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Our organization (Summit Elder Care H2219) would like to encourage CMS to consider an algorithm for RCA sample size based on enrollment. The RCA process is beneficial but is manual and labor-intensive. The additional RCA templates included in the new protocols will increase that burden. It often takes fewer records to recognize/understand patterns of noncompliance and what is needed to correct the process. It doesn't make sense that a 3000 participant program in California, our 1400 participant program, or a 300 participant program would all potentially be required to do "no more than 50%" sample.