

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>9-15-08</i>
-------------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: right; font-size: 2em; font-weight: bold;">000146</div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: right; font-size: 2em; font-weight: bold;">C: Jackson Cleared 9/26/08 attached.</div>	<input checked="" type="checkbox"/> FOIA <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>9-26-08</i>

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.			

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TO <i>Singleton</i>	DATE <i>9-15-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>030146</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Stokur</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-26-08</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.			<i>* Review with Crawford request smel from Patty.)</i>
2.			
3.			
4.			

KELAHER, CONNELL & CONNOR, P.C.

ATTORNEYS AT LAW
SUITE 209
THE COURTYARD
1500 U.S. HIGHWAY 17 NORTH
P.O. DRAWER 14547
SURFSIDE BEACH, SOUTH CAROLINA 29587

AREA CODE 843
238-5648
FAX: 238-5050

EDWARD T. KLAHER*
GENE M. CONNELL, JR.
L. SIDNEY CONNOR, IV
LISA POE DAVIS

FACSIMILE TRANSMITTAL

* OF COUNSEL

C O N F I D E N T I A L

DATE: September 15, 2008

TO: FOIA Request/DHEC

FROM: Donna M. Budner/Gene M. Connell, Jr., Esquire

FAX: 1-803-255-8235

RE: Myrtle Beach Manor

NUMBER OF PAGES (INCLUDING COVER SHEET): Two (2)

COMMENTS:

IF YOU DO NOT RECEIVE ALL PAGES OF THIS TRANSMISSION, PLEASE CONTACT DONNA BUDNER AT (843) 238-5648.

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telefax is strictly prohibited. If you have received this telefax in error, please notify me immediately by telephone and return the original message to me at the address above via United States Postal Service. Thank You!

KELAHER, CONNELL & CONNOR, P.C.

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1500 U.S. HIGHWAY 17 NORTH
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EDWARD T. KELAHER*
GRANT M. CONNELL, JR.
L. SIDNEY CONNOR, IV
LISA POE DAVIS
* OF COUNSEL

September 15, 2008

FREEDOM OF INFORMATION ACT REQUEST

State of South Carolina
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Re: My Client: Robin M. Egarter as Personal Representative of the Estate of Elizabeth M. Egarter
Facility: Myrtle Beach Estates
Our File No. 2008-0115C

Dear Sir or Madam:

Please be advised that I have been retained to represent Robin M. Egarter as Personal Representative of the Estate of Elizabeth M. Egarter.

Pursuant to the Freedom of Information Act, I would appreciate your providing me with a copy of the following:

1. All annual surveys, plans of correction, follow-up surveys, fines issued secondary to citations and any complaint investigations with regard to Myrtle Beach Manor from 2004 through 2007; and
2. Any complaint investigations regarding Myrtle Beach Manor made to ombudsman, including any that pertain specifically to Elizabeth M. Egarter.

Thank you for your attention to this matter. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,


Gene M. Connell, Jr.

GMC,Jr.dmb
Via fax only



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

208 # 146

Mark Sanford
Governor

Emma Forkner
Director

September 26, 2008

Gene M. Connell, Jr., Esquire
Kelaher, Connell & Connor, P.C.
Suite 209, 1500 U.S. Highway 17 North
P. O. Drawer 14547
Surfside Beach, SC 29587

Re: Freedom of Information Request - Robin M. Egarter as Personal
Representative of the Estate of Elizabeth M. Egarter

Dear Mr. Connell:

Your enclosed letter of September 15, 2008, was referred to this Office for a response. This agency, the Department of Health and Human Services, administers the South Carolina Medicaid Program and other federal grants. The South Carolina Department of Health and Environmental Control (DHEC) is the state Survey Agency as well as the state licensing agency, and it appears that the information you seek would mainly be kept by them.

We receive, by way of verification, copies of some information from DHEC. This information would be duplicative of what you will be getting from DHEC. We believe that the information enclosed is what we have that is responsive to your request, but we did not search further than the current files in our Contracts Division and the Community Long Term Care files, which is where most of this type information is kept. We have redacted the provider numbers.

Our expense for reproducing and mailing this information is sixty-one and 84/100 dollars (\$61.84). 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 29202-8355

The State Long Term Care Ombudsman (SLTCO) investigates complaints made to his office regarding abuse, neglect, or exploitation of vulnerable adults occurring in facilities. So, presumably, they could

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

Gene M. Connell, Jr., Esquire

September 26, 2008

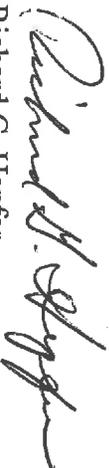
Page 2

have been in the facility. However, The Ombudsman's Office has been moved to the Lt. Governor's Office, and this Office no longer represents them. You may want to also submit your request to the Ombudsman at his new address below:

State Long Term Care Ombudsman
Lt. Governor's Office on Aging
1301 Gervais St., Suite 200
Columbia, SC 29201

Please contact me if there are any questions. My direct is 898-2791.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures