DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality

Ref: QSO-26-14-NH

DATE: July 16, 2026

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Nursing Home Risk-Based Survey National Implementation

Memorandum Summary

- **Risk Based Survey (RBS):** The RBS survey will be implemented nationwide beginning September 8, 2026.
- **State Agency (SA) Training:** CMS is providing SAs and CMS Locations information related to training and implementation to prepare for the RBS launch.
- **High Performing Facility Icon :** CMS will place an icon on Nursing Home Care Compare website identifying facilities that qualify for the RBS which indicates a higher level of performance.

Background:

Implementation of the Nursing Home Risk Based Survey Process

State Survey Agencies (SAs) are required to conduct a standard recertification survey of nursing homes at least once every 15 months and conduct other investigations based on complaints of alleged noncompliance with federal requirements (42 CFR 488.308(a) and (f); see generally 42 CFR Part 488, subpart E). These surveys are the primary activity to oversee the health and safety of nursing home residents. SA's conduct the standard recertification survey using the Long-Term Care Survey Process (LTCSP) which was implemented by CMS in 2017. SAs conduct complaint investigations using abbreviated portions of the LTCSP.

CMS is consistently evaluating the LTCSP to improve the effectiveness and efficiency of nursing home oversight to protect residents' health and safety. Additionally, the federal budget for nursing home surveys has not been increased since 2015. During this time, there has been over a 20% increase in SAs' obligation to conduct complaint surveys, in addition to the traditional cost-of-living increase that occurs over a decade. The budgetary constraints have severely hindered SAs' ability to hire staff to conduct the required surveys in nursing homes. This has prevented SAs from conducting complaint investigations where residents are at risk for harm and resulted in a back-log of Medicare- and Medicaid-certified nursing homes that have not received their statutorily required standard survey. Therefore, it is critical that we identify

additional ways to allocate the limited survey resources available to areas where residents are at greater risk for harm, and fewer resources where the risk is lower.

In 2023, CMS began testing a Risk-Based Survey (RBS) process that permits higher quality facilities to undergo a more focused survey protocol requiring less onsite time and a smaller survey team, while continuing to ensure compliance with health and safety standards. The process was tested in 22 states and over 100 facilities and was found to adequately and consistently identify noncompliance and risks to residents' health and safety. For example, the RBS had findings that were comparable to the traditional LTCSP. We note that it is critical to perform the RBS only in higher-performing facilities where the risk to residents' health and safety is lower.

The RBS is a modified form of the LTCSP used for standard recertification surveys as defined in Sections 1819(g)(2)(A) and 1919(g)(2)(A) of the Social Security Act and 42 CFR 488.301. The RBS process includes a streamlined review of all the required areas and fewer activities. They are conducted in roughly half the time with fewer total surveyors as the standard LTCSP. For example, a sample of residents is still assessed for the facility's compliance, but the RBS includes a smaller number of residents to review as compared to the traditional survey process. Higher quality facility is indicated by factors such as a history of fewer citations, higher staffing levels, fewer hospitalizations, and other similar indicators of quality (for a full list of the RBS qualifying criteria, see Appendix A). Facilities that meet CMS' criteria will be eligible for an SA to conduct a standard recertification survey using the RBS process. CMS estimates that approximately 12% of nursing homes nationwide will qualify for the RBS (see Appendix D). By allowing states to allocate fewer resources to higher performing facilities, they can reallocate the resources conserved to conduct complaint investigations where residents are at greater risk for harm, and to conduct standard recertification surveys to reduce the back-log of unsurveyed nursing homes.

The nationwide launch of the CMS RBS will occur in eligible facilities beginning September 8, 2026 (based on SA survey schedules).

The RBS Qualified Facility List & Reasons for Disqualification

CMS will provide each SA with a list of RBS qualified facilities at the end of each calendar year quarter (March, June, September, and December). SAs must provide two email addresses before July 31, 2026, to NHSurveyDevelopment@cms.hhs.gov with the subject line "*Access to the RBS qualified facilities list"* to gain access to your list prior to scheduling RBS surveys.

Facilities are eligible for the RBS for six months after the SA receives the list of qualifying facilities from CMS, unless a facility meets any of the disqualifying criteria after the list is sent. Prior to conducting an RBS, the SA must ensure that a facility does not meet any of the RBS disqualifying criteria. For a full list of the RBS disqualifying criteria, see Appendix C. SAs may opt to conduct a standard survey using the LTCSP (i.e., non-RBS process) 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.

Appendix D identifies the number and percentage of nursing facilities that qualify under

the current RBS criteria in each state, along with the number of facilities that do not qualify and the reasons for their exclusion. This list is preliminary and subject to change as more recent facility data are incorporated when the program is implemented. Among facilities that do not currently qualify, the most common reason, beyond the five-star rating requirement, is due to a low staffing rating, which accounts for a significant number of facilities not qualifying across many states. The list of qualifying nursing homes will be made publicly available on CMS' Provider Data Catalog and the Nursing Home Care Compare website beginning September 30, 2026, and updated regularly.

Note: Due to data transmission and posting processing, there will be differences between the facilities identified on the lists sent to states and facilities with the icon on the Nursing Home Care Compare website. States should conduct RBS based on the lists sent to them and the disqualifying criteria and not based on what is displayed on the Nursing Home Care Compare website.

Surveyor Training

CMS will conduct comprehensive RBS training sessions during August and September 2026. The training curriculum will include recorded instructions, practical exercises, and interactive Q&A sessions. To ensure accessibility and engagement, multiple training dates will be offered throughout these months to accommodate varying schedules across SAs and CMS locations.

Following the RBS launch, CMS will facilitate live "office hours" calls to address user questions and provide ongoing support. Additionally, SA and CMS location staff will have access to on-demand iQIES training videos, user manuals, and supplementary materials to meet learning needs and support implementation at https://qsep.cms.gov/index.aspx.

Each state is responsible for ensuring that all surveyors and relevant SA staff complete the required RBS training. States that contract with external agencies for survey services must ensure that all contract surveyors complete the required training courses prior to conducting any RBS activities. A detailed training schedule is available in the attached Appendix B. Registration information for Office Hours and additional training sessions will be distributed through iQIES communications on the release date of this memo.

Note: All RBS surveyors must be Surveyor Minimum Qualifications Test (SMQT) certified unless the RBS survey team requires more than 2 RBS surveyors. If more than 2 RBS surveyors are required, then all additional surveyor trainees do not need to be SMQT certified, but must have completed all of the trainings for the iQIES LTCSP and the RBS.

Survey Resource Folder

The Survey Resource folder contains comprehensive documentation for both the LTCSP and RBS. These materials describe the procedures and standards surveyors must adhere to when conducting surveys to verify compliance with federal regulations for nursing homes, and to ensure the safety and well-being of residents.

In addition to procedural guidance, the folder includes assessment tools and checklists designed to help surveyors and nursing home staff systematically evaluate compliance and document findings. These standardized resources encourage consistency and thoroughness throughout the survey process. The RBS Procedure Guide and related survey documents will be available in the Survey Resources folder at: https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.

High Performing Facility Icon and Nursing Home Care Compare

CMS will place an icon on each nursing home's profile page on the Nursing Home Care Compare website to identify facilities that qualify for the RBS, making it easy for consumers and stakeholders to identify higher performing nursing homes that have quality indicators in addition to the traditional five-star rating. The icon will remain on the nursing home's profile page until the facility is no longer eligible for the RBS. Stakeholders will also be able to identify if a survey conducted of a facility was an RBS through a footnote on the webpage that includes survey results, through an indicator in the actual survey report (form CMS-2567), and in the relevant survey files posted in CMS' Provider Data Catalog for Nursing Home and Rehab Services.

Contact:

For questions or concerns relating to this memorandum, please contact NHSurveyDevelopment@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

Karen L. Tritz
Director, Survey & Operations Group

Melissa Daly
Acting Director, Quality, Safety & Oversight Group

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus.

Receive email notification for memos:

Get guidance memos issued by the Quality, Safety and Oversight Group by going to CMS.gov page and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.

Attachments:
Appendix A: RBS Qualifying Criteria
Appendix B: RBS Training Schedule
Appendix C: RBS Facility Disqualifying Criteria
Appendix D: Qualified Facilities and Exclusions Counts and Percents by State

Appendix A

RBS Facility Qualifying Criteria

Candidates for the RBS Facility Quarterly Qualified List are based on the following criteria:

To qualify, a facility must **not** have any of the following:

1. Less than a 5-Star Overall Rating
2. Less than 3-star Staffing Rating
3. Any citation(s) for Actual Harm, or Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC) in the last survey cycle
    - Last survey cycle = the last standard survey and any complaint investigations in the last year.
4. More than 18 months without a standard survey
5. Any staffing waivers in effect
    - Facilities may obtain a waiver of certain staffing requirements, per 42 CFR 483.35.
6. Failed Payroll-Based Journal (PBJ) staffing data audit
    - CMS conducts audits of staffing data submitted by facilities. If a facility's data cannot be verified for accuracy, the facility fails the audit.
7. Failed resident assessment Minimum Data Set audit (MDS)
    - CMS conducts audits of resident assessment data submitted by facilities. If a facility's data cannot be verified for accuracy, the facility fails the audit.
8. Health Inspection Score higher than the 50th percentile in the state (lower scores indicate better performance)
9. Two or more residents aged 65 or older that are coded with diagnosis of schizophrenia after being admitted without this diagnosis.
10. A change in ownership since the last standard survey
11. Special Focused Facility Candidate

State Agencies should conduct RBS based on the lists sent to them and the triggering of disqualification criteria, rather than what is displayed on the Nursing Home Care Compare website.

Appendix B

RBS Training Schedule

Date	Times (ET)	Course Names
Tuesday 08-18-2026	12:30 pm – 2:30 pm	RBS -1
Tuesday 08-18-2026	3:00 pm – 5:00 pm	RBS -2
Tuesday 08-25-2026	12:30 pm – 2:30 pm	RBS -1
Tuesday 08-25-2026	3:00 pm – 5:00 pm	RBS -2
Tuesday 09-15-2026	12:30 pm – 2:30 pm	RBS -1
Tuesday 09-15-2026	3:00 pm – 5:00 pm	RBS -2

Course Name	Course Content
RBS-1	Offsite prep / Entrance Conference / Resident Manager – Initial Pool / Team Meeting- Initial Pool
RBS-2	Sample Finalization / Investigations / Facility Tasks / Team Meeting – Investigation/ Potential Citation / Reports

RBS technical training videos will be available at QSEP. Detailed information will be distributed through iQIES communications on a future date.

Appendix C

RBS Facility Disqualifying Criteria

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

1. 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
2. Pending Intake Investigations triaged at Immediate Jeopardy
3. More than three (3) pending non-IJ 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.

Note: The Team Coordinator should follow their state practice to verify the above exclusions prior to RBS.

Appendix D

Qualified Facilities and Exclusions Counts and Percents by State

This table shows the number and percentage of nursing facilities that qualify under the current Risk Based Survey criteria in each state, along with the number of facilities that do not qualify and the reasons for their exclusion. This represents data as of June 2026 and is subject to change as more recent facility data are incorporated when the program is implemented. The last survey cycle includes the last standard survey and any complaint investigations within the last year.

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion													
State	Total Facilities	RBS Qualified		Overall Rating Less Than 5 Stars		Staffing Rating Less Than 3 Stars		Any citations for Actual Harm in the Last Survey Cycle		Any Citations for Immediate Jeopardy in the Last Survey Cycle		Any Citations for Substandard Quality of Care in the Last Survey Cycle		Not surveyed w/in 18 months		Staffing Nursing Waiver in Effect	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
National	14,682	1,560	12.01%	11,639	78.39%	5,692	29.43%	2,723	19.61%	1,674	11.54%	1,612	11.24%	1,410	8.98%	37	0.28%
AK	20	4	20.00%	13	65.00%	0	0.00%	3	15.00%	2	10.00%	6	30.00%	0	0.00%	0	0.00%
AL	224	0	0.00%	184	82.14%	28	12.50%	6	2.68%	27	12.05%	25	11.16%	198	88.39%	0	0.00%
AR	221	29	13.12%	160	72.40%	37	16.74%	9	4.07%	15	6.79%	16	7.24%	9	4.07%	0	0.00%
AZ	140	21	15.00%	101	72.14%	45	32.14%	20	14.29%	3	2.14%	3	2.14%	0	0.00%	0	0.00%
CA	1,164	180	15.46%	885	76.03%	275	23.63%	199	17.10%	65	5.58%	57	4.90%	61	5.24%	4	0.34%
CO	210	14	6.67%	167	79.52%	66	31.43%	85	40.48%	28	13.33%	23	10.95%	78	37.14%	7	3.33%
CT	191	28	14.66%	144	75.39%	57	29.84%	54	28.27%	20	10.47%	16	8.38%	22	11.52%	0	0.00%
DC	17	2	11.76%	13	76.47%	1	5.88%	5	29.41%	8	47.06%	8	47.06%	6	35.29%	0	0.00%
DE	44	2	4.55%	35	79.55%	3	6.82%	12	27.27%	11	25.00%	10	22.73%	0	0.00%	0	0.00%
FL	694	92	13.26%	520	74.93%	159	22.91%	61	8.79%	57	8.21%	50	7.20%	138	19.88%	0	0.00%
GA	356	20	5.62%	308	86.52%	203	57.02%	34	9.55%	17	4.78%	17	4.78%	3	0.84%	0	0.00%
HI	42	13	30.95%	27	64.29%	0	0.00%	7	16.67%	4	9.52%	1	2.38%	1	2.38%	0	0.00%
IA	389	55	14.14%	291	74.81%	58	14.91%	68	17.48%	29	7.46%	24	6.17%	0	0.00%	0	0.00%
ID	80	14	17.50%	63	78.75%	24	30.00%	10	12.50%	2	2.50%	3	3.75%	0	0.00%	0	0.00%
IL	667	54	8.10%	575	86.21%	474	71.06%	373	55.92%	110	16.49%	128	19.19%	11	1.65%	0	0.00%

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion													
State	Total Facilities	RBS Qualified		Overall Rating Less Than 5 Stars		Staffing Rating Less Than 3 Stars		Any citations for Actual Harm in the Last Survey Cycle		Any Citations for Immediate Jeopardy in the Last Survey Cycle		Any Citations for Substandard Quality of Care in the Last Survey Cycle		Not surveyed w/in 18 months		Staffing Nursing Waiver in Effect	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
IN	507	63	12.43%	384	75.59%	259	50.98%	72	14.17%	31	6.10%	29	5.71%	3	0.59%	3	0.59%
KS	295	39	13.22%	232	78.64%	59	20.00%	61	20.68%	42	14.24%	41	13.90%	57	19.32%	0	0.00%
KY	268	10	3.73%	214	79.85%	128	47.76%	14	5.22%	19	7.09%	17	6.34%	0	0.00%	0	0.00%
LA	266	7	2.63%	239	89.85%	140	52.63%	18	6.77%	22	8.27%	22	8.27%	1	0.38%	0	0.00%
MA	341	35	10.26%	265	77.71%	114	33.43%	46	13.49%	15	4.40%	17	4.99%	0	0.00%	0	0.00%
MD	221	37	16.74%	171	77.03%	67	30.18%	27	12.16%	27	12.16%	37	16.67%	0	0.00%	9	4.05%
ME	78	13	16.67%	62	79.49%	3	3.85%	9	11.54%	5	6.41%	6	7.69%	5	6.41%	0	0.00%
MI	423	73	17.26%	316	74.70%	66	15.60%	161	38.06%	29	6.86%	31	7.33%	0	0.00%	0	0.00%
MN	338	48	14.20%	252	74.56%	18	5.33%	63	18.64%	65	19.23%	47	13.91%	0	0.00%	2	0.59%
MO	487	22	4.52%	433	88.91%	309	63.45%	107	21.97%	53	10.88%	53	10.88%	74	15.20%	1	0.21%
MS	202	21	10.40%	169	83.66%	20	9.90%	50	24.75%	24	11.88%	23	11.39%	24	11.88%	0	0.00%
MT	61	12	19.67%	47	77.05%	9	14.75%	26	42.62%	8	13.11%	6	9.84%	0	0.00%	0	0.00%
NC	420	37	8.81%	334	79.52%	184	43.81%	55	13.10%	52	12.38%	43	10.24%	0	0.00%	0	0.00%
ND	72	14	19.44%	48	66.67%	6	8.33%	16	22.22%	7	9.72%	7	9.72%	0	0.00%	0	0.00%
NE	179	26	14.53%	143	79.89%	56	31.28%	15	8.38%	6	3.35%	12	6.70%	0	0.00%	0	0.00%
NH	73	6	8.22%	60	82.19%	23	31.51%	2	2.74%	3	4.11%	1	1.37%	0	0.00%	0	0.00%
NJ	348	49	14.08%	259	74.43%	120	34.48%	34	9.77%	56	16.09%	58	16.67%	4	1.15%	0	0.00%
NM	68	7	10.29%	56	82.35%	20	29.41%	10	14.71%	10	14.71%	9	13.24%	0	0.00%	0	0.00%
NV	66	12	18.18%	49	74.24%	14	21.21%	6	9.09%	2	3.03%	4	6.06%	0	0.00%	0	0.00%
NY	596	57	9.56%	459	77.01%	248	41.61%	84	14.09%	49	8.22%	55	9.23%	161	27.01%	0	0.00%
OH	921	72	7.82%	715	77.63%	504	54.72%	213	23.13%	64	6.95%	72	7.82%	193	20.96%	0	0.00%
OK	283	15	5.30%	245	86.57%	121	42.76%	38	13.43%	47	16.61%	45	15.90%	68	24.03%	0	0.00%
OR	128	23	17.97%	101	78.91%	10	7.81%	24	18.75%	6	4.69%	2	1.56%	0	0.00%	0	0.00%
PA	656	88	13.41%	502	76.52%	261	39.79%	133	20.27%	77	11.74%	66	10.06%	17	2.59%	0	0.00%
RI	72	5	6.94%	62	86.11%	16	22.22%	23	31.94%	18	25.00%	16	22.22%	1	1.39%	0	0.00%

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion													
State	Total Facilities	RBS Qualified		Overall Rating Less Than 5 Stars		Staffing Rating Less Than 3 Stars		Any citations for Actual Harm in the Last Survey Cycle		Any Citations for Immediate Jeopardy in the Last Survey Cycle		Any Citations for Substandard Quality of Care in the Last Survey Cycle		Not surveyed w/in 18 months		Staffing Nursing Waiver in Effect	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
SC	187	13	6.95%	146	78.07%	57	30.48%	9	4.81%	36	19.25%	30	16.04%	0	0.00%	0	0.00%
SD	95	9	9.47%	77	81.05%	17	17.89%	40	42.11%	9	9.47%	5	5.26%	0	0.00%	0	0.00%
TN	302	23	7.62%	245	81.13%	166	54.97%	30	9.93%	33	10.93%	27	8.94%	69	22.85%	0	0.00%
TX	1,176	59	5.02%	1,020	86.73%	892	75.85%	106	9.01%	314	26.70%	304	25.85%	2	0.17%	0	0.00%
UT	97	15	15.46%	72	74.23%	29	29.90%	40	41.24%	11	11.34%	11	11.34%	25	25.77%	0	0.00%
VA	289	18	6.23%	229	79.24%	171	59.17%	60	20.76%	33	11.42%	32	11.07%	172	59.52%	0	0.00%
VT	33	3	9.09%	29	87.88%	7	21.21%	10	30.30%	4	12.12%	5	15.15%	0	0.00%	0	0.00%
WA	193	38	19.69%	141	72.68%	24	12.37%	60	30.93%	11	5.67%	12	6.19%	0	0.00%	5	2.58%
WI	323	42	13.00%	250	77.40%	54	16.72%	90	27.86%	64	19.81%	62	19.20%	2	0.62%	5	1.55%
WV	123	13	10.57%	100	81.30%	63	51.22%	9	7.32%	22	17.89%	16	13.01%	1	0.81%	1	0.81%
WY	36	8	22.22%	27	75.00%	7	19.44%	16	44.44%	2	5.56%	2	5.56%	4	11.11%	0	0.00%

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion											
State	Total Facilities	RBS Qualified		Failed Payroll Based Journal Audit		Failed Minimum Data Set Audit		Health Inspection Score higher than the 50th Percentile in the State		Two or More long stay Residents aged 65+ with a Post-Admission Schizophrenia Dx		Change of Ownership Since the Last Standard Survey		Special Focused Facility Candidate	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
National	14,682	1,560	12.01%	242	1.84%	100	0.38%	7,333	50.05%	2,867	15.22%	0	0.00%	440	4.22%
AK	20	4	20.00%	1	5.00%	0	0.00%	10	50.00%	0	0.00%	0	0.00%	0	0.00%
AL	224	0	0.00%	3	1.34%	0	0.00%	112	50.00%	48	21.43%	0	0.00%	5	2.23%
AR	221	29	13.12%	3	1.36%	0	0.00%	111	50.23%	33	14.93%	0	0.00%	5	2.26%
AZ	140	21	15.00%	1	0.71%	0	0.00%	70	50.00%	35	25.00%	0	0.00%	5	3.57%
CA	1,164	180	15.46%	13	1.12%	17	1.46%	587	50.43%	328	28.18%	0	0.00%	30	2.58%
CO	210	14	6.67%	7	3.33%	0	0.00%	106	50.48%	17	8.10%	0	0.00%	5	2.38%
CT	191	28	14.66%	6	3.14%	6	3.14%	95	49.74%	46	24.08%	0	0.00%	5	2.62%
DC	17	2	11.76%	1	5.88%	0	0.00%	9	52.94%	3	17.65%	0	0.00%	0	0.00%
DE	44	2	4.55%	0	0.00%	0	0.00%	22	50.00%	4	9.09%	0	0.00%	5	11.36%
FL	694	92	13.26%	13	1.87%	4	0.58%	347	50.00%	167	24.06%	0	0.00%	15	2.16%
GA	356	20	5.62%	5	1.40%	4	1.12%	178	50.00%	118	33.15%	0	0.00%	10	2.81%
HI	42	13	30.95%	0	0.00%	0	0.00%	20	47.62%	3	7.14%	0	0.00%	5	11.90%
IA	389	55	14.14%	10	2.57%	1	0.26%	195	50.13%	19	4.88%	0	0.00%	10	2.57%
ID	80	14	17.50%	1	1.25%	0	0.00%	40	50.00%	5	6.25%	0	0.00%	5	6.25%
IL	667	54	8.10%	4	0.60%	7	1.05%	334	50.07%	132	19.79%	0	0.00%	20	3.00%
IN	507	63	12.43%	6	1.18%	0	0.00%	254	50.00%	54	10.63%	0	0.00%	15	2.95%
KS	295	39	13.22%	8	2.71%	0	0.00%	147	49.83%	30	10.17%	0	0.00%	10	3.39%
KY	268	10	3.73%	2	0.75%	0	0.00%	134	50.00%	40	14.93%	0	0.00%	5	1.87%
LA	266	7	2.63%	4	1.50%	4	1.50%	132	49.62%	101	37.97%	0	0.00%	5	1.88%
MA	341	35	10.26%	3	0.88%	1	0.29%	170	49.85%	48	14.08%	0	0.00%	10	2.93%

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion											
State	Total Facilities	RBS Qualified		Failed Payroll Based Journal Audit		Failed Minimum Data Set Audit		Health Inspection Score higher than the 50th Percentile in the State		Two or More long stay Residents aged 65+ with a Post-Admission Schizophrenia Dx		Change of Ownership Since the Last Standard Survey		Special Focused Facility Candidate	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
MD	221	37	16.74%	2	0.90%	2	0.90%	111	50.00%	40	18.02%	0	0.00%	5	2.25%
ME	78	13	16.67%	1	1.28%	0	0.00%	40	51.28%	4	5.13%	0	0.00%	5	6.41%
MI	423	73	17.26%	5	1.18%	1	0.24%	212	50.12%	97	22.93%	0	0.00%	10	2.36%
MN	338	48	14.20%	5	1.48%	0	0.00%	167	49.41%	16	4.73%	0	0.00%	10	2.96%
MO	487	22	4.52%	17	3.49%	2	0.41%	242	49.69%	97	19.92%	0	0.00%	15	3.08%
MS	202	21	10.40%	0	0.00%	0	0.00%	99	49.01%	46	22.77%	0	0.00%	5	2.48%
MT	61	12	19.67%	1	1.64%	0	0.00%	31	50.82%	1	1.64%	0	0.00%	5	8.20%
NC	420	37	8.81%	5	1.19%	1	0.24%	207	49.29%	63	15.00%	0	0.00%	10	2.38%
ND	72	14	19.44%	1	1.39%	0	0.00%	36	50.00%	6	8.33%	0	0.00%	5	6.94%
NE	179	26	14.53%	5	2.79%	0	0.00%	90	50.28%	18	10.06%	0	0.00%	5	2.79%
NH	73	6	8.22%	2	2.74%	0	0.00%	37	50.68%	2	2.74%	0	0.00%	5	6.85%
NJ	348	49	14.08%	4	1.15%	9	2.59%	173	49.71%	108	31.03%	0	0.00%	10	2.87%
NM	68	7	10.29%	1	1.47%	0	0.00%	34	50.00%	9	13.24%	0	0.00%	5	7.35%
NV	66	12	18.18%	2	3.03%	0	0.00%	33	50.00%	20	30.30%	0	0.00%	5	7.58%
NY	596	57	9.56%	7	1.17%	11	1.85%	302	50.67%	163	27.35%	0	0.00%	15	2.52%
OH	921	72	7.82%	11	1.19%	5	0.54%	456	49.51%	195	21.17%	0	0.00%	25	2.71%
OK	283	15	5.30%	19	6.71%	0	0.00%	141	49.82%	62	21.91%	0	0.00%	10	3.53%
OR	128	23	17.97%	3	2.34%	0	0.00%	64	50.00%	0	0.00%	0	0.00%	5	3.91%
PA	656	88	13.41%	11	1.68%	9	1.37%	326	49.70%	112	17.07%	0	0.00%	20	3.05%
RI	72	5	6.94%	3	4.17%	0	0.00%	36	50.00%	10	13.89%	0	0.00%	5	6.94%
SC	187	13	6.95%	1	0.53%	0	0.00%	94	50.27%	42	22.46%	0	0.00%	5	2.67%
SD	95	9	9.47%	1	1.05%	0	0.00%	48	50.53%	2	2.11%	0	0.00%	5	5.26%

Total Number of Facilities		Qualifying Facilities		Facilities that do not Qualify and the Reason for Exclusion											
State	Total Facilities	RBS Qualified		Failed Payroll Based Journal Audit		Failed Minimum Data Set Audit		Health Inspection Score higher than the 50th Percentile in the State		Two or More long stay Residents aged 65+ with a Post-Admission Schizophrenia Dx		Change of Ownership Since the Last Standard Survey		Special Focused Facility Candidate	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
TN	302	23	7.62%	2	0.66%	1	0.33%	148	49.01%	55	18.21%	0	0.00%	10	3.31%
TX	1,176	59	5.02%	27	2.30%	14	1.19%	585	49.74%	366	31.12%	0	0.00%	30	2.55%
UT	97	15	15.46%	4	4.12%	0	0.00%	49	50.52%	6	6.19%	0	0.00%	5	5.15%
VA	289	18	6.23%	3	1.04%	1	0.35%	143	49.48%	46	15.92%	0	0.00%	5	1.73%
VT	33	3	9.09%	1	3.03%	0	0.00%	17	51.52%	3	9.09%	0	0.00%	5	15.15%
WA	193	38	19.69%	2	1.03%	0	0.00%	98	50.52%	11	5.67%	0	0.00%	5	2.58%
WI	323	42	13.00%	3	0.93%	0	0.00%	161	49.85%	13	4.02%	0	0.00%	10	3.10%
WV	123	13	10.57%	2	1.63%	0	0.00%	62	50.41%	21	17.07%	0	0.00%	5	4.07%
WY	36	8	22.22%	0	0.00%	0	0.00%	18	50.00%	2	5.56%	0	0.00%	5	13.89%