

Department of Health and Human Services  
**Office of Inspector General**



Office of Audit Services

September 2025 | A-09-23-02003

# **Hawaii Did Not Ensure That Selected Nursing Facilities Complied With Federal and State Background Check Requirements**



September 2025 | A-09-23-02003

## Hawaii Did Not Ensure That Selected Nursing Facilities Complied With Federal and State Background Check Requirements

### Why OIG Did This Audit

- Background checks for employees are an important safety measure that can help protect some of the most vulnerable populations who receive Federal health care benefits.
- As part of its oversight activities, OIG is conducting a series of audits nationwide regarding employment in nursing facilities 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).
- This audit assessed whether two Hawaii State agencies ensured that selected nursing facilities in Hawaii complied with Federal and State requirements that prohibit employment of individuals with disqualifying backgrounds.

### What OIG Found

The State agencies did not ensure that selected nursing facilities in Hawaii complied with Federal requirements that prohibit employment of individuals with disqualifying backgrounds and State requirements for conducting employee background checks. Specifically, for the 10 selected nursing facilities, we found the following:

- Seven selected nursing facilities did not conduct background checks to ensure that employees were free from disqualifying backgrounds based on Federal regulations.
- All 10 selected nursing facilities did not conduct 1 or more State-required background checks of their employees.

### What OIG Recommends

We recommended that the two Hawaii State agencies conduct periodic reviews of nursing facilities' compliance with background check requirements.

One of the State agencies concurred with our findings and provided information on actions it took and plans to take in response to our recommendation, and the other stated that the first State agency's written comments were on behalf of the State of Hawaii.

## TABLE OF CONTENTS

INTRODUCTION .....	1
Why We Did This Audit .....	1
Objective .....	1
Background .....	2
Federal Requirements for Long-Term Care Facilities .....	2
State Agencies’ Oversight Responsibilities for the Medicaid Program and Nursing Facilities .....	2
State Requirements for Background Checks of Nursing Facility Employees .....	3
How We Conducted This Audit .....	5
FINDINGS .....	6
Selected Nursing Facilities Did Not Comply With Federal Requirements That Prohibit Employment of Individuals With Disqualifying Backgrounds .....	6
Selected Nursing Facilities Did Not Comply With State Requirements for Conducting Employee Background Checks .....	7
State Agencies Generally Did Not Review Nursing Facilities’ Compliance With Background Check Requirements .....	9
RECOMMENDATION .....	9
STATE AGENCY COMMENTS .....	9
APPENDICES	
A: Audit Scope and Methodology .....	10
B: Related Office of Inspector General Reports .....	12
C: Definitions of Key Terms From Federal Regulations .....	13
D: State Agency Comments .....	14

## INTRODUCTION

### WHY WE DID THIS AUDIT

Background checks for employees are an important safety measure that can help protect some of the most vulnerable populations who receive Federal health care benefits. As of April 2024, nearly 1.2 million individuals lived in long-term care facilities (called nursing facilities in this report).<sup>1</sup> Oversight and management of nursing facilities 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 facilities 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).<sup>2</sup> This report focuses on selected nursing facilities in Hawaii.<sup>3</sup>

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.<sup>4</sup> Prior OIG work reported on the States that participate in the program, including Hawaii.<sup>5</sup>

In Hawaii, the Department of Human Services (DHS) is the State Medicaid agency. The Department of Health (DOH) is the survey agency that licenses nursing facilities and is responsible for establishing and maintaining health standards for institutions that provide services to people enrolled in Medicaid. We use “State agencies” when collectively referring to DHS and DOH in this report.

### OBJECTIVE

Our objective was to determine whether the State agencies ensured that selected nursing facilities in Hawaii complied with Federal and State requirements that prohibit employment of individuals with disqualifying backgrounds.

---

<sup>1</sup> More than half of these nursing facility residents depend on Medicaid to pay for their long-term care.

<sup>2</sup> All references to “background checks” in this report refer to “criminal background checks.”

<sup>3</sup> The nursing facilities we selected for review were dually certified for participation in the Medicare and Medicaid programs.

<sup>4</sup> Section 6201 of the Patient Protection and Affordable Care Act, P.L. No. 111-148 (Mar. 23, 2010).

<sup>5</sup> OIG, [National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded in 2019 \(OEI-07-20-00180\)](#), Sept. 2, 2020. See Appendix B for other related OIG reports.

## **BACKGROUND**

### **Federal Requirements for Long-Term Care Facilities**

Nursing facilities 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 of care and protecting the health and safety of nursing facility residents. Surveyors must inspect nursing facilities an average of every 12 to 15 months and certify whether the nursing facilities comply with health and safety requirements.

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

- has been found guilty of abuse, neglect, exploitation, or mistreatment of residents, or misappropriation of resident property by a court of law;
- has had a finding entered into the State nurse aide registry; or
- has a disciplinary action in effect against the individual's professional license by a State licensure body as a result of a finding of abuse, neglect, exploitation, or mistreatment of residents, or misappropriation of resident property. (See Appendix C for the Federal regulations' 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 nursing facilities' employment 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 section 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" (CMS, *State Operations Manual*, Appendix PP, F606).

### **State Agencies' Oversight Responsibilities for the Medicaid Program and Nursing Facilities**

In Hawaii, DHS is the State Medicaid agency that administers the Medicaid program and is responsible for enrolling providers and paying for Medicaid services. Nursing facilities are required to be in compliance with the requirements in 42 CFR part 483, subpart B, which serve as the basis for survey activities for the purpose of determining whether a facility meets the requirements for participation in Medicaid.

To determine nursing facilities' compliance with Medicaid participation requirements, DOH—the survey agency that licenses nursing facilities—conducts a standard survey of each nursing

facility every 12 to 15 months.<sup>6</sup> However, DOH officials told us that the survey teams follow CMS's *Long Term Care Survey Process Procedure Guide* (survey guide) when conducting standard surveys of nursing facilities and that the survey guide does not include a procedure to review nursing facilities' compliance with background check requirements. DOH officials said that if an incident relevant to 42 CFR section 483.12(a)(3) has been reported, the investigation of the incident may include a review of the reported individual's background check records.

### **State Requirements for Background Checks of Nursing Facility Employees**

State law (Hawaii Revised Statutes (HRS), Title 19, § 321-15.2(d)) states that all prospective direct-patient-access employees and adult volunteers of health care facilities shall be subject to background checks and provide consent to DOH or its designee to conduct background checks.<sup>7</sup> Background check record information shall be used exclusively by DOH or its designee for the sole purpose of determining whether a direct-patient-access employee or adult volunteer at a health care facility is suitable for working or living in close proximity to residents of a health care facility such that the health, safety, and welfare of the residents would not be at risk (HRS, Title 19, § 321-15.2(i)).

According to State law (HRS, Title 19, § 321-15.2(a)), "background check" means a review of records stored in State or national record repositories for history of abuse, neglect, threatened harm, or other maltreatment against children or adults, and for any criminal history, including:

- adult abuse perpetrator records (called an Adult Protective Services (APS) check);
- child abuse and neglect (CAN) records (called a CAN check);
- criminal history records;
- sex offender registry records;
- certified nurse aide (CNA) registry records (called a CNA registry check); and

---

<sup>6</sup> A standard survey is a periodic, resident-centered inspection that gathers information about the quality of service furnished in a nursing facility to determine its compliance with Medicaid and Medicare participation requirements (42 CFR § 488.301).

