



Fall Conference | September 14-16 | Spokane

Risk Based Surveys-What You Need to Know

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every picture tells a story

WASHINGTON HEALTH CARE ASSOCIATION 2026

What we're going to cover

- Overview of RBS
- Disqualification from RBS
- What we know about the RBS process
- Tips for a successful RBS

Key things to know

- **2023** CMS began pilot testing RBS in selected states
- Comparative studies conducted between RBS and full survey process
  - Tested in 22 states, across more than 100 facilities
- **July 2026**: CMS Released QSO-26-14-NH Announcing RBS
- **September 30, 2026:** The qualifying nursing homes will also be made publicly available on CMS's **Provider Data Catalog** and **Nursing Home Care Compare** websites.

Advantages of RBS

- Focused protocols
- Less time onsite-half the time of standard survey
- Smaller survey team (approximately ½)
- Golden Trophy for Qualifying Facilities
- Smaller resident sample

Processes CMS and SA Implementing

- CMS will provide state agency (SA) with a list of RBS qualified facilities at the end of each quarter (March, June, September, and December).
- Facilities are eligible for the RBS for 6 months after the SA receives the list.
- Prior to conducting the RBS, the SA must validate that the facility remains eligible.

Key Things to Remember

- SAs may opt to conduct a standard survey using the LTCSP in any RBS-qualifying facility, based on concerns related to residents' health and safety, such as complaint reports.
- CMS may also require SAs to conduct surveys using the LTCSP in RBS-qualifying facilities based on concerns related to health and safety or SA survey performance.

What stays the same?

- Entrance
- Sample
- Interviews
- Observations
- Record Reviews
- Exit
- 2567 and Post Survey Processes
- LSC & Emergency Preparedness



Disqualification of Facilities

- Less than a 5-Star Overall Rating
- Less than 3-star Staffing Rating
- Any citation(s) for Actual Harm, or Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC) in the last survey cycle
- More than 18 months without a standard survey.
- Any staffing waivers in effect (not WA state 24/7 RN waiver)
- Failed PBJ staffing audit
- Failed MDS audit
- Health Inspection Score higher than 50th percentile in the state
- Two or more residents aged 65 or older coded schizophrenia after being admitted without diagnosis
- Change of Ownership since last standard survey
- SFF Candidate

RBS Facility Disqualifying Criteria

- Citation(s) at Actual Harm, Immediate Jeopardy, abuse (at any level), or Substandard Quality of Care that occurred on an intake investigation while the facility was listed as qualified for the RBS
- Pending Intake Investigations triaged at Immediate Jeopardy
- More than three (3) pending non-IJ active intakes (Complaints/Facility Reported Incidents) triaged as non-IJ medium or higher
- CMS-approved Nursing waivers
- Change in ownership since the last standard survey

What Happens If a Facility Is Disqualified

- **Verification responsibility:** The Team Coordinator follows state practice to verify these exclusions before the RBS begins.
- ▪**Automatic conversion:** If any disqualifying condition is met, the State Agency MUST convert the RBS to a standard LTCSP standard survey.

State Requirements Don’t Go Away

- State specific licensing requirements will still need to be part of the inspection process

State Percentage of RBS Qualifying Facilities

Idaho 80 total facilities 14 Qualified 17.50%

Washington

193 total facilities 38 Qualified 19.69%

Key Things to Remember

- Any major issues discovered during survey-can revert of full inspection/survey process at any time
- RBS is not a facility right
- More conversational, different tone
- Decrease pressure on facilities, staff, residents

RBS Survey Resource Folder

- **Nursing Homes | CMS Survey Resource** folder has been updated with full RBS-specific procedures, mirroring the structure of the existing LTCSP folder
- **What's included:**
  - An RBS Procedure Guide
  - RBS Entrance Conference Worksheet
  - Updated Critical Element Pathways
  - RBS Facility Tasks job aid and more.

Focus Areas of RBS

- **INFECTION CONTROL**
- Dining
- Kitchen
- Medication Administration
- Resident Council
- QAPI/QAA
- Sufficient Staff
- Medication Storage
- Arbitration









DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RISK-BASED SURVEY (RBS) ENTRANCE CONFERENCE WORKSHEET

	INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
❑	1. Census number
❑	2. An alphabetical list of all residents (note any resident out of the facility).
❑	3. Name of facility staff responsible for Infection Prevention and Control Program.
	ENTRANCE CONFERENCE
❑	4. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director and Resident Council President aware that the survey team is conducting a survey and is available if the President wishes to provide input. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
❑	5. Information regarding full time DON coverage (verbal confirmation is acceptable).
❑	6. Signs announcing the survey that are posted in high-visibility areas.
❑	7. A copy of an updated facility floor plan, including COVID-19 observation and COVID-19 units, and all specialty units (e.g., rehab, memory care, certified ESRD unit).
	INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
❑	8. Schedule of Medication Administration times.
❑	9. The actual working schedules for all staff, separated by departments, for the survey time period.
❑	10. List of key personnel, location, and phone numbers.
❑	11. Completed matrix (CMS 802) for all residents. Refer to the Matrix Instructions (on the back of the form) for definitions. The TC will confirm the matrix was completed accurately. For smaller facilities (1-30 beds), immediately identify residents in the following categories: a. fall with major injury (FMI) in the last 120 days, b. current Stage 3, 4, or unstageable pressure ulcer not present on admission, c. tube feeding with weight loss or dehydration in the last 180 days, d. current dialysis, hospice, and ventilator, and e. current facility acquired transmission-based precautions with the infection identified.
❑	12. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled "Electronic Health Record Information."
❑	13. QAA committee information (name of contact, names of members and frequency of meetings).
	INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE
❑	14. Completed Medicare/Medicaid Application (CMS-671).

OFFSITE SELECTED RESIDENTS

Review indicators during offsite prep and before screening

*Once onsite, **screen ALL** offsite selected residents

*Note screening categories and # residents filled by offsite selected

*If all/most are discharged, see below and RSB PG

ONSITE SELECTED RESIDENTS

Review matrix, talk to nurses, observe in area

MATRIX/LIST

*Screen all residents that meet screening categories not yet filled by offsite selected

SERIOUS OBSERVATION CONCERNS

*Screen All

RBS Screening

Cover all screening categories across team (offsite + onsite):

- **3** Stage 3-4, unstageable PU not present on admission
- **3 Fall with major injury**
- **3 Tube feeding AND weight loss and/or dehydration**
- **1 Dialysis**
- **1 Hospice**
- **1 Ventilator**
- **1 TBP if at least 3 with same facility acquired infection**
- **All** serious observation concerns
- **All** offsite selected residents (some may also cover above categories)

If All/Most Offsite Selected Residents are Discharged:

Review ***MDS Indicator Facility Rate Report*** to identify if **2+ residents have indicators that meet any screening category (see box to left) or condition listed below**. If so, review **Indicators** in **Resident Manager** for each active resident (those on the alpha list) to see which have the indicators. Screen one resident per condition and max number per screening category.

RBS Potentially Concerning Conditions(1 per condition)

- **1 Alzheimer's/Dementia w/AP**
- **1 Dehydration**
- **1 Unplanned Weight Loss**
- **1 2+ Rehospitalizations**
- **1 AC w/Internal Bleeding**
- **1 Pain**

RBS Process

High-Risk Matrix

- Stage 3, 4, or unstageable pressure ulcer, not present on admission(stage 3 and 4 are the top priority),
- •Fall with major injury (FMI) in the past 120 days,
- •Tube feeding (TF) with weight loss and/or TF with dehydration in the past 180 days. Note: only review weight loss or dehydration if coupled with tube feeding.

Additional Resident Selection Criteria

- Hospice
- •Dialysis
- •Ventilator Services
- •TBP
- •Serious observation concerns

RBS Facility Tasks Job Aid

Facility Task	Triggers	Required CEs	Unique RBS Notes
RBS Mandatory Task			
Infection Control	NA – complete on every RBS	CE1 + relevant CEs	• If identify concerns with CE1, interview staff, general standard precautions, P&P • Only review residents with TBP FIs. No sample of 3 is required.
RBS Triggered Tasks			
Universal Triggers for all = active intake, Ombudsman concern, or onsite concerns Additional triggers noted in second column			
Arbitration		All	
Dining	Nutrition = FI due to dining concern (not food quality)	Relevant CEs	• Conduct only one observation on day 2 • Ignore residents from MDS for weight loss or dehydration
Environment	FI for env areas or general env	Relevant CEs	
Extended	Any RBS Extended threshold met	All	See RBS thresholds in RBS PG Attachment B
Kitchen	Concerns with kitchen, sanitary practices or food-borne illness	CE1, CE2, CE12 (all F812)	
Med Admin	Med admin concerns (e.g., receiving meds late, meds left at bedside)	All	• Observe 10 med opportunities • Do not expand with an error • Observe different routes • Observe a few meds on day 1, rest on day 2 am • If a specialty unit was not covered during IP, conduct part of the observation on that unit

