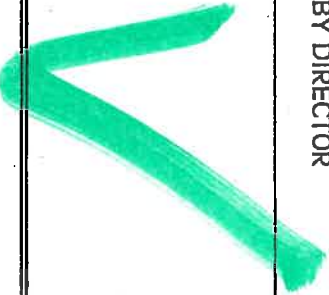


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>10-6-10</i>
------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000161</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
<input checked="" type="checkbox"/> I FOIA DATE DUE _____			
<input checked="" 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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

SEP 30 2010

RECEIVED

OCT 04 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Director  
Department of Health and Human Services  
P.O. Box 8206  
1801 Main Street  
Columbia, South Carolina 29201-8206

Dear Director:

Re: Lalendra De Silva, #15798-171  
CI Moshannon Valley  
555 I Cornell Drive  
Philipsburg, PA 16866  
MEDICARE PROVIDER NO: None  
MEDICAID PROVIDER NO: None  
SANCTION AUTHORITY: 1128(a)(3)  
OI FILE NO: 4-05-40194-9

Owner, DME Owner  
DOB: 06/30/1977  
SSN: Unknown  
UPIN: None  
LICENSE NO: N/A  
NPI: None

The subject identified above is being excluded from participation in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, you must take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

**Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.**

In the interim, if the subject claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge for Investigations if you receive any such claims.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations