any of the provider information changes. Any substantial delay in completing the form should be reported to SCDHHS.

I. Instructions / Definitions: Specify in what capacity you do business as (D/B/A); for example, trade name or corporation. Provider types that must have a NPI must include this information. If a valid telephone number is not included, this form will be returned and enrollment into the Medicaid program will not proceed.

Identifying Information			
[a] Name of Provider (D/B/A) LAUREL BAYE Healthcare of Orangeburg LLC			
Street Address 575 STENWALL JACKSON BLVD SW		City, State, Zip + 4 Orangeburg SC 29115	
County Orangeburg	Provider Number 0658-NF	NPI Number 1053309757	Telephone Number (803) 594-7771
[b] Employer Identification Number (EIN), if applicable: 03-0519177			
[c] Type of Entity (Applies to either For Profit or Non-Profit)			
<input checked="" type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Business Proprietorship or Company			

II. Instructions / Definitions:

Providers must disclose ownership and control information as required by 42 CFR 455.101 - 104.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A **disclosing entity** is defined as a Medicaid provider, supplier, or other entity, other than an individual practitioner or group of practitioners, that furnishes services or arranges for furnishing services under Medicaid, Medicare, the Maternal and Child Health program, or health related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest is defined as the direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e. joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of

that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Therefore, a person with an ownership interest means a person or corporation that –

- (a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- (b) Has an indirect ownership interest totaling 5 percent or more in a disclosing entity;
- (c) Has a combination of direct and indirect ownership interest equal to 5 percent or more in a disclosing entity;
- (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- (e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- (f) Is a partner in a disclosing entity that is organized as a partnership.

II. Individuals and Organizations with Ownership and Controlling Interest			
[a] List names, addresses, and social security numbers for individuals, or list names, addresses and the EIN for organizations, having direct or indirect ownership or a controlling interest, as defined above, in the entity listed in Section I. List any additional names and addresses under "Remarks" on page 4. If more than one individual is reported and if any of these persons are related to each other, this must be reported under "Remarks".			
LAUREL BAYLOR HEALTHCARE OF SCHE	3409 SALTERBROOK CT MT. PLEASANT SC 29466		57-1065083
Dennis W. Wheeler	2483 RIVERBLUFF RD MT. PLEASANT SC 29466		
Thomas S. Tiller	62 SALEM DR. PAWLEY ISLAND SC 29585		
[b] Are any persons / entities with ownership or controlling interest in the provider also owners of other Medicare / Medicaid facilities? If yes, list name, address and NPI and/or EIN for each facility. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Facility	Address	NPI	EIN
See attachment			

III. Instructions/ Definitions: Criminal Offenses related to the delivery of services or items under Medicare or Medicaid programs include convictions relating to patient neglect or abuse in connection with the delivery of a health care item or service; felony and/or misdemeanor convictions related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; felony and/or misdemeanor convictions related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

IV. Criminal Offenses	
[a] Are there any individuals or organizations having a direct or indirect ownership or control interest of five (5) percent or more in the institution, agency, or organization (provider) that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, XX or XXI (Medicare, Medicaid, the Social Services Block Grant program or the State Children's Health Insurance Program [CHIP])?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
[b] Are there any directors, officers, agents, or managing employees of the institution, agency, or organization (provider) who have ever been convicted of a criminal offense related to their involvement in such program established by Titles XVIII, XIX, XX or XXI (Medicare, Medicaid, the Social Services Block Grant program or CHIP)?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Items IV-VII. Instructions/Changes in Provider Status:

Changes in provider status are defined as any change in management control. Examples of such changes would include: a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership, the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any changes of ownership.

If there has been a change in ownership /partnership within the last year or if you anticipate a change, indicate the date in the appropriate space. If there are no owners (i.e., the provider is a sole proprietorship), check Not Applicable.

[a] Has there been a change in ownership or controlling interest within the last year? If Yes, give date.
☐ Yes - Date: / / ☒ No ☐ Not Applicable

[b] Do you anticipate any change or ownership or controlling interest within the year?
☐ Yes - Date: / / ☒ No ☐ Not Applicable

A management company is defined as any organization that operates and manages a business on behalf of the owner of the business, with the owner retaining ultimate responsibility for operation of the facility. The answer is yes, if the management company is the owner of the facility or the leasing organization and the EIN.

Is the facility operated by a management company or leased in whole or part by another organization?
☐ Yes ☒ No ☐ Not Applicable

If Yes, what are the dates of operation? Beginning Date / / to Ending Date / /

VI. List current managing employees by name, work telephone number, and Social Security number. "Managing employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over the institution, agency, or organization, or who directly or indirectly conducts the day-to-day operations.
☐ Not Applicable

Name/Title	Work Telephone	Social Security Number
Hazel Brown, Admin.	(803) 534-7771	

VII. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?
☒ Yes ☐ No ☐ Not Applicable

If Yes, give date for change: Date 9/1/11. List names, titles, and Social Security Number of the prior Administrator, Director of Nursing, or Medical Director.

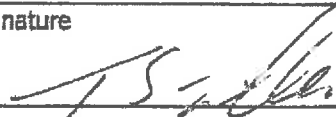
Name	Title	Social Security Number
Deborah Metts	Director of Nursing	

Item VIII. Instructions/ Definitions: A chain affiliate is any free-standing health care facility that is either owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other devices, control and direction of a private, charitable or propriety. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.

