

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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 Sent to DHEC per Marie Brown on 5/13/15	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-25-15 <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. Cleared 5/13/15, letter attached			
2.			
3.			
4.			

## 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](mailto:Colleen.Mullis@scdhhs.gov)  
803.898.2452  
cell: 803.605.4848  
1801 Main Street Suite 1100  
Columbia, SC - 29201  
[www.scdhhs.gov](http://www.scdhhs.gov)  


SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID 

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**From:** Chere Evans [mailto:[cevans@christiananddavis.com](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](mailto:jhutchins@christiananddavis.com). Thank you.

*Chere D. Evans*  
*Paralegal to Matthew W. Christian*



May 7, 2015

Via Email to [communications@scdhhs.gov](mailto: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:

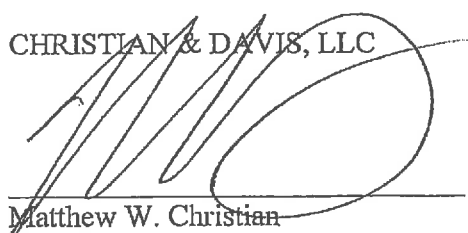
Pursuant to the Freedom of Information Act, I am requesting all documents, records, files, surveys, inspections, plans of correction, investigations, complaints, disciplinary proceedings, disciplinary actions taken, applications for licensure, certifications, fines, or any other such documents relating 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. 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:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

Constance

RECEIVED

MAY 13 2015

ACTION REFERRAL

SCDHHS  
Office of General Counsel

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cc: Brooks, Mullis * Send to DHEC for response. Close 5/13/15	<input checked="" type="checkbox"/> FOIA DATE DUE 5-25-15 <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>This should be referred to DHEC</div> <div><input type="checkbox"/> THUMBS UP <input type="checkbox"/> NOW GO AWAY</div> <div>© 2014 KNOCKKNOCKSTUFF.COM</div>		
2.			
3.			
4.			



**RECEIVED**

MAY 13 2015

SCDHHS  
Office of General Counsel

May 7, 2015

Via Email to [communications@scdhhs.gov](mailto:communications@scdhhs.gov)  
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DHEC Central Office Building  
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Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing  
Home Negligence

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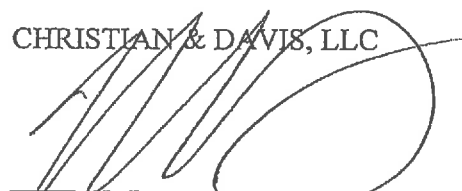
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CHRISTIAN & DAVIS, LLC

  
Matthew W. Christian  
Attorney at Law

MC/cde

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SCDHHS  
Office of General Counsel

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Thank you!

Colleen

**Colleen Mullis**  
*Public Information Director II*  
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cell: 803.605.4848  
1801 Main Street Suite 1100  
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*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](http://www.scdhhs.gov)

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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:





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](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,

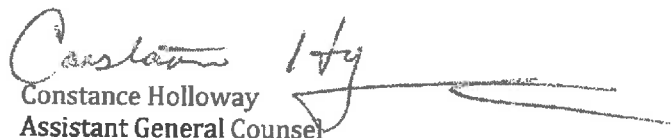
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated May 7, 2015 and received by DHHS on May 8, 2015. Enclosed are the electronic copies of the SC Nursing Homes 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