Risk-Based Survey (RBS) Procedure Guide

Effective September 2026

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I. OFFSITE PREP

Note: All RBS-specific steps are noted in red, italicized text.

Step 1: Create survey in iQIES

- Create a survey according to your state practice and iQIES roles.
- *Under Federal Categories, select Recert and RBS, and if applicable also select Complaint. You'll add the Survey Extent of Standard once citations are completed.*
- Add team members and designate the team coordinator.
- *An RBS can be conducted if there are **three or less non-IJ intakes**. If there are more than three outstanding non-IJ intakes, you must conduct an LTCSP survey. The team may only add any IJ intake received after the RBS has begun.*

Step 2: Access the survey

- Go to the My Tasks screen, click on the Surveys tab, and click on the applicable survey ID.

Step 3: TC completes offsite prep screen

- TC receives an **email five business days before the survey start date** once MDS calculations occur with a link to complete offsite prep.
- The administrator and previous recertification date will automatically populate.
- Document the pattern of CASPER **repeat deficiencies**.
- Review the system-populated **results** of the **last Standard survey**.
- Review the list of closed **complaints (COMP)** and **Facility Reported Incidents (FRI) since** the **last Standard survey**.
- For RBS without a staffing related complaint/Ombudsman concern, no further action is needed because the question is defaulted to No.
    - **If there is** a staffing related complaint/Ombudsman concern, the TC may need to review **previous quarters** reflecting a specific time period. The PBJ Staffing Data Report can be accessed via the link. A PBJ staffing data report job aide is available at: https://qtso.cms.gov/system/files/qtso/S&C.
        - Select Yes/No to indicate whether the facility has any staffing concerns. If Yes is selected, the table is enabled.
        - Place a checkmark in the box next to the applicable staffing concerns. Identify the Fiscal Year (FY) quarter and year for each area of concern.
- *A **maximum of three active non-IJ intakes** can be included with the RBS.* The active intakes table lists active intakes that were linked from iQIES.
- Link each resident-specific active intake to the relevant LTCSP resident and area.
    - *For residents **in the facility**, add the **Initial Pool Areas or Facility Tasks**.*

  - For **general (Facility/Facility) complaints**, add the applicable **Initial Pool Areas** or **Facility Tasks**.
  - For discharged residents, add the **Direct Investigation Area**. If a complaint allegation is not covered in the initial pool (e.g., record keeping or death), then the team is required to sample *one* resident to investigate the area *which includes closed record areas*.
- *Do not review the facility **history of abuse**.* The question should be defaulted to No.
- Note any Federal **variances/waivers**.
- *Confirm there are no **active enforcement cases**. If there is an active enforcement case, you must switch from RBS to LTCSP.*
- **Contact the Ombudsman**. Enter the Ombudsman's name, number, and contact date.
  - *Indicate whether there are Ombudsman concerns.*
  - *If there are concerns, follow the same instructions to link residents and areas that you use for active intakes.*
- **Assign all units** equally across the team members using last year's floor plan.
- *The system will list **offsite selected residents that meet screening categories:***
  - *Stage 3-4 pressure ulcers (PU) not present on admission (resident must be listed for both Presence of Stage 3 or 4 PU AND New PU, Not Present on Admission indicators)*
  - *Fall with major injury*
  - *Tube feeding with weight loss and/or dehydration*
  - *Hospice, vent, or dialysis services*
  - *The TC ensures these categories are sufficiently covered once onsite.*
- *On the Resident Manager screen (sort by room and filter by offsite selected), **assign just offsite selected residents**. Do not assign all residents in your area since you are conducting targeted screening.*
- Once Offsite Prep has been completed, click on the **Finalize button** at the top right of the screen which sends an email to team members that offsite prep is ready to be reviewed. If any changes need to be made to the Offsite Prep screen, you will have to click the Finalize button again.
- *If the survey must **revert to an LTCSP** (e.g., if an IJ intake is submitted to the State Agency after the RBS has begun, it may be added to and investigated during the survey without requiring the RBS to be converted to an LTCSP) all resident-specific RBS data (e.g., offsite prep) will be deleted and the system will rerun all calculations However, the survey ID and team will remain unchanged.*

Step 4: TC makes facility task assignments

- *The only mandatory facility task for the RBS is Infection Control. The remaining facility tasks will be triggered offsite by Ombudsman concerns, by active intakes, or onsite by resident concerns or surveyor observations (refer to Step 13).*
- Assign **Infection Control** to all surveyors and designate the primary surveyor.