<sup>7</sup> HRS, Title 19, § 321-15.2(d). "Direct patient access employee" means any individual, including a volunteer, who has access to a patient or resident of a health care facility, or any provider through employment or through an agreement or contract with such a facility or provider. Such individuals include but are not limited to physicians, nurses, nursing assistants, home health aides, therapists, activities personnel, and support staff (i.e., housekeeping, dietary, etc.) who have direct access to patients or to patient belongings. "Health care facility" means a facility, a setting, or an agency licensed or certified by DOH that provides mental health or health care services or living accommodations to individuals.

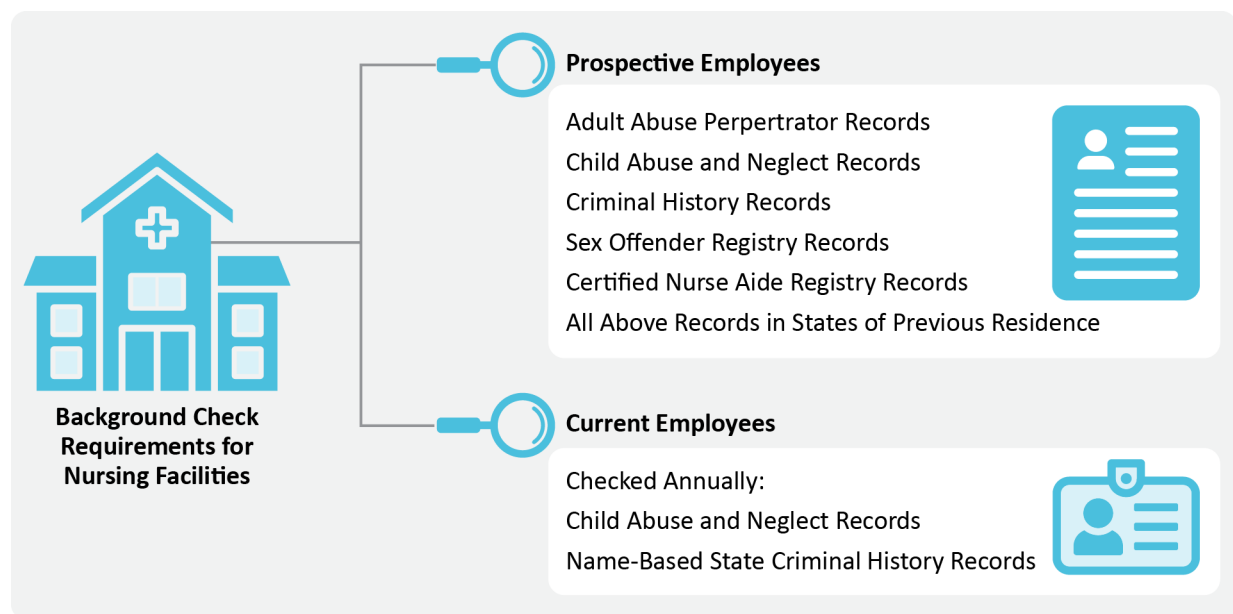
- adult abuse perpetrator records, child abuse and neglect records, criminal history records, sex offender registry records, and CNA registry records of another State where a prospective employee or adult volunteer previously resided (called an interstate check).

The criminal history record checks shall include the submission of fingerprints to: (1) the Federal Bureau of Investigation for a national criminal history record check and (2) the Hawaii Criminal Justice Data Center for a State criminal history record check that shall include nonconviction data (HRS, Title 38, § 846-2.7(a)).

In addition to the background checks conducted on all prospective direct-patient-access employees (referred to as “prospective employees” in this report), State law (HRS, Title 19, §§ 321-15.2(a) and (e)) requires DOH or its designee to conduct an annual name inquiry of State child welfare record files (name-based CAN check) and an annual name inquiry of State criminal history record files (name-based State criminal history record check) for all direct-patient-access employees (referred to as “current employees” in this report).<sup>8</sup>

The figure shows an overview of the required background checks under the HRS for prospective and current employees of nursing facilities.

