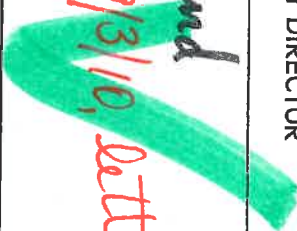


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	8-23-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1001083	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	 CC: Stensland Cleared 9/3/10, letter attached.	<input checked="" type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<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.			

BARNWELL WHALEY

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AUG 20 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

John A. "Jay" Jones
jjones@barnwell-whaley.com

August 18, 2010

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

**RE: Freedom of Information Act Request
S.C. CODE ANN. §30-4-10 ET SEQ., SOUTH CAROLINA FOIA REQUEST.**

Patricia Holcombe
South Carolina Nurse Aide Registry CNA Certification #:120428
DOB: 6/7/62
Our File No.: 3330.001

Dear Sir or Madam:

Pursuant to the South Carolina Freedom of Information Act (FOIA), I am requesting all public records, including but not limited to the below list of documents regarding certified nurse aide Patricia Holcombe and her registration with the South Carolina Nurse Aide Registry. The scope of this request is for records dated from June 2000 to the present.

- a) Application(s) for Registration by Examination and supporting documentation accompanying such application;
- b) Application for Re-registration;
- c) Certificate;
- d) Documents relating to any training program in which Ms. Holcombe participated and certificate of completion of the training program;
- e) Documents relating to any continuing education requirements and continuing education taken by Patricia Holcombe;
- f) Documents relating to any complaints about Patricia Holcombe;
- g) Documents relating to any revocation, suspension, reprimand, restriction, and reinstatement of

260591	William C. Helms, III	Phillip S. Ferderigos	Todd M. Musheff	John A. Jones
	M. Dawes Cooke, Jr.	K. Michael Barfield	Craig E. Burgess	Alissa DeCarlo
	B.C. Killough*	Ernest B. Lipscomb, III*	Lucinda Gardner Wichmann	Barbara J. Wagner, Ph.D.
	Randell C. Stoney, Jr.	J. Gail Rahn	John W. Fletcher	Jeremy E. Bowers

her certificate;

- h) Documents relating to modifications or limitations of her certificate;
- i) Documents relating to notification of certificate status;
- j) Correspondence, e-mails, notes and memos, agreements, orders, registrant inquiries, updating and reporting, relating to her certificate;
- k) Any final decisions of the Registry Board or S. C. Department of Health and Human Services; and
- l) Any computer generated documents relating to any of the above.

If there is any additional information that you need from me to complete this request, please feel free to contact my paralegal, Susan Hatch, or me at the above-listed telephone number. Otherwise, I look forward to receiving the requested documentation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Jones / sbh". The signature is fluid and cursive.

John "Jay" A. Jones

/sbh

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 # 000085

September 3, 2010

Mr. John A. Jones
Barnwell Whaley
P. O. Drawer H
Charleston, SC 29402


Dear Mr. Jones:

The South Carolina Department of Health and Human Services (SCDHHS) is in receipt of your request for information regarding Ms. Patricia Holcombe.

The South Carolina Nurse Aide web site at www.pearsonvue.com is available for all who want to verify the status of a SC CNA as required in the Code of Federal Regulations. Pearson Vue, the company that administers the website for us, also takes the applications, which we believe are exempt from release under S.C. Code Ann. §30-4-40(a)(2). Any documents relating to complaints or problems with certifications are investigated or handled by the South Carolina Department of Health and Environmental Control, and they are the only source for information about such.

Therefore, other than the information on the website, we have no information that is responsive to your request to share with you. Should you have further questions regarding this Program in South Carolina, feel free to contact me. My direct is (803) 898-2791.

Sincerely,


Richard G. Hepfer
Deputy General Counsel

cc: Cindy Pedersen, CNAR Program Coordinator