

Department of Health and Human Services
Office of Inspector General



Office of Audit Services

July 2026 | A-02-24-01012

New York Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements



July 2026 | A-02-24-01012

New York Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements

Why OIG Did This Audit

- Employee background checks are an important safety measure that can help protect long-term care residents. Approximately 1.2 million people reside in nursing homes, with more than half of them relying on Medicare and Medicaid to pay for their long-term care.
- This audit assessed whether New York ensured that selected nursing homes complied with Federal requirements that prohibit the employment of unlicensed individuals and those with disqualifying backgrounds during calendar year 2023. We reviewed 10 staff members at each of 10 nonstatistically selected nursing homes.

What OIG Found

New York did not ensure that 6 of the 10 selected nursing homes complied with Federal requirements that prohibit the employment of individuals with disqualifying backgrounds during our audit period. In total, these 6 nursing homes did not comply or did not document compliance with background check requirements for 8 of the 100 employees reviewed. Specifically:

- Four nursing homes allowed a total of six staff members to provide care before their required background checks were completed.
- One nursing home did not provide enough information for us to determine whether a staff member's background check was completed before the staff member began providing care.
- One nursing home allowed a clinical staff member to provide care before completing its verification of the staff member's license.

These deficiencies and potential deficiencies occurred because New York's monitoring was not adequate to prevent nursing homes from employing individuals with disqualifying backgrounds. Also, nursing homes did not comply with their internal policies and procedures to ensure that background checks and license verifications were completed as required. This put residents at risk of abuse, neglect, exploitation, or mistreatment.

What OIG Recommends

We made two recommendations to New York, including that it improve its procedures for monitoring nursing homes' compliance with background check requirements and reinforce guidance to nursing homes to follow policies and procedures for completing background checks and license verifications.

New York did not indicate concurrence or nonconcurrence with our recommendations but detailed steps it has taken in response to our recommendations.

TABLE OF CONTENTS

INTRODUCTION.....	1
Why We Did This Audit.....	1
Objective.....	1
Background.....	1
Federal Requirements for Long-Term Care Facilities.....	1
State Agency Oversight Responsibilities and Survey Process for Nursing Home Background Checks.....	2
How We Conducted This Audit.....	3
FINDINGS.....	4
Selected Nursing Homes Allowed Staff Members to Provide Care to Residents Before the Staff Members’ Background Checks Were Complete.....	5
Selected Nursing Home May Have Allowed Staff Members to Provide Care to Residents Before the Staff Members’ Background Checks Were Complete.....	6
Selected Nursing Home Allowed Staff Member to Provide Care to Residents Before the Staff Member’s License Verification Was Complete.....	6
The State Agency Did Not Adequately Monitor Nursing Homes’ Compliance With Background Check Requirements.....	6
RECOMMENDATIONS.....	7
STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE.....	7
APPENDICES	
A: Audit Scope and Methodology.....	9
B: Related Office of Inspector General Reports.....	11
C: Glossary of Definitions.....	12
D: State Agency Comments.....	13

INTRODUCTION

WHY WE DID THIS AUDIT

Background checks for employees are an important safety measure that can help protect the approximately 1.2 million people who reside in Medicare- and Medicaid-certified long-term care facilities (referred to as “nursing homes” in this report).¹ Oversight and management of nursing homes are crucial for the safety of long-term care residents.

As part of its oversight activities, the Office of Inspector General (OIG) is conducting a series of audits nationwide regarding employment in nursing homes of individuals whose criminal background checks identified information or events that should have disqualified those individuals from being hired based on Federal requirements (disqualifying backgrounds).² This report focuses on selected nursing homes in New York.

Among other things, the Patient Protection and Affordable Care Act (signed into law in 2010) enacted the National Background Check Program for Long-Term-Care Providers to assist States in developing and improving systems to conduct Federal and State background checks.³ Prior OIG work has shown that not all States, New York among them, chose to participate in this program.⁴

OBJECTIVE

Our objective was to determine whether the New York Department of Health (State agency) ensured, for calendar year 2023 (audit period), that selected nursing homes in New York complied with Federal requirements that prohibit the employment of individuals with disqualifying backgrounds.