VIII. Chain Affiliation		
[a]. Is this facility chain-affiliated? If Yes, list name, address and EIN of parent Corporation below. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Name	Address	EIN
Laurel Bay Healthcare of SC LLC	3409 Satterbank Ct Mt Pleasant SC 29466	51-1065083
[b]. If the answer to part [a] of this Item was "No", was the facility ever affiliated with a chain? If Yes, list name, address and EIN of parent Corporation. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Address	EIN

IX. (For facilities) Have you increased your bed capacity by ten (10) percent or more, or 10 beds, whichever is greater, within the last 2 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, give year of change:	Current number of beds:	Prior number of beds:

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE IN MEDICAID, OR, WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF THE AGREEMENT OR CONTRACT WITH SCDHHS.

Name of Authorized Representative (Printed or Typed)	Title
Thomas S. Tiller	CFO
Signature	Date
	10/24/2011
Remarks (Please attach additional sheet or other documentation if needed)	

**Attachment to Application for License to Operate a Long Term Care Facility
Form DHEC 0207**

Laurel Baye Healthcare of Orangeburg, LLC

9 F (2): OWNERSHIP INTEREST - OPERATOR

1. Laurel Baye Healthcare of Orangeburg LLC is owned as follows:

Laurel Baye Healthcare of South Carolina LLC 100%
3409 Salterbeck Street
Mount Pleasant, SC 29466

2. Laurel Baye Healthcare of South Carolina LLC is owned as follows:

Dennis W. Wheeler 60%
2483 River Bluff Road
Mt. Pleasant, SC 29466

Thomas S. Tiller 40%
62 Salem Drive
Pawleys Island, SC 29585

9 H: OFFICERS OF THE LICENSEE

1. Dennis W. Wheeler, President/CEO
2. Thomas S. Tiller, Secretary-Treasurer/CFO

10: OWNERSHIP INTEREST - REAL PROPERTY

1. Laurel Baye Properties of Orangeburg, LLC is owned as follows:

Laurel Baye Healthcare of South Carolina LLC 100%
3409 Salterbeck Street
Mount Pleasant, SC 29466

2. Laurel Baye Healthcare of South Carolina LLC is owned as follows:

Dennis W. Wheeler 60%
2483 River Bluff Road
Mt. Pleasant, SC 29466

Thomas S. Tiller 40%
62 Salem Drive
Pawley's Island, SC 29585

DISCLOSURE OF OWNERSHIP INFO

<u>Name/Address</u>	<u>NPI</u>	<u>EIN</u>
Laurel Baye Healthcare of Blackville LLC 612 Jones Bridge Road Blackville, SC 29817	1477546182	57-1065084
Laurel Baye Healthcare of Williston LLC 5721 Springfield Road Williston, SC 29853	1750379442	57-1065082
Fairfield Healthcare Center LLC 117 Bellfield Road Ridgeway, SC 29130	1568450252	58-2447812
Laurel Baye Healthcare of Greenville LLC 661 Rutherford Road Greenville, SC 29609	1831187525	57-1086886
Laurel Baye Healthcare of Orangeburg LLC 575 Stonewall Jackson Blvd. SW Orangeburg, SC 29115	1053309757	03-0519177



National Provider Practice Enumeration System

[Home](#)[Help](#)[Back to Results](#)

The information for the Organization you selected is displayed. The NPI Registry data was last updated on 11/15/2011.

NOTE: Some health care providers reported SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an incorporated individual may have reported an SSN as the EIN of the corporation. To protect the privacy of this individual, we have temporarily suppressed the EIN, and we have made every attempt to locate and remove SSN and IRS ITIN information from being displayed in any of the other information provided below.

Organization Information:

Organization Name (LBN): LAUREL BAYE HEALTHCARE OF ORANGEBURG, LLC
EIN: <temporarily suppressed>
Organization Subpart: NO

Authorized Official Information:

Name: TOM TILLER
Title/Position: CFO
Phone Number: 8432166800

NPI Information:

NPI: 1053309757
Entity Type: 2-ORGANIZATION
Enumeration Date: 10/07/2005
Last Update Date: 06/24/2009
Replacement NPI:
Deactivation Date:
Reactivation Date:

Provider Business Mailing Address:

Address: 575 STONEWALL JACKSON BLVD
ORANGEBURG, SC 29115-7250
Phone Number: 8035347771
Fax Number:

Provider Business Practice Location Address:

Address: 575 STONEWALL JACKSON BLVD
ORANGEBURG, SC 29115-7250
Phone Number: 8035347771
Fax Number:

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	314000000X - SKILLED NURSING FACILITY	SC	NCF- 858

Other Provider Identifier:

Issuer	Number	State	Issuer
MEDICARE ID-TYPE UNSPECIFIED	42-5116	SC	
MEDICAID	0858NF	SC	

[Back to Results](#)

Please Identify which category your business falls under and provide a listing of those individuals:

Type of Business Organizations

Corporation (Incorporated, Company, Limited, Corp, as Inc., Co., Ltd.,)

Owners: Shareholders
Manager: Board of Directors (*statutory close corporation may eliminate the board of directors*)
Officers: Chief Executive Officer
President
Vice President
Chief Financial Officer
Treasurer
Secretary
Other officers

Professional Corporation (Professional Association, P.C., PC, P.A., PA)

Owners: Shareholders
Manager: Directors
Officers: Chief Executive Officer
President
Vice President
Chief Financial Officer
Treasurer
Secretary
Other officers

Limited Liability Company (LLC)

Owners: Members

Officers: Managing Member

Officers: Chief Executive Officer

President

Vice President

Chief Financial Officer

Treasurer

Secretary

Other officers

LAUREL BAY Healthcare of South Carolina LLC
Dennis W. Wheeler
Same
Same
N/A
Thomas S. Tiller
Same
Same
N/A

Registered Limited Liability Partnership (LLP)

Owners: Partners

Limited Partnership (LP, L.P.)

Owners: General Partner

Limited Partner

General Partnership

Owners: Partners

Sole Proprietorship

Owner: Individual