

Janet
1028

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberto/Singleton/FOIA	11-4-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000105	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Brooks, Mullis Cleared 11/10/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE 11-19-14
		<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. 547			
2.			
3.			
4.			17.27

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

FOIA REQUEST

RECEIVED

NOV 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Freedom of Information Act Request:

I, Albert V. Smith, Esquire, request all observation daily written log records and videos from the Department of Human and Health Services located in Columbia, South Carolina for the time period of 2014 regarding a public notice concerning Dialysis Clinic-East located at 155 Dillion Dr., Spartanburg, SC 29307. The public notice in question is attached hereto. Please include all documentation and videos from this incident.

The purpose of my interest in this information is:
This office is investigation a possible medical negligence case against this facility regarding one of our clients that contracted an infection from DCI-East that has required numerous hospital stays and is still being treated to date.

I am requesting this information under the Freedom of Information Act as prescribed in Title 30 Chapter 4 of the South Carolina Code of Laws. I understand that there may be a charge for the actual costs involved with gathering the information that I am requesting (hourly rate, charge for copies etc.) and that a deposit may be required before work beings to search for the information I am requesting.

Signature

Date of Request: October 30, 2014

Mailing Address: Albert V. Smith, P.A. PO Box 5866, Spartanburg, South Carolina, 29304-5866

Phone Number(s): 864-585-8174

Email: smithoffice1@albertvsmithatty.com or
Nikkinicholls1@aol.com

Preferred method of contact: Phone or email

Capital Bank, NA, Lincoln Financial, Provident Community Bank, Mountain 1st Bank & Trust, NAFH Mountain Bank, Palmetto Bank, and National Bank Defendants IN THE COURT OF COMMON PLEAS AMENDED SUMMONS AND NOTICE OF FILING OF AMENDED COMPLAINT AND NOTICE OF FORECLOSURE INTERVENTION (NON-JURY MORTGAGE FORECLOSURE) C/A NO: 2013-CP-42-05121 Deficiency Judgment Demanded TO THE DEFENDANTS, ABOVE NAMED: YOU ARE HEREBY SUMMONED and required to answer the Amended Complaint in the above entitled action, a copy of which is herewith served upon you, and to serve a copy of your answer upon the undersigned at their office, 704 E McBee Ave, Greenville, SC 29601 within thirty (30) days after service hereof upon you, exclusive of the day of such service, and if you fail to answer the Amended Complaint within the time aforesaid or otherwise appear and defend, the Plaintiff, in this action will apply to the Court for the relief demanded in the Amended Complaint, and judgment by default will be rendered against you for the relief demanded in the Amended Complaint. NOTICE IS HEREBY GIVEN that the original Amended Complaint in the above entitled action was filed in the office of the Clerk of Court for Spartanburg County on June 25, 2014. NOTICE OF FORECLOSURE INTERVENTION PLEASE TAKE NOTICE THAT pursuant to the South Carolina Supreme Court Administrative Order 2011-05-02-01, (hereinafter "Order"), you may have a right to Foreclosure Intervention. To be considered for any available Foreclosure Intervention, you may communicate with and otherwise deal with the Plaintiff through its law firm, Kenison, Dudley & Crawford, LLC, 704 E McBee Ave, Greenville, SC 29601, or call (864) 242-4899. Kenison, Dudley & Crawford, LLC represents the Plaintiff in this action and does not represent you. Under our ethical rules, we are prohibited from giving you any legal advice. You must submit any requests for Foreclosure Intervention consideration within 30 days from the date of this Notice. IF YOU FAIL, REFUSE, OR VOLUNTARILY ELECT NOT TO PARTICIPATE IN FORECLOSURE INTERVENTION, YOUR MORTGAGE COMPANY/AGENT MAY PROCEED WITH A FORECLOSURE ACTION. If you have already pursued loss mitigation does not guarantee the availability of loss mitigation options or further review of your qualifications. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR. Kenison, Dudley & Crawford, LLC, 704 E McBee Ave, Greenville, SC 29601 BY: F. LEE PRICKETT, III Attorney for Plaintiff, Greenville, SC

July 2, 2014

7/7, 7/14, 7/21

NOTICE TO CREDITORS OF ESTATES

All persons having claims against the following estates MUST file their claims on Form #371ES with the Probate Court of Spartanburg County, the address of which is 180 Magnolia Street, Room 302 Spartanburg, SC 29306 within eight (8) months after the date of the first publication of this Notice to Creditors or within one (1) year from date of death, whichever is earlier (SCPC of death, whichever is earlier (SCPC of death, et seq.), or such persons shall be forever barred as to their claims. All claims are required to be presented in written statement on the prescribed form (FORM #371ES) indicating the name and the address of the claimant, the basis of the claim, the amount claimed, the date when the claim will become due, the nature of any uncertainty as to the claim, and a description of any security as to the claim.

