

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

___ Alternative Remedy

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

(Describe the criteria and notice
requirements and demonstrate that
the alternative remedy is as effective
in deterring noncompliance. Notice
requirements are as specified in the
regulations.