

Quality Assurance for Nursing Homes, Intermediate Care Facilities, Home Care Services Agencies, Adult Care Facilities, Hospitals and Diagnostic and Treatment Centers.

**Request for Proposals
FAU 0802151214**

Amendment No. 1

Revised attachments and forms, page 172. Form CP-1-1, Component 1, Annual Price Schedule, Unit # 13. The projected number of annual surveys has been changed from 13 to 43.