- *Initiate and assign a surveyor to any other task related to an Ombudsman concern or active intake. Otherwise, if there are no Ombudsman concerns or active intakes, tasks will be assigned if triggered at sample finalization (refer to Step 13).*

Step 5: TC prepares documents

- **Prepare documents** according to your state's practice.
  - Facility Matrix with instructions (CMS-802) (1 copy of instructions, multiple copies of the blank matrix).
  - *RBS Entrance Conference worksheet* (1 copy)

Step 6: Team reviews offsite information

- *Team members review information on the offsite prep screen to get a sense of concerns from the past survey or Ombudsman concerns.*

Step 7: Make survey available offline

- **All surveyors make the survey available offline** in case there's no Wi-Fi at the facility. On the 'My Task' page, click "Enable Offline" under the Survey ID.

II. FACILITY ENTRANCE

Step 8: Enter the facility, confirm survey data, and go to your assigned area

- *The team should **enter at the same time**. The goal for the first day is to complete the initial pool, sample selection, and begin investigations.*
- TC: **After entering the facility**, **discuss with the Administrator information needed immediately** on the Entrance Conference worksheet and ensure the facility is making efforts to address those areas **prior to conducting the brief Entrance Conference**.
  - *Obtain the facility **Wi-Fi** for all surveyors and the **administrator's email** information.*
  - TC: Immediately after entering the facility, on the Resident Manager screen, click **Confirm Data** in the banner. If the survey start date, reg set, and team members are accurate, click Confirm. If any of the information is inaccurate, you must Cancel the modal, correct the issue in iQIES, and then return to the Resident Manager screen and confirm the data. **The survey data must be confirmed before the initial pool screens will be enabled.** Once the survey data is confirmed, the survey is locked and the start date, reg set and team members cannot be removed.
- TC: Conduct a brief **Entrance Conference** and then go to your assigned area.
  - *Highlight that the RBS Entrance Conference **worksheet is different** and should be used.*

- *The arbitration question is not listed on the screen since you don't request Arbitration information from the facility.*
- *To avoid inaccurate information being provided, review the **definitions for the high-risk concerns** and **TBP** (see below for definitions) with the person responsible for completing the CMS-802.*
- *Ask the administrator to **email the completed CMS-802 and floor plan securely** to the team. If the facility cannot send the documents via email providing a hard copy is also acceptable.*
- ***For smaller facilities (1-30 facility census), ask the DON** if, in addition to supplying the CMS-802 (to verify the accuracy of their information later), they can immediately identify residents that meet the following screening criteria:*
  - *fall with major injury in the last 120 days,*
  - *current Stage 3, 4, or unstageable pressure ulcer not present on admission,*
  - *tube feeding with weight loss or dehydration in the last 180 days,*
  - *current dialysis, hospice, and ventilator, and*
  - *current facility acquired transmission-based precautions with the infection noted.*
- Emphasize that the **EHR record review information** should include enough detail so surveyors can quickly locate EHR information needed (e.g., Pressure Ulcers: Progress notes versus Clinical-Orders-Reports-Administration Records-TAR-Select Orders-Run Report).

- An initial visit to the **kitchen** *is not required.*
- *If you are the **only surveyor on the team**, complete the entrance conference, and then begin screening residents.*
- **All other surveyors:** Go to your assigned areas *and **begin screening residents** (after obtaining the Wi-Fi).*
- *The team may include **IJ intakes** if reported to the state after the survey starts. You will have to link the new intake to the survey from the Basic Info screen and then link the resident on the Offsite Prep screen.*

III. INITIAL POOL PROCESS

Step 9: Screen selected residents and observe, interview, and complete a limited record review for initial pool residents

Managing Initial Pool (IP) Workload

- *Each surveyor **screens residents, chooses three for the initial pool** (minimum of one IP resident per surveyor and may exceed three if concerns exist) and completes the initial pool interviews, observations, and record review.*
- *The goal is to complete the initial pool process in **five** hours. Surveyors should communicate immediately if they need additional time.*

