

## PARTICIPATION REVIEW

<b>Bed Transfer Decision List</b>				
<u>NUMBER</u>	<u>RECEIVING FACILITY</u>	<u>COUNTY</u>	<u>BEDS</u>	<u>DECISION *</u>
TR21004	Allied Services Center City Skilled Nursing	Luzerne	42	A

\*Decision Key:

A = Approved  
D = Disapproved  
P = Pending  
W = Withdrawn