

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

ACTION REFERRAL

TO	DATE
<i>Roberts/Day/FOIA</i>	<i>5-8-15</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000242</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Brooks, Mullis Sent to DHEC per Marie Brown on 5/13/15</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>5-25-15</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
<i>1. Cleared 5/13/15, letter attached</i>			
<i>2.</i>			
<i>3.</i>			
<i>4.</i>			

Brenda James

From: Colleen Mullis
Sent: Friday, May 08, 2015 10:44 AM
To: Brenda James
Subject: FW: Bridges, Timothy
Attachments: Signed Letter FOIA Cost Reports.pdf; Signed Letter FOIA ownership.pdf; Signed Letter FOIA complaints.pdf

Please log and process this FOIA.

Thank you!

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Chere Evans [mailto:cevans@christiananddavis.com]
Sent: Friday, May 08, 2015 10:42 AM
To: Office of Communications
Cc: Joyce Hutchins
Subject: Re: Bridges, Timothy

To Whom It May Concern – Please see attached correspondence. Also, please respond to these requests to jhutchins@christiananddavis.com. Thank you.

Chere D. Evans
Paralegal to Matthew W. Christian



May 7, 2015

Via Email to communications@scdhhs.gov
South Carolina DHEC - FOI Center
DHEC Central Office Building
2600 Bull Street
Columbia, SC 29201

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

RE: Alpha Health & Rehab of Greer

To Whom It May Concern:

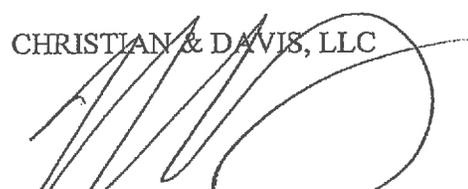
Pursuant to the Freedom of Information Act, I am requesting all documents, records, files, surveys, inspections, plans of correction, investigations, complaints, disciplinary proceedings, disciplinary actions taken, applications for licensure, certifications, fines, or any other such documents relating to the facility currently known as Alpha Health & Rehab of Greer for the years 2013-2015, whether filed under the current operating name or another previously utilized name. I would appreciate it if you would respond to this request within the next fifteen (15) days. If the processing of this request will exceed \$75.00, 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

MC/cde

Nikki Haley GOVERNOR
Christian L. Sours 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:	_____	\$ _____
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:



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Constance

RECEIVED ✓

MAY 13 2015

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	5-8-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000242	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Brooks, Mullis <i>*Send to DHEC for response. Close 5/13/15</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>5-25-15</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.	<div style="border: 2px solid blue; padding: 5px;"> <p>This should be referred to DHEC</p> <p></p> <p><input type="checkbox"/> THUMBS UP <input type="checkbox"/> NOW GO AWAY</p> <p><small>© 2014 KNOCKKNOCKSTUFF.COM</small></p> </div>		
2.			
3.			
4.			



RECEIVED

MAY 13 2015

SCDHHS
Office of General Counsel

May 7, 2015

Via Email to communications@scdhhs.gov
South Carolina DHEC - FOI Center
DHEC Central Office Building
2600 Bull Street
Columbia, SC 29201

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

RE: Alpha Health & Rehab of Greer

To Whom It May Concern:

Pursuant to the Freedom of Information Act, I am requesting all documents, records, files, surveys, inspections, plans of correction, investigations, complaints, disciplinary proceedings, disciplinary actions taken, applications for licensure, certifications, fines, or any other such documents relating to the facility currently known as Alpha Health & Rehab of Greer for the years 2013-2015, whether filed under the current operating name or another previously utilized name. I would appreciate it if you would respond to this request within the next fifteen (15) days. If the processing of this request will exceed \$75.00, 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

MC/cde

RECEIVED

MAY 13 2015

Brenda James

From: Colleen Mullis
Sent: Friday, May 08, 2015 10:44 AM
To: Brenda James
Subject: FW: Bridges, Timothy
Attachments: Signed Letter FOIA Cost Reports.pdf; Signed Letter FOIA ownership.pdf; Signed Letter FOIA complaints.pdf

SCDHHS
Office of General Counsel

Please log and process this FOIA.

Thank you!

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov




Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Chere Evans [mailto:cevans@christiananddavis.com]
Sent: Friday, May 08, 2015 10:42 AM
To: Office of Communications
Cc: Joyce Hutchins
Subject: Re: Bridges, Timothy

To Whom It May Concern – Please see attached correspondence. Also, please respond to these requests to jhutchins@christiananddavis.com. Thank you.

Chere D. Evans
Paralegal to Matthew W. Christian

Nikki Haley GOVERNOR
 Christian L. Saura 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:	_____	\$_____
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 # 242 ✓



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

May 20, 2015

VIA EMAIL ONLY: jhutchins@christiananddavis.com

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

Dear Mr. Christian,

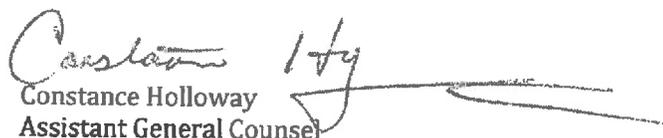
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated May 7, 2015 and received by DHHS on May 8, 2015. Enclosed are the electronic copies of the SC Nursing Homes Medicaid cost reports and desk audit packages for Alpha Health & Rehab of Greer that you requested.

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, at (803) 898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures