

Department of Health and Human Services
Office of Inspector General



Office of Audit Services

May 2026 | OAS-25-01-035

Connecticut Did Not Always Ensure Selected Nursing Home Complied With Federal and State Background Check Requirements



May 2026 | OAS-25-01-035

Connecticut Did Not Always Ensure Selected Nursing Homes 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 homes of individuals whose criminal background checks identified information or events that should have disqualified those individuals from being hired based on Federal requirements.
- This audit assessed whether Connecticut ensured that selected nursing homes complied with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds.

What OIG Found

Connecticut did not ensure that nine selected nursing homes complied with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds during our audit period.

- All nine of the selected nursing homes hired one or more individuals who were missing one or more required background or registry checks.
- These nursing homes did not conduct 1 or more of the required background checks on 46 of 270 employees in our sample who had direct access to nursing home residents.

Connecticut did not adequately review nursing home compliance with Federal and State background check requirements during the standard Medicaid survey. Additionally, Connecticut's training materials on background check requirements had not been available to nursing homes since 2022.

What OIG Recommends

We made three recommendations, including that Connecticut strengthen its monitoring activities to ensure that nursing homes comply with requirements that prohibit the employment of individuals with disqualifying backgrounds, ensure all required background checks have been conducted for the 46 individuals in our sample missing 1 or more background checks, and ensure all training materials on how to conduct background checks for new employees are made available to nursing homes.

Connecticut did not indicate concurrence or nonconcurrence with our first recommendation and concurred with our second and third recommendations. Connecticut detailed steps it has taken and plans to take in response to our recommendations.

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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 (nursing homes).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 Connecticut.

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 (National Background Check Program) to assist States in developing and improving systems to conduct Federal and State background checks.³ Prior OIG work evaluated the National Background Check Program in which 29 States, including Connecticut, participated at various times from 2010 to 2024.⁴

OBJECTIVE

Our objective was to determine whether the Connecticut Department of Public Health (DPH) ensured that selected nursing homes in Connecticut complied with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds.

BACKGROUND

Federal Requirements for Nursing Homes

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

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 refer to “criminal background checks” and State required registry checks.

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

⁴ See Appendix B for these and other related OIG reports.

safety of nursing home residents. Surveyors must inspect nursing homes an average of once every 12 months with a maximum of 15 months between surveys and certify whether the nursing homes comply with health and safety requirements.

To ensure the safety of nursing home residents, Federal regulations prohibit nursing homes from employing or otherwise engaging with individuals who have a history of disqualifying offenses (42 CFR § 483.12(a)(3)). (See Appendix C for the Federal regulations' definitions of abuse, neglect, exploitation, and related terms.) Specifically, this prohibition applies to individuals who have:

- Been found guilty of abuse, neglect, exploitation, or mistreatment of residents, or the misappropriation of resident property by a court of law
- Had a finding entered into the State's nurse aide registry
- Had a disciplinary action in effect against their 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

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: "Facilities must be thorough in their investigations of the histories of prospective staff" (CMS, *State Operations Manual*, appendix PP, F606). In addition, this CMS guidance indicates that "some States may have additional requirements for criminal background checks and State law may prohibit persons convicted of certain crimes from working in a long-term care facility. The State survey agency may use its own authority for assuring facility compliance such as the use of the National Background Check Program or specific State licensure requirements that may address criminal background checks" (CMS, *State Operations Manual*, appendix PP, F606).

The State's Oversight Responsibilities for the Medicaid Program and Nursing Homes

In Connecticut, the Department of Social Services (DSS) is the State Medicaid agency. DPH is the survey agency that licenses nursing homes and is responsible for establishing and maintaining health standards for institutions that provide services to people enrolled in Medicaid.

To determine nursing homes' compliance with Medicaid participation requirements, DPH—the survey agency that licenses nursing homes—conducts a standard survey (inspection) of each

nursing home every 12 months on average with a maximum of 15 months between surveys.⁵ DPH officials said that the survey teams follow CMS's *Long Term Care Survey Process Procedure Guide* (survey guide) when conducting standard surveys of nursing homes. According to DPH's website for nursing home inspections, the inspection team consists of trained inspectors, including at least one registered nurse.⁶ This team evaluates whether the nursing home meets individual resident needs. Federal regulations (42 CFR part 483, subpart B) cover a wide range of aspects of resident life, from specifying standards for the safe storage and preparation of food to protecting residents from physical or mental abuse or inadequate care practices.

