

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/FOIA</i>	<i>4-7-08</i>

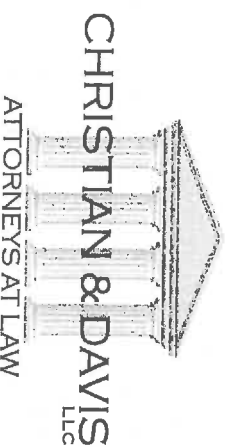
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000515</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Stensland</i> <i>Cleared 4/18/08, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-21-08</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**

APR 07 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



April 03, 2008

Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

**Re: Lake Marion Nursing Facility, Summerton, South Carolina**

Dear Sir/Madam:

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

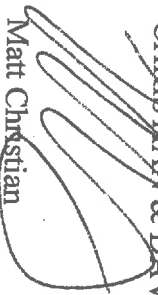
Medical & Nursing  
Home Negligence

I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards,

Sincerely,

CHRISTIAN & DAVIS  
  
Matt Christian  
Attorney at Law

MC/jp

P.O. Box 332 Greenville, SC 29602

1007 E. Washington St. Greenville, SC 29601

Phone (864)232-7363

Fax (864)370-3731

www.christiandavislaw.com



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
Director

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: \_\_\_\_\_

Finance and Administration  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2503 Fax (803) 255-8235

Log # 515



# State of South Carolina

## Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

April 18, 2008

Matt Christian, Esquire  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: Lake Marion Nursing Facility, Summerton, South Carolina

Dear Mr. Christian:

Your enclosed letter of April 3, 2008, was 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 nursing home 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 request, 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 individual Social Security Numbers.

Our expense for reproducing and mailing this information is Eleven and 57/100 dollars. 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 29202-8355

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

*Richard G. Hepfer*  
Richard G. Hepfer

Deputy General Counsel

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

Office of General Counsel  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2795 Fax (803) 255-8210