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# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 63

Date: September 10, 2010

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**SUBJECT: Chapter 7 – “Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities”**

**I. SUMMARY OF CHANGES:** This instruction updates Chapter 7 to include policy information and decisions that have been communicated through other means since the Chapter was last revised. This revision also deletes information determined to be inappropriate for this chapter, and revises subsection numbering.

**NEW/REVISED MATERIAL: EFFECTIVE DATE: September 10, 2010**  
**IMPLEMENTATION DATE: September 10, 2010**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)**  
**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
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**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.**

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>One-Time Notification -Confidential</b>
	<b>Recurring Update Notification</b>

**\*Unless otherwise specified, the effective date is the date of service.**