DPH officials stated that part of the standard Medicaid survey includes a request for a list of new employees who were hired within the previous 6 months from the date of the survey. Although the survey guide does not have specific procedures to review employee background check documentation, DPH officials said that, during the surveyors' entrance meeting with a nursing home, the survey team will select five staff members, who were hired in the previous 6 months, and review employee background check documentation to determine whether the nursing home complied with background check requirements for nursing home employees. In addition, DPH officials said that if the survey team becomes aware of an alleged incident of abuse, neglect, exploitation, or mistreatment, an investigation into the incident would occur. The investigation may include a review of the reported employee's background check records. DPH stated that survey teams may also expand these investigations to include additional nursing home staff who work in the same unit to ensure there are no systemic problems occurring in the nursing home. Finally, background check documentation for the nursing home staff involved would also be reviewed outside of the regular survey period if DPH received a complaint of abuse that would warrant an investigation.

State Requirements for Background Checks of Nursing Home Employees

Although Federal requirements implicitly mean a criminal history check must be performed, the Federal requirements do not specify the methods that nursing homes must take to ensure prospective employees do not have disqualifying offenses in their backgrounds. Connecticut has implemented additional requirements for criminal background checks through State laws that may prohibit persons convicted of certain crimes from working in a nursing home.

To ensure nursing homes comply with the Federal requirements that prohibit them from hiring individuals who have disqualifying histories, Connecticut generally requires nursing homes to conduct a background check on any individual with direct access to residents prior to offering employment or entering into a contract for the provision of long-term care services, or prior to allowing any individual to begin volunteering when that individual is reasonably expected to

⁵ A standard survey is a periodic, resident-centered inspection that gathers information about the quality of service furnished in a nursing home to determine its compliance with Medicaid and Medicare participation requirements (42 CFR § 488.301).

⁶ DPH, "[Nursing Home Inspections](#)." Accessed on Nov. 13, 2025.

have direct access to residents.⁷ Potential nursing home employees are required to undergo several types of background checks, including a fingerprint-based State criminal history check conducted by the State Police and a national criminal history check conducted by the Federal Bureau of Investigation (FBI).⁸ In addition, Connecticut requires a check of the following:

- Connecticut’s certified nurse aide (CNA) registry
- Connecticut sex offender registry
- National Sex Offender Registry
- Connecticut’s DSS administrative actions list
- The OIG exclusion list⁹
- Connecticut’s Judicial Branch criminal convictions database
- Connecticut’s Practitioner License Verification System (for licensed providers)¹⁰

To ensure nursing homes comply with Federal and State background check requirements, DPH requires nursing homes to register with its statewide web-based background check portal, known as the Applicant Background Check Management System (ABCMS). The ABCMS was established in 2015 and provides nursing homes with the ability to process fingerprint-based criminal history record checks and several relevant registry checks prior to employment for potential employees, contractors, or volunteers who will have direct access to residents.

The results of the State and national criminal history checks are provided by the State police to DPH, which determines whether the records contain a disqualifying offense. The State’s Operational Policies require that in accordance with Federal law, the results of the national criminal history checks are not made available to the nursing home.¹¹ DPH only informs the

⁷ Connecticut General Statutes § 19a-491c(c). According to Connecticut General Statutes § 19a-491c(a)(2), “direct access” means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against, or misappropriate the property of, a patient or resident.

⁸ Connecticut General Statutes § 19a-491c(c). [“Policies and Procedures for the Implementation of the Criminal History and Patient Abuse Background Search Program for Long-Term Care Facilities,”](#) *Connecticut Law Journal*, §§ 7 and 8 (Aug. 18, 2015), pp. 5C and 6C. Accessed on Sept. 25, 2025.

