

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

**ACTION REFERRAL**

TO	DATE
<i>Roberts/Day/FOIA</i>	<i>2/23/15</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><b>000191</b></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Brooks, Mullis cleared 3/3/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u><i>3-4-15</i></u>
	<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.			

  
**CHRISTIAN & DAVIS**  
LLC  
ATTORNEYS AT LAW

February 18, 2015

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

**RE: Heritage Healthcare at The Pines**  
**413 Lakeside Court**  
**Dillon, SC 29536**  
**Our File No.: Smith, 12-719**

Dear Ms. Putnam:

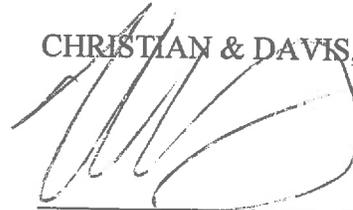
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports and home office Cost Reports submitted by the above named provider for any contract periods between January, 2011 – December, 2013 and the Desk Audit package for same.

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



Matthew W. Christian  
Attorney at Law

**RECEIVED**

FEB 23 2015

SCDHHS BUREAU OF REIM  
BUDGET & POLICY

**RECEIVED**

FEB 23 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

MC/jah

Nikki Haley GOVERNOR  
 Christian L. Sours INTERIM DIRECTOR  
 P.O. Box 8206 Columbia, SC 29202  
 www.scdhhs.gov

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:



Log # 191 ✓



Nikki Haley GOVERNOR  
Christian L. Saura DEPUTY DIRECTOR  
P.O. Box 8206 : Columbia, SC 29202  
www.scdhhs.gov

March 3, 2015

**VIA EMAIL ONLY: [jhutchins@christiananddavis.com](mailto:jhutchins@christiananddavis.com)**

Mr. Matthew W. Christian, Attorney at Law  
Christian & Davis, LLC  
1007 E. Washington Street  
Greenville, South Carolina 29601

Dear Mr. Christian:

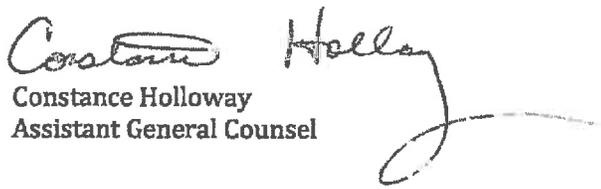
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated February 18, 2015 and received by DHHS on February 23, 2015. Enclosed is the copy of the SC Nursing Homes Medicaid cost reports, home office cost reports and desk audit packages that you requested. Also enclosed are the documents regarding ownership, control interests, and related entities, including but not limited to, Form 1513 for the Heritage Healthcare at The Pines.

Our expense for extracting this information is twenty and 00/100 dollars (\$20.00). 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

Thank you for your request. If you have any questions, please feel free to contact me.

Sincerely,

  
Constance Holloway  
Assistant General Counsel

CH/cmp  
Enclosures