

New York

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Directed Plan of Correction: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

☒ Specified Remedy

(Will use the criteria and notice requirements specified in the regulation).

☐ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN #95-33

Supersedes TN NEW

Approval Date March 7, 1997

Effective Date July 1, 1995