⁹ OIG maintains a [List of Excluded Individuals and Entities](#) (LEIE). OIG has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from Federal health care programs for any items or services they furnish, order, or prescribe. Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

¹⁰ [“Policies and Procedures for the Implementation of the Criminal History and Patient Abuse Background Search Program for Long-Term Care Facilities,”](#) *Connecticut Law Journal*, § 6, Registry Checks (Aug. 18, 2015), p. 4C. Accessed on Sept. 25, 2025.

¹¹ [“Policies and Procedures for the Implementation of the Criminal History and Patient Abuse Background Search Program for Long-Term Care Facilities,”](#) *Connecticut Law Journal*, § 8(c) (Aug. 18, 2015), p. 6C. Accessed on Sept. 25, 2025.

nursing home of whether a disqualifying offense was found. No information about the potential offense is provided. For the State criminal history check, the nursing home can view the “rap sheet” for a maximum of 30 days.¹²

A nursing home may allow potential employees, contractors, or volunteers to work on a conditional basis prior to the completion of the background check process. The conditional employment is generally 60 days but may be extended by DPH to allow an individual to apply for a waiver of disqualifying offenses. In addition to meeting other requirements, the individual must be subject to direct, onsite supervision during the conditional employment or contractual or volunteer period.¹³

The nursing homes are ultimately responsible for ensuring the safety and well-being of the nursing home residents and for complying with Federal and State requirements. State regulations require that, before hiring an individual or allowing any individual to begin volunteering, nursing homes must generally ensure that potential employees, contractors, or volunteers who will have direct access to residents submit to a background check.¹⁴ Although both the Federal Conditions of Participation and Connecticut General Statutes prohibit the employment of individuals with disqualifying backgrounds, neither requires a periodic rescreening.

HOW WE CONDUCTED THIS AUDIT

As of December 2024, 196 nursing homes in Connecticut were certified by Medicaid. We selected a nonstatistical sample of 9 of the 196 nursing homes based on their geographic location and various risk factors, including prior citations for abuse, survey ratings,¹⁵ and the number of employees.

From each of the 9 selected nursing homes, we randomly selected 30 employees for review who were employed at some point during the period October 1, 2023, through September 30,

¹² A “rap sheet” is a law enforcement document that lists a person’s arrests and convictions that includes felonies and misdemeanors.

¹³ Connecticut General Statutes § 19a-491c(f)(2).

¹⁴ Connecticut General Statutes § 19a-491c(c)(1).

¹⁵ Nursing homes are rated through CMS’s Five-Star Quality Rating System that gives each nursing home a rating of between one and five stars. Nursing homes with five stars are considered to have above average quality, and nursing homes with one star are considered to have quality much below average. There is one overall five-star rating for each nursing home, and separate ratings for health inspections, staffing, and quality measures.

2024 (audit period). The selected employees consisted of direct hire and contracted employees.¹⁶

We reviewed DPH's policies and procedures related to the background check process to determine which specific checks were required for potential nursing home employees. We contacted each sampled nursing home to determine its policies and procedures related to employee background checks. We also reviewed each sampled nursing home's personnel records for the selected employees to determine whether the nursing home conducted the required background checks of its employees (direct-hire and contracted) to prevent the employment of individuals with disqualifying backgrounds.¹⁷ We evaluated contract employee compliance with Federal criteria only. Furthermore, we reviewed DPH's process for conducting surveys of nursing homes to determine whether those procedures were designed to prevent nursing homes 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.

FINDING

DPH did not ensure that selected nursing homes in Connecticut complied with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds during our audit period. Specifically, all nine of the selected nursing homes hired one or more individuals who were missing one or more required background or registry checks.¹⁸ These nursing homes did not conduct 1 or more of the required background checks on 46 of 270 employees in our sample who had direct access to nursing home residents.

¹⁶ In this report, the term "employee" refers to both direct hires and contracted staff. Direct hires are individuals who are hired directly by the nursing home to provide services to residents. Contracted employees include individuals hired through a third-party entity, such as a nursing staffing agency or other types of third-party entities that provided the selected nursing homes with non-nursing, licensed staff, including medical professionals such as physicians, advanced practice registered nurses, physician's assistants, and rehabilitation staff including physical, occupational, and speech therapists. In addition, some third-party entities provided non-nursing, unlicensed staff, such as housekeepers, receptionists, cooks, etc.

¹⁷ Our audit determined whether background checks were conducted as required. 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.

¹⁸ For the purposes of this report, we refer to all required Federal and State background checks, including but not limited to criminal history checks, registry checks, exclusion list checks, etc., as "required background checks."

These instances of noncompliance were not identified because DPH did not adequately review nursing home compliance with Federal and State background check requirements during the standard Medicaid survey. In addition, DPH’s training materials on background check requirements had not been available to nursing homes since 2022. The lack of adequate reviews of nursing home compliance with background check requirements increases the risk that the nursing homes could employ individuals with disqualifying offenses, potentially putting nursing home residents at risk for abuse, neglect, and exploitation.

DPH DID NOT EFFECTIVELY MONITOR SELECTED NURSING HOMES FOR COMPLIANCE WITH FEDERAL AND STATE REQUIREMENTS

Federal regulations (42 CFR § 483.12(a)(3)) prohibit nursing homes from employing or otherwise engaging with individuals who have a history of disqualifying offenses. This provision of Federal regulations implicitly means that a criminal history record check, a State nurse aide registry check (if applicable), and a professional license check (if applicable) must be performed to ensure that nursing home staff are free from disqualifying offenses (42 CFR § 483.12(a)(3)).

Connecticut General Statutes section 19a-491c(c) requires that all prospective direct-patient-access employees and adult volunteers of nursing homes must be subject to background checks. The State’s Operational Policies specify that these background checks include a check of the Connecticut CNA registry, Connecticut sex offender registry, National Sex Offender Registry, Connecticut Department of Social Services Administrative Actions List, Connecticut’s Judicial Branch Criminal Convictions Database, DPH’s Practitioner Licensing and Investigations Section License Verification System (for licensed providers), and the OIG exclusion list. Further, Connecticut requires nursing homes to conduct a State criminal history check through the State police and Federal criminal history check through FBI prior to hiring, contracting with, or allowing individuals to volunteer.¹⁹

DPH did not effectively monitor nursing home compliance with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds. Specifically, for all 9 selected nursing homes, 46 of 270 employees in our sample were missing 1 or more of the required background checks. These included nine instances of nursing homes that either did not conduct background checks in the ABCMS or that had started the process but did not complete all required checks. Table 1 (on the next page) summarizes the number of employees missing one or more required background checks.

¹⁹ [“Policies and Procedures for the Implementation of the Criminal History and Patient Abuse Background Search Program for Long-Term Care Facilities,”](#) *Connecticut Law Journal*, §§ 7 and 8 (Aug. 18, 2015), pp. 4C – 6C. Accessed on Sept. 25, 2025

Table 1: Summary of Findings by Selected Nursing Home

Selected Nursing Home	Number of Employees in the Sample	Number of Employees Missing One or More Required Background Checks in the Sample
1	30	3
2	30	8
3	30	6
4	30	3
5	30	4
6	30	3
7	30	8
8	30	8
9	30	3
TOTALS	270	46

Table 2 details the 46 selected employees from the 9 selected nursing homes that were missing 1 or more of each required background check.

Table 2: Number of Selected Employees Missing One or More Required Background Checks

Type of Background Check Not Conducted	Number of Selected Nursing Homes	Number of Selected Employees
Nurse Aide Registry (CNA Registry check)	8	18
State Sex Offender Registry	5	7
National Sex Offender Public Website	5	7
State Department of Social Services Administrative Actions List	5	7
OIG Exclusion List	5	7
Connecticut Professional Licenses	7	14
State Judicial Branch Criminal Convictions Database	5	7
FBI Criminal History Check	5	8
State Police Criminal History Check	5	8
Criminal History Check*	9	32

* A criminal history check (i.e., national, State, or county) was required for employees hired by nursing homes before October 18, 2015. In addition, this criminal history check applied to individuals who were otherwise engaged (contracted) by the nursing homes after January 1, 2016.

These deficiencies were not identified because DPH did not adequately review nursing home compliance with Federal and State background check requirements that prohibit the employment of individuals with disqualifying backgrounds during the standard Medicaid survey. DPH officials stated that the survey teams follow CMS's survey guide when conducting standard surveys of nursing homes; however, we identified potential weaknesses in DPH's survey process. Specifically, when DPH conducts the Medicaid survey, it may not provide adequate coverage because the review process generally only requires a selection of five employees who were hired in the previous 6 months even though the last survey could have been up to 15 months prior. Therefore, the selection pool would not include all newly hired employees. Additionally, there is no written process that covers how to select the five employees as this process is left to the discretion of the surveyors.²⁰

Furthermore, DPH's training materials on background check requirements, including guides and online videos on how to process the required employee background check applications in the ABCMS, had not been available to nursing homes since 2022 because of technical issues. In October 2025, DPH officials stated that they had worked with their information technology department to add the ABCMS training videos back to the DPH website.

Because DPH lacked adequate monitoring of nursing home compliance with background check requirements, it increased the risk that nursing homes could employ individuals without ensuring their backgrounds were free from disqualifying offenses, potentially putting nursing home residents at risk for abuse, neglect, and exploitation.

RECOMMENDATIONS

- We recommend that DPH strengthen its monitoring activities to ensure 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 DPH ensure that all required background checks have been conducted for the 9 selected nursing homes that employ the 46 individuals in our sample who were missing 1 or more background checks.
- We recommend that DPH ensure that all training materials on how to conduct background checks for new employees are made available to nursing homes.

²⁰ DPH officials stated that survey teams investigate any individuals who were reported to have been involved with any alleged instances of abuse, neglect, exploitation, or mistreatment. Survey teams may also decide to investigate up to three additional staff members within the same unit of the nursing home to rule out systemic concerns at the nursing home. However, DPH staff stated that these additional investigations may be conducted as part of, or in addition to, the selection of the five employees. Therefore, DPH's review may be limited to five employees even when there are alleged instances of abuse, neglect, exploitation, or mistreatment.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, DPH did not indicate concurrence or nonconcurrence with our first recommendation and concurred with our second and third recommendations. DPH detailed steps it has taken and plans to take in response to our recommendations. DPH's comments are included in their entirety as Appendix D.

Regarding our first recommendation, DPH stated that there is no requirement in CMS regulations that specify a set number of employee files that must be reviewed during a recertification survey to determine compliance with 42 CFR section 483.12(a)(3). However, DPH indicated that it will determine the feasibility of expanding the timeframe covered by the recertification survey and review the sampling methodology for reviewing employee files.

Regarding our second recommendation, DPH stated that it followed up with all nine facilities that had employees who were missing one or more background checks.

Regarding our third recommendation, DPH stated that the training materials were placed back on the DPH website in October 2025, as noted in the report, and that additional educational opportunities had been offered throughout 2023 and 2024.

We acknowledge that DPH's actions will strengthen its monitoring of nursing homes for compliance with 42 CFR section 483.12(a)(3), which prohibits nursing homes from employing or otherwise engaging individuals who have a history of disqualifying offenses.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

As of December 2024, 196 nursing homes in Connecticut were Medicaid certified. Of these 196 nursing homes, we identified 27 that had a reported citation for abuse. We selected a nonstatistical sample of 9 of the 27 nursing homes based on their geographic location and various risk factors, including prior citations for abuse, survey ratings, and number of employees. For each selected nursing home, we requested staff rosters for all individuals who provided services to residents from October 2023 through September 2024 including employees, volunteers, and externally provided staff. We also requested the payroll report for the last week in our audit period to verify the employee lists for completeness. From each of the 9 selected nursing homes, we randomly selected 30 employees for review who were employed at some point during the period October 1, 2023, through September 30, 2024 (audit period). The selected employees consisted of direct hire and contracted employees.

We also reviewed DPH's survey process to determine whether the surveys included a review of nursing home compliance with background checks and registry check requirements as part of the regular Medicaid certification surveys.

We reviewed only those internal controls that were significant to our audit objective. We examined the effectiveness of internal controls related to employee background checks, including the nursing homes' policies and procedures. Specifically, we reviewed employee files at each sampled nursing home.

We conducted our audit from December 2024 to March 2026.

METHODOLOGY

To accomplish our objective, we took the following steps:

- Reviewed applicable Federal and State requirements
- Interviewed DPH officials to gain an understanding of the State agency's ABCMS program and internal controls
- Reviewed DPH's survey process to determine whether and under what circumstances survey teams conduct reviews of nursing home staff background checks
- Obtained a list of 196 nursing homes in Connecticut that were dually certified for participation in Medicare and Medicaid

- Analyzed the 196 nursing homes on CMS’s Care Compare website and removed 169 nursing homes that did not have a reported citation for abuse²¹
- Sorted each of the 27 remaining nursing homes into 3 regions in Connecticut (North, South, and West) and sorted those nursing homes within each region by number of employees and categorized each nursing home based on the number of employees as follows:
 - Large Facility (350 or more employees)
 - Medium Facility (250–349 employees)
 - Small Facility (100–249 employees)
- From the 27 nursing homes, selected a nonstatistical sample of 9 nursing homes for review (3 from each region) based on number of employees, CMS’s Five-Star Quality Rating System, and facility size (1 from each of the facility size categories)
- Interviewed officials from the selected nursing homes to gain an understanding of each nursing home’s policies and procedures related to employee background checks
- Obtained lists of employees (including contracted employees and those who provided services through third-party agencies) from the 9 selected nursing homes, totaling 4,374 employees
- Compared employee lists against payroll reports to verify the completeness of the lists
- Randomly selected 270 employees (direct hires, contractors, and individuals who provided services through a third-party), 30 employees from each of the 9 selected nursing homes who were employed at some point during the audit period
- Reviewed the selected employees’ personnel records to determine whether each nursing home conducted the required background checks in accordance with applicable Federal and State requirements for each of the 270 employees in our sample
- Discussed the results of our audit with DPH officials and officials from the 9 selected nursing homes

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.

²¹ CMS’s nursing home compare website allows for individuals to research nursing homes based on a location, the quality of care they provide, and their staffing.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>New Jersey Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements</i>	<u>A-02-23-01011</u>	12/11/2025
<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: A Final Assessment</i>	<u>OEI-07-24-00100</u>	11/4/2024
<i>National Background Check Program for Long-Term-Care Providers: An Interim Assessment</i>	<u>OEI-07-20-00181</u>	5/9/2022
<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 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* 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, wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.

APPENDIX D: STATE AGENCY COMMENTS

Commissioner Manisha Juthani, MD
Department of Public Health



April 27, 2026

Curtis Roy
Regional Inspector General for Audit Services
Office of Audit Services, Region 1
JFK Federal Building
15 New Sudbury Street, Room 2100
Boston, MA 02203
RE: Report Number OAS-25-01-035

Dear Mr. Roy,

The Connecticut Department of Public Health (DPH) has completed its review of the Office of Inspector General (OIG) audit report, number OAS-25-01-035 *Connecticut Did Not Ensure Selected Nursing Homes Complied With Federal and State Background Check Requirements*.

The Department requests the title of this report be changed to more accurately reflect the findings. Although we concede errors were found in the 9 sampled homes, Connecticut had only a 17% error rate (46 out of 270 employees). However, the current title of the report, *Connecticut Did Not Ensure Selected Nursing Homes Complied with Federal and State Background Requirements*, implies that Connecticut complied with none of the requirements, so someone might conclude that the state had a 100% error rate. We respectfully ask the title be changed to reflect that *Connecticut Did Not Always Ensure Selected Nursing Homes Complied With Federal and State Background Check Requirements*. We believe this change is consistent with other reports issued by your office. After review of APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS, the Department noted in the report entitled *Alabama Did Not Always Verify Selected Nursing Homes' Compliance With Background Check Requirements*, the Alabama agency had a higher error rate than CT (32%, 139 out of 439 employees), and in the report entitled *New Jersey Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements*, a higher error rate (28%, 33 out of 120 employees) for that state was also noted.

The Department's responses to each recommendation in the draft report are below.

- **Recommendation 1:** We recommend that DPH strengthen its monitoring activities to ensure that nursing homes comply with requirements that prohibit the employment of individuals with disqualifying backgrounds, such as expanding the timeframe covered by recertification surveys

The Department neither concurs nor disagrees with this recommendation. We would like to clarify that there is no requirement in CMS Federal regulations that specifies a set number of employee files that must be reviewed during a recertification survey to determine compliance with 42 CFR § 483.12(a)(3). Discretion is granted to the State Agency to determine the extent of file review necessary to ensure compliance. However, after reviewing these audit findings, the Department will review the current practice for employee file review during recertification surveys and determine the feasibility of expanding the timeframe. The Department will also review the sampling methodology since employee file reviews while on survey are based on a sample.

- **Recommendation 2:** We recommend that DPH ensure that all required background checks have been conducted for the 9 selected nursing homes that employ the 46 individuals in our sample who were missing 1 or more background checks.

The Department concurs with this recommendation. We have followed up with all facilities that had employees identified to have missing background check requirements.

- **Recommendation 3:** We recommend that DPH ensure that all training materials on how to conduct background checks for new employees are made available to nursing homes.

The Department concurs with this recommendation. As noted in the audit report, the training materials were placed back on the CT DPH website in October 2025. In addition, education was offered to the long-term care industry in 2023 and 2024. The presentation entitled “DPH Long-Term Care Background Search Program: Applicant Background Check Management System (ABCMS): Updates” was given at the Connecticut Chapter of the American College of Health Care Administrators (CT ACHCA) Annual CT DPH Update Seminar on February 16, 2023. On November 11, 2024, an ABCMS Background Check Informational table was set up and staffed by CT DPH at a nursing home industry educational event.

We thank you for the opportunity to review and respond to the audit report as well as the communications with the OIG concerning findings over this past year. We welcome follow-up conversations regarding this, or other federal processes related to long-term care background checks.

Sincerely,



Manisha Juthani, MD
Commissioner, Connecticut Public Health

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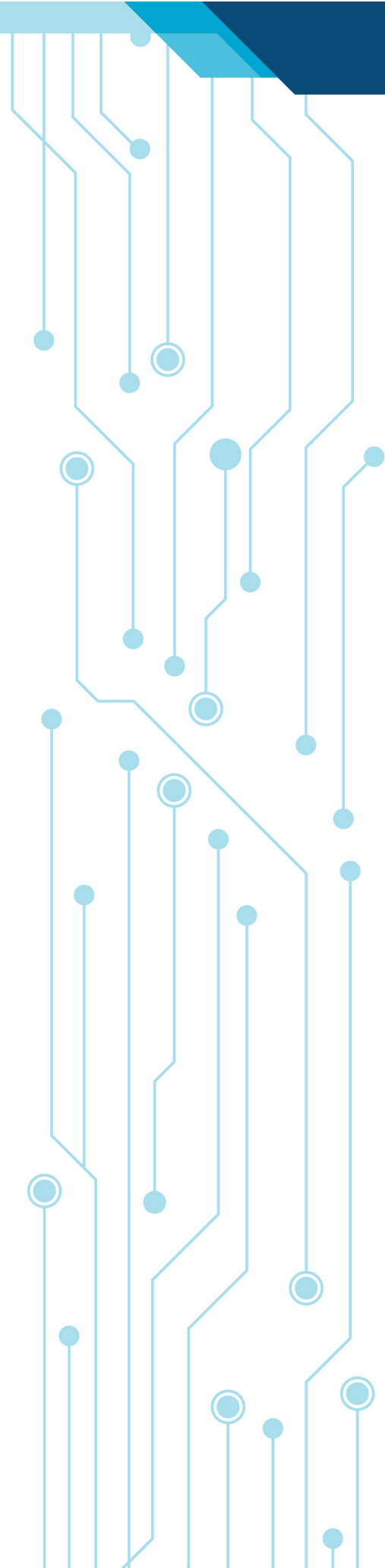
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Public Affairs
330 Independence Ave., SW
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