

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

ACTION REFERRAL

TO <i>Walls/FOIA</i>	DATE <i>9/15/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>190144</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Checked 9/25/09, letter attached.</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9/26/08</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.			

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

ACTION REFERRAL

TO <i>Walls/FOIA</i>	DATE <i>9/15/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00144</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>E. Jankun</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE <i>9/26/08</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Brandy Putnam
To: Brenda James; Elizabeth Hutto
Date: 9/15/2008 7:45 AM
Subject: Fwd: Freedom of Information Request

Can you please log this and send the blue sheet down. Thanks!

Brandy

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

RECEIVED

SEP 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

>>> "Acree, Neal " <Neal.Acree@healthservices.cc> 9/9/2008 9:18 PM >>>

Debra,

as discussed last week, would you send me the name and address of the owner of the following two nursing home facilities:

- 1) Orangeburg Nursing Home, NCF-0617
- 2) Fairfield Healthcare Center, LLC, NCF-0776

In addition to the above, a request is made for the Orangeburg Nursing Home most recent Cost Report.

This information can be e-mailed to this address or mailed to my street address below.

Please let me know the request has been received and when I could expect the information.

Thank you and best regards,

Neal Acree
441 Meathward Circle
Moore, SC 29369
Cell # 864-316-2527
E-mail: neal.acree@healthservices.cc



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: _____



809 144

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 25, 2008

Neal Acree
441 Meathward Circle
Moore, SC 29369

Dear Mr. Acree:

In response to your recent Freedom of Information Act request, enclosed you will find the information and the billing for processing your request from our office.

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

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

September 25, 2008

TO: Neal Acree, Health Services
FROM: William L. Wells, CPA
Deputy Director
SUBJECT: Cost of Processing FOIA Request # 144

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	43	Pages	\$ 4.30
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 3.00
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			<u>\$17.30</u>

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 Brandy Putnam at (803) 898-1040 should you have any questions.

William L. Wells
Signature _____ Date *9/25/08*