HOUSE BILL 747

Unofficial Copy 2000 Regular Session
J3 (0lr1250)

ENROLLED BILL

-- Environmental Matters/Finance --

Introduced by **Delegates Hammen, Klausmeier, Boutin, Nathan-Pulliam, ~~and Guns~~ Guns, Stern, Morhaim, Frush, Hubbard, Elliott, Schisler, Sher, Redmer, Mohorovic, Cane, Oaks, and Stull**

Read and Examined by Proofreaders:

_____
Proofreader.

_____
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____M.

_____
Speaker.

CHAPTER 217

AN ACT concerning

Nursing Homes - Quality Assurance

FOR the purpose of requiring a nursing home, ~~as a condition of licensure~~ by a certain date, to establish and implement a quality assurance program that meets certain requirements and is approved by the Department of Health and Mental Hygiene; requiring a nursing home to ~~employ a quality assurance nurse~~ designate a qualified individual to manage and monitor the quality of care in the nursing home ~~and a medical director~~; requiring the designation of a medical director; requiring a nursing home to establish a Quality Assurance Committee that must review and approve annually a quality assurance plan; defining certain terms; requiring the Secretary of Health and Mental Hygiene, in consultation with certain entities, to define the role of the medical director for a nursing home; prohibiting the Secretary of Health and Mental Hygiene from requiring the disclosure of certain records and reports; authorizing the Department of Health and Mental Hygiene to impose certain sanctions under

certain circumstances; requiring each nursing home to display certain notice; ~~requiring the Secretary of Health and Mental Hygiene to adopt regulations that will provide for medical staff accountability;~~ requiring the Secretary of Health and Mental Hygiene to create a technical assistance unit; authorizing the Secretary of Health and Mental Hygiene to partially reimburse a nursing home for installing certain automated health systems; authorizing the Secretary of Health and Mental Hygiene to adopt certain regulations; requiring a nursing home to give notice and establish certain procedures ~~in the event of injury, closure, or loss of funds~~ under certain circumstances; and generally relating to quality assurance in nursing homes.

BY repealing and reenacting, with amendments,
Article - Health - General
Section 19-1401 through 19-1403 and 19-1405 through 19-1409 to be under the amended subtitle "Subtitle 14. Nursing Homes"
Annotated Code of Maryland
(1996 Replacement Volume and 1999 Supplement)

BY repealing and reenacting, without amendments,
Article - Health - General
Section 19-1404
Annotated Code of Maryland
(1996 Replacement Volume and 1999 Supplement)

BY adding to
Article - Health - General
Section 19-1410 through 19-1415
Annotated Code of Maryland
(1996 Replacement Volume and 1999 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Health - General

Subtitle 14. Nursing Homes [- Civil Money Penalties].

19-1401.

(a) In this subtitle, the following words have the meanings indicated.

(B) "ACTUAL HARM DEFICIENCY" MEANS A CONDITION EXISTING IN A NURSING HOME OR AN ACTION OR INACTION BY THE NURSING HOME STAFF THAT HAS CAUSED PHYSICAL OR EMOTIONAL INJURY OR IMPAIRMENT TO A RESIDENT.

~~(C)~~ ~~"CONCURRENT REVIEW" MEANS A DAILY REVIEW OF EACH RESIDENT BY A LICENSED NURSE THAT EVALUATES INDICATORS AND DATA SUCH AS MEDICATION~~

~~ADMINISTRATION, LABORATORY VALUES, DEHYDRATION AND MALNUTRITION, NUTRITIONAL STATUS AND WEIGHT LOSS OR GAIN, SKIN BREAKDOWN, ACCIDENTS AND INJURIES, CHANGES IN MENTAL OR PSYCHOLOGICAL STATUS, AND OVERALL CARE OF THE RESIDENT.~~

(C) "CONCURRENT REVIEW" MEANS DAILY ROUNDS BY A LICENSED NURSE WHICH INCLUDE:

(1) APPRAISAL AND OBSERVATION OF EACH RESIDENT BY THE LICENSED NURSE TO DETERMINE ANY CHANGE IN THE RESIDENT'S PHYSICAL OR MENTAL STATUS; AND

(2) IF THERE IS A CHANGE IN THE RESIDENT'S PHYSICAL OR MENTAL STATUS, AN EVALUATION BY THE LICENSED NURSE OF:

(I) THE RESIDENT'S MEDICATIONS;

(II) LABORATORY VALUES RELATING TO THE RESIDENT;

(III) CLINICAL DATA RELATING TO THE RESIDENT, INCLUDING THE RESIDENT'S:

1. HYDRATION AND NUTRITIONAL NEED;

2. SKIN INTEGRITY;

3. NOTED WEIGHT CHANGES; AND

4. APPETITE;

(IV) INJURIES SUSTAINED BY THE RESIDENT THAT RESULT FROM ACCIDENT OR INCIDENTS INVOLVING THE RESIDENT; AND

(V) ANY OTHER RELEVANT PARAMETERS AFFECTING OR REFLECTING THE RESIDENT'S PHYSICAL AND MENTAL STATUS.

[(b)] ~~(C)~~ (d) "Deficiency" [shall mean any failure of a nursing facility to meet the requirements of this subtitle or any rule or regulation that the Secretary adopts under this subtitle, and, in the case of a nursing facility that participates in the Maryland Medicaid Program under Title 15 of this article as a nursing facility, any failure to meet the requirements of § 1919(b), (c), or (d) of the federal Social Security Act (42 U.S.C. § 1396R(b), (c), or (d)), that is serious or life threatening] MEANS A CONDITION EXISTING IN A NURSING HOME OR AN ACTION OR INACTION BY THE NURSING HOME STAFF THAT RESULTS IN POTENTIAL FOR HARM, ACTUAL HARM, OR A SERIOUS AND IMMEDIATE THREAT TO ONE OR MORE RESIDENTS.

[(c) "Life threatening" shall mean a condition existing in a nursing facility that presents an imminent danger of health or serious mental or physical harm to the residents of the nursing facility and must be remedied immediately to insure their health, safety, and welfare.]

~~(d)~~ (E) "Nursing [facility] HOME" means a facility (other than a facility offering domiciliary or personal care as defined in Subtitle 3 of this title) which offers nonacute inpatient care to patients suffering from a disease, CHRONIC ILLNESS, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent [services], restorative [services], or rehabilitative services.

~~(E)~~ (F) "ONGOING PATTERN" MEANS THE RECURRENCE OF DEFICIENCIES AFTER TWO CONSECUTIVE SITE VISITS AS A RESULT OF ANNUAL SURVEYS, FOLLOW-UP VISITS, UNSCHEDULED VISITS, OR COMPLAINT INVESTIGATIONS.

~~(F)~~ (G) "POTENTIAL FOR HARM DEFICIENCY" MEANS A CONDITION EXISTING IN A NURSING HOME OR AN ACTION OR INACTION BY THE NURSING HOME STAFF THAT RESULTS IN MINIMAL DISCOMFORT TO A RESIDENT OR HAS THE POTENTIAL TO CAUSE ACTUAL HARM TO A RESIDENT.

[(e) "Serious" means a condition existing in a nursing facility that does not constitute a life threatening, health, or fire safety deficiency, but which is a violation of departmental regulations and is likely to endanger the health, life, or safety of patients.]

~~(G)~~ (H) "SERIOUS IMMEDIATE THREAT" MEANS A SITUATION IN WHICH IMMEDIATE CORRECTIVE ACTION IS NECESSARY BECAUSE A NURSING HOME'S NONCOMPLIANCE WITH ONE OR MORE STATE REGULATIONS HAS CAUSED OR IS LIKELY TO CAUSE SERIOUS INJURY, HARM, IMPAIRMENT, OR DEATH TO A RESIDENT RECEIVING CARE IN THE NURSING HOME.

~~(H)~~ (I) "SUSTAINED COMPLIANCE" MEANS A PERIOD OF 30 DAYS FOLLOWING THE DATE OF NOTICE OF CORRECTIVE ACTION WITH NO DEFICIENCIES.

19-1402.

(a) A civil money penalty may be imposed when there is clear and convincing evidence of an ongoing pattern of serious or life threatening deficiencies in a nursing [facility] HOME.

(b) In determining whether a civil money penalty is to be imposed, the Secretary shall consider, pursuant to guidelines set forth in regulations promulgated by the Secretary, the following factors:

(1) The number, nature, and seriousness of the deficiencies;

(2) The extent to which the deficiency or deficiencies are part of an ongoing pattern during the preceding 24 months;

(3) The degree of risk to the health, life, or safety of the residents of the nursing [facility] HOME caused by the deficiency or deficiencies;

(4) The efforts made by, and the ability of, the nursing [facility] HOME to correct the deficiency or deficiencies; and

(5) Such other factors as justice may require.

(c) Upon determination by the Department that an ongoing pattern of serious or life threatening deficiencies exists, the Department shall notify the nursing [facility] HOME that:

(1) Unless corrective action taken pursuant to § 19-1403 is substantially completed, a civil money penalty will be imposed; or

(2) An order imposing a civil money penalty will be issued, pursuant to § 19-1404 which shall include a list of all deficiencies and notice that a civil money penalty may be imposed until the time that the cited deficiencies have been rectified.

19-1403.

(a) If the Secretary issues a notice pursuant to § 19-1402(c)(1), that notice shall provide:

(1) The time in which a plan of correction acceptable to the Department is to be submitted;

(2) The time in which the identified deficiency or deficiencies must be substantially corrected; and

(3) That failure to submit an acceptable plan of correction pursuant to paragraph (1) of this subsection or to substantially correct the identified deficiency or deficiencies pursuant to paragraph (2) of this subsection may result in an order imposing a civil money penalty pursuant to § 19-1404.

(b) At the expiration of the time set forth in subsection (a)(2) of this section, the Department shall schedule a reinspection of the nursing [facility] HOME to determine whether the deficiency or deficiencies have been substantially corrected.

(c) Following the reinspection the Department may:

(1) Extend the time frame in which the deficiency must be corrected; or

(2) Propose the imposition of a civil money penalty pursuant to § 19-1404.

19-1404.

(a) If a civil money penalty is proposed, the Secretary shall issue an order which shall state the basis on which the order is made, the deficiency or deficiencies on which the order is based, the amount of civil money penalties to be imposed, and the manner in which the amount of civil money penalties imposed was calculated.

(b) An order issued pursuant to subsection (a) of this section shall be void unless issued within 60 days of the later of:

(1) The inspection at which the deficiency is identified;

(2) The date identified in § 19-1403(a)(2); or

(3) The date identified in § 19-1403(c)(1).

19-1405.

(a) A civil money penalty imposed under this subtitle:

(1) May not exceed a total of $5,000 per day in which serious or life threatening deficiencies exist; and

(2) May not exceed $50,000 in total.

(b) In setting the amount of a civil money penalty under this section, the Secretary shall consider, pursuant to guidelines set forth in regulations promulgated by the Secretary, the following factors:

(1) The number, nature, and seriousness of the deficiencies;

(2) The degree of risk to the health, life, or safety of the residents of the nursing [facility] HOME caused by the deficiency or deficiencies;

(3) The efforts made by the nursing [facility] HOME to correct the deficiency or deficiencies;

(4) Whether the amount of the proposed civil money penalty will jeopardize the financial ability of the nursing [facility] HOME to continue operating as a nursing [facility] HOME; and

(5) Such other factors as justice may require.

19-1406.

(a) The nursing [facility] HOME shall provide written notice to the Department when the deficiency or deficiencies identified in the notice issued pursuant to § 19-1404 are substantially corrected.

(b) The calculation of the amount of the civil money penalty will stop as of the date the notice in subsection (a) of this section is received by the Department.

(c) The Department shall schedule and conduct a reinspection of the nursing [facility] HOME within 24 hours of its receipt of the notice pursuant to subsection (a) of this section.

(d) If, following the reinspection, the Department determines that the deficiency or deficiencies have not been substantially corrected, the [facility's]

HOME'S notice under subsection (a) of this section shall be invalid and the civil money penalty imposed under § 19-1405(a) shall remain in effect.

19-1407.

(a) The nursing [facility] HOME shall have the right to appeal from the order within 30 days from the receipt of the order.

(b) The appeal shall be heard by the Hearings Office of the Department, which shall render the final agency decision for purposes of judicial review.

(c) Imposition of the civil money penalty shall be stayed until the final decision is issued pursuant to subsection (m) of this section.

(d) A hearing on the appeal shall be held within 10 working days of the request for hearing.

(e) The parties to the hearing shall be the aggrieved nursing [facility] HOME and the Secretary.

(f) The parties are entitled to be represented by counsel.

(g) The Hearings Office may permit or modify a timely request by the nursing [facility] HOME for prehearing discovery.

(h) The Hearings Office, upon its own motion or upon motion of either party, may subpoena any person or evidence, administer oaths, and take depositions and other testimony.

(i) The Hearings Office shall inquire fully into all of the matters at issue and shall receive into evidence the testimony of witnesses and any documents which are relevant and material to such matters.

(j) The parties shall have the right to present evidence and testimony and to cross-examine that presented by the opposing party.

(k) The purpose of the hearing is to consider and render a decision on the following matters:

(1) The existence of a deficiency or deficiencies; and

(2) The amount of the civil money penalty.

(l) (1) The Secretary has the burden of proof with respect to the basis for imposition of the civil money penalty under § 19-1402 and the amount of the civil money penalty under § 19-1405.

(2) The Secretary must meet his burden of proof by clear and convincing evidence.

(m) A decision shall be rendered by the Hearings Office within 7 days of the hearing. The decision shall be the final agency decision of the Department, subject to judicial appeal.

19-1408.

(a) A nursing [facility] HOME subject to a civil money penalty shall have the right to appeal a decision of the Hearings Office upholding the finding of a deficiency or deficiencies or the imposition of a civil money penalty.

(b) Such appeal shall be filed within 30 days of the action to be appealed.

(c) The appeal under subsection (b) of this section shall be taken directly to the circuit court of the jurisdiction in which the nursing [facility] HOME is located.

19-1409.

(a) All civil money penalties imposed under this subtitle shall be placed in an interest bearing account during any judicial appeal under § 19-1408.

(b) If the civil money penalty is reversed as a result of an appeal filed by the nursing [facility] HOME, the amount of the civil money penalty, with interest, shall be returned to the nursing [facility] HOME within 14 days of the reversal.

(c) If the civil money penalty is not appealed or if it is upheld following an appeal, the amount of the penalty imposed, together with any accrued interest shall be placed in a fund to be established by the Secretary and shall be applied exclusively for the protection of the health or property of residents of nursing [facilities] HOMES that have been found to have deficiencies, including payment for the costs of relocation of residents to other [facilities] HOMES, maintenance or operation of a nursing [facility] HOME pending correction of deficiencies or closure, and reimbursement of residents for personal funds lost.

19-1410.

(A) ~~IN ORDER TO QUALIFY FOR A LICENSE OR RENEWAL LICENSE~~ BY JANUARY 1, 2001, A NURSING HOME SHALL DEVELOP AND IMPLEMENT A QUALITY ASSURANCE PROGRAM.

(B) (1) BY SEPTEMBER 1, 2000, EACH NURSING HOME SHALL ~~EMPLOY AT LEAST ONE FULL-TIME QUALITY ASSURANCE NURSE WHOSE SOLE RESPONSIBILITY IS THE MANAGEMENT AND MONITORING OF QUALITY OF CARE IN THE NURSING HOME~~ DESIGNATE A QUALIFIED INDIVIDUAL TO COORDINATE AND MANAGE THE NURSING HOME'S QUALITY ASSURANCE PROGRAM.

(2) EACH NURSING HOME SHALL ESTABLISH A QUALITY ASSURANCE COMMITTEE AND SHALL INCLUDE AT LEAST THE FOLLOWING MEMBERS:

(I) THE NURSING HOME ADMINISTRATOR;

(II) THE DIRECTOR OF NURSING;

(III) THE MEDICAL DIRECTOR;

~~(IV) THE OMBUDSMAN;~~

~~(V) THE PRESIDENT OF THE RESIDENT'S COUNCIL; AND~~

~~(VI) A FAMILY MEMBER.~~

(IV) A SOCIAL WORKER;

(V) A LICENSED ~~DIETICIAN~~ *DIETITIAN*; AND

(VI) A GERIATRIC NURSING ASSISTANT.

(3) THE QUALITY ASSURANCE COMMITTEE SHALL:

(I) MEET AT LEAST MONTHLY;

(II) MAINTAIN RECORDS OF ALL QUALITY ASSURANCE ACTIVITIES; ~~AND~~

(III) KEEP RECORDS OF COMMITTEE MEETINGS THAT SHALL BE AVAILABLE TO THE DEPARTMENT DURING ANY ON-SITE VISIT~~.~~; AND

(IV) PREPARE MONTHLY REPORTS THAT SHALL BE PRESENTED TO THE OMBUDSMAN, THE RESIDENT'S COUNCIL, AND THE FAMILY COUNCIL.

(4) THE QUALITY ASSURANCE COMMITTEE FOR A NURSING HOME SHALL REVIEW AND APPROVE ANNUALLY THE QUALITY ASSURANCE PLAN FOR THE NURSING HOME.

(5) EACH NURSING HOME SHALL ESTABLISH A WRITTEN QUALITY ASSURANCE PLAN THAT:

(I) INCLUDES PROCEDURES FOR CONCURRENT REVIEW FOR ALL RESIDENTS;

(II) ~~INCLUDES CRITERIA FOR REVIEW, INCLUDING BUT NOT LIMITED TO, NURSING CARE, MEDICATION ADMINISTRATION, UNPLANNED WEIGHT LOSS, DECUBITUS ULCERS, FALLS, ACCIDENTS, UNEXPLAINED HOSPITAL VISITS OR ADMISSIONS OF RESIDENTS, AND INCIDENT REPORTS~~ PROVIDES CRITERIA THAT ROUTINELY MONITORS NURSING CARE INCLUDING MEDICATION ADMINISTRATION, PREVENTION OF DECUBITUS ULCERS, DEHYDRATION AND MALNUTRITION, NUTRITIONAL STATUS AND WEIGHT LOSS OR GAIN, ACCIDENTS AND INJURIES, UNEXPECTED DEATHS, CHANGES IN MENTAL OR PSYCHOLOGICAL STATUS, AND ANY OTHER DATA NECESSARY TO MONITOR QUALITY OF CARE;

(III) INCLUDES METHODS TO IDENTIFY AND CORRECT PROBLEMS; AND

(IV) IS READILY AVAILABLE TO NURSING HOME RESIDENTS AND THEIR FAMILIES, GUARDIANS, OR SURROGATE DECISION MAKERS.

(6) THE QUALITY ASSURANCE PLAN SHALL BE SUBMITTED TO THE DEPARTMENT BY JANUARY 1, 2001, AND AT THE TIME OF LICENSE RENEWAL.

(7) THE NURSING HOME ADMINISTRATOR SHALL TAKE APPROPRIATE REMEDIAL ACTIONS BASED ON THE RECOMMENDATIONS OF THE NURSING HOME'S QUALITY ASSURANCE COMMITTEE.

(8) THE SECRETARY MAY NOT REQUIRE THE QUALITY ASSURANCE COMMITTEE TO DISCLOSE THE RECORDS AND THE REPORTS PREPARED BY THE COMMITTEE EXCEPT AS NECESSARY TO ASSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION.

(9) IF THE DEPARTMENT DETERMINES THAT A NURSING HOME IS NOT IMPLEMENTING ITS QUALITY ASSURANCE PROGRAM EFFECTIVELY AND THAT QUALITY ASSURANCE ACTIVITIES ARE INADEQUATE, THE DEPARTMENT MAY IMPOSE APPROPRIATE SANCTIONS ON THE NURSING HOME TO IMPROVE QUALITY ASSURANCE INCLUDING MANDATED EMPLOYMENT OF SPECIFIED QUALITY ASSURANCE PERSONNEL.

(C) (1) EACH NURSING HOME SHALL DISPLAY ON EACH FLOOR OF THE NURSING HOME A NOTICE THAT EXPLAINS THE CURRENT RATIO OF LICENSED PERSONNEL TO RESIDENTS AND ~~UNLICENCED~~ *UNLICENSED* PERSONNEL TO RESIDENTS.

(2) THE NOTICE SHALL BE:

(I) POSTED IN A LOCATION THAT IS VISIBLE AND ACCESSIBLE TO RESIDENTS AND THEIR FAMILY OR GUARDIANS AND ANY POTENTIAL CONSUMERS; AND

(II) ON A FORM PROVIDED BY THE DEPARTMENT.

19-1411.

(A) (1) EACH NURSING HOME SHALL ~~EMPLOY A~~ DESIGNATE A PHYSICIAN TO SERVE AS MEDICAL DIRECTOR.

(2) THE MEDICAL DIRECTOR IS RESPONSIBLE FOR MONITORING PHYSICIAN SERVICES AT THE NURSING HOME.

(3) THE MEDICAL DIRECTOR SHALL REPORT MONTHLY TO THE QUALITY ASSURANCE COMMITTEE ON THE QUALITY OF MEDICAL CARE AT THE NURSING HOME.

