

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

ACTION REFERRAL

TO <div style="font-size: 1.5em; font-family: cursive;">Wells</div>	DATE <div style="font-size: 1.5em; font-family: cursive;">8/3/06</div>
<div style="border: 1px solid black; padding: 5px;"> DIRECTOR'S USE ONLY </div>	
1. LOG NUMBER <div style="font-size: 1.2em; font-family: cursive;">000136</div>	<div style="border: 1px solid black; padding: 5px;"> ACTION REQUESTED </div>
2. DATE SIGNED BY DIRECTOR <div style="font-size: 1.5em; font-family: cursive;">cc: Singleton Stensland</div> <div style="font-size: 3em; color: blue; margin-top: 10px;">✓</div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input checked="" type="checkbox"/> VFOIA DATE DUE <div style="font-size: 1.5em; font-family: cursive;">8/17/06</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Necessary Action </div>

APPROVALS <small>(Only when prepared for director's signature)</small>		APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.	Cleared 8/9/06, letter attached.			
2.				
3.				

WB95:11 9002/EO/80

Oakmont East Nursing Center
Oakmont West Nursing Center
Oakmont of Union

Please provide information on the following five centers:
Dietary, Laundry, Housekeeping, Computation, Reimbursement rate & space allocation

Please mail to:

Sherry Hipp
1640 Koulter Dr
Columbia, SC 29210

CES, Inc.
636 Powdersville Rd
Easley, SC 29642
Phone: 864-306-7785
Cell: 803.240-7355

Fax

To: Brian Kost	From: Sherry Hipp
Fax: 803-898-4515	Pages: 2
Phone:	Date: 8/3/06
Re: FOI Request	S. Hipp Email: ship@ces-services.com



State of South Carolina
Department of Health and Human Services

Log 134

Mark Sanford
Governor

Robert M. Kerr
Director

August 9, 2006

CES

Attn: Sherry Hipp
C/O 1640 Koulter Drive
Columbia, South Carolina 29210

Dear Ms. Hipp:

In response to your recent Freedom of Information Act request, enclosed you will find the information you requested on Oakmont East, Oakmont West & Oakmont Union with the exception of the reimbursement rate schedules and the billing for processing this information. The reimbursement rates for the fye 9/30/05 cost report period will not be available until later this year.

I hope this information is helpful to you. If you should have any questions, please contact Jacqueline Wilson-Barnes at (803) 898-1040.

Sincerely,

William L. Wells, CPA
Deputy Director

WLW/jwb

Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 9, 2006

TO: CES
Attn: Sherry Hipp

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 136

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	1	Hours	\$10.00
Pages copied at \$.10 per page	12	Pages	\$1.20
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$1.00
Other costs associated with the FOIA request:			\$

Total Amount Due SCDHHS:

\$12.20

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Jacqueline Wilson-Barnes at (803) 898-1040 should you have any questions.

William L. Wells
Signature

8/09/06
Date