

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts</i>	DATE <i>7-25-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100037</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stensland, Singleton Cleared 7/31/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-9-12</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.			

ORANGE GROVE OFFICE PARK  
11 GAMECOCK AVENUE, SUITE 1103  
POST OFFICE BOX 30026  
CHARLESTON, SOUTH CAROLINA 29407

855-425-5992 (Toll Free)  
(843) 410-5434 (Office)  
800-605-4741 (Fax)

RECEIVED

JUL 25 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



Ayesha T. Washington

July 23, 2012

Direct Dial: 843-410-5436  
E-mail: [ayeshawashington@wlf-llc.com](mailto:ayeshawashington@wlf-llc.com)

SC Department of Health  
and Human Services  
Attn: Emma Forkner  
Post Office Box 8206  
Columbia, SC 29202

Re: C. Vernell Murray vs. The Heritage at Lowman  
Our File Number: 11-1022.00

Dear Ms. Folkner:

This firm has been retained to represent C. Vernell Murray as a result of injuries she sustained while a resident of The Heritage at Lowman.

Pursuant to S.C. Code Ann. § 30-4-10 et. seq. (Freedom of Information Act) and the applicable federal statutes and regulations, see e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7, please provide the following information within ten (10) business days after receipt of this request, or sooner, if possible:

**All signed Medicaid Cost Reports for The Heritage at Lowman for the fiscal years ending in 2010 and 2011.**

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.

We also request that you have the appropriate individual execute the enclosed Affidavit certifying the records produced are authentic.

With kind regards, I am

Sincerely,

Ayesha T. Washington

ATW/smd

Enclosure as stated

## AFFIDAVIT OF RECORDS AUTHENTICATION

The undersigned hereby certifies the following:

That I, \_\_\_\_\_, am familiar with the manner in which the  
(Printed Name)

attached records, consisting of \_\_\_\_\_ (#) pages, are prepared, kept, and maintained in the course of regularly conducted business activity.

That the above described records were made at or near \_\_\_\_\_  
(Date & Time)

or at or near the time(s) shown on the attached records, by a person(s) with knowledge of the events, observations, or other information contained in those records; that it is the regular practice of \_\_\_\_\_ to make such records in the  
(Name of Facility / Organization)

course of its regularly conducted business activity; and that the above described records were made and kept in accordance with regularly conducted business activity as a regular practice.

\_\_\_\_\_  
Affiant's Signature

SWORN to me before this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
The Below is for Intraoffice ID Purposes Only:

Case Name: C. Vernell Murray  
vs. The Heritage at Lowman

WLF File #: 11-1022.00



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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 # 000037

July 31, 2012

Ayesha T. Washington, Esquire  
The Washington Law Firm, LLC  
Orange Grove Office Park  
11 Gamecock Avenue, Suite 1103  
Post Office Box 33026  
Charleston, SC 29407

Re: FOIA Request – The Heritage at Lowman

Dear Ms. Washington:

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 seventeen and 80/100 dollars (\$17.80). 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