

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Roberty/FOIA</i>	DATE <i>10-15-14</i>
---------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000084</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis Cleared 10/29/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>10-30-14</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.			

# ***Jackson Law Offices, P.C.***

922 Stevens Creek Road, Suite J  
Augusta, Georgia 30907

Stanley G. Jackson  
Tel. (803) 643-1003  
Fax (803) 753-0021  
Mailing address:  
321 ½ Newberry Street, SW  
Aiken, South Carolina 29801

M. Austin Jackson  
Tel. (803) 643-1003  
Fax (706) 243-4646

October 15, 2014

SCDHHS  
P.O. Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

OCT 15 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Freedom of Information Request  
Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Dear Sir or Madam:

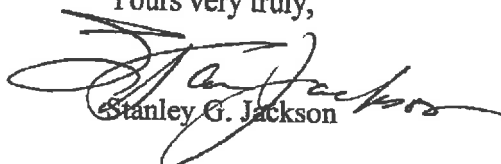
Pursuant to the South Carolina Freedom of Information Act, this letter constitutes a request that you provide the licensure and all supporting submissions and any corporate information of ownership pertaining to the below entity, to wit:

Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Thank you for your service in this matter. Please bill me for any costs involved and I will remit the amount invoiced.

With kind regards,

Yours very truly,

  
Stanley G. Jackson

## Brenda James

---

**From:** Colleen Mullis  
**Sent:** Wednesday, October 15, 2014 2:51 PM  
**To:** Brenda James  
**Subject:** FW: Contact Us page inquiry  
**Attachments:** FOIR to SCDHHS.pdf

Please log and process this FOIA.

Thank you.

Colleen

**Colleen Mullis**  
*Public Information Director II*  
[Colleen.Mullis@scdhhs.gov](mailto:Colleen.Mullis@scdhhs.gov)  
803.898.2452  
cell: 803.605.4848  
1801 Main Street Suite 1100  
Columbia, SC - 29201  
[www.scdhhs.gov](http://www.scdhhs.gov)



*Healthy Connections* and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

**From:** Stan Jackson [mailto:jacksonlaw@atlanticbbn.net]  
**Sent:** Wednesday, October 15, 2014 2:08 PM  
**To:** Office of Communications  
**Subject:** Contact Us page inquiry

SCDHHS  
P.O. Box 8206  
Columbia, SC 29202-8206

RE: Freedom of Information Request

Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Dear Sir or Madam:

Pursuant to the South Carolina Freedom of Information Act, this letter constitutes a request that you provide the licensure and all supporting submissions and any corporate information of ownership pertaining to the below entity, to wit:

Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Thank you for your service in this matter. Please bill me for any costs involved and I will remit the amount invoiced.

With kind regards,

Yours very truly,

Stanley G. Jackson

Jackson Law Offices, PC  
Augusta, GA 30904  
706-724-2661  
mailing address:  
321 Newberry St. SW.  
Aiken, SC, 29801  
803-643-1003  
Fax 803-753-0021



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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 # 0008  
Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 &gt; Columbia, SC 29202

www.scdhhs.gov

October 29, 2014

Stanley G. Jackson, Esquire  
Jackson Law Offices, P.C.  
922 Stevens Creek Road, Suite J  
Augusta, Ga 30907

Re: FOIA – Pepper Hill Nursing &amp; Rehab Center, LLC

Dear Mr. Jackson:

Your Freedom of Information Act request dated October 15, 2014 was referred to me for handling. You requested a copy of the licensure and all supporting submissions and any corporate information of ownership pertaining to:

Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Please find enclosed the information that we believe is responsive to your request.

Our expense for reproducing and mailing this information is twelve and 19/100 dollars (\$12.19). These documents are true and accurate copies of reports collected by the Department in the regular course of its business. 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,

*Constance D. Holloway*  
Constance D. Holloway  
Assistance General Counsel

CDH/h

Enclosures

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



# **Jackson Law Offices, P.C.**

922 Stevens Creek Road, Suite J  
Augusta, Georgia 30907

Stanley G. Jackson  
Tel. (803) 643-1003  
Fax (803) 753-0021  
Mailing address:  
321 ½ Newberry Street, SW  
Aiken, South Carolina 29801

M. Austin Jackson  
Tel. (803) 643-1003  
Fax (706) 243-4646

October 15, 2014

SCDHHS  
P.O. Box 8206  
Columbia, SC 29202-8206

RE: Freedom of Information Request  
Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Dear Sir or Madam:

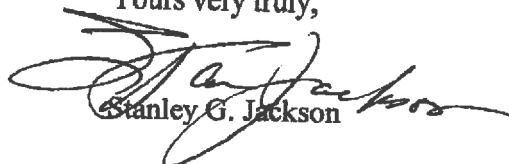
Pursuant to the South Carolina Freedom of Information Act, this letter constitutes a request that you provide the licensure and all supporting submissions and any corporate information of ownership pertaining to the below entity, to wit:

Pepper Hill Nursing & Rehab Center, LLC  
3525 Augustus Road  
Aiken, SC 29802

Thank you for your service in this matter. Please bill me for any costs involved and I will remit the amount invoiced.

With kind regards,

Yours very truly,

  
Stanley G. Jackson

**RECEIVED**

OCT 15 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**

OCT 15 2014

SCDHHS  
Office of General Counsel