

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 is as effective in deterring Non-compliance. Notice requirements are as specified in the regulations

TN No. IA-18-009

Effective 7-1-18

Supersedes TN # MS-96-8

Approved 8-24-18