BACKGROUND

Federal Requirements for Long-Term Care Facilities

Nursing homes are required to comply with health and safety requirements in Federal regulations (42 CFR part 483, subpart B) to participate in the Medicare and Medicaid programs. These requirements are the foundation for improving quality and protecting the health and safety of nursing home residents. The regulation requires nursing homes to have policies and procedures in place to ensure that residents are protected from physical and mental abuse,

¹ More than half of these nursing home residents depend on Medicaid to pay for their long-term care.

² All references to “background checks” in this report may be understood to refer to “criminal background checks.”

³ Section 6201 of the Patient Protection and Affordable Care Act, P.L. No. 111-148 (Mar. 23, 2010).

⁴ See Appendix B for related OIG reports.

neglect, and exploitation. Surveyors must inspect each nursing facility at least once every 15 months, with a statewide average that must not exceed 12 months, to certify whether the nursing facilities comply with health and safety requirements.

Federal regulations at 42 CFR § 483.12(a)(3) prohibit nursing homes from employing or otherwise engaging individuals who have a history of disqualifying offenses. Specifically, this prohibition applies to individuals who have:

- Been found guilty of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property by a court of law
- Had a finding entered into the State agency's nurse aide registry
- A disciplinary action in effect against their professional license by a State licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property. See Appendix C for definitions of abuse, neglect, exploitation, and related terms.

Although this provision of Federal regulations does not explicitly require that background checks of Federal or State criminal history records be conducted, the regulation's prohibition on the employment in nursing homes of individuals who have disqualifying histories implicitly means that a criminal history check must be performed to ensure that employees are free from disqualifying offenses, based on 42 CFR § 483.12(a)(3). Interpretive guidelines for this regulation from the Centers for Medicare & Medicaid Services (CMS) state that "[f]acilities must be thorough in their investigations of the histories of prospective staff."⁵

State Agency Oversight Responsibilities and Survey Process for Nursing Home Background Checks

In New York, the State agency oversees nursing homes and is responsible for ensuring that they comply with Federal and State requirements. The State agency conducts surveys, in conjunction with recertification audits, of nursing homes to verify compliance with the Federal regulations, including verifying compliance with background screening requirements. The State agency's surveyor protocols include the following steps:

- Validate whether the facility has written Criminal History Record Check (CHRC) policies and procedures
- Obtain a list of current CHRC-authorized persons
- Obtain a list of all new employees hired within the previous 4 months and their job titles

⁵ CMS, *State Operations Manual*, Appendix PP, F606.

- Review a sample of five new employees and, for each employee, verify whether:
 - The employee is subject to a CHRC
 - A CHRC Consent Form has been signed by the employee and is on file
 - A CHRC Request was submitted in a timely manner
 - Documentation of weekly supervision during temporary employment (including name(s) of supervisor and dated observations) is on file
 - Evidence that the CHRC determination letter was acted upon, if applicable

Nursing homes are required to ensure that, for prospective staff, criminal history information is requested, received, reviewed, and acted upon in a timely manner.⁶ In addition, nursing homes are required to ensure that temporary employees do not have unsupervised physical contact with patients.⁷ Each nursing home should develop and implement written policies and procedures related to conducting CHRCs and ensure that all licensed and certified staff maintain a valid license or certification prior to employment.

HOW WE CONDUCTED THIS AUDIT

As of April 2024, there were 597 Medicaid-eligible nursing homes in New York.⁸ From this group, we selected 10 nursing homes, based on their geographic location and their score in CMS's Five-Star Quality Rating System for Nursing Homes.⁹ We obtained lists of staff members who worked at each facility during calendar year 2023. From these lists, we selected a nonstatistical sample of 10 staff members per nursing home for a total sample of 100 staff members.¹⁰

⁶ 10 NYCRR § 402.4(a)(1).

⁷ "Temporary employee" means a prospective employee who has been temporarily approved by a provider for employment after a request for a criminal history record check and pending a determination by the State agency. (10 NYCRR § 402.3(m)).

⁸ We obtained a listing of nursing homes from a State agency website and used CMS's Certification and Survey Provider Enhanced Reporting (CASPER) system to determine which of the facilities accept Medicaid. This was the most recent data available when we began our fieldwork.

