Don't Let PBJ Sink Your Survey
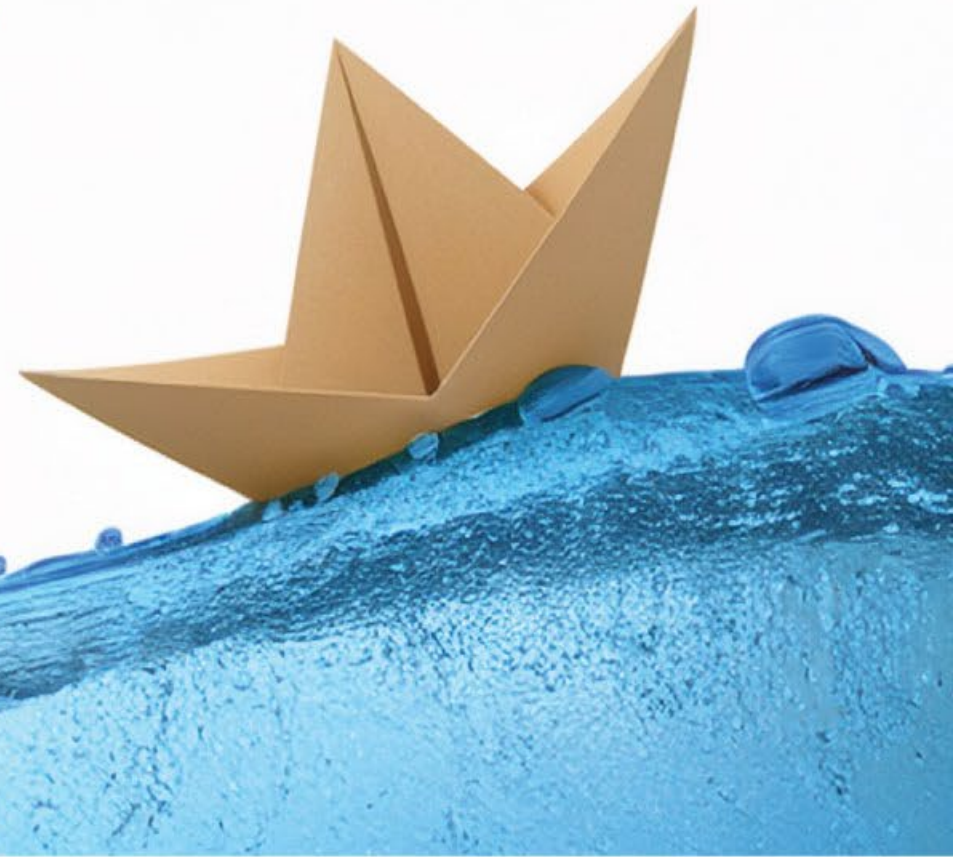
Navigate SNF Staffing Compliance with Confidence

THU, JUN 19 | 2 PM CT

SKILLED NURSING

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Learning Objectives

Upon completion, you will be able to

Apply best practices to prepare and submit accurate PBJ staffing data, and analyze PBJ CASPER reports to validate accuracy and detect discrepancies

Demonstrate knowledge of the new Payroll-Based Journal methodology and how PBJ impacts the Five-Star staffing rating.

Prepare in advance for the new survey targeting nurse staffing investigations.

Submission Timeliness & Accuracy

CMS fiscal quarter	Reporting period	Due date	Nh compare update
1	October 1 –December 31	February 14	4th Wednesday in April
2	January 1 –March 31	May 15	4th Wednesday in July
3	April 1 –June 30	August 14	4th Wednesday in October
4	July 1 –September 30	November 14	4th Wednesday in January

Accuracy:

Staffing information is required to be an accurate and complete submission of a facility's staffing records. Facilities should run the staffing reports that are available in CASPER to verify the accuracy and completeness of their final submission prior to the submission deadline. CMS will conduct audits to assess a facility's compliance related to this requirement.

PBJ Data Submission: Best Practices

PBJ Mistakes

Not removing meal breaks for all employees

Waiting until the last minute to submit

Submitting overnight hours by shift start or end date

Not auditing your data before submitting

Underestimating the importance of census and acuity

PBJ Best Practices: Do's and Don'ts

Do:

- ✓ Review time entries daily and weekly
- ✓ Enter agency hours every day
- ✓ Verify all hours before payroll runs
- ✓ Upload hours monthly (by the 20th) to avoid last-minute errors

Don't:

- ✗ Wait until the end of the quarter to check hours
- ✗ Rely on memory or handwritten logs for agency staff
- ✗ Assume payroll data is always PBJ-ready
- ✗ Miss internal deadlines — it puts your submission at risk

Pay Type Code

Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility or is engaged by the facility under contract or through an agency.

Pay Type Code	Pay Type Description
1	Exempt
2	Non-Exempt
3	Contract

Exempt Staff: Reporting Rules

Reported hours must match payroll records — no exceptions

Per CMS PBJ FAQ:
- *If a salaried employee works 10 hours but is only paid for 8, report only 8 hours.*

Only actual hours worked may be reported — do not include:
- PTO
- Training time
- Meal breaks

If exempt staff provide direct care, reclassify those hours under the appropriate direct care job code

PBJ Basics – Nursing Job Codes

RN hours

Includes RN DON (job code 5), RNs with administrative duties (job code 6), and RNs (job code 7).

LPN hours

Includes LPN/LVNs with administrative duties(job code 8) and LPN/LVNs (job code 9)

Nurse aide hours

Includes CNAs (job code 10), aides in training (job code 11),and medication aides/technicians (job code 12)

Coding Job Titles Correctly in PBJ

Weekly Review is Key

- All hours must be coded to the correct CMS job code
- Validate job codes during weekly time review to prevent reporting errors

Common Mistakes

- Staff promoted to DON but hours still coded to old job title → DON appears missing
- Staff float across levels of care (e.g., SNF to Assisted Living) but hours not adjusted accordingly

CMS Expectation

- "CMS recognizes that staff may shift roles during a shift. For example, if a nurse works 4 hours as a unit manager and 4 hours as a floor nurse, report accordingly under two job titles."– CMS PBJ Policy Manual

Maintain a PBJ Task Checklist

We use a structured task list to ensure timely and accurate PBJ reporting. Tasks are categorized by frequency:

Daily	Weekly	Monthly
• Update time entries to ensure accuracy • Confirm nursing admin hours (e.g., did someone cover a shift?)	• Verify payroll hours match actual time worked • Enter any missing or agency hours	• Enter Medical Director hours • Upload therapy hours • Submit to QIES system

Utilizing PBJ Casper Reports

PBJ CASPER REPORTS

- **1700D EMPLOYEE REPORT** – lists total staffing hours per employee ID for a user-specified time-period.

- **1702D INDIVIDUAL DAILY STAFFING REPORT** – lists daily staffing hours per employee ID for a user- specified time-period.

- **1702S STAFFING SUMMARY REPORT**** – summarizes total staffing hours by job title for a user-defined time-period. Breaks down the hours by exempt, non-exempt, and contractor.

- **1703D JOB TITLE REPORT** – lists per day the staffing hours per job title for a user-specified time-period. breaks down the hours by exempt, non-exempt, and contractor.

- **1704S Daily MDS Census Summary Report**** – lists total daily census, based on MDS assessments submitted to QIES, for a user-defined time-period.

- **1704D Daily MDS Census Detail Report** – lists internal resident IDs per day which make up the total daily census.

See Chapter 12 of CMS User's Guide on Casper PBJ Reports:

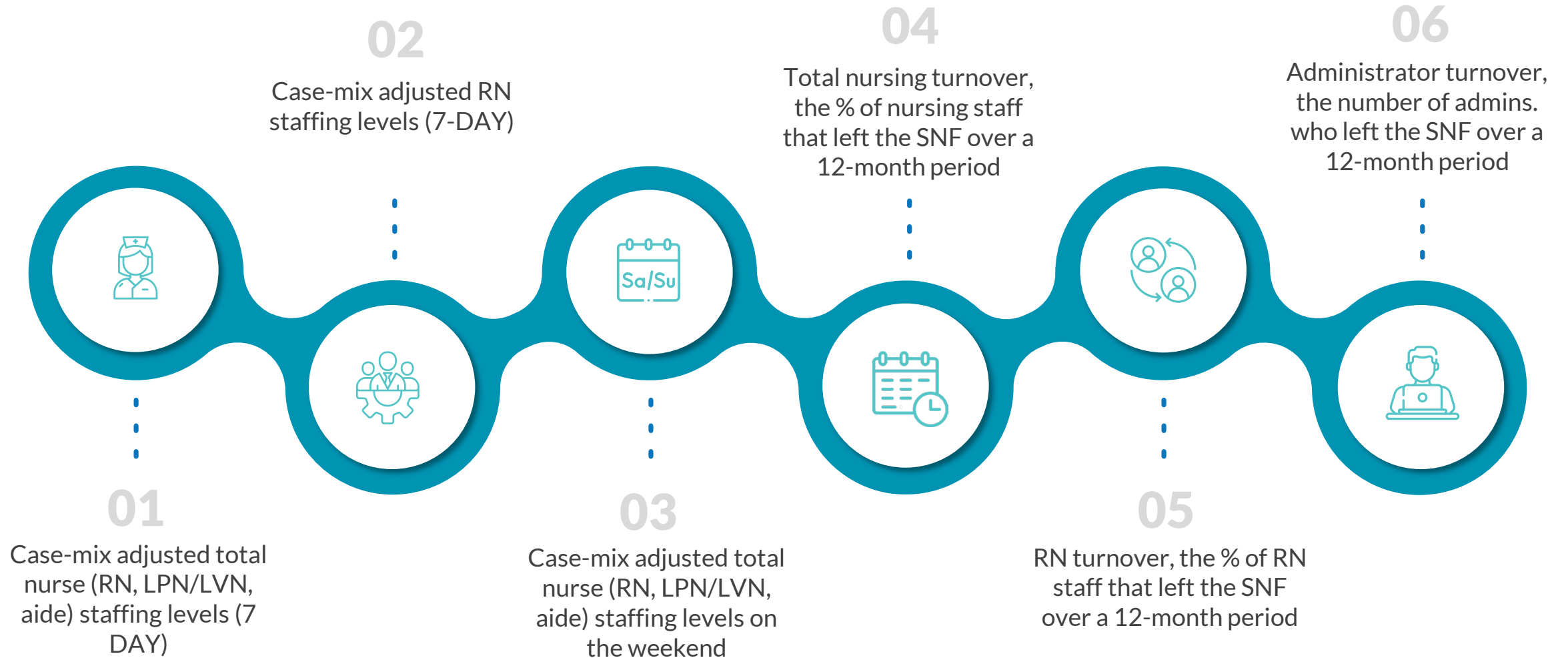https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-pbj-providers

PBJ CASPER REPORTS

- **1705D PBJ STAFFING DATA REPORT** - Identifies areas of concern that may trigger follow-up during the survey of one or more select facilities during a specified period.

- **PBJ ON DEMAND FINAL FILE VALIDATION REPORT** – Provides detailed information about the status of one or more submission files submitted 61 days ago or longer. The original PBJ Final File Validation Report purges from CASPER after 60 days. The report indicates whether the submitted file was accepted or rejected and details the warning and fatal errors applicable to the data or the data file structure submitted. It includes each zip file submitted for a select facility during a specified date range.

- **PBJ SUBMITTER FINAL FILE VALIDATION REPORT** - Provides detailed information about the status of a select submission file. The report indicates whether the submitted file was accepted or rejected and details the warning and fatal errors encountered.

See Chapter 12 of CMS User's Guide on Casper PBJ Reports:
https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-pbj-providers

PBJ Staffing Methodology

02
Case-mix adjusted RN staffing levels (7-DAY)

04
Total nursing turnover, the % of nursing staff that left the SNF over a 12-month period

06
Administrator turnover, the number of admins. who left the SNF over a 12-month period

01
Case-mix adjusted total nurse (RN, LPN/LVN, aide) staffing levels (7 DAY)

03
Case-mix adjusted total nurse (RN, LPN/LVN, aide) staffing levels on the weekend

05
RN turnover, the % of RN staff that left the SNF over a 12-month period

Staffing Methodology

Staff Measure	Maximum Score
RN Case-Mix Adjusted HRD	100
Total Nursing Case-Mix Adjusted HRD	100
Total Nursing Case-Mix Adjusted for weekend days	50
% of total nursing staff that left the SNF over a 12-month period	50
% of RNs that left the SNF over a 12-month period	50
Number of administrators that left the SNF over a 12 month period	30

Total Score Cut Points

Total score Cut Points: Staffing Star Rating

★	★★	★★★	★★★★	★★★★★
<155	155 - 204	205 - 354	255 - 319	320 - 380
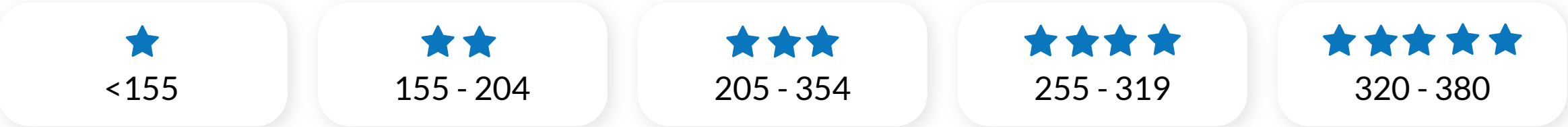
Survey & PBJ

Nursing Services 483.70

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F851	§ 483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format	Updated surveyor guidance on usage of the Payroll Based Journal Reports during the survey process.

Nursing Services 483.35

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F725	§483.35(a) Sufficient Staff	• Added definitions of licensed nurse, charge nurse, and scope of practice. • Provides additional surveyor guidance on usage of the Payroll Based Journal Staffing Data Reports as a source of information and other survey guidance.
F727	§483.35(b) Registered nurse.	• Added language to the regulation citing portions of the Social Security Act §1819 and §1919. • Provides additional surveyor guidance on usage of the Payroll Based Journal Staffing Data Reports as a source of information and other survey guidance.

Team coordinator must obtain most recent quarter data from PBJ

Certification and Survey Provider Enhanced Reports (CASPER)

Identify if facility triggered for "Failed to Submit Data for the Quarter":

F851 must be cited as Severity and Scope of "F"

Facility-reported incidents (FRIs)

Investigation of complaints

Offsite Preparations

Behind the Clipboard: What Surveyors Are Really Observing

Resident Environment & Comfort

Presence of **unpleasant odors**

Residents in bed for extended periods

Timely staff assistance and responsiveness

Resident Interaction & Engagement

Call lights being responded to

Care activities align with resident preferences

Residents **left alone** without staff intervention

Clinical Care Indicators

Delays in medication administration

Visible **signs of sedation**

Use of restraints

Staff Performance

Staff **rushing** through activities

Staff **demonstrating competency** in care delivery

F851: Mandatory Submission of Staffing Data

Facilities must submit complete and accurate direct care staffing data, based on payroll and other auditable/verifiable sources, in a uniform format.

Agency and contract staff must also be included and **clearly distinguished from employees.**

F851: Audit and Verification Requirements

Submitted PBJ data must be auditable—it should tie back to payroll, invoices, or contracts

01

Facilities are held accountable for accuracy, completeness, and timeliness

02

Key Elements of Noncompliance

Citations under F851 will be issued if the facility

o Fails to submit required PBJ data
Submits incomplete data (e.g., missing staff hours)

o Submits inaccurate data
Misses submission deadlines

F725

Competencies and skill sets to assure

- Resident safety
- Physical, mental, and psychosocial well-being

Determined by

- Resident assessments
- Individual plans of care
  - Number
  - Acuity
  - Diagnosis

Sufficient Nursing Staff

Guidance

Compliance with state staffing standards does not necessarily determine compliance with federal staffing standards that require a sufficient number of staff to meet all of the residents' basic and individualized care needs.

Investigative Procedures

Director of Nursing or Administrator

How often are there days with no LN onsite available to provide care for residents?

What types of services or care are not provided when there is no LN staff in a 24-hour period?

Front line staff (e.g., nurse aides, LPN/LVN, RN)

Are you aware when there isn't a LN available to provide services to the residents?

Are you aware of any residents who needed LN services (i.e., medications or treatments) and did not receive it due to no available licensed nurse? If so, please explain.

Who do you notify in the event of an emergency when there is no licensed nurse available?

- o If the staff member is not aware of who to notify, ask if they've ever
- o experienced this situation and what actions did they take. Was any resident harmed?
- o If the staff member is aware of who to notify, what direction were they given? Was any resident harmed?

Staff Interviews for Triggered One-Star Rating

If the facility triggered for One Star Staffing Rating, surveyors must interview at least two additional front-line staff (e.g., housekeeping, dietary, and/or maintenance) with focused questions such as:

Have you noticed the facility not having enough staff, especially during the last six months?

Have you observed the facility not having enough staff to meet residents' needs, such as residents waiting a long time for someone to help them? How often does this happen?

Do you ever smell bad odors when you are walking through the facility, for example, when a resident did not receive toileting or incontinence assistance in a timely manner?

Do you ever hear residents or their friends and family complain about not enough staff to provide the care needed?

PBJ Triggered: Low Weekend Staffing – What Surveyors Ask Staff

Key Staff Interview Questions:

Have there been weekends with not enough staff to meet resident needs?

What did residents experience (e.g., delays in assistance)?

If you've experienced short staffing, who do you notify?

What was their response?

Have weekend activities been canceled due to low staffing?

(e.g., church services, outings, or events)

Are rooms or beds left uncleaned/unmade on weekends?

PBJ-Related Interview Questions

(For Use Regardless of Whether the Facility Triggered)

- Have you ever been told that care could not be provided because a licensed nurse wasn't available?

Residents and/or Family Members

- Do you feel there are enough staff to meet resident needs?
- Do you have the skills and support needed to provide required care?
- If concerns are raised, ask follow-up questions like:
- Do you consistently have time to complete all required assignments?
- If not, what gets left undone, and who do you report this to?
- Are you able to:
- Participate in care planning and team meetings?
- Attend trainings?
- Take meal breaks?
- How often are you asked to:
- Stay late, come in early, or work overtime?(This reveals the frequency of open shifts and potential staffing issues.)
- Do you always know who the charge nurse is on each shift?

Nursing Staff

PBJ-Related Interview Questions: Dietary, Kitchen & Dining Staff

(Use when concerns about nutrition, weight loss, or food service may be tied to nursing shortages)

Do residents ever complain about their food getting cold while waiting for nursing staff to assist them?

Do trays come back untouched, suggesting residents weren't helped or able to eat?

Have you noticed residents missing meals because no one was available to assist them to the dining room?

Why it matters: These insights can signal possible nursing staffing deficiencies affecting nutrition and quality of care.

Potential F-Tags Related to Staffing Issues

for any staff caring for residents with dementia or a history of trauma and/or post-Advance Copy traumatic stress disorder

for specialized rehabilitative services

for facility assessment

F741

F801

F826

F839

F838

for food and nutrition staff

for administration for any other staff not referenced

Key Elements of Noncompliance

Facility failed to do any one of the following:

Ensure sufficient number of skilled LNs, nurse aides, and other nursing personnel

Ensure LN coverage 24 hours a day:
- Must use PBJ Staffing Data Report

Ensure LN designated as charge nurse

F727 _ Summary of the Regulatory Requirements

Definitions

Full time

Is defined as working 40 or more hours a week.

Charge Nurse

Is a licensed nurse with specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.

Scope of Practice

Describes the services that a qualified health professional is deemed competent to perform and permitted to undertake in keeping with the terms of their professional license.

Except If Waived, A Nursing Facility Must:

Use RN services for 8 hours/day, 7 days/week

Designate RN to serve as director of nursing services (DNS) on full-time basis

DNS as charge nurse only when average daily census of 60 or fewer residents

F727 _ Summary Of Changes To The Regulatory Requirements

Registered Nurse's Responsibilities

Oversee care provided by other staffs: LVN/LPN or CNA

Advanced care activities, such as:

Resident assessments

Consulting with physicians

Administering intravenous fluids or medications

Developing and evaluating plans of care

Facility's Responsibilities

RN providing services 8 hours/day, 7 days/week

Identify when they require RN for more hours based-on the acuity level of the resident population
- Frequent assessments
- Tasks that cannot be delegated

May have differing tours of duty (e.g 8 hr or 12 hr shifts)
- The required 8 hours must be consecutive
- Can be met by 1 or multiple of RNs
- Hours worked by DON applicable

Designate RN to serve as full-time DON

Submit staffing data through the PBJ

Investigative Procedures

When determining if the facility meets requirements for or investigating concerns:

- Sufficient and Competent Nurse Staffing Critical Element Pathway
- Interpretive guidance
- Following procedures

During entrance conference of the survey, team will request confirmation of full-time DON

- Who does the facility designate as the DON?
- Does the DON serve as the charge nurse?

Deficiency at minimum scope and severity of "F"

Investigative Procedures

The PBJ Staffing Data Report identifies if the facility

Reported no RN hours (F727);

Reported not having Licensed Nursing Coverage 24 hours/day (F725);

Reported excessively low weekend staffing (F725);

Has a one-star Staffing Rating (F725); and

Failed to submit PBJ data for the quarter (F851)

Investigative Procedures

Facility Residents and Resident Representatives

- Has the facility informed you that care could not be provided because there wasn't an RN available (e.g., IV medication)?

Front-Line Staff (i.e., nurse aides, LPNs/LVNs)

- Are you aware if the RN is on duty for at least 8 consecutive hours a day?
- Are you aware of a resident who needed care or services that only an RN can provide (i.e., intravenous medications, assessment) and did not receive it? If so, please explain.

Director of Nursing or Administrator

- How often are there days with no RN available to provide care for residents?
- What types of services or care are not provided when there is not an RN onsite for 8 hours a day?

Review and Update Policies and Procedures

Are policies and procedures still current, and do they reflect the requirements in F725, F727 and F851?

Are the resources needed to follow these policies and procedures available?

Are staff informed of these policies and procedures and complying with them consistently?

PBJ Resources

- [PBJ Policy Manual](#)

- [PBJ Policy Manual FAQ](#)

- [General User, Registration and Submission FAQ](#)

- [PBJ User Manual](#)

- PBJ Policy Questions: Nhstaffing@cms.hhs.gov

- QTSO Help Desk Hours: 8am - 8pm EST
  - Phone: 800-339-9313
  - E-mail: iqies@cms.hhs.gov

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Education/Orientation for PBJ staff (facility or corporate)

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President

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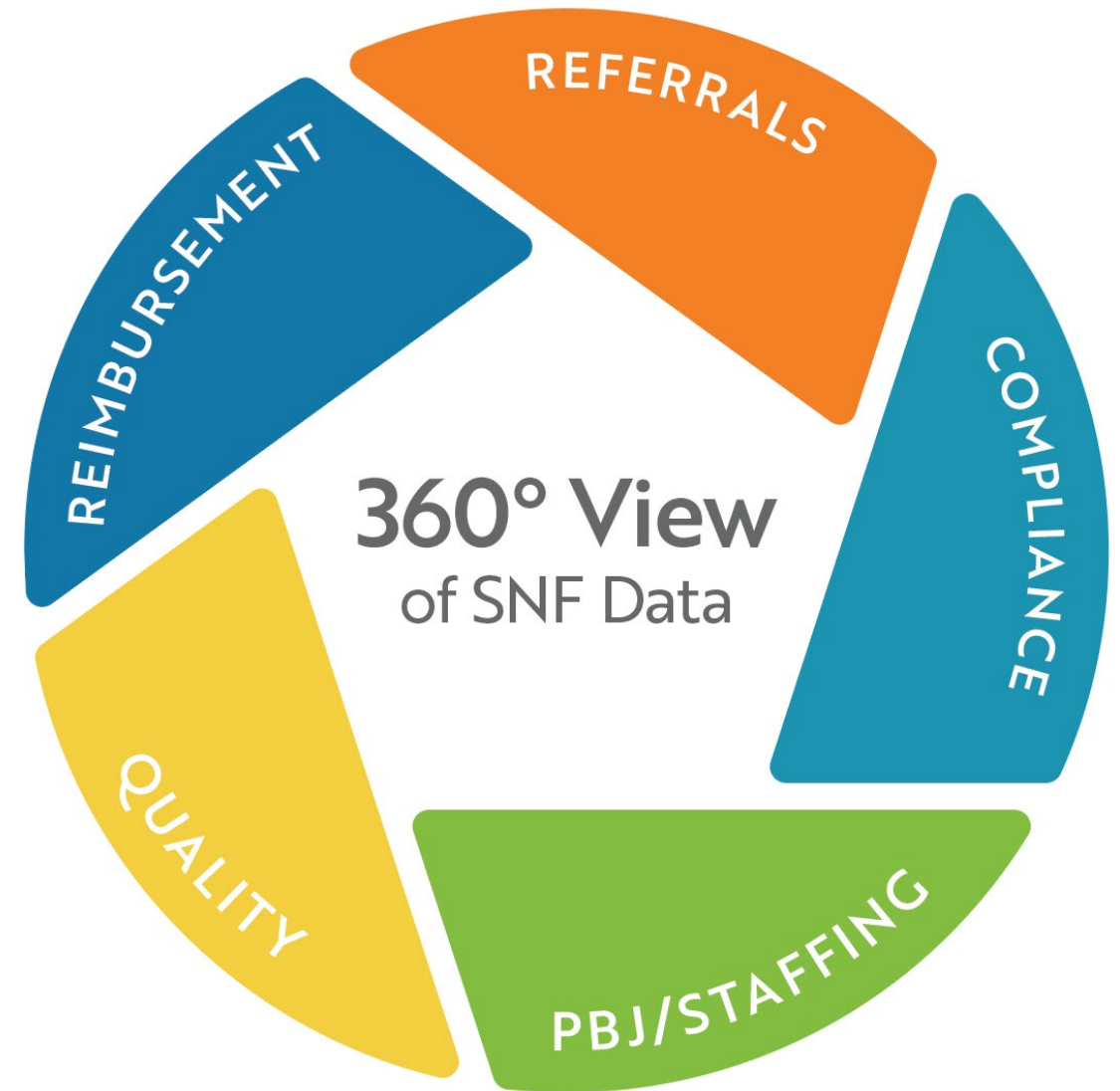
Optimize PDPM, Five-Star/QMs and iQIES workflow

PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy

Referrals and reimbursement.

Build census and optimize claims revenue in real time

360° View of SNF Data

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Questions?

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