Estate: Margie Ragan Brian
Date of Death: March 15, 2014
Case Number: 2014ES4200667

Personal Representative: Charles W. Brian
Address: 275 Burnett Road, Inman, SC 29349

6/30, 7/7, 7/14

481970

PUBLIC NOTICE FOR INVOLUNTARY TERMINATION OF MEDICARE/MEDICAID PROVIDER AGREEMENT

Notice is hereby given that effective July 25, 2014, the agreement between DCI East Spartanburg, 155 Dillon Drive, Spartanburg, SC 29307 and the Secretary of Health and Human Services, as provider of End Stage Renal Disease Services in the Health Insurance for the Aged and Disabled Program (Medicare) is to be terminated. DCI East Spartanburg does not meet the following conditions of coverage:

- 42 CFC 494.30 - Infection Control
- 42 CFC 494.50 - Reuse of Hemodialyzers & Bloodlines

The Centers for Medicare and Medicaid Services has determined that DCI East Spartanburg is not in compliance with the conditions of Participation. The Medicare program will not make payment for hospital services to patients who are admitted after July 25, 2014. For patients admitted prior to July 25, 2014, payment may continue for a maximum of 30 days for Hospital Services. Such payment is specifically limited to covered services through the close of business July 25, 2014.

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

482360

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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:

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

November 10, 2014

Albert V. Smith, P.A.
PO Box 5866
Spartanburg, SC 29304

Dear Mr. Smith :

This is in response to your request for information from the South Carolina Department of Health and Human Services (SCDHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated October 30, 2014 and received by SCDHHS on November 3, 2014. You requested all observation daily written log records and videos from SCDHHS for the time period of 2014 regarding a public notice concerning Dialysis Clinic-East located at 155 Dillion Dr., Spartanburg, SC 29307. This agency does not have the requested information.

Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062.

Sincerely,

Constance Holloway
Constance Holloway
Assistant General Counsel

Constance / Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

NOV 05 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts / Single / FOIA	11-4-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000105	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Brooks, Mullis	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 11-19-14
	<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.		Due	Nov 24
2.			
3.			
4.			

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

FOIA REQUEST

RECEIVED

NOV 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Freedom of Information Act Request:

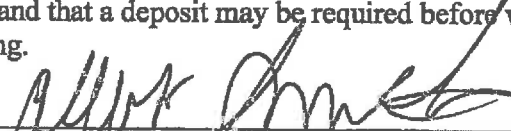
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This office is investigation a possible medical negligence case against this facility regarding one of our clients that contracted an infection from DCI-East that has required numerous hospital stays and is still being treated to date.

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Signature



Date of Request: October 30, 2014

Mailing Address: Albert V. Smith, P.A. PO Box 5866, Spartanburg, South Carolina, 29304-5866

Phone Number(s): 864-585-8174

Email: smithoffice1@albertvsmithatty.com or
Nikknicholls1@aol.com

Preferred method of contact: Phone or email

RECEIVED

NOV 05 2014

SCDHHS
Office of General Counsel

ABOVE NAMED. I HEREBY SUMMONED and request you to answer the Amended Complaint in the above entitled action, a copy of which is herewith served upon you, and to serve a copy of your answer upon the undersigned at their office, 704 E. McBee Ave, Greenville, SC 29601 within thirty (30) days after service hereof upon you, exclusive of the day of such service, and if you fail to answer the Amended Complaint within the time aforesaid or thereafter appear and defend, the Plaintiff in this action will apply to the Court for the relief demanded in the Amended Complaint and judgment by default will be rendered against you for the relief demanded in the Amended Complaint. NOTICE IS HEREBY GIVEN that the original Amended Complaint in the above entitled action was filed in the office of the Clerk of Court for Spartanburg County on June 25, 2014. NOTICE OF FORECLOSURE INTERVENTION PLEASE TAKE NOTICE THAT pursuant to the South Carolina Supreme Court Administrative Order 2011-05-02-01, (hereinafter "Order"), you may have a right to Foreclosure Intervention. To be considered for any available Foreclosure Intervention, you may communicate with and otherwise deal with the Plaintiff through its attorney, Kenton, Dudley & Crawford, LLC, 704 E. McBee Ave, Greenville, SC 29601, or call (864) 242-3931. Kenton, Dudley & Crawford, LLC represents the Plaintiff in this action and does not represent you. Under our ethical rules, we are prohibited from giving you any legal advice. You must submit any requests for Foreclosure Intervention consideration within 30 days from the date of this Notice. IF YOU FAIL TO REFUSE, OR VOLUNTARILY ELIMINATE, YOUR INTEREST IN THE FORECLOSURE INTERVENTION, YOUR MORTGAGE CO-OB OBLIGATION MAY PROCEED WITH A FORECLOSURE ACTION. If you have already pursued litigation with the Plaintiff, the filer does not guarantee the ability of loss mitigation staff to further review of your application. THIS IS AN ATTEMPT TO LEGALIZE A DEBT AND AN INFORMATION OBTAINED BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS A DEBT COLLECTOR. I, Kenton, Dudley & Crawford, LLC, 704 E. McBee Ave, Greenville, SC 29601, is the attorney for Plaintiff, Greenville, SC 29601.