(B) THE SECRETARY, IN CONSULTATION WITH THE MEDICAL AND CHIRURGICAL FACULTY, AND REPRESENTATIVES OF THE NURSING HOME INDUSTRY, SHALL:

(1) ESTABLISH QUALIFICATIONS FOR THE MEDICAL DIRECTOR OF A NURSING HOME OR ANYONE ACTING FOR THE MEDICAL DIRECTOR IN HIS OR HER ABSENCE;

(2) DEFINE THE DUTIES OF THE MEDICAL DIRECTOR; AND

(3) ADOPT REGULATIONS FOR THE ~~MEDICAL STAFF OF NURSING HOMES~~ ATTENDING PHYSICIANS WHO TREAT RESIDENTS OF NURSING HOMES THAT WILL PROVIDE FOR ~~STAFF~~ PHYSICIAN ACCOUNTABILITY.

19-1412.

(A) THE SECRETARY SHALL:

(1) ESTABLISH A TECHNICAL ASSISTANCE UNIT WITHIN THE DEPARTMENT TO SUPPORT COMPLIANCE EFFORTS AND BEST PRACTICES; AND

(2) ESTABLISH A LIST OF APPROVED MEDICAL AUTOMATED SYSTEMS.

(B) THE SECRETARY MAY:

(1) PARTIALLY REIMBURSE A NURSING HOME FOR INSTALLATION OF AUTOMATED SYSTEMS THAT HAVE BEEN APPROVED BY THE DEPARTMENT;

(2) DEVELOP GUIDELINES FOR REIMBURSEMENT; AND

(3) ADOPT REGULATIONS FOR THE IMPLEMENTATION OF THIS SUBTITLE.

19-1413.

EACH NURSING HOME SHALL:

(1) ESTABLISH A PROCEDURE TO PROVIDE FOR THE SMOOTH AND ORDERLY TRANSFER OF RESIDENTS IN THE EVENT OF CLOSURE;

~~(2) PROVIDE A 30-DAY NOTICE TO RESIDENTS AND THEIR FAMILIES OR GUARDIANS WHEN THE NURSING HOME LEARNS OF THE PROBABLE CLOSURE OF THE HOME OR TERMINATION OF PUBLIC FUNDING TO THE HOME; AND~~

~~(3) NOTIFY THE RESIDENT'S REPRESENTATIVE OR GUARDIAN OF ANY INJURY.~~

(2) PROVIDE A 30-DAY NOTICE TO RESIDENTS AND THEIR FAMILIES OR GUARDIANS PRIOR TO CLOSURE OF THE NURSING HOME UNLESS *THE* DEPARTMENT WAIVES THE NOTICE REQUIREMENT;

(3) PROVIDE A 15-DAY NOTICE TO RESIDENTS AND THEIR FAMILIES OR GUARDIANS PRIOR TO TERMINATION OF PUBLIC FUNDING UNLESS THE DEPARTMENT WAIVES THE NOTICE REQUIREMENT; AND

(4) IMMEDIATELY NOTIFY, IF KNOWN, A RESIDENT'S FAMILY OR GUARDIAN OF:

(I) AN ACCIDENT INVOLVING THE RESIDENT WHICH RESULTS IN INJURY AND HAS THE POTENTIAL FOR REQUIRING PHYSICIAN INTERVENTION;

(II) A SIGNIFICANT CHANGE IN THE RESIDENT'S PHYSICAL, MENTAL, OR PSYCHOSOCIAL STATUS; OR

(III) A NEED TO ALTER THE RESIDENT'S TREATMENT SIGNIFICANTLY.

19-1414.

THE DEPARTMENT MAY REVIEW FINANCIAL AND PERFORMANCE RECORDS OF ~~A POTENTIAL LICENSEE~~ AN APPLICANT FOR A LICENSE OR MANAGEMENT FIRM UNDER CONTRACT WITH AN APPLICANT FOR A LICENSE TO DETERMINE ABILITY OF THE APPLICANT OR MANAGEMENT FIRM TO COMPLY WITH APPROPRIATE LAWS AND REGULATIONS.

19-1415.

THIS SUBTITLE MAY BE CITED AS THE "MARYLAND NURSING HOME QUALITY ASSURANCE ACT".

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2000.