⁹ CMS developed its Five-Star Quality Rating System for Nursing Homes to provide consumers with an easy way to search for nursing homes that provide the quality of care they desire. Our sample included nursing homes with various ratings. We selected one highly rated (4- to 5-star) facility and one poorly rated (1- to 2-star) facility in each New York geographic region.

¹⁰ Staff members could be direct hires or contracted employees (i.e., hired through staffing agencies).

We reviewed the State agency’s processes for conducting background checks to determine whether it ensured that selected nursing homes complied with Federal requirements prohibiting employment of individuals with disqualifying backgrounds. For each selected nursing home, we reviewed the nursing home’s policies and procedures for ensuring that individuals with disqualifying backgrounds were not employed. In addition, we reviewed the background checks and the licensure status for each sampled staff member.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

See Appendix A for the details of our audit scope and methodology.

FINDINGS

The State agency did not ensure that 6 of the 10 selected nursing homes complied with Federal requirements prohibiting the employment of those with disqualifying backgrounds during our audit period. The remaining four nursing homes complied with Federal requirements. Of the 100 staff members we reviewed at the selected nursing homes, nursing homes complied with Federal background check requirements for 92 staff members but did not comply or may not have complied with Federal requirements for 8 staff members, as detailed in the table below.

Table: Deficiencies or Potential Deficiencies Identified at Selected Nursing Homes

Deficiency or Potential Deficiency	Number of Nursing Homes	Related Number of Nursing Home Staff Members
Background check not performed or performed late	4	6
Background check may not have been performed prior to hire date (potential deficiency)	1	1
No license verification prior to hire date	1	1

These deficiencies occurred because the State agency’s monitoring was not adequate to prevent nursing homes from employing individuals with disqualifying backgrounds. In addition, nursing homes did not consistently implement their internal policies and procedures to ensure that background checks and license verifications were completed as required. This put residents at risk of abuse, neglect, exploitation, or mistreatment.

SELECTED NURSING HOMES ALLOWED STAFF MEMBERS TO PROVIDE CARE TO RESIDENTS BEFORE THE STAFF MEMBERS' BACKGROUND CHECKS WERE COMPLETE

Federal regulations at 42 CFR § 483.12(a)(3) prohibit nursing homes from employing or otherwise engaging individuals who have a history of disqualifying offenses. State regulations (10 NYCRR § 402.4(b)(2)) require nursing homes to supervise temporary employees and for the supervision to be documented in writing on a weekly basis and maintained in the employees' personnel folders. In addition, the regulations (10 NYCRR § 402.7) require the State agency to issue to the provider and the prospective employee, in writing, a summary of any criminal conviction history information.

Four selected nursing homes allowed six non-licensed staff members to provide care to residents before the staff members' background checks had been completed.¹¹ Specifically:

- Five of the six staff members were employed for a period of 4 days to almost 2 years before their background checks were completed. Further, the nursing homes failed to submit documentation verifying that supervision requirements were met.¹²
- One of the six staff members was allowed to provide direct care to residents without their background check being performed. Specifically, the nursing home did not include the required State agency letter indicating that a background check was completed before the staff member was hired. The staff member was employed for a period of 17 years before a background check was completed.¹³

Once the background checks were completed, it was determined that none of the staff members had any disqualifying offenses. However, if any had a disqualifying background offense, the associated nursing home would not have been aware of that fact until after the staff member had already provided care to residents.

¹¹ Non-licensed individuals are not professionals licensed under Title 8 of the New York State Education Law but are employed by or used by a provider to provide direct care or supervision to residents, who have access to residents' living quarters or property (e.g., cooks, maintenance workers, and housekeeping staff).

¹² These staff members consisted of a service aide, assistant administrator, social worker, certified nursing assistant, housekeeping attendant, and cashier.

¹³ The nursing home is a subsidiary of a parent organization. According to the nursing home's policies and procedures, its parent company is responsible for performing background checks. However, when the staff member was hired, the parent company performed a background check using a third-party agency that did not submit the CHRC through the State agency, as required by State regulations. The required background check was completed 17 years after the staff member's hire date.

