

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh / FOIA</i>	DATE <i>6-6-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100543</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stenoland</i> <i>Cleared 6/22/11, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>XFOIA</i> DATE DUE <i>6-21-11</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
JUN 03 2011
SCDHHS
Office of General Counsel

June 03, 2011

RECEIVED

JUN 06 2011

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

**RE: Emeritus Corporation d/b/a Skylyn Health Center and/or Skylyn Place
1705 Skylyn Drive, Spartanburg, South Carolina
NCF-0700 & CRC-0856**

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

Ms. Putnam:

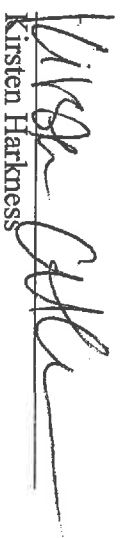
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513. Please note that this request is for any documentation pertaining to both the facility being operated as a nursing home (NCF-0700) and to the facility being operated as a community residential care facility (CRC-0856).

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, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

/kch

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

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: _____

June 22, 2011

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

Re: FOIA Request – Medicaid Cost Reports for Emeritus Corporation d/b/a Skylyn
Health Center and/or Skylyn Place

Dear Mr. Christian:

In response to your Freedom of Information Act requests, this agency, the Department of Health and Human Services (DHHS), administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the state licensing agency and the state survey agency for facilities participating in the Medicaid and other programs. After a check of the files in the relevant units of the agency, 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. However, DHHS does not have a current Medicaid contract with Sykyn as a nursing home provider. As evident from the printout, Skylyn Health Center terminated as a Medicaid provider as of May 31, 1992. Therefore, the agency has none of the information specified in your request for information, including Cost Reports, regarding the Skylyn Health Center.


We believe that the information enclosed is what we have that is responsive to your request for the facility being operated as a community residential care facility.

The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business. Our expense for reproducing and mailing this information is thirty-five and 30/100 dollars (\$35.30). 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,


Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette Willson, Receivables

Doc # 000543 +
Doc # 000544