

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Roberts/FOIA</i>	DATE <i>10-15-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00112</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleton cleared 10/26/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-30-12</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.			



**RECEIVED**

OCT 15 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

October 12, 2012

Brandy Putnam  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202

**RE: Oakmont East Nursing Center  
601 Sulpher Springs Road  
Greenville, SC 29611**

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. Putnam

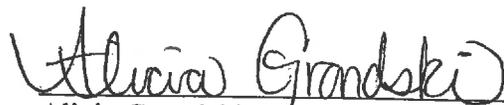
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between 2010 through 2011 and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

  
Alicia Grondski  
Paralegal

/ag

Log # 000112 + 000111

October 26, 2012



Ms. Alicia Grondski  
Paralegal  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: Oakmont East Nursing Center

Dear Ms. Grondski:

Your enclosed letters of October 12, 2012, were 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 requests, 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 TIN and provider numbers.

Also enclosed, you will find the applicable cost reports and desk audit packages you requested.

Our expense for reproducing and mailing this information is seventy-eight and 10/100 dollars (\$78.10). 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,

Linda Hillian  
Paralegal

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