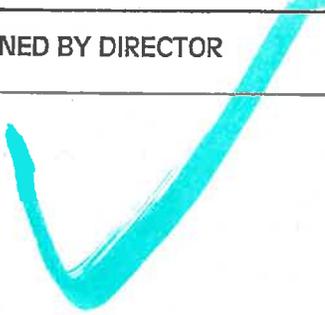


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-22-11</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: right;"><i>100091</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <hr/> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> 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.			



JUL 29 2011

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

Dear Assistant Secretary:

Re: Foster Carroll Hall	House Manager
81 Pine Valley Road	DOB: 10/03/1970
Newberry, SC 29108	SSN: 249-41-7264
LICENSE #: N/A	UPIN: N/A
MEDICARE PROVIDER NO.: N/A	MEDICAID PROVIDER NO.: N/A
SANCTION AUTHORITY: 1128(a)(1)	
OI FILE NO.: 4-10-40855-9	

The subject identified above is being excluded from participation in any capacity 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, please 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 submits 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 claim.

Sincerely,

Peter Clark
Exclusions Director
Office of Investigations

RECEIVED

AUG 22 2011



JUL 29 2011

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

Dear Director:

Re: Carl Leroy Anderson	Owner/DME Company
144 Ringo Rd.	DOB: 08/01/1962
Lexington, SC 29073-8481	SSN: 250-11-2459
LICENSE #: N/A	UPIN: N/A
MEDICARE PROVIDER NO.: N/A	MEDICAID PROVIDER NO.: N/A
SANCTION AUTHORITY: 1128(a)(1)	NPI: N/A
OI FILE NO.: 4-09-40774-9	

The subject identified above is being excluded from participation in any capacity 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, please 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 submits 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 Exclusions Staff, Office of Investigations, 7175 Security Boulevard, Suite 210, Baltimore, MD 21244 if you receive any such claim.

Sincerely,

Director
Exclusions Staff
Office of Investigations



Washington, D.C. 20201

JUL 29 2011

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

Dear Director:

Re: Julie K. Douglas
105 Foliage Court
Easley, SC 29642
LICENSE #: N/A
MEDICARE PROVIDER NO.: N/A
SANCTION AUTHORITY: 1128(a)(1)
OI FILE NO.: H-11-40281-9

Business Office Manager
DOB: 12/22/1970
SSN: 258-55-6403
UPIN: N/A
MEDICAID PROVIDER NO.: N/A
NPI: N/A

The subject identified above is being excluded from participation in any capacity 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, please 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 submits 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 Exclusions Staff, Office of Investigations, 7175 Security Boulevard, Suite 210, Baltimore, Maryland 21244 if you receive any such claim.

Sincerely,

Peter Clark
Exclusions Director
Office of Investigations