

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Mells/FOIA</i>	<i>9-13-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000240</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleten</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Cleared by [Signature], letter</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-27-06</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.			



HOUSEKEEPING, LAUNDRY & DIETARY SERVICES

RECEIVED

SEP 11 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To: Brian Kost
803-898-4515
From: Sherry Hipp 803-240-7355
Date: 9/11/06
Subject: FOI Request: SNF Cost Report Data

Mr. Kost,

Please provide me a copy of the 2005 (or most current) revenue & expense report for the following facilities:

Oakhaven Nursing Ctr
Morrell Nursing Ctr
Medford Nursing Ctr

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

Thank-you,

Sherry Hipp

636 Powdersville Road, Easley, SC 29642 Office (864) 306-7785 Fax (864) 306-7786



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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 8355
Columbia, South Carolina 29202-8355

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) 898-4515



log 240



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 21, 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 billing for processing the information you requested to be picked up: Orangeburg Nursing Home, Oakhaven Nursing Center, Morrell Nursing Center and Medford Nursing Center.

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

Sincerely,

A handwritten signature in cursive script that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLV/jwb

Enclosures

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 21, 2006

TO: CES
Attn: Sherry Hipp

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 240 & 241

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 28 _____ Pages \$ 2.80

Pages faxed at \$.20 per page _____ Pages \$ _____

Shipping and Handling Costs _____ \$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: \$ 10.80

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 9/21/06
Signature Date