

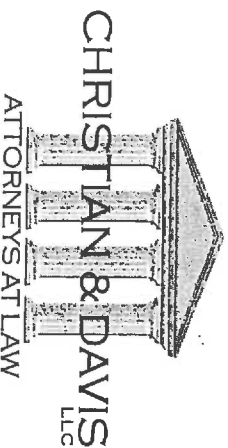
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Director</i>	DATE <i>6/21/10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>300496</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Jeff Stensland</i> <i>7/16/10</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>7/2/10</i>
<i>cleared 7/16/10, letter</i>	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <i>7/2/10</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

JUN 21 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 11, 2010

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Facility: Faith Healthcare Center, NCF-0927
Location: 617 W. Marion Street, Florence, South Carolina

Dear Ms. Putnam:

Pursuant to the Freedom of Information Act, I am requesting that you provide this office with copies of any and all cost reports related to the above identified facility, including, but not limited to, the Home Office Cost Report, the management company's cost report (HCF 3), and the realty company's cost report (HCF 2). In your production, please provide the as filed Cost Reports submitted as well as the Desk Audit packages for same for any contract periods between January 1, 2006 to present.


Additionally, you have previously provided this office with copies of the facility's cost reports. Specifically, we have the cost reports for the fiscal years September 29, 2006 through March 31, 2007, October 1, 2006 through September 30, 2007, and October 1, 2007 through September 30, 2008. At this time, we would request that you also provide copies of the signatory pages filed in connection with these reports.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

/kch

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

0808 # 000 496

July 6, 2010

Matthew Christian, Esquire
Christian & Davis, LLC
Post Office Box 332
1007 E. Washington Street
Greenville, SC 29601

Re: FOIA Request – Faith Healthcare Center

Dear Mr. Christian:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports and desk audit packages you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is seventy-two and 20/100 dollars (\$72.20). 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,



Byron R. Roberts
Assistant General Counsel

BRR/h
Enclosures
cc: Lynette D. Wilson, Receivables