

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at S488.404(b)(1):

None

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Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

- ☒ Specified Remedy
- (Will use the criteria and notice requirements specified in the regulation.)

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Temporary Management: Describe the criteria (as required at S1919(h)(2)(A)) for applying the remedy.

- ☒ Specified Remedy
(Will use the criteria and notice requirements specified in the regulation.)
- ☐ Specified 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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Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

- | | | | |
|-------------------------------------|--|--------------------------|---|
| <input checked="" type="checkbox"/> | Specified Remedy
(Will use the criteria and notice requirements specified in the regulation.) | <input type="checkbox"/> | 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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Civil Money Penalty: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

<input checked="" type="checkbox"/>	Specified Remedy	<input type="checkbox"/>	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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State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

- | | | | |
|-------------------------------------|--|--------------------------|---|
| <input checked="" type="checkbox"/> | Specified Remedy
(Will use the criteria and notice requirements specified in the regulation.) | <input type="checkbox"/> | 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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Transfer of residents: Transfer of residents with closure of facility: Describe the criteria (as required at §1919(h)(2)(A))

☒ 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
detering non-compliance. Notice
requirements are as specified in the
regulations.)

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Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional 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).

Not applicable