RISK-BASED SURVEY (RBS)

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Therapy that exceeds expectations

About Risk-Based Survey

The Risk-Based Survey (RBS) will start September 8, 2026. Higher-performing nursing homes will undergo streamlined standard recertification surveys. CMS estimates that approximately 12% of SNFs will qualify.

All nursing homes will continue to receive a standard survey at least every 15 months. RBS facilities may receive standard surveys in response to complaints/concerns. RBS will take about half the time of a standard survey and will require fewer surveyors.

Qualifications for RBS

- 5-star Care Compare overall rating
- At least a 3-star staffing rating
- Accurate data reporting
- No citations for resident harm or substandard quality of care during the previous survey cycle
- Must not be more than 18 months since the last survey
- Must not have any staffing waivers in effect
- Must not have failed a PBJ staffing data audit
- Must not have failed a resident assessment MDS audit
- Must not have two or more residents aged 65 or older that are coded with a diagnosis of schizophrenia after being admitted without this diagnosis
- Must not have a Health inspection score higher than the 50th percentile in the state (lower scores indicate better performance)
- No recent ownership changes
- Cannot be a Special Focus Facility candidate

Identification

CMS will place an icon on the Care Compare tool on Medicare.gov, making it easier to identify high-performing nursing homes. The list of RBS facilities will be updated quarterly.

Disqualification

**A facility listed as qualifying for the RBS on the Quarterly Qualified List will be disqualified if any of the following occur before the RBS survey is started:

1. Citation(s) of 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.
2. Pending Intake Investigations triaged at Immediate Jeopardy.
3. More than three (3) pending non-Immediate Jeopardy active intakes (Complaints/Facility Reported Incidents) triaged as non-IJ medium or higher.
4. CMS-approved Nursing waivers.
5. Change in ownership since the last standard survey.

If the facility meets any of the above exclusions, the State Agency MUST convert the RBS to Long Term Care Survey Process standard survey.

*For any questions regarding Risk Based Survey status, Functional Pathways clients can reach out to our **Clinical Team**.*