

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Transferring of residents; Transfer of residents with closure of facility:

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

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TN No. MA 99-001  
Supersedes  
TN No. N/A

Approval Date: 6/21/99

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