Screening

- The purpose of **briefly screening residents in your assigned area** is to identify the most appropriate residents to include in the initial pool (i.e., residents with the most serious and/or highest number of concerns that have a high likelihood of resulting in deficient practice).
- *The RBS screening is targeted (refer to screening categories below).*

Screening Categories

- *Choose residents to screen based on **five screening eligibility categories:***
  - ***Offsite selected residents: All offsite selected residents must be screened.***
  - ***High-risk matrix concerns**: Include all residents with each concern for a maximum of three per concern across the team. Start with offsite selected residents and only identify more on the matrix if fewer than three offsite selected residents have the concern.*
    - *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.*
  - ***Hospice, dialysis, or ventilator** services: Include one resident per service across the team.*
  - ***TBP**: If the matrix identifies **three or more residents** with **the same facility-acquired infection and on TBP**, **include one** resident per infection type in screening across the team. This does not include residents on enhanced barrier precautions.*
  - ***Serious observation concerns**: Include any other residents based on serious observation concerns (e.g., potential abuse, uncontrolled pain). For an RBS, you do not have to go into each room to see all residents. The goal is to observe as many residents as possible in the most efficient manner (e.g., observe residents at a meal or during group activities, glance at residents while walking the units) to rule out serious observation concerns. This is a critical part of the RBS.*
- *Individual residents may cover more than one of these categories.*

Screening Process

- *Complete **screening for:***
  a) all of your assigned offsite selected residents;
  ***b) residents you identify onsite that meet the screening categories not yet met by offsite selected residents** (three for each high-risk concern, one for each service type, and one for TBP as defined above); and*
  ***c) all residents with serious observation concerns**.*
- *While the facility has an hour to provide the matrix, it may take additional time. **Start right away with screening offsite selected residents** (prioritizing any residents*

*receiving dialysis services) and **residents you encounter with serious observation concerns**.*

- The screening should address the MDS indicators, relevant matrix information (once received), and any concerns based on a quick head-to-toe observation of the resident. Ask the resident about your identified concern(s) to help decide if the resident should be included in the initial pool.
- *For increased efficiency, if a resident is available, screen them during your first encounter since you may be able to rule them out quickly based on your brief conversation and observation. That is, don't just observe all residents to be screened first and then loop back to talk to them to complete the screening.*

Activities Once Matrix Arrives

- *When the **matrix is provided**, team members are to immediately review to **identify residents** that **meet any screening categories** that have not yet reached the maximum number and **confirm which residents each surveyor will screen**. If there are no residents from the matrix that meet the screening categories, just move forward with screening only offsite selected residents and serious observation concerns.*
- *The **TC confirms all screening categories are covered** as available by referring to the 'Screening Coverage' pull out which shows the status of each screening category.*
- *After the matrix review, you will know your total number of screening residents. Although your number to screen typically should be manageable, if you have a high number and are concerned about screening and completing the other initial pool activities in the allotted time, check to see if other surveyors can screen some of your residents or notify the TC to adjust the initial pool time.*

Downtime Activities While Waiting for Matrix

- *If the **matrix** is **not available** and you have finished screening your offsite selected residents and residents with serious observation concerns, use the following **strategies to effectively fill any down time** (i.e., don't stop and wait for the matrix):*
  - *See if other surveyors need help screening.*
  - *Walk around the unit to observe resident rooms for any residents on TBP. If any, ask the nurse the type of infection and determine, with the team, if the residents meet the TBP screening condition (three with same facility-acquired infection).*
  - *If needed, ask the unit nurse if any residents receive hospice, dialysis or ventilator services. If so, determine with the team if you should screen them.*
  - *Begin initial pool activities for any resident you are confident will be in the initial pool based on your screening and MDS indicators (being mindful that there may be more residents on the matrix who will need to be screened and could be in the initial pool).*
  - *Briefly walk around non-covered areas of the building to determine if there are serious observation concerns.*
  - *Begin facility tasks if you cannot complete any other of the above activities.*

- *If you begin working on tasks,* ***switch back to screening and initial pool activities as soon as you receive the matrix.***

