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.

[X] 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.)

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<th>Approval Date</th>
<th>Supersedes TN</th>
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<td>NEW</td>
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