RBS Facility Tasks Job Aid

Facility Task	Triggers	Required CEs	Unique RBS Notes
Med Storage	Med admin concerns	Relevant CEs	
Personal Funds	Relevant FIs	All (CE1, CE2, CE8 as relevant)	
Res Assessment	Late assessments or IP MDS discrepancy	All	
QAPI/QAA	Citation at an F or higher, or Extended	All	
Resident Council		All	
SNF Beneficiary		Relevant CEs	If triggered, ask for list of residents discharged from a Medicare covered Part A stay with benefit days remaining in the last six months with an indication of whether resident remained in facility
Sufficient Staffing	Staffing=FI, care concerns indicating staffing issues; or Extended survey	Relevant CEs; or all CEs if Extended	

Binding Arbitration Agreement: Complete the review of the facility's binding arbitration agreement, including a review of residents who have entered into a binding arbitration agreement and/or resolved a dispute.

***For Risk-Based Surveys (RBS) only**: Investigate this task during the RBS if there are related Ombudsman concerns, active intakes, or onsite concerns.*

If this task triggers, surveyors will ask for the following items: The facility's binding arbitration agreement

- A list of residents who are currently residing in the facility and have entered into a binding arbitration agreement after September 16, 2019
- A list of residents who have had resolved disputes through the arbitration process that occurred on or after September 16, 2019

- Review of three residents from the list
- Interviews of the residents and/or responsible parties from the list
- Interview of State LTC Ombudsman (if available)
- Documentation Reviews

Coordination

- Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern.
- One surveyor performs or coordinates the facility task to review for:
  - Standard and transmission-based precautions
  - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
  - Infection surveillance
  - Water management
  - Laundry services
  - Antibiotic stewardship program (review at least one resident who is receiving an antibiotic if there are concerns)
  - Infection Preventionist
  - Influenza, pneumococcal, and COVID-19 immunizations
- Sample residents/staff as follows:
  - Sample one staff to verify compliance with requirements for educating and offering COVID-19 immunization (select one staff from the actual working schedules for all staff provided during entrance conference). *Review not required for RBS.*
  - Sample three residents on transmission-based precautions (TBP) for purposes of determining compliance with infection prevention and control national standards, as well as resident care, screening, testing, and reporting. *For RBS: Only investigate residents who had a concern (i.e., further investigation), applicable active intake, or Ombudsman concern*
  - Sample five residents for influenza, pneumococcal, and COVID-19 immunizations review. *Review not required for RBS.*

Facility Task	Triggers	Required CEs	Unique RBS Notes
RBS Mandatory Task			
Infection Control	NA – complete on every RBS	CE1 + relevant CEs	• If identify concerns with CE1, interview staff, general standard precautions, P&P • Only review residents with TBP FIs. No sample of 3 is required.

Standard Precautions

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Enhanced Barrier Precautions (EBP)
- Transmission-Based Precautions (TBP)
- IPCP Standards, Policies and Procedures
- Infection Surveillance
- Water Management
- Laundry Services
- Antibiotic Stewardship
- Infection Preventionist
- Influenza, Pneumococcal, and COVID-19 Immunizations

Infection Prevention and Control

Kitchen/Food Service Observation

Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.

***For Risk-Based Surveys (RBS) only**: You do not have to complete the initial brief kitchen tour upon arrival at the facility. Investigate Critical Element (CE)1, CE2 and CE12 (all mapped to F812) which can occur at any time during an RBS if there are Ombudsman concerns, active intakes, or onsite concerns specific to the kitchen, sanitary practices, or food-borne illness. Only investigate the other CEs if concerns arise.*

CE 1 Are foods stored and/or prepared under sanitary conditions

CE 2 Does the facility store, prepare, distribute and serve food in a manner that prevents foodborne illness to residents?

CE 3 Is food preparation equipment clean?

Medication Administration and Storage

- Investigate this task if there are Ombudsman concerns, active intakes, or on-site medication concerns.
- Complete 10 medication opportunities.
- Do not expand if an error is identified.
- Observe medications on a specialty unit that was not covered during the initial pool, if applicable.
- Surveyors will use the medication storage CEP if there are related Ombudsman concerns, active intakes, or on-site concerns.

Note about Additional Pathways

- Resident Assessment, Personal Funds, and SNF Beneficiary
- If these CEs trigger, surveyors are directed to use the CE in the LTCSP folder if there is no CE in the RBS folder

Resident Council Review

- If there are resident council-related concerns, surveyors are directed to review the tasks in the Resident Council CE.
- F565- Related to the resident council
- F585- Related to grievance resolution
- Connection to other F-tags

Sufficient and Competent Staff

- ***For Risk-Based Surveys (RBS) only*:** *Investigate the applicable areas of this task during the RBS if there are related Ombudsman concerns, active intakes, further investigation (FI) marked for staffing, or there are care concerns regarding staffing issues, and answer the relevant CEs. Complete the task in its entirety if an RBS Extended survey is required.*

Environmental

Triggered From the Initial Pool Process:	CE(s) to be Completed:
☐ Accommodation of Needs (Physical) - RI, RRI, RO	1
☐ Call *Device* Functioning – RI, RRI, RO	2
☐ Sounds Levels – RI, RRI, RO	3
☐ Temperature Levels – RI, RRI, RO	4
☐ Lighting Levels – RI, RRI, RO	5
☐ Clean Building – RI, RRI, RO	6
☐ Building and Equipment Good Condition – RO	7 and 8
☐ Homelike – RO	9
☐ Lack of Hot Water – RI, RRI, RO	10
☐ Linens – RI, RRI, RO	11
☐ Pest Control – Review if concerns are identified onsite	12
☐ Ventilation – Review if concerns are identified onsite	13
☐ Handrails – Review if concerns are identified onsite	14
☐ Other Environmental Conditions – Review if concerns are identified onsite	15

Dining

Complete one dining observation on the second day if there are related Ombudsman concerns, active intakes, or if further investigation is marked for Nutrition that includes a dining-related concern. The applicable surveyor observes the dining area where the concern was raised and only completes the relevant CEs.

Extended Survey and QAPI/QAA

- If Substandard Quality of Care is cited, the team will complete the extended survey using the same process as a typical LTCSP.
- The QAPI/QAA CEP will be completed if the initial pool concern may be cited at an **F or higher level.**
- During Day 2, surveyors will determine if any concerns may be indicative of systemic failures or may be cited at an F or higher. If so, the QAPI/QAA CEP will be triggered and must be completed in its entirety.

How to Tell an RBS Survey Occurred

- **Care Compare Footnote:** A footnote on the facility's survey-results webpage will indicate the survey was conducted using RBS.
- **Survey report (CMS-2567):** An indicator on the official survey report will flag it as an RBS survey.
- **Provider Data Catalog:** RBS surveys will be identifiable in the relevant survey files posted in CMS' Provider Data Catalog for Nursing Home and Rehab Services.

FAQs

Clarifying the MDS Audit Criteria

- ***In the RBS qualifying criteria, exclusion #7 says "failed resident assessment Minimum Data Set audit." What MDS audits are included?***

This criteria refers specifically to audits of schizophrenia coding in the Minimum Data Set (MDS) data.

- **Reference: See** QSO-23-05-NH

Will Appendix D Data Be Made Public?

- ***Will the reasons for exclusion be included in the updated publicly available data, or only which facilities qualify?***

CMS **does not** plan to post the Appendix D exclusion-reason data going forward.

Only qualifying facilities will be posted: on CMS's Provider Data Catalog and the Nursing Home Care Compare website, beginning September 30, 2026.

FAQs Continued

PBJ Audit Lookback Period

- ***What is the lookback period for a failed PBJ audit that is considered to disqualify a facility from RBS?***

If they currently are flagged as having failed an audit on Care Compare and the provider data catalog (PDC) it will be **identified by the footnote *25* on the facility's Staffing star rating.**

MDS Audit Lookback Period

- ***What is the lookback period for a failed MDS audit that is considered to disqualify a facility from RBS?***

If they currently are flagged as having failed an audit on Care Compare and the provider data catalog (PDC) it will be **identified by the footnote *20 or 21 for the long stay antipsychotic* for the Quality Measure star rating.**

FAQs Continued

Schizophrenia Diagnosis: Supporting Documentation

For the criterion on residents 65+ coded with schizophrenia after admission without that diagnosis — will CMS evaluate supporting documentation before excluding a facility, including documentation obtained after the admission MDS?

- **CMS acknowledges these scenarios can occur.**
- **However, The data can't show whether supporting documentation exists:** CMS cannot distinguish a well-documented late diagnosis from a coding-integrity concern from the data alone.
- **CMS will keep evaluating this criteria:** along with all RBS criteria and will make changes when appropriate.

Abuse F-Tags Counted Under Exclusion Criteria

- ***For the exclusion criterion covering citations at Actual Harm, Immediate Jeopardy, abuse (at any level), or Substandard Quality of Care on an intake investigation while listed as RBS-qualified — which F-tags count as "abuse"?***
- **Abuse F-tags included:** F600, F602, F603, F604, F605, F606, F607, F608, F609, and F610.

Where do we go from here?

- Continue press for roll out of RBS to a broader facility base
  - Open up criteria for qualification-why limit if outcomes are the same?
- Expanding RBS was a key recommendation to CMS in AHCA's Better Way regulatory improvement proposals

Resources

- Nursing Home Risk-Based Survey National Implementation
- NHSurveyDevelopment@cms.hhs.gov
- QSEP - Driving Healthcare Quality
- F-tag Tip Sheet Preparing Before Your Survey.pdf

Mitigate Reasons for Disqualification

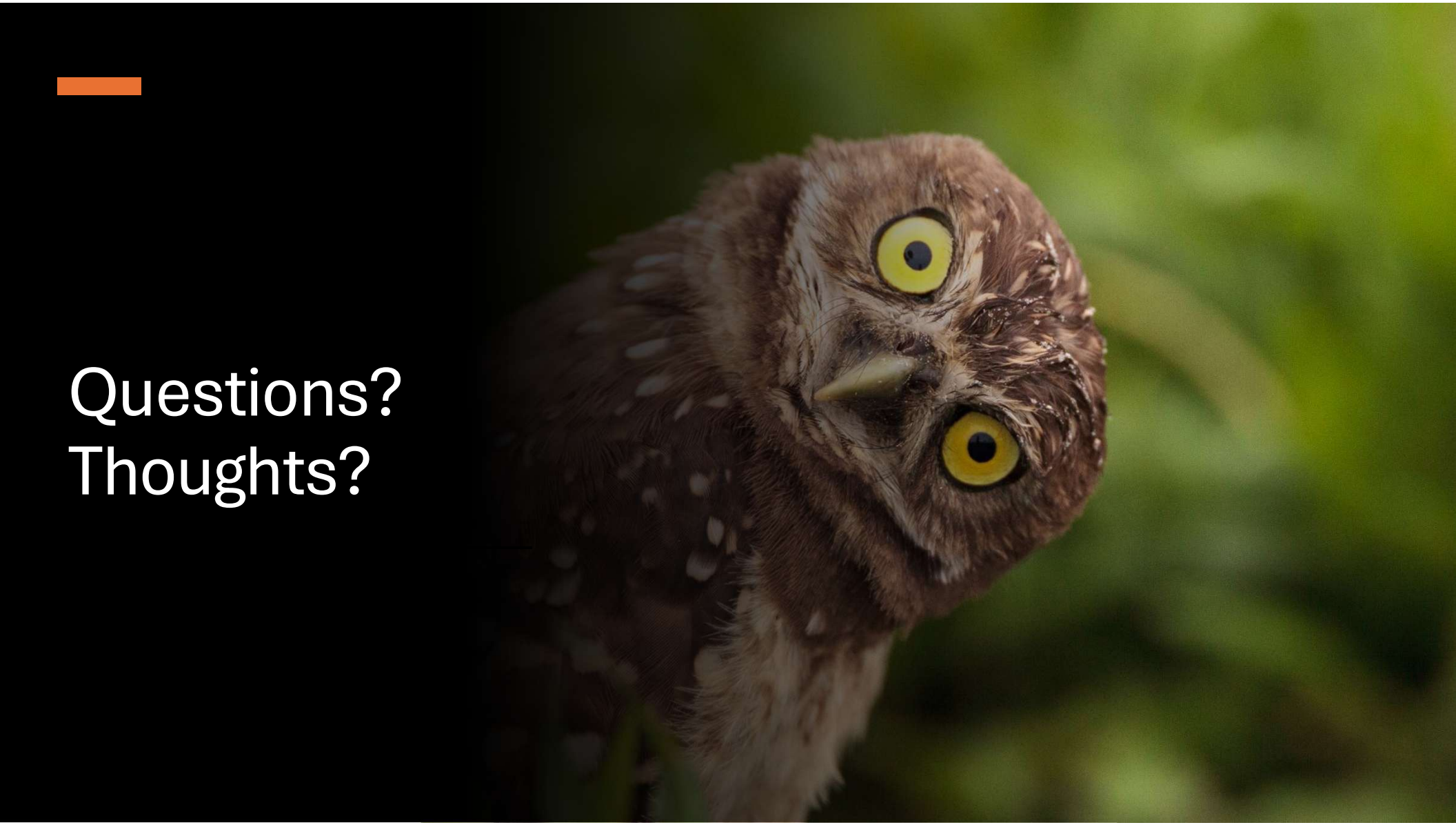
Focus on RBS Readiness

- INFECTION CONTROL
- Dining/Kitchen
- Resident Council=Resident Rights & Grievances
- Medication Administration/Storage

Ensure

- Actively manage complaints and facility reported incidents
- **Staffing levels**
- Mitigate citations-PNC, harm level, follow up psychosocial harm.
- PBJ and MDS audits

Questions?
Thoughts?



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