All persons having claims against the following estates MUST file their claims in Form #371ES with the Probate Court of Spartanburg County, the address of which is 158 Magnolia Street, Room 352 Spartanburg, SC 29305 within eight (8) months after the date of the first publication of this Notice to Creditors or within one (1) year from date of death of decedent is either (SCPC 62-2-504, et seq.), or such persons shall be forever barred as to their claim. All claims are required to be presented in written statement on the prescribed form (FORM #371ES) stating the name and the address of the claimant, the amount of the claim, the date when the claim was due, the nature of any security or of any security as to the claim.

Case Number: [REDACTED]
Person: Representative Charles
W. Brier
Address: 275 Burnett Road, Tamm
SC 29319

Notice is hereby given that effective July 27, 2015 the agreement between DCL East Spartanburg, 155 Dills Drive, Spartanburg, SC 29307 and the Secretary of Health and Human Services as provider of End - Stage Renal Disease Services in the Health Insurance for the Aging and Disabled Program (Medicare) is to be terminated. DCL East Spartanburg does not meet the following conditions of coverage.

The Centers for Medicare and Medicaid Services has determined that DCH East Spokeland is not in compliance with the conditions of Participation. The Medicare program will not make payment for hospital services to patients who are admitted after July 25, 2014. For patients admitted after July 25, 2014, payment may continue for a maximum of 30 days for Hospital Services. Such payment is specifically limited to covered services through the close of business July 25, 2014.

July 2, 2014

7/7, 7/7A, 7/7B

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Medical

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Albert V. Smith, P.A.
Attorneys at Law
Post Office Box 5866
Spartanburg, SC 29304

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NOV 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SCDHHS
PO Box 8206
Columbia SC 29202

OFFICE OF THE
DIRECTOR
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NOV 05 2014

SCDHHS
Office of General Counsel

25202820505



Constance / Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

NOV 05 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Singleton/FOIA	11-4-14

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2. DATE SIGNED BY DIRECTOR cc: Brooks, Mullis Closed on 11/10/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 11-19-14 <input type="checkbox"/> Necessary Action

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Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

November 10, 2014

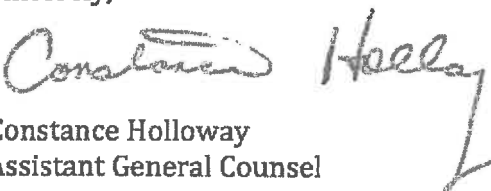
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PO Box 5866
Spartanburg, SC 29304

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Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062).

Sincerely,


Constance Holloway
Assistant General Counsel



STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

FOIA REQUEST

RECEIVED

NOV 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Freedom of Information Act Request:

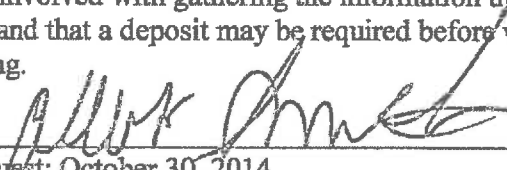
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Mailing Address: Albert V. Smith, P.A. PO Box 5866, Spartanburg, South Carolina, 29304-5866

Phone Number(s): 864-585-8174

Email: smithoffice1@albertvsmithatty.com or

Nikkinicholls1@aol.com

Preferred method of contact: Phone or email

RECEIVED

NOV 05 2014

SCDHHS
Office of General Counsel

HEREBY SUMMONED the Amended
 Complaint to answer the Amended
 Complaint in the above entitled ac-
 tion, a copy of which is herewith
 served upon you, and to serve a
 copy of your answer upon the un-
 derdesignated at their office, 704 E
 McBee Ave, Greenville, SC 29601
 within thirty (30) days after service
 hereof upon you, exclusive of the
 day of such service, and if you fail
 to answer the Amended Complaint
 within the time dispensed or other-
 wise appear upon defense, the Plain-
 tiff, in this action will apply to the
 Court for the relief demanded in the
 Amended Complaint, and judgment
 by default will be rendered against
 you for the relief demanded in the
 Amended Complaint. NOTICE IS
 HEREBY GIVEN that the original
 Amended Complaint in the above
 entitled action was filed in the office
 of the Clerk of Court for Spartanburg
 County on June 23, 2014. NOTICE
 OF FORECLOSURE INTERVEN-
 TION PLEASE TAKE NOTICE
 THAT pursuant to the South Caro-
 lina Supreme Court Administrative
 Order 2011-05-02-01, (hereinafter
 "Order"), you may have a right to
 Foreclosure Intervention. To be
 considered for any available Fore-
 closure Intervention, you may com-
 municate with and otherwise deal
 with the Plaintiff through its law-
 firm, Kenison, Dudley & Crawford
 LLC, 704 E McBee Ave, Greenville,
 SC 29601, or call (864) 242-4999.
 Kenison, Dudley & Crawford, LLC
 represents the Plaintiff in this ac-
 tion and does not represent you. Un-
 der our ethical rules, we are prohib-
 ited from giving you any legal advice.
 You must submit any requests
 for Foreclosure Intervention consid-
 eration within 30 days from the date
 of this Notice. IF YOU FAIL TO
 FUSE, OR VOLUNTARILY EL-
 ECT NOT TO PARTICIPATE IN FO-
 RECLOSURE INTERVENTION,
 YOUR MORTGAGE CO
 PANY/CREDIT MAY PRO-
 CEED WITH A FORECLOSURE AC-
 TION IF YOU HAVE ALREADY PURSUE
 D MORTGAGATION WITH THE PLAINTIFF
 THE FEE DOES NOT GUARANTEE THE
 QUALITY OF LOSS MITIGATION OFFER
 FURTHER REVIEW OF YOUR QUALIFI-
 CATION. THIS IS AN ATTEMPT TO
 ELICIT A DEBT AND AN ATTEMPT
 TO OBTAIN INFORMATION. THIS
 MESSAGE WILL BE USED FOR THAT PURPOSE.
 THIS COMMUNICATION IS FROM
 A DEBT COLLECTOR, L.L.C.
 Kenison, Dudley & Crawford, LLC
 704 E McBee Ave, Greenville, SC
 29601
 D. E. LEE PRICKETT, III
 Plaintiff, Greenville, SC

All persons having claims against the following estates MUST file their claims on Form #371ES with the Probate Court of Spotsylvania County, the address of which is 180 Magnolia Street, Room 302, Spotsylvania, SC 22434 within sixty (60) days after the date of the first mailing of this Notice to Creditors and (1) year from date of death, whichever is earlier (SCPC 22-3-80, at sec. 1), or such persons shall be forever barred as to their claims, if claims are required to be presented in written statement on the prescribed form (FORM #371ES) indicating the name and the address of the decedent, the basis of the claim, the amount claimed, the date when the claim will become due, the nature of any uncertainty as to the claim, and a description of any security as to the claim.

Persons: Representative Charles
W. Burr
Address: 275 Burnett Road, Iamonia,
SC 29579

PUBLIC NOTICE FOR INVOLUNTARY TERMINATION OF MEDICARE/MEDICAID PROVIDER AGREEMENT

22 CFC 494.30 - Infection Control
22 CFC 494.50 - Reuse of Hemodialyzers & Bloodlines

The Centers for Medicare and Medicaid Services has determined the DCL East Spartenburg is not in compliance with the conditions of Participation. The Medicare program will not make payment for hospital services to patients who are admitted after July 25, 2014. For patients admitted prior to July 25, 2014, payment may continue for a maximum of 30 days for Hospital Services. Such payment is specifically limited to covered services through the close of business July 25, 2014.

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

Due to increases in busi-
ness, Spring Transport, Inc. is now
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Spartanburg, S.C. Operat-

95% of our Spartan owners are home daily and most visit. You can drive a truck and a home life too. We operate in the Carolinas, Tenn., Va. 2 tractors & 40 years experience. No must be DOT certified and Safe Driving record. Call Robert at 254-397-11.

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Medical

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NOV 05 2014

SCDHHS :
Office of General Counsel

July 2, 2014

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Herold, Joseph

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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: