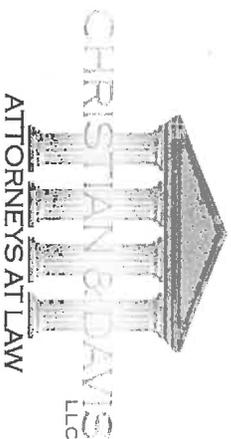


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR  
**ACTION REFERRAL**

TO <i>Single fax/FOIA</i>	DATE <i>3-20-09</i>
------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101518</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Ms. Forkner</i> <i>Cleared 3/31/09 after</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>4-3-09</i>

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



**RECEIVED**

MAR 20 2009

March 19, 2009

SCDHHS  
Office of General Counsel

**RECEIVED**

MAR 20 2009

Department of Health and Human Services  
Office of General Counsel

Attn: Nicole Boland  
P.O. Box 8206  
Columbia, SC 29202

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RE: Anne Maria Rehab and Nursing Center, North Augusta, SC**

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Workers' Compensation

Auto & Truck Collisions

Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing  
Home Negligence

Dear Ms. Boland:

I am writing pursuant to the Freedom of Information Act to request an update on all documents regarding ownership, control, licensing and related entities, including but not limited to, CMS Form 1513 with regard to the above referenced facility.

If this cost is going to exceed \$100.00, 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 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

  
Kirsten Harkness  
Paralegal to Matthew Christian

/kch

P.O. Box 332 Greenville, SC 29602

1007 E. Washington St. Greenville, SC 29601

Phone (864)232-7363

Fax (864)370-3731

www.christiandavislaw.com



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

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: \_\_\_\_\_



*State of South Carolina*  
*Department of Health and Human Services*

*Page # 000518*

Mark Sanford  
Governor

Emma Forkner  
Director

March 31, 2009

Ms. Kirsten Harkness  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: Freedom of Information Request – Anne Maria Rehab and Nursing Center, North Augusta, SC

Dear Ms. Harkness:

Enclosed please find two Disclosure of Ownership and Control Interest Statements for Anne Maria Rehab and Nursing Center. These documents are produced in response to your March 19, 2009 letter requesting this information pursuant to the Freedom of Information Act.

Our expense for reproducing and mailing this information is three and 83/100 dollars (\$3.83). 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

Please contact me at (803) 898-2648 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Nikole H Boland".

Nikole H. Boland  
Assistant General Counsel

NHB/h  
Enclosures

Office of General Counsel  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2795 Fax (803) 255-8210