SELECTED NURSING HOME MAY HAVE ALLOWED STAFF MEMBERS TO PROVIDE CARE TO RESIDENTS BEFORE THE STAFF MEMBERS' BACKGROUND CHECKS WERE COMPLETE

Federal regulations at 42 CFR § 483.12(a)(3) prohibit nursing homes from employing or otherwise engaging individuals who have a history of disqualifying offenses.

For one selected nursing home, we could not determine whether a background check was completed prior to a non-licensed staff member providing direct care to residents because the provider did not provide a hire date. The staff member was a certified nursing assistant hired through a third party as a temporary employee.¹⁴

SELECTED NURSING HOME ALLOWED A STAFF MEMBER TO PROVIDE CARE TO RESIDENTS BEFORE THE STAFF MEMBER'S LICENSE VERIFICATION WAS COMPLETE

Federal regulations at 42 CFR § 483.12(a)(3) prohibit nursing homes from employing or otherwise engaging individuals who have a history of disqualifying offenses.

One selected nursing home allowed a licensed staff member to provide direct care to residents without their license verification being complete prior to the staff member's hire date.¹⁵ Specifically, the nursing home did not verify the staff member's license number or complete a license check prior to their hire date. This staff member was employed as an occupational therapist for almost 6 months before their license verification was completed. Once the license verification was completed, it was determined that the staff member did not have any disqualifying offenses. However, if the staff member had a disciplinary action due to a State finding of resident abuse, neglect, exploitation, mistreatment, or misappropriation, the nursing home would not have been aware of that fact until after the staff member had already provided care to residents.

THE STATE AGENCY DID NOT ADEQUATELY MONITOR NURSING HOMES' COMPLIANCE WITH BACKGROUND CHECK REQUIREMENTS

The deficiencies and potential deficiencies we identified occurred because the State agency's monitoring was not adequate to prevent nursing homes from employing individuals with disqualifying backgrounds. Specifically, the State agency's recertification surveys may not have provided adequate coverage because they did not cover the entire timeframe between surveys. As described earlier, the State agency reviewed a sample of five staff members hired over the prior 4 months during its nursing home recertification surveys. In addition, nursing homes did

¹⁴ Third-party staffing agencies are not directly subject to the requirements of the CHRC. The nursing home, acting as the employer for the individual hired through the staffing agency, holds the responsibility of submitting CHRC requests for those employees.

¹⁵ Examples of licensed employees are registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech therapists, and nursing facility administrators.

not comply with their internal policies and procedures to ensure that background checks and license verifications were completed for nursing home employees before they began working.

The lack of adequate monitoring identified in this report increased the risk that residents at the selected nursing homes could have been abused, neglected, exploited, or mistreated by staff members who could have had a disqualifying history, as defined at 42 CFR § 483.12(a)(3), that was not detected and of which neither the State agency nor the nursing homes were aware. It is incumbent on the State agency to address the inadequate monitoring we identified because effective oversight of background check requirements is critical to ensuring the safety of nursing home residents.

RECOMMENDATIONS

- We recommend that the New York Department of Health strengthen its monitoring activities to verify that nursing homes comply with requirements that prohibit the employment of individuals with disqualifying backgrounds, such as expanding the timeframe covered by recertification surveys.
- We recommend that the New York Department of Health reinforce guidance to nursing homes to follow policies and procedures for completing background checks and license verifications for all direct hire and contracted staff members prior to starting work in the nursing home.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency did not indicate concurrence or nonconcurrence with our recommendations but detailed steps it has taken in response to our recommendations. The State agency's comments are included in their entirety as Appendix D.

Regarding our first recommendation, the State agency indicated that it investigated our findings related to each of the selected nursing homes and, where appropriate, issued citations prior to our exit conference. The State agency also noted that it reiterates background check requirements to nursing home operators and holds providers accountable for unmet expectations.

Regarding our second recommendation, the State agency indicated that in March 2026—toward the end of our audit fieldwork—it issued a letter to providers reminding them of their responsibility to perform background checks and license verifications.¹⁶ The letter included updated guidance and best practices on performing background checks, with specific information on applicability, confidentiality, timeframes, forms, and results.

¹⁶ New York Department of Health, "[Dear Administrator Letter: Criminal History Record Check Requirements and Best Practices](#)," Mar. 20, 2026.

We commend the State agency on the actions it has already taken to address our recommendations, including investigating our findings related to each of the selected nursing homes and issuing a reminder letter to providers about their responsibility to perform background checks and license verifications. However, we continue to recommend that the State agency further strengthen its monitoring activities, such as expanding the timeframe covered by its recertification surveys.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed the State agency's background check process to determine whether the State agency ensured that selected nursing homes complied with Federal requirements regarding employing individuals with disqualifying backgrounds.

As of April 5, 2024, 597 nursing homes in New York were Medicaid-certified.¹⁷ For each of the 597 nursing homes, we:

- Considered the geographic location of the nursing home
- Queried CMS's Five-Star Quality Rating System to identify whether the State agency previously identified findings of abuse, neglect, and exploitation
- Analyzed prior State agency survey findings to determine the nature of the identified abuse, neglect, and exploitation deficiencies to focus on those potentially related to nursing home staff malfeasance

Using the above criteria, we selected a nonstatistical sample of 10 nursing homes for review.

We obtained staff member rosters for calendar year 2023 from each of the 10 nursing homes. For each of the 10 nursing homes, we selected a nonstatistical sample of 10 staff members, consisting of licensed staff, administration staff, and non-direct care staff. Our sample size at each nursing home was 10 staff members who were employed or contracted during our audit period.

For the selected nursing homes, we reviewed background checks and licensure documentation for the selected staff members to evaluate the nursing homes' compliance with applicable Federal requirements for calendar year 2023.

We reviewed only those internal controls that were significant to our audit objective. Specifically, we reviewed each sampled nursing home's internal controls, including policies and procedures related to staff member background checks and the employment of individuals with disqualifying backgrounds. In addition, we reviewed the State agency's process to determine whether the State agency's oversight ensured nursing home compliance with the Federal requirements regarding the employment of individuals with disqualifying offenses.

We conducted our audit work from July 2024 through April 2026.

¹⁷ We obtained the listing of nursing homes from the State agency and had CMS run a CASPER Report to remove any that do not accept Medicaid payments (i.e., private pay facilities).

METHODOLOGY

We took the following steps to accomplish our objective:

- Reviewed applicable Federal and State requirements
- Interviewed State agency officials to gain an understanding of the State agency's oversight of nursing homes' background check processes and internal controls
- Obtained a listing of 597 Medicaid-certified nursing homes in New York,¹⁸ which we used to select a nonstatistical sample of 10 nursing homes for review based on geographic location and prior State agency survey findings
- Obtained staff member rosters covering calendar year 2023 from each selected nursing home, including contract employees hired through staffing companies
- Selected a nonstatistical sample of 10 staff members from each nursing home's staff member roster
- Interviewed administrators and other officials from the selected nursing homes to gain an understanding of each nursing home's background check policies and procedures
- Verified that, for each of the 100 sampled staff members:
 - The associated nursing home completed a background check
 - The staff member possessed a license in good standing that was clear of emergency actions, disciplinary actions, and public complaints related to disqualifying offenses
- Discussed the results of our audit with State agency officials

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

¹⁸ We obtained a list of all nursing homes in New York from the State agency on Dec. 18, 2023.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Connecticut Did Not Always Ensure Selected Nursing Homes Complied With Federal and State Background Check Requirements</i>	<u>OAS-25-01-035</u>	05/21/2026
<i>Indiana Generally Ensured That Selected Nursing Homes Complied With Federal Background Check Requirements</i>	<u>A-05-24-00011</u>	03/16/2026
<i>New Jersey Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements</i>	<u>A-02-23-01011</u>	12/12/2025
<i>Hawaii Did Not Ensure That Selected Nursing Facilities Complied With Federal and State Background Check Requirements</i>	<u>A-09-23-02003</u>	9/5/2025
<i>Alabama Did Not Always Verify Selected Nursing Homes' Compliance With Background Check Requirements</i>	<u>A-04-24-08104</u>	8/12/2025
<i>Florida Ensured That Nursing Homes Complied With Federal Background Check Requirements</i>	<u>A-04-23-08100</u>	4/26/2024
<i>Louisiana Should Improve Its Oversight of Nursing Homes' Compliance With Requirements That Prohibit Employment of Individuals With Disqualifying Background Checks</i>	<u>A-06-21-02000</u>	11/29/2023
<i>National Background Check Program for Long-Term-Care Providers: An Interim Assessment</i>	<u>OEI-07-20-00181</u>	5/12/2022
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded in 2019</i>	<u>OEI-07-20-00180</u>	9/2/2020
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded in 2017 and 2018</i>	<u>OEI-07-18-00290</u>	8/21/2019
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded Between 2013 and 2016</i>	<u>OEI-07-16-00160</u>	4/22/2019
<i>National Background Check Program for Long-Term-Care Employees: Interim Report</i>	<u>OEI-07-10-00420</u>	1/19/2016

APPENDIX C: GLOSSARY OF DEFINITIONS

The terms “abuse,” “neglect,” “exploitation,” “mistreatment,” and “misappropriation of resident property” are defined under Federal regulations (42 CFR § 483.5) as follows (italics in original):

- *Abuse*. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. *Willful*, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- *Neglect* is the failure of the [nursing home], its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- *Exploitation*. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- *Mistreatment* means inappropriate treatment or exploitation of a resident.
- *Misappropriation of resident property* means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.

APPENDIX D: STATE AGENCY COMMENTS



KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

May 13, 2026

Jennifer Webb
Regional Inspector General for Audit Services
Department of Health and Human Services - Region II
Jacob Javitz Federal Building
26 Federal Plaza
New York, New York 10278

Ref. No: A-02-24-01012

Dear Jennifer Webb,

Enclosed are the New York State Department of Health's comments on the United States Department of Health and Human Services, Office of Inspector General's Draft Audit Report A-02-24-01012 entitled, "New York Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements."

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in cursive script that reads "Johanne E. Morne". The signature is written in a dark ink and is positioned above the printed name and title.

Johanne E. Morne, M.S.
Executive Deputy Commissioner

Enclosure

cc: Melissa Fiore
Amir Bassiri
Jacqueline McGovern
Jennifer Danz
James Dematteo
James Cataldo
Brian Kiernan
Timothy Brown
Amber Gentile
Michael Lewandowski
OHIP Audit
DOH Audit

**New York State Department of Health
Comments on the Department of Health and Human Services
Office of Inspector General Draft Audit Report A-02-24-01012 entitled,
“New York Should Improve Its Oversight of Nursing Homes’
Compliance With Background Check Requirements.”**

The following are the New York State Department of Health’s (Department) comments in response to the Department of Health and Human Services, Office of Inspector General (OIG) Draft Audit Report A-02-24-01012 entitled, “New York Should Improve Its Oversight of Nursing Homes’ Compliance With Background Check Requirements.”

Recommendation #1

We recommend that the New York Department of Health strengthen its monitoring activities to verify that nursing homes comply with requirements that prohibit the employment of individuals with disqualifying backgrounds, such as expanding the timeframe covered by recertification surveys.

Response #1

The Department of Health investigated each of the sampled cases and where appropriate, issued citations prior to the audit exit. The Department has and continues to reiterate the background check requirements to nursing home operators and holds providers accountable for unmet expectations.

Recommendation #2

We recommend that the New York Department of Health reinforce guidance to nursing homes to follow policies and procedures for completing background checks and license verifications for all direct hire and contracted staff members prior to starting work in the nursing home.

Response #2

In March 2026, the Department of Health issued a Dear Administrator Letter to all providers reminding them of their responsibility to perform background checks and license verifications of staff. That Dear Administrator Letter, “Criminal History Record Check Requirements and Best Practices,” covers applicability, confidentiality, submissions and timeframes, forms, and results. The guidance is available online at:
https://health.ny.gov/facilities/adult_care/dear_administrator_letters/docs/2026-03-20_criminal_history_check.pdf.

Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



TIPS.HHS.GOV

Phone: 1-800-447-8477

TTY: 1-800-377-4950

Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. [Learn more about complaints OIG investigates.](#)

How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

Stay In Touch

Follow HHS-OIG for up to date news and publications.



OIGatHHS



HHS Office of Inspector General

[Subscribe To Our Newsletter](#)

[OIG.HHS.GOV](https://oig.hhs.gov)

Contact Us

For specific contact information, please [visit us online](#).

U.S. Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov