


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>6-21-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>360692</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-30-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <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.			

PATRICIA L. HARRISON
ATTORNEY AT LAW
811 HOLLY STREET
COLUMBIA, SOUTH CAROLINA 29206

TELEPHONE (803) 256-2017

FAX (803) 256-2213

June 18, 2010

RECEIVED

VIA FAX

JUN 21 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Jason Tavenner
Laurens County DSN Board
PO Box 986
Laurens, South Carolina 29360

Re: Chip Eubanks

Dear Mr. Tavenner

Chip Eubank's mother was taken to Greenville Hospital on Wednesday. As you are aware, Mrs. Eubanks has been Chip's primary caregiver in the home until her illness. She is on life support and is expected to pass away in the next few days. We are requesting an immediate increase in personal care services to provide the care and supervision needed to allow Chip to remain in his home. He is unable to take care of any of his activities of daily living and it is unsafe for him to be in the home alone at any time without additional assistive technology, which we will be requesting soon.

Chip will need sixteen hours of personal care services a day, in addition to eight hours a day of respite services. Please direct all communications from you or your employees through my office. I am requesting copies of all plans of care for the last twenty-four months, all documents approving, increasing, reducing or otherwise changing the type of services or level of services (hours) provided. Also, please provide me with copies of all timesheets and all notes or correspondence or other documents you have related to the delivery of services to Chip. I am also requesting a copy of all communications, electronic or otherwise, between you, your employees and persons at SCDDSN or SCDHHS or their attorneys. Thank you very much for your prompt attention to this emergency request for additional services.

Cordially,



Patricia L. Harrison

cc:

Chip Eubanks

Ken Anthony, Esq.

Sandra Ray, Esq.

Gloria Prevost, P&A

Dr. Kathi Lacy

Emma Forkner

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO

1204

CONNECTION TEL

18649848034

SUBADDRESS

CONNECTION ID

ST. TIME

06/18 02:32

USAGE T

00'28

PGS. SENT

3

RESULT

OK

Law Office of Patricia Harrison

611 Holly St.

Columbia, SC 29205

803/256-2017

Fax: 803/256-2213

FAX TRANSMISSION COVER SHEET

Date: June 18, 2010

To: Jason Taverner

Fax:

~~864 682 2307~~ does not work

Re: Chip Eubanks

864 984 8034

Sender: Patricia L. Harrison

YOU SHOULD RECEIVE 3 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT
RECEIVE ALL THE PAGES, PLEASE CALL 803/256-2017.

Law Office of Patricia Harrison

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Fax: 803/256-2213

FAX TRANSMISSION COVER SHEET

Date: June 18, 2010
To: Jason Tavenner
Fax: ~~864 682 2397~~
Re: Chip Eubanks
Sender: Patricia L. Harrison

does not work

864 984 8034

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*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO	1201	
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CONNECTION ID		
ST. TIME	06/18 02:27	
USAGE T	00'08	
PGS. SENT	0	
RESULT	NG	STOP

Law Office of Patricia Harrison

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Columbia, SC 29205
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Fax: 803/256-2213

FAX TRANSMISSION COVER SHEET

Date: June 18, 2010
To: Jason Tavenner
Fax: 803 682 2397
Re: Chip Eubanks
Sender: Patricia L. Harrison

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*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO	1203	
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SUBADDRESS		
CONNECTION ID		
ST. TIME	06/18 02:34	
USAGE T	00'00	
PGS. SENT	0	
RESULT	NG	STOP

Law Office of Patricia Harrison

611 Holly St.
Columbia, SC 29205
803/256-2017
Fax: 803/256-2213

FAX TRANSMISSION COVER SHEET

Date: June 18, 2010
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