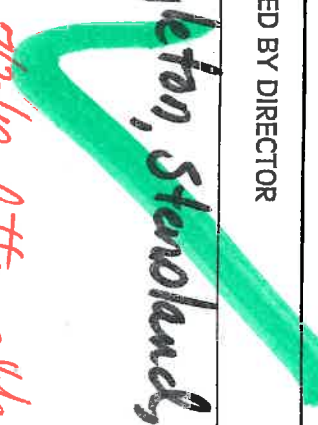


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	7-12-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011020	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Singleton, Standaert, Myers  Cleared 7/12/10, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-24-10 <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.			

From: Jeff Stensland
To: Jan Polatty
Date: 7/12/2010 8:58 AM
Subject: Fw: Fwd: Cost Report Request
Attachments: Fwd: Cost Report Request

*Log FOIA/
Wille*

*C: DS
FM*

RECEIVED

JUL 12 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

JUL 12 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Debra Myers
To: Jeff Stensland
CC: Brandy Putnam
Date: 7/12/2010 8:31 AM
Subject: Fwd: Cost Report Request

FOIA request

>>> Persephone Galambos <pcgalambos@gmail.com> 7/9/2010 4:14 PM >>>
Debbie,

Thank you for your time this afternoon.

I am requesting the 9/30/09 or most recent cost reports for the following facilities in Horry County.

Conway Manor
3300 4th Avenue
Conway, SC

Kingston Nursing Center
2379 Cypress Circle
Conway, SC

Loris Extended Care Center
3620 Stevens Street
Loris, SC

NHC Healthcare - Garden City
9405 Highway 17
Garden City, SC

Please let me know if you need any additional information from me. My contact information is below. I appreciate your help.

--
Persephone C. Galambos
Province Consulting Group
5800 Mountain Creek Drive
Sandy Springs, GA 30328
404-429-6695
404-963-0030 (fax)

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: _____

Log 020

July 20, 2010

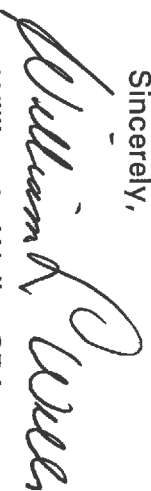
Ms. Persephone C. Galambos
Province Consulting Group
5800 Mountain Creek Drive
Sandy Springs, GA 30328

Dear Ms. Galambos:

Enclosed you will find the information and the billing for processing your recent Freedom of Information Act 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,


William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures

July 20, 2010

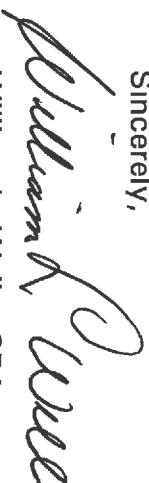
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William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures