

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

**ACTION REFERRAL**

|                             |                              |
|-----------------------------|------------------------------|
| <b>TO</b><br><i>Singler</i> | <b>DATE</b><br><i>8-5-08</i> |
|-----------------------------|------------------------------|

|  |   |
|--|---|
| <b>DIRECTOR'S USE ONLY</b>   | <b>ACTION REQUESTED</b>   |
| 1. LOG NUMBER<br><br><i>100065</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR<br><br> | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____    |
|  | <input type="checkbox"/> FOIA<br>DATE DUE _____                                       |
|  | <input checked="" type="checkbox"/> Necessary Action                                  |

| <b>APPROVALS</b><br><small>(Only when prepared for director's signature)</small> | <b>APPROVE</b> | <b>* DISAPPROVE</b><br><small>(Note reason for disapproval and return to preparer.)</small> | <b>COMMENT</b> |
|--|----------------|---|----------------|
| 1.   |                |   |                |
| 2.   |                |   |                |
| 3.   |                |   |                |
| 4.   |                |   |                |



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

Washington, D.C. 20201

JUL 31 2008

RECEIVED

AUG 04 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

*Log: Singler  
N/A*

Dear Director:

RE: Carole Mertzlufft  
296 Stone Throw Drive  
Murrells Inlet, SC 29576-8213  
Medicaid #: Unknown  
Medicare #: Unknown  
OI File Number: 1-08-40201-9

Licensed Practical Nurse  
DOB: 04/15/1955  
SSN: 045-48-1487  
UPIN: Unknown  
License #: 36579  
Authority: 1128(b)(4)

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,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations