

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehu/FOIA</i>	<i>6-4-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100479</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland cleared 6/28/10, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>6-25-10</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 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 02, 2010

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

**RE: Emeritus Corporation d/b/a Skylyn Health Center and/or Skylyn Place
1705 Skylyn Drive, Spartanburg, South Carolina**

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

Dear Sir or Madam:

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 \$50.00, 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: _____

South Carolina Department of
Health & Human Services



Emma Forkner • Director
Mark Sanford • Governor

June 28, 2010

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

Re: Emeritus Corporation d/b/a Skylyn Health Center and/or Skylyn Place

McLeod Regional Medical Center of the Pee Dee, Inc., d/ba/ McLeod
Medical Center-Darlington

Lexington Rehabilitation and Nursing Center-Lexington, SC d/b/a
Heartland of Lexington Rehabilitation and Nursing Center

Palmetto Springdale Operation, LLC d/b/a Springdale Health Care Center

Dear Mr. Christian:

Your enclosed letters of June 2, 2010, were 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 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 requests, 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 the TIN and SC provider numbers.

Also enclosed, you will find the applicable cost reports and desk audit packages you requested. The 2010 information is not available yet and the 2009 desk audit packages have not been finalized, pending the approval of the applicable State Plan Amendment.

Our expense for reproducing and mailing this information is one hundred ninety-five and 70/100 dollars (\$195.70). These documents are true and accurate copies of reports collected by the Department in the regular course of its business. 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

OFFICE OF GENERAL COUNSEL

P.O. Box 8206 • Columbia, South Carolina 29202-8206

First 908 3708 • Fax 1803 966 6668

478; 479 ✓
472; 473; 474;
475; 476; 477;
478; 479 ✓

Matthew Christian, Esquire
June 28, 2010
Page 2

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

Sincerely,



Richard G. Hefner
Deputy General Counsel

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