

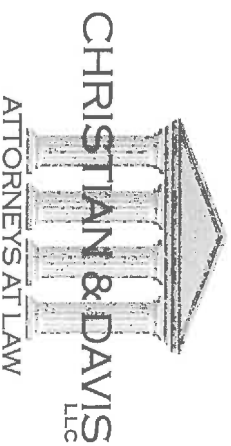
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Siaghter</i>	<i>4-17-89</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100582</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Standard</i> <i>Cleard 5/1/89 letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE <i>5-1-89</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.			



RECEIVED

APR 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 16, 2009

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

RE: Faith Health Care Center, Florence, South Carolina

Dear Sir/Madam:

W. Harold Christian, Jr.
Richard V. Davis
Matthew W. Christian

Joshua D. Christian

Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
Home Negligence


I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

/kch

P.O. Box 332 Greenville, SC 29602
1007 E. Washington St. Greenville, SC 29601
Phone (864)232-7363 Fax (864)370-3731 www.christiandavislaw.com

Log # 000582



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

May 1, 2009

Matthew Christian, Esquire
Christian & Davis, LLC
Post Office Box 332
Greenville, SC 29602

Re: Faith Health Care Center, Florence, South Carolina

Dear Mr. Christian:

Your enclosed letter of April 16, 2009, was referred to this Office for a response. This agency, the Department of Health and Human Services, administers the South Carolina Medicaid Program. 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 some of the information you seek is kept by them.

From our Contracts Division, we have retrieved the Disclosure of Ownership and Control Interest Statement along with varies documents that we received from DHEC that may be responsive to your request.

Our expense for reproducing and mailing this information is nineteen and 97/100 dollars (\$19.97). 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,

A handwritten signature in dark ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette Wilson, Receivables (w/o enclosures)

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