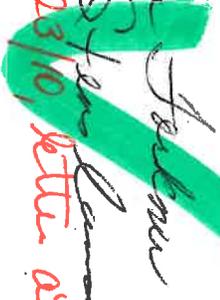


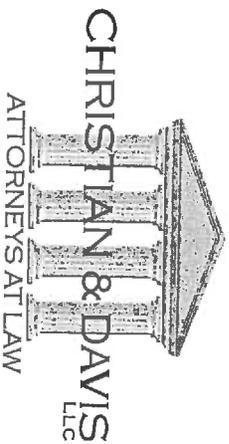
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>2/18/10</i>
------------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>.101345</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>1/23/10</i>	<i>C: Emma Jackson</i>  <i>Jeff Steinfeld</i> <i>Classified 2/23/10, with attached.</i>		
	<input checked="" type="checkbox"/> FOIA	DATE DUE <i>3-4-10</i>	

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



**RECEIVED**

FEB 18 2010

SODHHS  
Office of General Counsel

February 17, 2010

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

**RE: Brookside Living Center, Anderson, South Carolina**

Dear Sir/Madam:

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

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

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



008 # 000345

February 23, 2010

Matt Christian, Esquire  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: Brookside Living Center, Anderson, South Carolina

Dear Mr. Christian:

Your enclosed letter of February 17, 2010, 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 may be that some or most of the information you seek is kept by them.

We do obtain Disclosure of Ownership and Control Interest Statement forms and other miscellaneous ownership information from providers. Also, we receive, by way of verification, copies of some information from DHEC. We believe that the information enclosed is what we have that is responsive to your request, but we did not search further than the current files in our Contracts Division, which is where most of this type information is kept. We have redacted the EIN and provider numbers.

Our expense for reproducing and mailing this information is seven and 42/100 dollars (\$7.42). 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,

Richard G. Hepfer  
Deputy General Counsel

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