- ***If 75% or more of the offsite selected residents are discharged*** *(e.g., rehab facility), it is critical to try to find residents who have important indicators that are represented in offsite selected residents.*
  - *If the threshold is met, a banner will be displayed on the Resident Manager screen.*
  - *Any surveyor may click on the 'Select new residents for screening' option to add replacement residents.*
  - *The pop-up lists areas and residents who meet a required screening category or a high-risk condition:*
    1. *the following conditions: Alzheimer's/Dementia with AP, Dehydration, Unplanned Weight Loss, 2+ Rehospitalizations, AC with internal bleeding, and Pain.*
  - *Include a resident in the initial pool and select the applicable screening reason if they are in the facility (compare to alpha list) and meet the screening categories (screen until maximum number is met) or the conditions (#1 above – screen one resident per area).*
  - *Once the review is complete, check the box on the bottom of the pop-up indicating no additional residents can be selected for screening.*

Software Steps for Screening Residents

- ***All offsite selected, active intakes, and ombudsman concerns*** *will have a defaulted IP indicator status of S (Screen).*
  - *The system populates these screening reasons, along with any applicable screening categories from the MDS indicators.*
  - *Click the IP Indicator of S and add any other applicable screening category once the matrix is reviewed.*
  - *If these residents are* ***discharged or out of the facility for the entire initial pool*** *(e.g., dialysis),* ***change the IP Indicator to N*** *and select the appropriate reason.*
- ***Change the IP Indicator to S*** *for any* ***onsite selected resident*** *who meets a screening category and will be screened, including any newly admitted resident who is screened even if the resident is not included in the initial pool.* ***Add the applicable screening category*** *from the drop-down list. Only select Other as a screening category if the resident doesn't meet any of the required screening categories.*
- *Indicate which* ***screened residents you did not include in the initial pool*** *by changing the* ***IP Indicator to No*** *and selecting* ***Screened, but not included in the IP.***

Initial Pool Residents:

- *The goal is for each surveyor to include* ***three residents in the initial pool*** *based on the screening results*. These should be the residents with the most and/or most serious concerns that have a high likelihood of resulting in deficient practice*, regardless of their screening category (e.g., offsite selected residents only need to be in the initial pool if they have the most concerns and/or most serious concerns). More than three*

residents may be included in the initial pool, if needed. Each surveyor is required to include at least one resident in the initial pool.

- *If the census is lower than expected and reduces the team size, the team can adjust the initial pool size by referring to Attachment A. For example, two surveyors are onsite with a census of 28 residents. The two surveyors are only required to include three initial pool residents across both surveyors.*
- *The team is not required to represent dialysis, hospice, vent, and TBP in the initial pool unless concerns are identified during screening.*
- Change the **IP Indicator to Yes** for the three residents included in the initial pool.
- If you think **more than three screened residents should be in the initial pool**, discuss with the team whether another surveyor could take your "extra" resident(s) because they have fewer candidates or, if you need to keep all of the residents, discuss increasing the time to complete the initial pool.
- Mark the appropriate **interview status** based on your assessment.
- If the initial pool resident is interviewable, **conduct an *RBS* resident interview (RI)**.
  - *If applicable a link to the Ombudsman concern will be available. You must answer any resident-specific Ombudsman concern area. If not a warning will appear prompting you that a response is required.*
  - *The areas and probes have been streamlined for an RBS.*
  - *If a concern is identified for an area not listed on the screen (e.g., edema), add the area from the Additional Care Area drop down.*
  - Cover **all care areas if applicable** to the resident (e.g., "Only ask if the resident is on dialysis").
  - *If **Nutrition = FI**, you must indicate whether the concern requires a dining observation. If the response is Yes, the Dining task will trigger.*
  - *Complete enough investigation (e.g., record review, staff interview) to determine whether the **FI can be ruled out**, especially if **harm is suspected**, excluding active intakes for a resident since those areas require an in-depth investigation.*
    - *This additional investigative work can occur at any point during the initial pool.*
    - *If the investigation reveals the facility is in compliance, change the FI to No Issue.*
    - *Enter all investigatory notes in the applicable initial pool area's notes field.*
    - *If **harm is confirmed**, notify the team and refer to Attachment B, "RBS **Sample Expansion**" for further instructions on expanding the sample.*
  - You are only **required to mark FIs** (i.e., potential noncompliance) for any area of concern and click on the Complete box.
  - Interview strategies include:
    - Try to complete the interview in one sitting and as soon as you know the resident will be included in the initial pool.

  - If the resident begins to discuss information outside of the interview questions, acknowledge the concern, make notes as appropriate, and redirect the conversation to the prior question.
  - If the resident's discussion regarding one question provides an answer to an upcoming question, you can skip the upcoming question if adequately addressed.
  - If the resident is not interested in a topic, don't ask all of the listed questions (e.g., if the resident says he/she doesn't care about activities, you don't have to ask all of the activity questions).
- **Conduct the *RBS* resident observation (RO)** for all residents in the initial pool.
  - *Follow the same protocols as identified for the RI.*
  - Conduct rounds until you have enough information to answer all observation areas. *With fewer onsite days for the RBS, attempt to validate any concerning areas as soon as they occur.*
- **Conduct *the RBS* resident representative interviews (RRI)/family interviews**.
  - The RRIs/family interviews are for non-interviewable resident representatives or family members who are familiar with the resident's care.
  - *Complete **one RRI/family interview** across the team on the first day, if possible.* You may call the representative/family and schedule an interview during normal survey hours.
  - *Follow the same protocols as identified for the RI.*
- **Conduct an *RBS* limited record review (RR)**. Prioritize completing or scheduling interviews and beginning observation rounds before completing the limited record review.
  - Follow the same protocols as identified for the RI.
  - *The medication-related items have been substantially changed for the RBS.*
  - Refer to the **EHR record review information provided by the facility** to quickly locate the record review information.
  - Complete the RR on the floor so you can continue to make observations.
- *If you've completed all initial pool activities before the team is finished, **begin investigating the most serious concerns** while waiting for the team to finish their initial pool work.*
- If you identify a significant concern (**IJ or harm**), select Harm or IJ in the Include in sample due to (in the header) to ensure the resident is included in the sample.
  - At any time, harm or IJ concerns are identified, *refer to Attachment B, "RBS Sample Expansion".*
- To **share a resident** during the initial pool:
  - The assisting surveyor will assign themselves to the resident. The newly assigned surveyor should see the other surveyor's information.
  - The surveyor helping out finishes any outstanding areas for the resident.
- *If you have an **FI for nutrition which indicates a dining-related concern** (e.g., lack of assistance with meals), complete **one dining observation.** This can be done on day*

1 if you have downtime and cannot complete any initial pool activities (e.g., can't access records, interviews for initial pool residents are completed). Otherwise, the dining observation, if needed, typically occurs on the second day.

IV. SAMPLE SELECTION

Step 10: TC Confirms Initial Pool Data is Completed

- **Click on the Team Meeting screen** and **ensure**:
  - Residents included in the **initial pool are accurate**. If a resident should not be in the initial pool, change the IP Status to No.
  - All **initial pool work is complete**.
  - **Screening categories** have been covered adequately.

Step 11: Finalize the Sample and Make Investigation Assignments

- Meet to finalize the sample.
- *The team is **not required to review closed records**; therefore, this screen is not listed.*
- Select **Finalize Sample** in the navigator.
- **Update the facility census number**, if needed, in the Facility Census box.
- ***No specific sample size** is required. Sample selection is based on initial pool residents with issues to investigate. If there are **no FIs for any initial pool residents**, no resident investigations are required.*
- Check the **Start Sample Finalization** box.
- Share a concise description with the team of the concern(s) for each resident.
- ***Include all residents with at least one FI** (for a resident or facility task investigative area) in the sample.*
  - **Check the 'Include in Sample' box for any resident that isn't system selected**.
  - Ensure the concern will be investigated for the **correct care area**. If not, adjust the area.
  - **Unnecessary Medication review**: ***Only complete this review for the medication-related concerns** identified during the initial pool, such as no end date for antibiotics.*
  - *Begin discussing whether concerns led to resident outcomes and may be a result of **neglect** (i.e., failure to provide goods/services necessary to avoid harm).*
  - Adequately investigate the **scope of each resident-specific area**: If a resident-specific area is oversampled, you may remove sampled areas (e.g., if six residents in the sample have an FI for activities, you may remove three and only investigate activities for three residents).
    - Click on the Y under the Include Care Area in the Investigation.
    - Select 'another resident with higher likelihood of deficiency' as the rationale.

  - The Y indicator will change to an N on the screen. You will receive a warning if you try to remove an area that will no longer be covered by any resident in the sample.
  - Click on the N to stop the removal of the area and keep it included.
- If a complaint allegation is not covered in the initial pool (e.g., record keeping or death), then the team is required to sample *one* resident to investigate the area which should've been added on the Offsite Prep screen. If the investigation results in a potential citation, *follow directions for expanding the sample in Attachment B below.*
- *Determine whether the initial pool concerns may be cited at an **F or higher level** which triggers the QAPI/QAA task to be completed.*
- *At any point in the survey, surveyors should always expand their resident sample or areas to investigate if they feel there could be noncompliance that exists in the care of other residents or operations of the facility. For example, a surveyor may not identify potential SQC, level 3 or 4 noncompliance in sample of residents selected for the RBS, but based on their review, has concerns that any of these types of noncompliance may exist outside of their sample, the surveyor should expand their sample to confirm whether SQC, level 3 or 4 noncompliance exists.*
- Once the sample is finalized, select the **Finalize Sample** button.

Make Investigation Assignments

- **Click on the Assignments screen.**
  - *Review the list of **tasks that triggered** based on active intakes, ombudsman concerns, and/or the initial pool responses (e.g., Med Admin, Dining).*
  - **Ensure a surveyor is assigned** to all areas.
- ***Schedule a time** that the team should strive to have all investigations completed.*
- There is no required end of the day 1 team meeting unless the sample meeting was not completed on the first day. In this case, the team should meet briefly at the end of the day to formulate a plan for the next day and confirm there aren't any concerns that require the sample to be expanded (see Attachment B for these thresholds).

V. INVESTIGATION

Step 12: Conduct investigations for sampled residents

- Investigate all concerns for all sampled resident areas, active intake *or Ombudsman concern* resident areas.
- *If you encounter a difficult or unfamiliar EHR system or have concerns about having full access to information, one strategy is to request copies of the needed documents from the facility.*
- ***If SQC is confirmed,** notify the team immediately and refer to Attachment B for instructions on expanding the sample. At any point in the survey, surveyors should always expand their resident sample or areas to investigate if they feel there could be noncompliance that exists in the care of other residents or operations of the facility. For example, a surveyor may not identify potential SQC, level 3 or 4 noncompliance*

in sample of residents selected for the RBS, but based on their review, has concerns that any of these types of noncompliance may exist outside of their sample, the surveyor should expand their sample to confirm whether SQC, level 3 or 4 noncompliance exists.

- Answer all CEs.

VI. ONGOING AND OTHER SURVEY ACTIVITIES

Step 13: Complete facility task assignments

- The timing for conducting facility task investigations is noted under each facility task.
- Refer to the Facility Task pathway in the LTCSP system.
- Complete your investigations in the LTCSP system.
- ***Infection Control is the only Mandatory Facility Task*** *for the RBS. All other facility tasks are only completed if concerns are identified.*

Mandatory Facility Tasks

Infection Control

- **All surveyors are only required** to evaluate CE1 **(F880) throughout the survey**.
  - *This includes observations, interviews, and reviews of general standard precautions. This includes observations of staff performing hand hygiene, donning/doffing personal protective equipment use, and TBP. Observations of appropriate reprocessing of reusable resident medical equipment (e.g., glucometer) are only to be performed if the Medication Administration task triggers.*
  - *Interview staff if observation concerns are identified.*
  - *Interview the Infection Preventionist on how staff are monitored for Infection Control compliance in accordance with facility policies and procedures.*
  - *Review the facility's policies and procedures if there are identified concerns with observations and interviews.*
- The other CEs are required only if related concerns arise. During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.
  - *If an initial pool resident had TBP concerns, you are only required to investigate that resident(s). You are not required to reach a sample of three as required for an LTCSP.*

Triggered Facility Tasks

The following tasks are ***triggered/initiated*** *and* **completed only if the team has concerns** as noted below:

Resident Council

- *Only complete if there are resident-council related concerns.*

Arbitration

- Only complete if there is an active intake, Ombudsman or onsite concerns.

Dining

- Only complete one dining observation, on the second day, if there is an active intake, Ombudsman concerns, or if an FI is marked for nutrition that indicates a dining-related concern (e.g., lack of assistance with meals)
- The applicable surveyor observes the dining area where a concern was raised and only completes the relevant CEs based on the resident concern.
- If triggered or initiated, you are assigned to the task, and you click on Dining, you will receive a pop-up screen where you should place a checkmark next to the area(s) you are investigating. All areas that are not checked will be automatically marked as NA.
  - During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.

Environment

- Complete an environmental review of the relevant CEs only if there is an active intake, or a concern identified with sampled residents *or general environmental concerns*.

Kitchen

- Kitchen is only completed if concerns specific to the kitchen, sanitary practices or food-borne illness are identified by Ombudsman concerns, active intakes, or identified onsite.
- Complete CE1 (F812), CE2 (F812) and CE12 (F812).
- The other CEs are required only if related concerns arise. During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.

Med Admin

- Complete if there were any Ombudsman concerns or active intakes specific to medication administration, complaints voiced onsite regarding medications (e.g., receiving meds late), or any observations of concern regarding medications (e.g., meds left at the bedside).
- If a specialty unit (e.g., rehab, memory care) was not covered during the initial pool and the task triggers, conduct part of the medication administration on that unit.
- If all specialty units were covered during the initial pool and the task triggers, meds for a sampled resident whose med regimen is being reviewed *or if there are med-related concerns* if the opportunity presents itself. Otherwise, observe meds for any resident to whom the nurse is ready to administer meds.
- Observe different routes.

- *Observe ten medication opportunities*, including whether the administered med is expired.
  - If an error is identified, do not expand the medication opportunities.
- If triggered, try to observe a few medications at the end of the first day (e.g., different routes) and the remaining medications the morning of the second day.
- **Answer all CEs.**

Med Storage and Labeling

- Only complete if triggered as a result of Ombudsman concerns, active intakes, concerns identified while onsite, or when completing the med admin task.
- If triggered or initiated, you are assigned to the task, and you click on Med Storage, you will receive **a pop-up screen where you should place a checkmark next to the area(s) you are investigating**. All areas that are not checked will be automatically marked as NA.
  - During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.

Personal Funds

- Only complete if there are active intakes, or Ombudsman or onsite concerns.

Resident Assessment

- Complete this review only if there were concerns with MDS discrepancies for care areas that were not marked for FI or the task was triggered by the system because of delays with the completion and/or submission of MDS assessments.

SNF Beneficiary Notification Review

- If concerns which trigger this task arise during the survey, ask for a list of residents discharged from a Medicare covered Part A stay with benefit days remaining in the last six months with an indication if the resident remained in the facility.
- If triggered, **only complete relevant CEs.**

Sufficient and Competent Nurse Staffing

- If this task triggers as a result of Ombudsman concerns, active intakes, FI for staffing, or care concerns indicating staffing issues, only complete the relevant CEs based on the concern.
- If triggered or initiated, you are assigned to the task, and you click on Staffing, you will receive **a pop-up screen where you should place a checkmark next to the area(s) you are investigating**. If the task triggered because of an FI for Staffing in the initial pool, you must investigate CE5 (F725) and CE10 (F725). All areas that are not checked will be automatically marked as NA.
  - During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.
- If this task is being completed as part of the extended survey, complete all CEs.
  - *If the task was triggered and then an Extended survey is required, all NAs will be removed since the entire Staffing task must be completed.*

Extended

- If SQC is cited, the team will complete the extended survey using the same process as a typical LTCSP.

Step 14: Midday Day 2 meeting

- ***Touch base midday on the second day*** *(e.g., right before the surveyors' lunch). It is critical to hold this brief meeting to ensure early identification of necessary investigations to maximize efficient and effective survey completion and to briefly discuss deficient practice identified up to this point.*
- *Answer the following questions:*
  - *Whether any resident outcomes may be a result of* ***neglect****. If so, the entire neglect pathway should be initiated and investigated.*
  - *Whether any concerns are indicative of* ***systemic failures*** *or may be cited at an* ***F or higher level****. If so, the QAPI/AA task will be triggered and must be completed in its entirety.*
  - *Whether concerns require sample expansion.*
  - *Whether an extended survey is required if SQC is cited.*
- Discuss the outstanding investigations each surveyor has and whether the team is still **on track to complete their investigations** by the designated time. If the team will finish, **contact the Ombudsman** and **Medical Director** and let them know the team expects to exit at the end of the day.

Step 15: Complete QAPI/QAA (if needed)

- *The QAPI/QAA task triggers and all CEs are completed if there is at least one citation at level F or higher, system failures are identified, or if the survey must be extended.*

VII. POTENTIAL CITATIONS

Step 16: Confirm Investigation Data is Complete, and Team Deficiency determination

- Review the Investigation (All Investigations tab) and Facility Task screens and ensure **investigation work has been completed**.
- The navigator menu displays the number of undeclared tags in a red circle.
- Make a **compliance determination**. If noncompliance exists, the team determines the **severity and scope** of the deficiency.

Step 17: Create Citations

- Before you create citations, ensure there are no numbers listed in the navigation menu which indicates there are remaining undeclared tags.
- Click on **Create Citations** on the Potential Citation screen.

- Address any incomplete tags to ensure all tags move to iQIES Citations. *The system auto-populates in the F000 tag, "The Risk-Based Survey (RBS) process was used to conduct a federal recertification survey."*
- Add the Survey Extend of Standard once citations are completed.

Step 18: Exit Conference with Facility

- Conduct an **exit conference** with the facility administration to inform the facility of the survey team's observations and findings.

Attachment A: RBS Recommended Team Size and Initial Pool Size

This table shows the recommended number of surveyors and expected initial pool size based on the recent trending of the facility census (not bed size).

Facility Census	Recommended # of Surveyors	Initial Pool Size Goal
1 - 30	1	3
31 – 95	2	6
96 – 174	2	6
≥175	3	9

Attachment B: RBS Sample Expansion

It is expected that RBS-qualified facilities will have a relatively low risk of systemic noncompliance posing a serious risk to resident health or safety. The RBS protocol includes sample expansion and an extended RBS as safeguards to ensure such issues are identified. ***The thresholds for expanding the sample are different for the RBS compared to the LTCSP****, as described in this document.*

SAMPLE EXPANSION

RBS Thresholds for Sample Expansion

When ***isolated serious concerns*** *threaten a resident's health or safety, the survey team will expand the sample to ensure the issues are only isolated, thus ruling out patterns or widespread noncompliance throughout the facility, and in many cases, ruling out SQC. Surveyors should expand the sample when considering citing deficiencies that meet the following RBS-specific thresholds:*

1. *SQC (Substandard Quality of Care)*
2. *Isolated Harm (any "G" citations)*
3. *Isolated IJ (any "J" citations outside of SQC)*

Sample Expansion Steps:

The goal of sample expansion is to determine **if there are three residents who could be affected by the same or similar noncompliance** in the facility (including the resident(s) who triggered the sample expansion), and to investigate them for the concern. The steps for expanding the sample are as follows:

1) **Discuss with the full RBS team** to identify how many residents across the team have been reviewed with a similar concern during the initial pool and investigations.
   - **If three or more have been reviewed by the team at this point,** no other residents need to be reviewed. The sample of three includes residents reviewed in the initial pool who had similar concerns (e.g., had an MDS indicator related to the area focused on in the sample expansion) even if they were marked as No Issue.
   - If only **one or two residents are identified, proceed to Step 2**.
2) **Check the CMS-802 to identify more residents with the concern**. If the **CMS-802 does not include the concern, ask the facility** for a list of residents with the concern.
   - **If no residents with the concern are identified from the CMS-802 or list**, do not look for more residents - just investigate the residents identified in Step 1.

- **If more residents with the concern are identified**, investigate three, if available, which includes the resident(s) who triggered the concern.

3) **If needed, conduct the investigation for three residents** (if available) with the concern.
   - For residents added from the CMS-802 or a list: Initiate the resident and area and investigate the concern.
4) **Determine whether the deficiency should be cited at widespread/pattern** based on the results of your investigation.

Sample Expansion Examples

- Example 1: On a two-surveyor RBS team, one surveyor **identifies isolated Harm** based on investigation of two initial pool residents related to facility acquired Stage 3 or 4 PU (one was cited as harm, the other wasn't cited). Through team discussion, the other surveyor shares that they had an initial pool resident with a facility acquired Stage 3 PU and they marked No Issue. The team has already met the sample of three for this concern and does not need to identify and include more residents.
- Example 2: A one-surveyor RBS team **identifies isolated IJ** as the result of noncompliance related to elopement. Since the CMS 802 doesn't include elopement, the surveyor asks the facility for a list of residents at risk for elopement and sees that there are five. The surveyor expands the sample by selecting two residents from the list provided by the facility for investigation; she/he initiates Accidents for those residents.