**Figure: Overview of Required Background Checks for Prospective and Current Employees of Nursing Facilities**



<sup>8</sup> The Hawaii Administrative Rules (HAR) require health care providers to make a name inquiry of State criminal history record files on every employee for each of the first 2 years of employment and biennially thereafter to ensure continued compliance with background check standards (HAR § 11-106-5(b)). State agencies were aware of the frequency discrepancy between the HRS and the HAR, and DOH provided guidance to nursing facilities after our audit period, which ended June 30, 2023.

Although State law requires DOH or its designee to conduct background checks, DOH officials said that the State agencies rely on nursing facilities to conduct the background checks while the State agencies work to develop a new background check system (expected to be implemented in January 2026).

## **HOW WE CONDUCTED THIS AUDIT**

As of June 2023, 41 nursing facilities in Hawaii were dually certified for participation in Medicare and Medicaid. We selected a nonstatistical sample of 10 of the 41 nursing facilities based on their geographic location and various risk factors, including the number of beds in each nursing facility and the number of self-reported incidents.<sup>9</sup>

From the 10 nursing facilities, we selected a nonstatistical sample of 221 employees who were employed at some point during the period January 1 through June 30, 2023 (audit period). Our sample size at each nursing facility was a minimum of 20 employees (consisting of direct-hire and contracted employees).<sup>10</sup> We included additional employees depending on the self-reported incidents that specifically involved an employee of that nursing facility.

We contacted each sampled nursing facility to determine its policies and procedures related to employee background checks. We also reviewed each sampled nursing facility's personnel records for the selected employees to determine whether that nursing facility conducted the required background checks of its employees to prevent employment of individuals with disqualifying backgrounds.<sup>11</sup> In addition, we reviewed DOH's processes for conducting surveys of nursing facilities to determine whether those processes were designed to prevent nursing facilities from employing anyone with a history of disqualifying offenses.

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.

---

<sup>9</sup> A self-reported incident is reported by any individual in response to an allegation of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property regarding a resident in a nursing facility.

<sup>10</sup> One of the selected nursing facilities did not provide a list of contracted employees, so we selected 17 direct-hire employees for review.

<sup>11</sup> If the nursing facility did not provide documentation that demonstrated background checks were conducted for the selected employees, we considered the background checks as not conducted rather than as lacking documentation.



## FINDINGS

The State agencies did not ensure that selected nursing facilities in Hawaii complied with Federal requirements that prohibit employment of individuals with disqualifying backgrounds and State requirements for conducting employee background checks.<sup>12</sup> Specifically, for the 10 selected nursing facilities, we found the following:

- Seven selected nursing facilities did not conduct background checks to ensure that employees were free from disqualifying backgrounds based on Federal regulations.
- All 10 selected nursing facilities did not conduct 1 or more State-required background checks of their employees.

DOH generally did not review nursing facilities' compliance with background check requirements unless an incident related to abuse, neglect, exploitation, or misappropriation has been reported. DOH officials said that if an incident related to abuse, neglect, exploitation, or misappropriation has been reported, the investigation of the incident may include a review of the reported individual's background check records. The lack of periodic reviews of nursing facilities' compliance with background check requirements increases the risk that nursing facilities could employ individuals who have committed offenses that would disqualify them from employment, potentially putting vulnerable residents at risk for abuse, neglect, and exploitation.

### **SELECTED NURSING FACILITIES DID NOT COMPLY WITH FEDERAL REQUIREMENTS THAT PROHIBIT EMPLOYMENT OF INDIVIDUALS WITH DISQUALIFYING BACKGROUNDS**

Federal regulations (42 CFR § 483.12(a)(3)) prohibit nursing facilities from employing or otherwise engaging individuals who have a history of disqualifying offenses. This provision of Federal regulations implicitly means that a criminal history record check, a CNA registry check (if applicable), and a professional license check (if applicable) must be performed to ensure that employees are free from disqualifying offenses based on 42 CFR section 483.12(a)(3).

The State agencies did not ensure that selected nursing facilities in Hawaii complied with Federal requirements that prohibit employment of individuals with disqualifying backgrounds. Specifically, of the 10 selected nursing facilities:<sup>13</sup>

---

<sup>12</sup> Our audit determined whether background checks were conducted as required, and we did not determine whether the selected employees had disqualifying offenses. Therefore, although background checks were not conducted for some of these employees, it does not mean that these employees would have been found to have disqualifying offenses.

<sup>13</sup> The 221 selected employees from the 10 nursing facilities included 102 CNAs, 80 licensed employees, and 39 employees in other positions (e.g., utility worker, cook, etc.).

- 5 did not conduct criminal history record checks for 33 of 221 total selected employees,<sup>14</sup>
- 4 did not conduct CNA registry checks for 16 of 102 total selected CNAs, and
- 3 did not conduct professional license status checks for 6 of 80 total selected licensed employees.<sup>15</sup>

## **SELECTED NURSING FACILITIES DID NOT COMPLY WITH STATE REQUIREMENTS FOR CONDUCTING EMPLOYEE BACKGROUND CHECKS**

State law (HRS, Title 19, § 321-15.2(d)) requires that all prospective direct-patient-access employees and adult volunteers of health care facilities shall be subject to background checks. These background checks include the APS check, CAN check, national and State criminal history record checks (through submission of fingerprints), sex offender registry records check, CNA registry check, and interstate check. State law (HRS, Title 19, §§ 321-15.2(a) and (e)) also requires that an annual name-based CAN check and State criminal history record check be conducted for current employees.

The State agencies did not ensure that selected nursing facilities in Hawaii complied with State requirements for conducting employee background checks. Specifically, all 10 selected nursing facilities did not conduct 1 or more State-required background checks of their prospective or current employees, or both.<sup>16, 17</sup> The 221 selected employees from these nursing facilities consisted of 46 prospective employees and 175 current employees.<sup>18</sup>

The table on the following page provides the results for each of the background checks for 46 selected prospective employees at 9 selected nursing facilities; 1 of the 10 nursing facilities did not have any prospective employees selected for review.

---

<sup>14</sup> Of the 5 nursing facilities, 1 did not provide any background check documentation that demonstrated criminal history record checks were conducted for 16 selected employees. The nursing facility had a change of ownership in March 2023. The current owner contacted the previous owner to request the documentation, but the previous owner did not provide the requested documentation.

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

<sup>16</sup> See footnote 11.

<sup>17</sup> The State-required background checks were: (1) not conducted at all, (2) considered not conducted because of a lack of documentation, or (3) not conducted within a timeframe considered appropriate by the State.

<sup>18</sup> We classified the employees who were hired between May 2022 and June 2023 as prospective employees.

**Table: Number of Prospective Employees Missing One or More State-Required Background Checks**

<b>Type of Background Check Not Conducted</b>	<b>Number of Selected Nursing Facilities</b>	<b>Number of Selected Prospective Employees</b>
APS check	9	46
CAN check	9	46
National criminal history record check (not conducted through fingerprint submission)	9	37
State criminal history record check (not conducted through fingerprint submission)	9	37
Sex offender registry check	4	8
CNA registry check	3	4*
Interstate check (APS or CAN check of another State where a prospective employee previously resided)	7	21
Interstate check (criminal history record check of another State where a prospective employee previously resided)	1	1
Interstate check (sex offender registry check of another State where a prospective employee previously resided)	3	5
Interstate check (CNA registry check of another State where a prospective employee previously resided)	3	4

\* Of the 46 prospective employees, 17 were CNAs.

In addition, for 175 selected current employees, the 10 selected nursing facilities did not conduct the: (1) annual CAN checks for 174 current employees and (2) the annual name-based State criminal history record checks for 96 current employees.<sup>19</sup>

---

<sup>19</sup> If we had applied the frequency requirement for the State criminal history check as stated in HAR section 11-106-5(b) (biennially), we would have determined that the 10 selected nursing facilities did not conduct the biennial name-based State criminal history record check for 79 current employees.

## **STATE AGENCIES GENERALLY DID NOT REVIEW NURSING FACILITIES' COMPLIANCE WITH BACKGROUND CHECK REQUIREMENTS**

DOH generally did not review nursing facilities' compliance with background check requirements. For example, for standard surveys, DOH officials told us that survey teams follow CMS's survey guide and that the survey guide does not include a procedure to review nursing facilities' compliance with background check requirements. DOH officials said that if an incident related to abuse, neglect, exploitation, or misappropriation has been reported, the investigation of the incident may include a review of the reported individual's background check records.

The lack of periodic reviews of nursing facilities' compliance with background check requirements increases the risk that nursing facilities could employ individuals who have committed offenses that would disqualify them from employment, potentially putting vulnerable residents at risk for abuse, neglect, and exploitation. Effective oversight of compliance with background check requirements is critical to ensuring the safety of nursing facility residents.

### **RECOMMENDATION**

We recommend that the Hawaii Department of Human Services and the Department of Health conduct periodic reviews of nursing facilities' compliance with background check requirements.

### **STATE AGENCY COMMENTS**

In written comments on our draft report, DOH concurred with our findings and provided information on actions it has taken and plans to take in response to our recommendation. Specifically, DOH indicated that it had updated the standard surveyor checklist to include a specific review of background check documentation during nursing facility inspections. Further, DOH stated that it will send a formal letter to all nursing facility administrators reminding them of their obligations under both Federal and State law to complete and maintain appropriate background checks for applicable personnel. According to DOH, the letter will also clarify the documentation requirements that surveyors will routinely review.

We also received a separate statement from DHS indicating that it believes that DOH's written comments were made on behalf of the State of Hawaii and that separate comments from DHS are therefore not necessary.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

As of June 2023, 41 nursing facilities in Hawaii were dually certified for participation in Medicare and Medicaid. We selected a nonstatistical sample of 10 of the 41 nursing facilities based on their geographic location and various risk factors, including the number of beds in each nursing facility and the number of self-reported incidents.<sup>20</sup>

From the 10 nursing facilities, we selected a nonstatistical sample of 221 employees who were employed at some point during the period January 1 through June 30, 2023. Our sample size at each nursing facility was a minimum of 20 employees (consisting of direct-hire and contracted employees).<sup>21</sup> We included additional employees depending on the self-reported incidents that specifically involved an employee of that nursing facility.

We reviewed only the internal controls that were significant to our audit objective. Specifically, we reviewed DOH's processes for conducting surveys of nursing facilities to determine whether DOH's oversight was designed to prevent each sampled nursing facility from employing anyone with disqualifying offenses.

We conducted our audit work, which included contacting the State agencies in Honolulu, Hawaii, from May 2023 to July 2025.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;
- interviewed DHS and DOH officials to gain an understanding of the State agencies' oversight of nursing facilities' background check processes and internal controls;
- obtained from DOH a list of 41 nursing facilities that were dually certified for participation in Medicare and Medicaid;
- selected a nonstatistical sample of 10 nursing facilities to review;
- interviewed officials from the selected nursing facilities to gain an understanding of each nursing facility's policies and procedures related to employee background checks;

---

<sup>20</sup> See footnote 9.

<sup>21</sup> See footnote 10.

- obtained lists of employees (including contracted employees hired through staffing companies) from the 10 selected nursing facilities, totaling 2,244 employees;
- selected a nonstatistical sample of 221 employees from the 10 selected nursing facilities;
- reviewed the selected employees' personnel records to determine whether each nursing facility conducted the required background checks of its employees to prevent employment of individuals with disqualifying backgrounds; and
- discussed the results of our audit with DOH and DHS officials and officials from the 10 selected nursing facilities.

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.

## APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Florida Ensured That Nursing Homes Complied With Federal Background Check Requirements</i>	<a href="#"><u>A-04-23-08100</u></a>	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>	<a href="#"><u>A-06-21-02000</u></a>	11/29/2023
<i>National Background Check Program for Long-Term-Care Providers: An Interim Assessment</i>	<a href="#"><u>OEI-07-20-00181</u></a>	5/9/2022
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded in 2019</i>	<a href="#"><u>OEI-07-20-00180</u></a>	9/2/2020
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded in 2017 and 2018</i>	<a href="#"><u>OEI-07-18-00290</u></a>	8/21/2019
<i>National Background Check Program for Long-Term-Care Providers: Assessment of State Programs Concluded Between 2013 and 2016</i>	<a href="#"><u>OEI-07-16-00160</u></a>	4/22/2019
<i>National Background Check Program for Long-Term-Care Employees: Interim Report</i>	<a href="#"><u>OEI-07-10-00420</u></a>	1/19/2016

## APPENDIX C: DEFINITIONS OF KEY TERMS FROM FEDERAL REGULATIONS

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

- *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] facility, 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* 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

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KUAʻĀNA O KA NOKUʻĀNA O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUVA HŌʻŌKELE

In reply, please refer to  
file

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'ŌIHANA OLAKINO  
OFFICE OF HEALTH CARE ASSURANCE  
601 KAMOKILA BOULEVARD, ROOM 337  
KAPOLEI, HAWAII 96707

July 24, 2025

Jessica Yun Kim  
Regional Inspector General for Audit Services  
U.S. Department of Health and Human Services  
Office of Inspector General  
Office of Audit Services, Region IX  
90 – 7th Street, Suite 3-650  
San Francisco, California 94103

Dear Ms. Kim:

### REPORT NUMBER: A-09-23-02003

The Office of Health Care Assurance (OHCA) has reviewed the findings of the recent audit conducted by the Office of Inspector General regarding Hawaii's oversight of background check compliance in selected skilled nursing facilities. We concur with the audit's conclusions that OHCA did not ensure that certain facilities fully complied with federal and state background check requirements for employees with direct access to residents.

We take these findings seriously and have taken immediate steps to address the identified gaps. As part of our corrective action plan:

1. **Revised Nurse Surveyor Checklist:** We have updated the standard surveyor checklist to include a specific review of background check documentation during skilled nursing facility inspections. This revision ensures consistent verification of compliance during each survey.
2. **Communication with Facilities:** A formal letter will be sent to all skilled nursing facility administrators reminding them of their obligations under both federal and state law to complete and maintain appropriate background checks for applicable personnel. The letter will also clarify the documentation requirements that surveyors will now routinely review.

We remain committed to strengthening our oversight processes to protect the health, safety, and well-being of residents in Hawaii's long-term care facilities. We appreciate the Office of Inspector General's work in identifying areas for improvement and supporting Hawaii's efforts to uphold high standards of care.

Ms. Jessica Yun Kim  
July 24, 2025  
Page 2

If you have any questions or require further information regarding our corrective actions, please do not hesitate to contact me directly.

Sincerely,



PAULA M. CERIO, MS, CDAL  
Chief, Office of Health Care Assurance

c: Judy Mohr Peterson, PhD  
Medicaid Director, Administrator for Med-QUEST  
Department of Human Services

Priscilla Thode  
Contracts & Monitoring Compliance Section Administrator  
Med-Quest Division, Department of Human Services

Gina LeTourneur, RN  
Medicare Certification Officer  
Office of Health Care Assurance, Medicare Section  
Department of Health

Debbie Kim Morikawa  
Deputy Director of Health Resources Administrations  
Department of Health

# 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](mailto:Public.Affairs@oig.hhs.gov)