

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

ACTION REFERRAL

TO <i>Singletary/EOIA's</i>	DATE <i>1-26-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101286</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland Clement / 3/1/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>FOIA</i>
	DATE DUE <i>2-10-12</i>
	<input type="checkbox"/> Necessary Action

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.			



Pagoness - O'Neill, Inc.

When You Absolutely Must Have Results

355 Main Street
Beacon, New York 12508
Phone: 845 632 9200
Fax: 845 632 6902

RECEIVED

545 8th Avenue
Suite #401
New York, NY 10018
Phone: 866-419-7246
Fax: 212-712-8310

JAN 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 20, 2012

Orangeburg County DHHS
PO Box 1407
Orangeburg, SC 29116-1407

**RE: FOIL REQUEST
1300 Chestnut St NE, Orangeburg, SC 29115**

To Whom It May Concern:

Under the provisions of the South Carolina Freedom of Information Act, I hereby request any and all documents in your possession or under your control pertaining to any and all complaints, violations, notices, incidents, warnings, equipment violations or on-going investigations related to the food, health or sanitary conditions of the above referenced location.

The term "documents" shall mean and include, but not be limited to, all correspondence, memorandums, records, opinions, reports, papers, complaints, witness statements, investigators' notes, internal and external memos including e-mails and facsimile transmissions generated by and to the County Department of Health.

As you are aware, the Freedom of Information Law requires that an agency respond to a request within fifteen (15) business days of receipt of request. Therefore, I would greatly appreciate a response as soon as possible and look forward to hearing from you shortly.

If, for any reason, any portion of my request is denied, please inform me of the reason(s) for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

Thank you for your anticipated cooperation.

Steven Pagoness, Esq.

www.pagonessoneill.com



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PO Box 1407
Orangeburg, SC 29116-1407

RE: FOIL REQUEST
1437 John C Calhoun Dr., Orangeburg, SC 29115

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January 20, 2012

Orangeburg County DHHS
PO Box 1407
Orangeburg, SC 29116-1407

RE: FOIL REQUEST
3599 Saint Matthews Rd., Orangeburg, SC 29118

To Whom It May Concern:

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JAN 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 20, 2012

Orangeburg County DHHS
PO Box 1407
Orangeburg, SC 29116-1407

**RE: FOIL REQUEST
293 Britain St., Santee, SC 29142**

To Whom It May Concern:

Under the provisions of the South Carolina Freedom of Information Act, I hereby request any and all documents in your possession or under your control pertaining to any and all complaints, violations, notices, incidents, warnings, equipment violations or on-going investigations related to the food, health or sanitary conditions of the above referenced location.

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Steven Pagones, Esq.

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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: _____



Log # 000286

January 31, 2012

Mr. Steven Pagones
Pagones-O'Neill
355 Main Street
Beacon, New York 12508

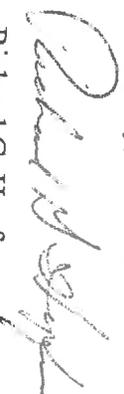
Re: Four (4) FOIL Requests (attached).

Dear Mr. Pagones:

The Department of Health and Human Services and its County and Area Offices administer the Medicaid Program in South Carolina. We do not believe that we have any documents that are responsive to your request. Appeals of agency decisions are initially taken to the Division of Appeals and Hearings at the same post office listed below.

I believe the S. C. Department of Health and Environmental Control may have the type of documents you seek. Their address is 2600 Bull Street, Columbia, SC 29201. Please let me know if I have misunderstood your request or you have any other questions. My direct is (803) 898-2791.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

Enclosure