

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
Robert/FOIA	10-6-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  100461	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  Cc: Singley, Stensland Cleared 10/19/12, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input checked="" type="checkbox"/> FOIA DATE DUE 10-20-12  <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.			

# THE HYMAN LAW FIRM, LLP

LAWYERS SERVING THE PEOPLE SINCE 1953

WILLIAM P. HATFIELD†\*

E. HOOD TEMPLE

J. LAYTON RUFFIN

DAVID P. CARAKER, JR.

**RECEIVED**

JUN 05 2012

170 Courthouse Square

Post Office Box 1770

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PETER D. HYMAN (1927-1999)

REGINALD C. BROWN, JR. (1940-2010)

EVANDER G. JEFFORDS (Retired)

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

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\*American Board of Trial Advocates  
†Board Certified Civil Trial Specialist by The National Board of Trial Advocacy

June 4, 2012

SC Department of Health & Human Services  
Post Office Box 8206  
Columbia, SC 29202

Re: Commander Health Care  
Facilities, Inc., d/b/a  
Commander Nursing Home  
4438 Pamplico Highway  
Florence, SC 29505  
Our File #2012063 J

Dear Sir or Madam:

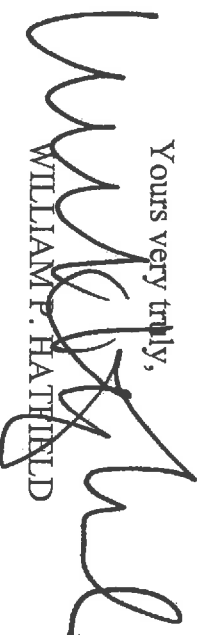
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513 regarding Commander Health Care Facilities, Inc., d/b/a Commander Nursing Home located at 4438 Pamplico Highway, Florence, South Carolina.

If this cost is going to exceed \$50.00, 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 twenty days. I look forward to hearing from you.

Thank you for your help and cooperation. Should you have any questions, please feel free to contact me.

With kindest regards, I am

Yours very truly,



WILLIAM P. HATFIELD

WPH:slh

cc: Ms. Barbara A. Davis

D. Nathan Hughey, Esquire (via email)

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: \_\_\_\_\_



288 # 000461 ✓

June 19, 2012

William P. Hatfield, Esquire  
The Hyman Law Firm, LLP  
170 Courthouse Square  
Post Office Box 1770  
Florence, SC 29503-1770

Re: Commander Health Care Facilities, Inc., d/b/a Commander  
Nursing Home

Dear Mr. Hatfield:

Your enclosed letter of June 4, 2012, 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 provider numbers, EIN and social security numbers.

Our expense for reproducing and mailing this information is eleven and 45/100 dollars (\$11.45). 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)