Revision: HCFA-PM-95-4 (HSQB) ATTACHMENT 4.35-H

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Additional Remedies</u>: Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

NONE

TN No. <u>95-08</u> Approval Date: <u>12/11/95</u> Effective Date: <u>7/1/95</u>

Supersedes TN No. N/A