



## **Office of the Inspector General**

# **Annual Report**

**For the period**

**July 1, 1999 - June 30, 2000**

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**Jeb Bush, Governor**  
**Robert G. Brooks, M.D., Secretary**  
**Linda A. Keen, R.N., M.S., J.D., Inspector General**

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**September 29, 2000**



September 29, 2000

Robert G. Brooks, M.D.  
Secretary  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, Florida 32399-1700

Dear Dr. Brooks:

This report, which is required by §20.055, Florida Statutes, summarizes the activities and accomplishments of the Office of the Inspector General, for Fiscal Year 1999-2000. It was prepared by Kathleen M. Streetman, R.N., C.P.A., M.Acc., based on information provided by members of our staff.

We have included in this report all the necessary information required by statute, as well as an Executive Summary highlighting the major activities of the relevant period.

Thank you for your continued support. We look forward to the coming year.

Sincerely,

Linda A. Keen, R.N., M.S., J.D.  
Inspector General

LAK/kms  
Enclosure

## Department of Health Office of the Inspector General

### Annual Report Fiscal Year 1999-2000

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## Executive Summary

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**Department of Health** This report summarizes the activities and accomplishments of the Department of Health's Office of the Inspector General for the period July 1, 1999, through June 30, 2000.

**Office of the Inspector General** For the eight months as acting inspector general, Charles V. Page, CIG, Director of Investigations, facilitated a smooth transition from the resignation of the previous inspector general to the appointment of Linda A. Keen, R.N., M.S., J.D., as the new inspector general. During this transition, our staff continued to demonstrate its commitment to working closely with other department employees to build a comprehensive system of accountability within the department.

**For the period**

**July 1, 1999,  
through  
June 30, 2000.**

Performance-based program budget activities included the creation of a plan for monitoring the department's data collection systems to ensure that performance data are maintained and supported by department records.

In conjunction with the Office of the Executive Staff Director and the Division of Information Resource Management, we implemented a Department of Health Intranet Website, which serves as a depository and centralized reference site for department-wide policies.

Our office participated in the department employee satisfaction survey and subsequent feedback groups, which were created to find and implement solutions to employee concerns. In addition, our staff participated in many department committees and workgroups.

Allegations of conflict of interest, breach of confidentiality, favoritism, abuse of state time, employee theft, and fraudulent travel claims underwent major investigations.

Our audit staff performed a primary care program audit. In collaboration with the Executive Office of the Governor, an audit of tobacco settlement proceeds was completed.

A management review of a troubled county health department was also performed during this period.

In the coming year, we will continue to coordinate and take responsibility for activities that promote accountability, integrity, and efficiency in the Department of Health.

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## Department of Health

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### *To Promote and Protect Health*

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#### **Mission Statement**

To promote and protect the health of all people in Florida, through the delivery of quality public health services and health care standards.

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#### **Values**

- Team Caring
  - Team Quality
  - Team Integrity
  - Teamwork
  - Team Accountability
  - Team Professionalism
  - Team Community Partnerships
- 

#### **Duties and Responsibilities**

The Department of Health (department) is directed, in §20.43, Florida Statutes, to provide the leadership necessary to promote and protect the health of all residents and visitors through the following mechanisms:

- Prevention of disease and disabilities.
  - Surveillance of disease through the collection and analysis of health care data and special studies.
  - Provision of leadership in the establishment of public health delivery systems.
  - Publication of a state health plan.
  - Regulation of health practitioners.
  - Maintenance and improvement of the environment affecting public health.
- 

#### **Divisions**

The following nine divisions carry out the duties and responsibilities of the department:

- Children's Medical Services
  - Medical Quality Assurance
  - Emergency Medical Services and Community Health Resources
  - Administration
  - Information Resource Management
  - Family Health Services
  - Disease Control
  - Environmental Health Services
  - Disability Determination
- 
-

*Florida Department of Health  
Office of the Inspector General  
Annual Report for Fiscal Year 1999-2000*

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Division of Children's Medical Services	The primary mission of the Division of Children's Medical Services is the provision of a family-centered, comprehensive, coordinated managed system of care for children with special health care needs. This care is provided through a statewide network of multidisciplinary health providers, which includes hospitals, medical schools, private physicians' offices, regional medical centers, medical specialty care centers, as well as 22 local Children's Medical Services clinics.
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Division of Medical Quality Assurance	The Division of Medical Quality Assurance carries out the department's responsibilities related to the regulation of various health care practitioners, facilities, and businesses through planning, developing, and managing the programs and services of regulatory boards, councils, and professions directly regulated by the department.
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Division of Emergency Medical Services and Community Health Resources	The Division of Emergency Medical Services and Community Health Resources focuses its work on improving health care access in rural and medically under-served areas, and the regulation of emergency medical services. The Florida Brain and Spinal Cord Injury Program was added to this division during the current fiscal year. This program administers a coordinated approach to serving individuals with moderate to severe traumatic brain and/or spinal cord injuries.
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Division of Administration	The Division of Administration plans, organizes, directs, and coordinates comprehensive administrative and management services for the department.
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Division of Information Resource Management	The Division of Information Resource Management designs, implements, maintains, and provides technology infrastructure for the department's computer information systems. It also coordinates information resources management issues; approves technology-related purchases; and establishes technology standards.
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Division of Family Health Services

Funded by a variety of federal grants, state sources, and local partnerships, the Division of Family Health Services provides program development, policy direction, and technical assistance to county health departments, local community based coalitions, and other providers. To assure that families and communities have lifetime health, its primary focus is prevention.

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Division of Disease Control

The Division of Disease Control's mission is to detect, control, and eradicate diseases transmitted to people. Its focus is on the education, prevention, early detection, and treatment of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), other sexually transmitted diseases, and tuberculosis; increasing immunization rates for children; and decreasing morbidity and mortality due to chronic disease.

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Division of Environmental Health Services

The Division of Environmental Health monitors the vectors of disease – air, water, insects, animals, and humans. To prevent the spread of highly contagious and deadly diseases, this division regulates and monitors businesses and public facilities; investigates animal bite reports; provides radiation control; and investigates unusual epidemiological and toxicological incidences.

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Division of Disability Determination

The Division of Disability Determination was added to the department January 1, 2000. This division determines the medical eligibility of individuals applying for disability benefits; reviews existing beneficiaries; and evaluates continuing eligibility.

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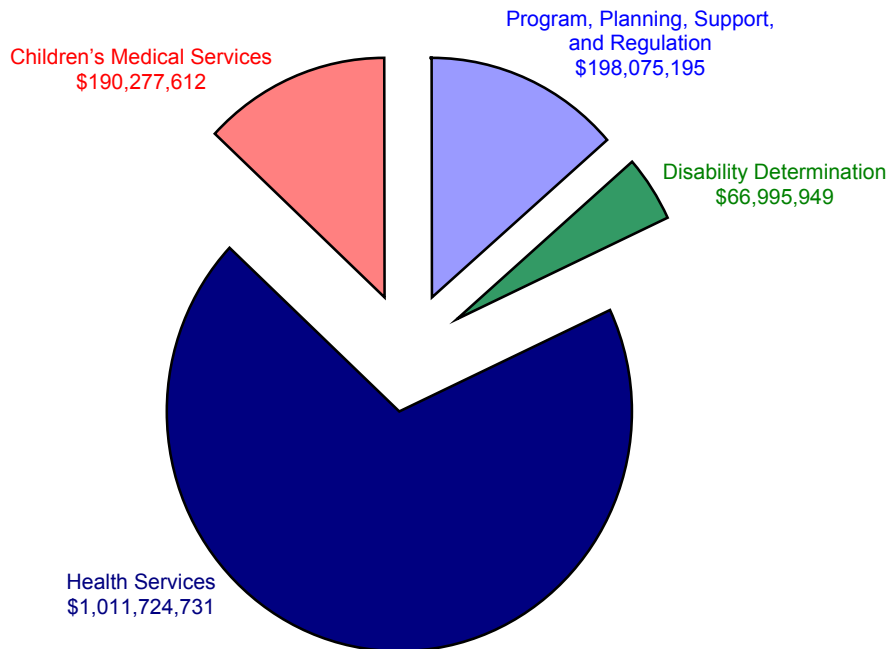


**Funding and Expenditures**

The department receives most of its funding from federal grants, donations, and health program funding sources, which flow through various trust funds. Additional funding is obtained from general revenue. Estimated expenditures for fiscal year 1999-2000 exceeded \$1.4 billion. (See the "Budget Entity Analysis" chart below. Data source: Florida Department of Health Resource Manual, February 2000).

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**Department of Health  
Budget Entity Analysis  
Fiscal Year 1999-2000**



## Office of the Inspector General

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**Mission Statement**

To promote accountability, integrity, and efficiency  
in the  
Department of Health  
by conducting audits, investigations,  
and other accountability activities.

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**Vision**

To always provide the Department of Health management  
the facts and data necessary  
to make decisions  
that promote and protect the health of all people in Florida.

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**Goals**

To provide timely, accurate, and useful information  
to our stakeholders.

To achieve organizational excellence.

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**Values**

***Truth***

Our work will be fact-based, independent, thorough,  
impartial, objective, balanced, and significant.

***Courage***

In our work, we will present the whole truth,  
even in the face of opposition.

***Loyalty***

We will faithfully uphold our values, our mission, and  
the laws of the state of Florida and  
the United States of America.

***Quality***

We will continuously strive to improve the quality of our work.

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**Duties and Responsibilities**

It is our statutory mandate to coordinate and take responsibility for activities that promote accountability, integrity, and efficiency in government through the following specific duties and responsibilities, §20.055(2), Florida Statutes.

- Conduct audits, investigations, management reviews, and other activities, which promote economy and efficiency, and prevent and detect fraud and abuse, in the department's programs and operations.
  - Make recommendations for corrective action.
  - Keep the department Secretary informed of program implementation activities.
  - Ensure effective coordination and cooperation with other governmental auditing functions.
  - Review, as appropriate, department administrative rules and make recommendations concerning their impact.
  - Advise, assess, and monitor performance measures, standards, and data collection for performance-based program budgeting.
- 

**New Inspector General Appointed**

For the eight months as acting inspector general, Charles V. Page, CIG, Director of Investigations, facilitated a smooth transition from the resignation of the previous inspector general to the appointment of Linda A. Keen, R.N., M.S., J.D., as the new inspector general. During this transition, our staff continued to demonstrate its commitment to working closely with other department employees to build a comprehensive system of accountability within the department.

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**Child Care Food Program Auditors**

On June 7<sup>th</sup> the Child Care Food Program auditors joined our staff. The Child Care Food Program provides nutritious meals and snacks to eligible children in child care settings through approximately 900 statewide providers. Although federally funded, this program is administered by the department. To ensure the integrity of the Child Care Food Program, routine audits of program providers are performed.

These auditors also perform audit confirmations for audits performed by independent certified public accountants; review audit reports to determine whether any follow-up activities are required by the department; and ensure that organizations expending more than \$300,000 have an audit conducted by an independent certified public accountant.

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**Organization**

The duties and responsibilities of our office are carried out through audits, investigations, and other accountability activities.

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**Auditing**

**Duties  
and  
Responsibilities**

- Perform financial, compliance, electronic data processing, performance and security audits.
  - Monitor implementation of department audits conducted by the Auditor General, the Office of Program Policy Analysis and Government Accountability, and our audit staff.
  - Develop long-term and annual audit plans based on the findings of periodic risk assessments.
  - Certify the annual costs of testing and reporting procedures of the Infant Screening Program.
  - Assess data collection for performance-based program budgeting performance measures.
- 

**Investigations**

**Duties  
and  
Responsibilities**

- Receive and track complaints.
  - Perform and report investigations to detect, deter, prevent and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government.
  - Coordinate Whistle-blower activities.
  - Report to law enforcement agencies whenever there are reasonable grounds to believe that a violation of criminal law has occurred.
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**Other  
Accountability  
Activities**

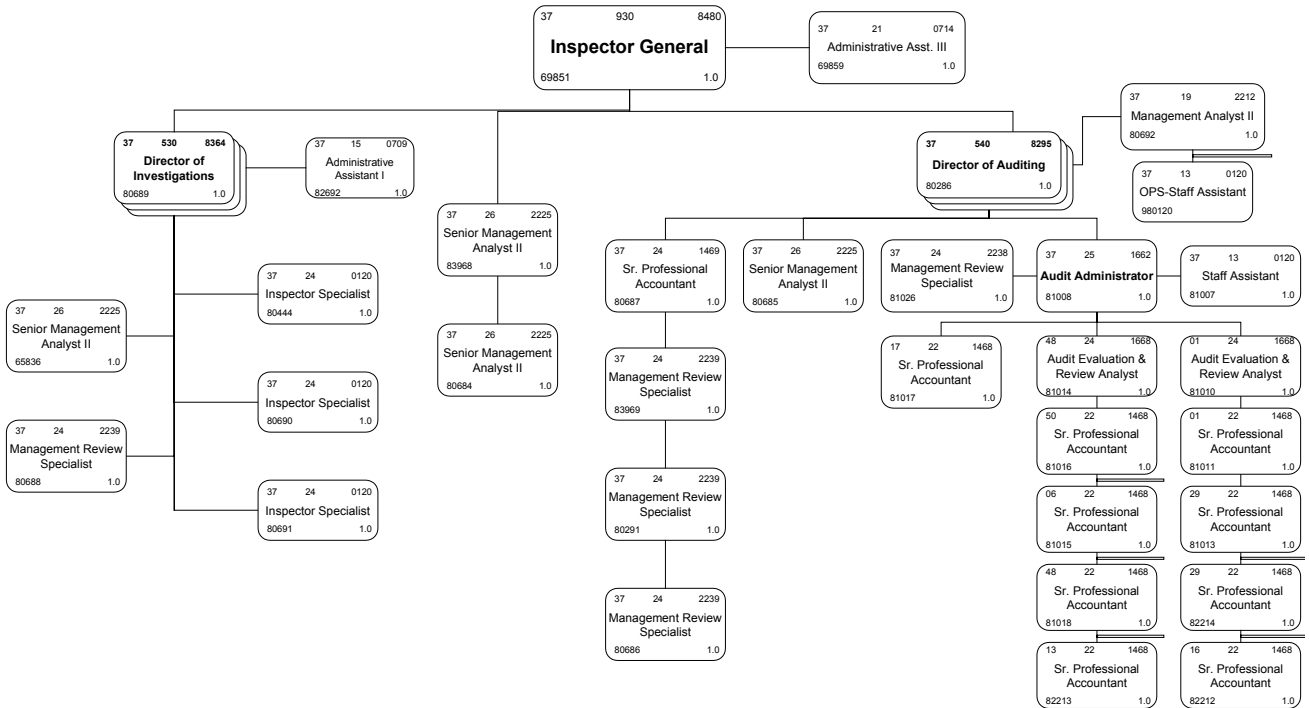
Other accountability activities include those activities that fall outside the audit or investigative functions. These activities are performed by various members of our staff and include, but are not limited to, the following examples:

- Perform management reviews, process evaluations, consulting services, and special studies.
  - Review administrative rules and proposed legislation.
  - Advise, assess, and monitor performance measures for performance-based program budgeting.
  - Prepare the annual report for our office.
-

**Human Resources**

Our office functions with the 32 full-time positions reflected in the organization chart below.

**Office of the Inspector General**



**Professional Certifications**

As of June 30, 2000, members of our staff held the following professional certificates:

- Certified Inspector General (2)
- Certified Public Accountant (6)
- Certified Internal Auditor (3)
- Certified Information Systems Auditor
- Certified Sterling Examiner (2)
- Certified Internal Investigator
- Registered Nurse

Professional  
Training

Office staff participated in excess of 500 hours of professional training, which included the following topics:

- Inspector General Certification
- Mediation Skills
- Cultural Diversity
- Investigative and Auditing Techniques
- Personnel and Supervisory Policies
- State of Florida Accounting Systems
- Computer Skills
- Security Issues
- Notary Public Policies
- Fraud Investigations
- Internet Fraud
- Best management practices including the following workshop topics:
  - Florida Sterling Criteria
  - Process Evaluation Techniques
  - Program Evaluation Skills
  - Problem Solving
- Education unique to the many professionals represented in our office. This included nursing, law, and accounting.

In addition, staff in our office presented the following training sessions for department personnel:

- New Employee Orientation
  - Security Training
  - Contract Manager Training - Audit Review Segment
- 

Department  
Workgroup  
And Committee  
Participation

Staff in our office also participated in the following department workgroups and committees:

- Information Security Workgroup
  - Equal Employment Opportunity Committee
  - Employee Awards Committee
  - Wellness Committee
  - Davis Productivity Awards Committee
  - Records Management Workgroup
  - State Emergency Operations Center
  - Organizational Performance Excellence Team
-

## Summary of Major Activities

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**Current Year  
Major Activities**

During the current reporting period, our office published the following significant audits, investigations, management reviews, and other reports.

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Primary Care  
Program Audit

This audit was initiated to determine the extent to which headquarters provides management oversight of primary care programs in the county health departments.

Our report revealed that the department does not adequately monitor and evaluate these programs to ensure that they meet Florida Statutes and Florida Administrative Code requirements. Nor does department headquarters fully-utilize available reports for monitoring, measuring, and evaluating the quality, cost-effectiveness, services, and geographic accessibility provided by each primary care program, or when renegotiating county contracts. In addition, headquarters does not measure the incremental benefit derived from the distribution of \$20.5 million of State Grants and Aids appropriations for primary care programs.

### RECOMMENDATIONS

- Routinely monitor county health department primary care programs for complete compliance with Florida Statutes and the Florida Administrative Code.
  - Maintain all documentation supporting primary care program monitoring in one central repository to facilitate management oversight of primary care programs.
  - Review available reports and discontinue those that are not required or those not considered cost beneficial.
  - Annually review the results of county health department primary care programs to determine whether the \$20.5 million of primary care funds are targeting counties with the greatest need and if those counties are successful in serving their target populations.
  - Incorporate a performance measure that captures the percent of population in need served by the primary care programs.
-

Tobacco  
Settlement  
Proceeds  
Audit

In fall 1999, our audit staff performed an internal audit of 23 contracts paid with tobacco settlement proceeds received by the state of Florida as a result of the civil action, *State of Florida, et. al. vs. American Tobacco Company et. al.* These contracts were from fiscal years 1997-1998, 1998-1999 and 1999-2000.

This audit disclosed that provisions of the department's manual 75-2, *Contract Management System for Contractual Services* were not always followed.

### RECOMMENDATIONS

- Contract managers should timely obtain audits of providers as required by the contract.
- All contracts executed for procurement of services on behalf of the department should include quantifiable performance measures.
- All employees assigned to manage contracts should receive appropriate training.
- Management should emphasize detailed review and validation of assertions made by providers in deliverable reports when training contract managers.
- Management should ensure that all contract managers are employees of the department, and not independent contractors.
- Management should ensure that necessary documentation regarding the selection process is maintained in applicable files.
- Management should develop and make available written guidelines regarding reasonable administrative costs.

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Infant  
Screening  
Program  
Certification

Our office is required by statute to certify the annual costs of the Infant Screening Program authorized under §383.14, Florida Statutes. This year our office certified the amounts attributable to the Infant Screening Program presented by the Bureau of Finance and Accounting for the year ended June 30, 1999.

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Department of  
Health  
Employee  
Satisfaction  
Survey

Our office is committed to continuous quality improvement by tapping into the full potential of all its employees in pursuit of its mission and goals and implementing positive change to achieve performance at the highest level.

Therefore, in November 1999, our staff participated in the department's employee satisfaction survey. The purpose of the survey was to (1) identify strengths and opportunities for improvement; (2) create a baseline for tracking progress over time; and (3) develop action plans for improvement.

The survey follow-up process involved ten steps to assist managers in identifying, clarifying, and addressing issues surfaced by the survey:

- Step 1 – Review and Interpret Survey Data
- Step 2 – Plan Feedback Sessions
- Step 3 – Conduct Feedback Sessions
- Step 4 – Select Priorities for follow-up action
- Step 5 – Select Action Plan Team Members
- Step 6 – Conduct Team Training
- Step 7 – Review Previous Year's Data & Action Plan
- Step 8 – Identify Root Causes
- Step 9 – Develop Action Plan
- Step 10 - Submit Action Plan for Approval

In May, our office held its feedback session and identified three key opportunities for improvement and three top strengths. An action plan team was formed and began work on (1) generating ideas to address each priority issue; (2) evaluating and selecting the best ideas for improvement; and (3) identifying the best strategy/activity to resolve the issues. The team's goal was to ensure that employees feel their voices have been heard and their specific needs have been recognized.

The employee satisfaction survey has initiated a new way of thinking by our office leadership and staff. We no longer feel that we should follow the traditional role of "management fix the problem." We recognize that each of us not only has questions (issues) but answers, as well.

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Office of the Auditor General's Federal Financial Assistance Programs Audit

Our office coordinated with the Office of the Auditor General for the department's Federal Financial Assistance Programs Audit for fiscal year 1998-1999. Recommendations included the following items:

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Remind county health departments of the three-year retention requirement for employee activity records.
- Ensure that the county health departments timely and properly record expenditures in the accounting system.
- Submit a revised WIC Program Annual Closeout Report correcting the \$308,074 overstatement.
- Perform timely reconciliation of financial reports to the accounting records.

Early Intervention Program

- Comply with instructions or obtain approval for departures from those instructions when preparing federal reports.

Immunization Grants Program

- Ensure that the required personnel activity records are maintained for/by the applicable employees.

HIV Care Formula Grants

- Ensure that periodic certifications are obtained and that adequate records are maintained to substantiate salary costs allocated to the HIV Program.
  - In the event that the federal government does not approve the department's waiver request, the department should ensure that all county health departments properly implement and follow the fee assessment process.
  - Account for fees collected so that amounts are properly deducted from allowable grant costs.
  - Maintain adequate fee data for each client receiving program services.
-

Department of  
Health  
Intranet  
Policy  
Collection

Because organization and easy access to current policies is critical to effective investigative, auditing, and management review work, we worked with the Office of the Executive Staff Director and the Division of Information Resource Management (IRM) to collect and catalogue all department policies with statewide implications and to create an indexing process policy.

This effort began with a request for current active department policies. After these documents were inventoried, a master list was developed and placed on the department's Intranet Website.

Within a few months, with the exception of policies that were considered too lengthy to be scanned, all current department policy documents with statewide impact, submitted to our office, were placed on the department's Policy Document Intranet Site as electronic or scanned documents. The Policy Document Intranet Site is available to all employees.

At this time, its search capabilities are limited. To locate a policy, an employee must know the policy's originating division/bureau/office.

In the next few months, a searchable policy database will be implemented by IRM staff. With this system in place, department staff will be able to locate a policy, not only by division/bureau/office of origin, but also by keyword, identifying number, type of document, and/or title.

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County Health  
Department  
Follow-up Audit

An external financial audit of this county health department was performed by an independent public accounting firm in December 1996. Lack of proper internal control procedures and inadequacies in accounting records prevented the auditors from forming an opinion regarding the accuracy of reported transactions, appropriate billing of services, and completeness of account balances.

An independent public accounting firm completed a follow-up of the external financial audit conducted at the county health department by performing an "Agreed Upon Procedures" review in October 1999. The accountant's report revealed continued deficiencies in the following areas:

- Employee activity records
- Policies and procedures
- Accounting policies and procedures manual
- Client file testing
- Drug free workplace policy documentation
- Timely evaluations

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Activities  
Relating  
to  
Performance-  
Based Program  
Budgeting

The development of a performance measurement system is integral to the implementation of performance-based program budgeting. Department programs have been measuring their performance by tracking health status outcomes as an on-going component of the department's quality assurance and improvement process for many years. As a result of the performance-based program budget activities, the department has established its program structure and finalized its list of performance measures.

Our office has completed a preliminary assessment of the validity of these measures and the likelihood of data reliability. To ensure that performance data are maintained and supported by department records, we have developed a plan for monitoring and reviewing the department's data collection systems and are proceeding with our evaluations.

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County Health  
Department  
Management  
Review

After four anonymous letters alleging mismanagement, department senior management agreed with the county commissioners and requested that our office complete a management review of this county health department.

The purpose of the review was to assess the organizational work climate at the county health department and to make recommendations for climate improvement.

At first glance, it appeared that the problems at the county health department might stem from pressure and intervention by the county commissioners or from the loss of two revenue producing primary care programs. However, our management review revealed that these were symptoms of the more pervasive problem of ineffective leadership at the county health department.

### **RECOMMENDATIONS**

Department of Health Management should:

- Re-evaluate the director's and each manager's ability to maintain a leadership role at the county health department.
- Review current procedures for evaluating the performance of county health department directors.
- Investigate employee allegations pertaining to inequities in the application of personnel rules and policies. These investigations should include, but not be limited to, acts of favoritism, pre-selection of job applicants, and time sheet fraud.
- Re-evaluate the county health department work climate in one year.

County Health Department Management Team should:

- Attend professional management training, along with immediate training in professional presence, interpersonal skills, and appropriate workplace demeanor.
  - Create action plans and implement improvements to improve the organizational work climate. Focus on two climate dimensions reflected in the findings as opportunities for improvement - in each work unit and the county health department as a whole.
-

Headquarter's  
Division

Allegation:  
Lack of  
Financial  
Constraints

This was an investigation into allegations that this division may have been involved in a "significant impropriety" caused by a lack of financial constraints. Specifically, the complainant alleged that the division needed an audit of its finances and that detailed expenditure information was not being made available to the complainant nor to members of his professional board. State law requires the sharing of financial information with regulated professional boards upon board member request and production of a quarterly financial report for each of the boards.

The investigation revealed that the division had not responded timely to a board member request for financial information; had not been providing regular quarterly reports to the boards; and had already documented allocation problems with funds collected from the professional boards. Evidence of loss, theft, or misappropriation of trust fund dollars was not addressed during this investigation.

#### **RECOMMENDATIONS**

- Audit the division to determine if funds have been misallocated and what impact this misallocation would have on board and council revenues.
  - Develop and distribute condensed quarterly financial reports to the boards and councils.
  - Upon board member request, provide reasonable access to any fiscal information that impacts the responsibility of boards and councils to ensure their operations remain fiscally sound.
  - Institute controls over the development, maintenance, and modification of the fund allocation matrix to include dating all changes; identifying author of changes; keeping records of changes; and identifying and tracking dollar value of mistakes made in coding cost entries.
-

Headquarter's  
Division

This investigation was initiated based on an allegation that an employee within this division submitted a fraudulent State of Florida Voucher for Reimbursement of Travel Expenses.

Allegation:  
Fraudulent  
Travel Claim

The scope of this investigation included review of a trip made to Immokalee, Florida and the subsequent travel claim submitted by the employee for attending the American Public Health Association Conference held in Chicago, Illinois, which immediately followed the Immokalee travel.

Based on the available evidence, including the employee's statements obtained during two interviews, the preponderance of evidence indicated violations of Florida Statutes, Florida Administrative Code, and department policy.

The submission of a fraudulent travel claim is a second-degree misdemeanor.

The employee has been dismissed from the department.

#### **RECOMMENDATIONS**

- The division director review internal procedures for obtaining advanced travel approval; procedures for assuring appropriate detail and accuracy of travel claims; clarification of attendance and leave policy regarding the departure and return times associated with travel; and policy regarding the use of hotels or private residence accommodations during travel with specific consideration of proximity to the work location.
  - Adjusting the employee's attendance and leave records to reflect a deduction of three hours of unearned overtime.
  - The employee reimburse the state of Florida the sum of \$12.50 associated with the overpayment of per diem.
  - The division director consider disciplinary action, as appropriate, for violations of cited policy.
-

Headquarter's  
Bureau

Allegation:  
Conspiracy and  
Cover-up

Our office investigated allegations that a conspiracy among this bureau's employees has resulted in providers not being investigated and fines not being collected. The complaint further alleges that employees have lost case files and are now trying to cover-up their actions.

The investigation found and verified a case in which documentation was not in the file and actions taken were inconsistent from one source to the other. The immediate past supervisor logged in entries that were inconsistent and not supported by fact.

In the majority of cases reviewed, our investigation revealed actions inappropriate and inconsistent with program policies and procedures. Examples included cases taking much longer than guidelines allowed; complainant notifications not sent out as required; and case information conflicts among sources.

#### **RECOMMENDATIONS**

- Initiate an independent audit of provider complaint case files for a minimum of calendar years 1998 and 1999.
  - Institute an on-going independent quality assurance review of the complaint process.
  - Institute tighter controls over receiving and processing complaints against providers.
  - Standardize complaint handling process.
  - Continue working with the Division of Information Resource Management staff to improve system security and controls and to monitor data validity.
-



Headquarter's  
Bureau

Our office investigated allegations that unit employees feared their supervisor and were concerned that he could become violent in the workplace.

Allegation:  
Inappropriate  
Management  
of Staff

This investigation revealed that there was an employee perception that the supervisor had the potential to become violent was documented. Current and former employees in the unit, and external parties, witnessed the supervisor becoming angry almost to the point of rage. We also found that the majority of employees in the unit felt intimidated and/or threatened by the supervisor. They related incidents of threats to terminate their employment; use of profane and condescending language; intentional hampering of their work flow; and an unwillingness to allow employee input in the decision-making process.

#### **RECOMMENDATION**

- The bureau should take appropriate action to restore a work environment in this unit free of hostility, intimidation, and the threat of violence.
- 

County  
Health  
Department

As a result of a complaint from a county health department client, it was determined that a county health department employee was illegally soliciting tax business from department clients and co-workers during business hours. The employee was also involved in the unlawful distribution of Social Security Numbers to commit tax fraud. The Internal Revenue Service was notified.

Allegation:  
Employee  
Misconduct  
and  
Inappropriate  
Behavior

In addition, the employee did not complete the proper outside employment forms for this business. However, when management became aware of the outside business, they did not reconfirm this requirement with the employee.

#### **RECOMMENDATION**

- Management should review the guidelines established in the department's Standards of Conduct and act accordingly.
-

County  
Health  
Department

Allegation:  
Mismanagement  
of Vital Records,  
Abuse of State  
Time, and  
Misconduct

This investigation was predicated upon twelve allegations citing mismanagement, abuse of state time, and misconduct by the Vital Records Unit supervisor at this county health department. The investigation sustained the majority of these allegations.

Sufficient controls had not been implemented to ensure the authenticity and safeguarding of confidential and/or sensitive information. The certificate review process did not provide any assurance that certificates were accurate and processed and distributed in accordance with Florida Statutes and department guidelines.

### **RECOMMENDATIONS**

#### Security

- Management should temporarily establish a monitoring process to verify that persons entering the Vital Records Unit have properly logged in.
- The access logbook should not have removable pages.

#### Internal Controls

- Management should ensure the logbook for voided certificates contains sufficient detail supporting entries.
  - Logbooks should not leave the premises.
  - Daily receipts should be reconciled with certificate requests and vital records check receipts to verify the accuracy and timeliness of collected fees.
  - Management should conduct random audits of records forwarded to the Florida Vital Statistics Office to ensure that information entered on the records is accurate, complete, and the records contain proper signatures.
  - Management should post a sign in the front of the office stating that all certificates received by the Vital Records Unit shall be complete and error free.
  - Management should continue to notify funeral home directors that all certificates received by the Vital Records Unit shall be complete and error free.
-

County Health Department      A breach of information security procedures at this county health department care center resulted in retrieval of a list of 491 HIV/AIDS clients of the county health department care center from a care center client.

Allegation:  
Breach of Confidentiality      The purpose of this investigation was to determine how this breach occurred and to assess information security procedures at the county health department.

The investigation revealed that improper security practices by the care center staff led to the loss of the confidential document with the determination that the client that notified the county health department care center of the discovery of the list was probably the person who took the list from an employee's office during a visit.

### **RECOMMENDATIONS**

- All client case information and activity reports should be maintained in one automated database. Each caseworker should have his or her own password to access this database. Passwords must be a minimum of eight characters in length and be changed every 30 days. Electronic access should eliminate the need for hard copy line lists.
  - A needs analysis should be accomplished within the county health department to determine other organizational requirements for HIV/AIDS client information. Procedures should be developed to meet identified needs.
  - The county health department should reassess the information security requirements given the deficiencies found in this investigation; establish appropriate guidelines; and actively supervise employee compliance.
  - The county health department should consider disciplinary action, as appropriate, for violation of department information security policies.
-

County  
Health  
Department

The complainant alleged that he attended a pool service technician certification class advertised as a department class and announced on department letterhead, but the instructor requested checks be made payable to him personally.

Allegation:  
Unauthorized  
Classes

The investigation revealed that the instructor was a county health department employee who had taught several authorized department classes in the past. However, in this situation he had abused his position by soliciting regulated swimming pool technicians to take his unauthorized private class.

#### **RECOMMENDATION**

- Disciplinary action as appropriate.
- 

County Health  
Department

This investigation was predicated upon an anonymous complaint alleging that the director and other staff members of the county health department had received gifts from vendors. According to the complaint, this activity had been brought to the director's attention with no action taken.

Allegation:  
Receipt of  
Gratuities

The investigation concluded that the county health department director violated policy by accepting three hams from the architectural firm that designed the new county health department building. The director also allowed the management staff of the construction company, which was contracted to build the new county health department, to purchase his lunch.

In addition, three county health department management employees violated policy by allowing management employees of the construction company to purchase drinks and/or lunch for them. Two of these employees also accepted hams from the architectural firm.

#### **RECOMMENDATION**

- Disciplinary action as appropriate.
-

County  
Health  
Department

An investigation of this county health department computer systems administrator was initiated based on a complaint alleging that he committed time and attendance fraud; worked outside department core hours; and misused state computers.

Allegation:  
Abuse of  
State Time

The investigation revealed that the employee was working from 6:00 a.m. to 2:00 p.m. Monday through Friday, and frequently left between 12:00 p.m. and 1:00 p.m. to "take mail to Tallahassee." The employee's work schedule prevented other employees from having access to him for inquiries and meetings, which are within his position's responsibilities. On occasion, he did not take a minimum one-half hour meal period, which were a violation of the department's meal period policy. At the direction of the county health department director, this employee delivered mail to department offices in Tallahassee, as an alleged cost saving measure.

Additionally, the employee indexes the Health Care Management System from his home by remote, which causes global file corruption, even though he has been asked to cease such action.

#### **RECOMMENDATIONS**

- Maintain in the employee's personnel file written authorization by a delegated authority for a work schedule outside department core business hours.
  - Assure that at least a thirty-minute meal period is incorporated into the employee's schedule after he has worked five or more consecutive hours.
  - Analyze the cost/benefit of using employees to deliver mail to Tallahassee.
  - Create a department policy concerning remote access of the Health Care Management System.
-

County Health  
Departments

Allegation:  
Favoritism

The director of this county health department was the focus of this investigation. Our investigation revealed that the director improperly used his authority and favored his relatives when awarding contracts and providing services and benefits in the circumstances listed below.

- Provided a relative with a child car seat for five dollars, without the relative meeting the poverty requirements nor completing the required training.
- Provided a competitor's bid amount to a relative to enable her company to underbid and win a contract to provide pesticide to the county health department.
- Waived his relative's water sample re-testing fees.

In addition, the investigation revealed that the director violated the rules of the federal WIC contract, when he assigned a WIC laptop computer to the county health department's systems administrator.

**RECOMMENDATION**

- Management should take action to assure that favoritism is eradicated both in fact and perception.
- 

County  
Health  
Department

Allegation:  
Breach of  
Confidentiality

This investigation was initiated based upon a client complaint alleging that an employee of the county health department inappropriately discussed his medical history with another organization's employee. According to the complainant, he has never been a client of the county health department and the county health department employee should have had no knowledge regarding his medical history.

The investigation substantiated the allegation that the county health department employee wrongly and without authorization discussed the medical history, which included the complainant's HIV status, with a county case manager.

**RECOMMENDATIONS**

- Disciplinary action, as appropriate, should be considered.
  - Although options are limited by the crowded physical environment, the county health department should attempt to segregate the client information of both entities, including the verbal identification of clients, to prevent disclosure.
-

County  
Health  
Department

Allegation:  
Employee Theft

A county health department employee reported that his supervisor engaged in inappropriate activities on state time. Because this investigation developed sufficient evidence to suspect felony activities by the employee, the county sheriff's department was notified. A motorcycle, believed to be stolen, was kept at the county health department.

A county sheriff's department crime unit conducted a vehicle identification number check and confirmed the motorcycle had been reported as stolen. A subsequent grounds search surrounding the employee's home by law enforcement officers revealed that the employee had been running a "chop shop" and resulted in the recovery of county health department property.

#### **RECOMMENDATIONS**

- The inspector general monitor case developments and provide further assistance to the director of the county health department as needed.
  - The director of the county health department consider preparing a letter of appreciation to the reporting employee for his courage in bringing the inappropriate activities to light.
  - The inspector general prepare a letter of appreciation to the county sheriff's department for their timely response to the department's investigative needs essential to preserving evidence in this case.
-

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## Summary of Complaints Received

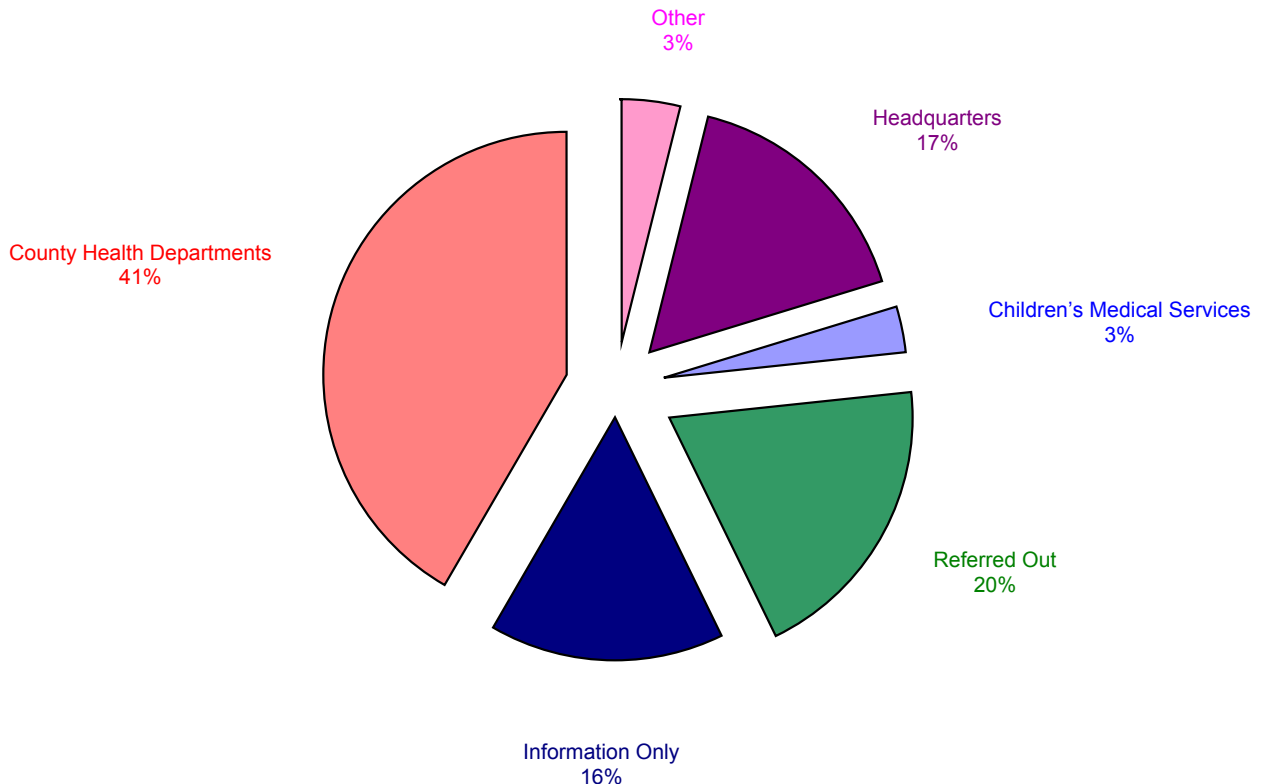
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Stratification of  
Complaints  
Received

During the current reporting period, 103 complaints were received by our office. Twenty of these complaints were not within our jurisdiction and were appropriately referred out. Sixteen were from individuals seeking information only. The remaining 67 were complaints related to department activities. Seventeen complaints involved issues at headquarters; 43 concerned the county health departments; three were from the Division of Children's Medical Services; two involved the Division of Medical Quality Assurance testing facilities; one was from the state laboratory; and one was involved the Bureau of Vital Statistics.

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**Department of Health  
Office of the Inspector General  
Stratification of Complaints Received  
Fiscal Year 1999-2000**





Stratification  
of Complaints  
Received

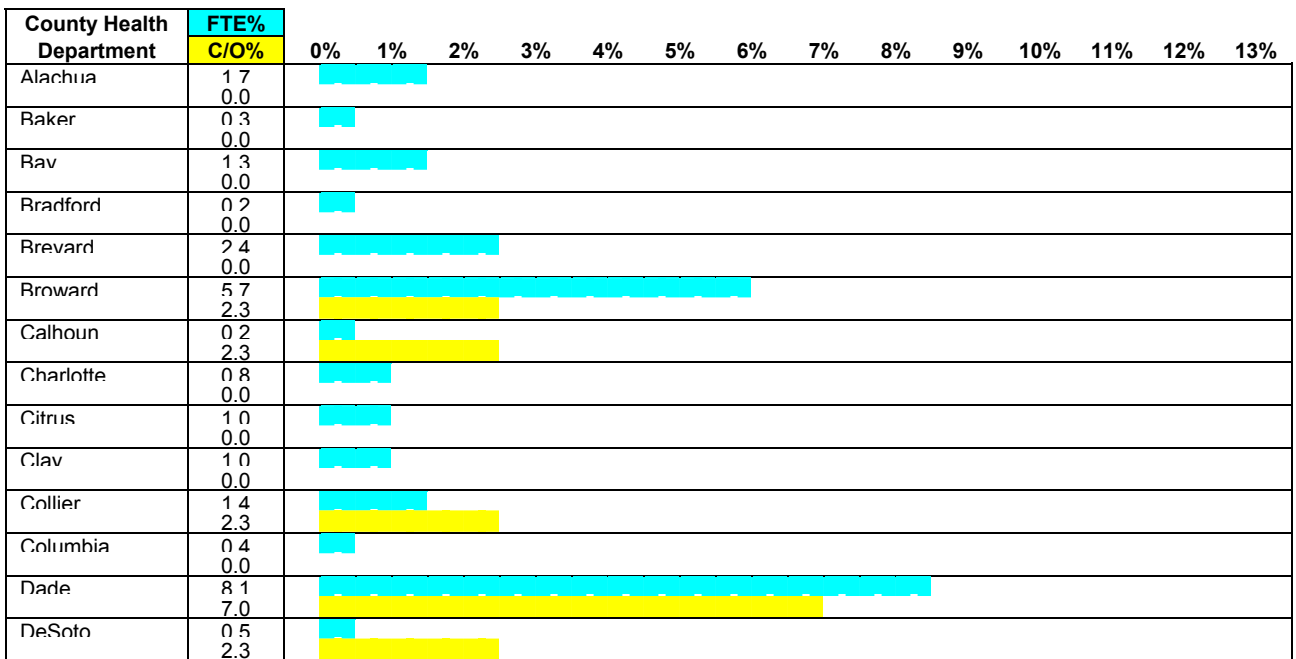
For each county, the chart below provides a comparison of the percentage of the total county health department complaints received this fiscal year (C/O%) with the percentage of the total full time equivalent employees of all the county health departments for this fiscal year (FTE%).

For example, the Broward County Health Department has 5.7% of all the county health department full time equivalents working in its health department. However, this county health department was the recipient of 2.3% of the county health departments' complaints received in our office this fiscal year.

FTE% = number of full time equivalents for a particular county health department divided by the total number of full time equivalents at all county health departments as of September 1999.

C/O% = number of complaints received regarding a particular county health department divided by the total number of complaints received by our office regarding all county health departments for fiscal year 1999-2000.

**County Health Department Complaint Data  
Percentage of Complaints Received vs Percentage of Full Time Equivalents  
Fiscal Year 1999-2000**



**County Health Department Complaint Data**  
**Percentage of Complaints Received vs Percentage of Full Time Equivalents**  
**Fiscal Year 1999-2000**  
(cont'd)

County Health Department	FTE%	0%	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%
	C/O%														
Dixie	0.3 0.0														
Duval	5.7 7.0														
Escambia	3.1 7.0														
Flandler	0.4 0.0														
Franklin	0.3 2.3														
Gadsden	0.7 0.0														
Gilchrist	0.2 0.0														
Glades	0.2 0.0														
Gulf	0.4 0.0														
Hamilton	0.1 0.0														
Hardee	0.4 0.0														
Hendry	0.6 0.0														
Hernando	1.0 4.6														
Highlands	0.9 2.3														
Hillsborough	5.3 4.6														
Holmes	0.4 0.0														
Indian River	1.1 0.0														
Jackson	0.7 4.6														
Jefferson	0.2 2.3														
Lafayette	0.2 0.0														
Lake	1.2 2.3														
Lee	2.2 2.3														
Leon	1.4 2.3														
Levy	0.3 0.0														
Liberty	0.2 0.0														
Madison	0.3 0.0														
Manatee	1.5 0.0														
Marion	2.7 2.3														
Martin	1.1 0.0														

**County Health Department Complaint Data**  
**Percentage of Complaints Received vs Percentage of Full Time Equivalents**  
**Fiscal Year 1999-2000**  
(cont'd)

County Health Department	FTE%		Percentage of Complaints Received vs Percentage of Full Time Equivalents												
	C/O%	FTE%	0%	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%
Monroe	0.7	2.3	[Bar chart showing 0.7% C/O and 2.3% FTE]												
Nassau	0.6	0.0	[Bar chart showing 0.6% C/O and 0.0% FTE]												
Okaloosa	1.1	4.6	[Bar chart showing 1.1% C/O and 4.6% FTE]												
Okeechobee	0.5	4.6	[Bar chart showing 0.5% C/O and 4.6% FTE]												
Orange	4.7	0.0	[Bar chart showing 4.7% C/O and 0.0% FTE]												
Osceola	1.2	2.3	[Bar chart showing 1.2% C/O and 2.3% FTE]												
Palm Beach	7.8	0.0	[Bar chart showing 7.8% C/O and 0.0% FTE]												
Pasco	2.0	2.3	[Bar chart showing 2.0% C/O and 2.3% FTE]												
Pinellas	5.4	2.3	[Bar chart showing 5.4% C/O and 2.3% FTE]												
Polk	4.0	2.3	[Bar chart showing 4.0% C/O and 2.3% FTE]												
Putnam	0.7	0.0	[Bar chart showing 0.7% C/O and 0.0% FTE]												
Saint Johns	1.0	2.3	[Bar chart showing 1.0% C/O and 2.3% FTE]												
Saint Lucie	1.2	4.6	[Bar chart showing 1.2% C/O and 4.6% FTE]												
Santa Rosa	0.7	0.0	[Bar chart showing 0.7% C/O and 0.0% FTE]												
Sarasota	2.8	2.3	[Bar chart showing 2.8% C/O and 2.3% FTE]												
Seminole	1.5	2.3	[Bar chart showing 1.5% C/O and 2.3% FTE]												
Sumter	0.4	2.3	[Bar chart showing 0.4% C/O and 2.3% FTE]												
Suwannee	0.3	0.0	[Bar chart showing 0.3% C/O and 0.0% FTE]												
Taylor	0.4	0.0	[Bar chart showing 0.4% C/O and 0.0% FTE]												
Union	0.1	0.0	[Bar chart showing 0.1% C/O and 0.0% FTE]												
Volusia	3.6	4.6	[Bar chart showing 3.6% C/O and 4.6% FTE]												
Wakulla	0.3	0.0	[Bar chart showing 0.3% C/O and 0.0% FTE]												
Walton	0.5	0.0	[Bar chart showing 0.5% C/O and 0.0% FTE]												
Washington	0.4	0.0	[Bar chart showing 0.4% C/O and 0.0% FTE]												

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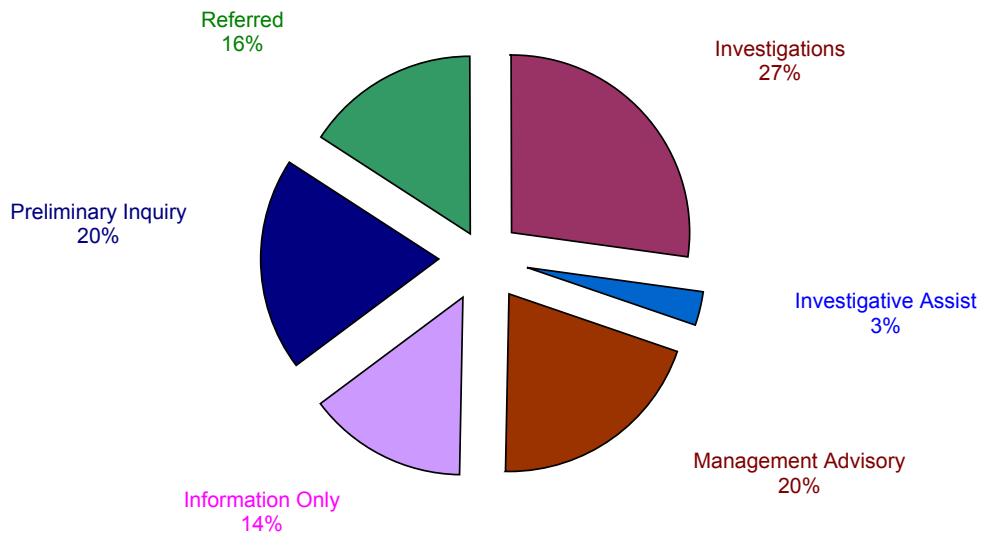
## Summary of Complaints Closed

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Stratification of Complaints Closed      From July 1, 1999, through June 30, 2000, our office closed 139 complaints. The chart below demonstrates how these closed complaints were handled. For information on the subjects and dispositions of these complaints, see the following pages.

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**Department of Health  
Office of the Inspector General  
Stratification of Complaints Closed  
Fiscal Year 1999-2000**



**Department of Health  
Office of the Inspector General  
Summary of Complaints Closed  
Fiscal Year 1999-2000**

<b>Tracking Number</b>	<b>ID</b>	<b>Subject</b>	<b>Disposition</b>
97-048	IN	conflict of interest/outside employment	sustained
97-061	IN	falsification of septic tank permit inspection	unsustained
97-062	PI	bid rigging-leased space for administrative services	unsustained
97-068	PI	questionable grievance process and procedure	unsustained
97-083	IN	referral of business by employee for gifts	sustained
97-099	PI	inappropriate use of Health and Rehabilitative Service letterhead	unsustained
97-106	IN	acts of gross waste of public funds, etc.	partially sustained
97-113	PI	protocol/procedures not being followed	sustained
98-012	IN	harassment by county health department director	unsustained
98-019	MA	low morale due to poor management	referred to management
98-038	MA	retaliatory and unprofessional behavior	referred to management
98-049	IN	inappropriate services in the dental clinic	sustained
98-053	MA	corruption and waste	referred to management
98-062	MA	altered/forged birth certificates	referred to management
98-064	NF	inappropriate use of dental lab/abuse of state time	information recorded for reference purposes only, no action warranted
98-068	PI	solicitation for nursing aid applicants and overcharging for tests	closed due to insufficient evidence
98-069	PI	mismanagement	referred to management
98-070	MA	no response from Labor Relations Office	referred to management
98-087	MA	falsification of employee's timesheet by supervisor	referred to management
98-093	IN	abuse of state time	contract canceled
98-103	PI	Liga Contra El Cancer Contract, misuse of public funds	referred to management
98-109	PI	improper relationship with independent contractors	public employees relations commission settlement
98-127	NF	Methadone Clinic	information recorded for reference purposes only, no action warranted
98-129	MA	inappropriate behavior of employee	referred to management
98-132	IN	falsification of degree	unsustained
99-003	MA	employee safety/patient restraint	referred to management
99-004	RF	inappropriate behavior of state employee	unsustained
99-007	MA	fraudulently obtained assistance	referred to management
99-009	PI	hostile work environment	closed due to complainant's failures to cooperate
99-012	NF	falsification of personnel file	information recorded for reference purposes only, no action warranted
99-015	RF	unethical behavior	referred to Agency for Health Care Administration
99-019	PI	improper dual employment	referred to management
99-023	NF	inappropriate behavior	information recorded for reference purposes only, no action warranted
99-025	IN	harassment by supervisor	sustained
99-026	IN	misuse of state vehicle	unsustained
99-027	IN	misuse of state vehicle and misuse of state and grant funds	unsustained
99-028	IN	inappropriate furniture purchase for administration office	unsustained

**Department of Health  
Office of the Inspector General**

**Summary of Complaints Closed**

(cont'd)

**Fiscal Year 1999-2000**

99-034	IN	falsification of timesheets and misuse of state vehicle	unsustained
99-039	IN	inappropriate billing of Ryan White Contract	unsustained
99-056	MA	closure of physician's office due to CHD direction to patients	referred to management
99-057	MA	abuse of the system by medical and administrative staff	referred to management
99-060	MA	abuse of state equipment and state time	referred to management
99-062	PI	collusion to create problems resulting in court action	unsustained
99-063	PI	inappropriate use of Department of Health letterhead	sustained
99-065	NF	inappropriate appointment of grievance committee members	information recorded for reference purposes only, no action warranted
99-066	NF	problems with septic tank site inspections	information recorded for reference purposes only, no action warranted
99-067	INA	conflict of interest	unsustained – our office assisted in the investigation completed by the Office of the Comptroller
99-068	IN	abuse of state time	sustained
99-069	MA	reduction in medical services to HIV/AIDS community	referred to management
99-070	NF	performance not according to contract	information recorded for reference purposes only, no action warranted
99-071	RF	unlicensed practice	referred to Agency for Health Care Administration
99-072	IN	favoritism	sustained
99-073	MA	illegal hire	referred to management
99-075	IN	contractor fraud and cover-up	sustained
99-076	RF	fraud	referred to the Department of Agriculture
99-077	IN	overdevelopment of land	sustained
99-078	IN	misuse of tobacco funds	unsustained
99-079	RF	verbal harassment	referred to the Department of Labor
99-080	RF	unsanitary practices and conditions	referred to Agency for Health Care Administration
99-081	MA	Inquiry regarding contract between DEP and DOH	referred to management
99-082	PI	fraud of Ryan White funds	unsustained
99-083	PI	inaccurate licensure information provided to customer	sustained
99-084	PI	misuse of position	unsustained
99-085	PI	encouragement of termination of parental rights	unsustained
99-086	PI	attack from county commission	addressed in a management review
99-087	IN	illegal and fraudulent pharmacy activities	unsustained
99-088	NF	deterioration in restroom cleanliness	referred to the school district.
99-089	RF	harassment, intimidation, verbal abuse and hostile work environment	referred to Department of Children and Families
99-090	RF	professional licensure violations	referred to the Division of Medical Quality Assurance
99-091	IN	misuse and stealing of state monies	unsustained
99-092	IN	misuse of e-mail	sustained
99-093	MA	falsification of time sheets/retaliation	referred to management
99-094	PI	solicitation of state employees on state property	unsustained
99-095	RF	discrimination	referred to Office of Equal Opportunity & Minority Affairs
99-096	NF	retaliation	information recorded for reference purposes only, no action warranted

**Department of Health  
Office of the Inspector General**

**Summary of Complaints Closed**

(cont'd)

**Fiscal Year 1999-2000**

99-097	PI	retaliation and no feedback from Office of the Inspector General	unsustained
99-098	NF	gift from vendor	information recorded for reference purposes only, no action warranted
99-099	NF	lack of assistance to change birth certificate	information recorded for reference purposes only, no action warranted
99-100	RF	overcharge by hospital	referred to Agency for Health Care Administration
99-101	RF	lack of care and concern	referred to Agency for Health Care Administration
99-102	IN	breach of confidentiality	sustained
99-103	MA	abuse of state time	referred to management
99-104	IN	abuse by state notary	unsustained
99-105	IN	fraudulent activity	closed due to insufficient evidence
99-106	RF	unfair inspections	Referred to Department of Business and Professional Regulation.
99-107	PI	unhealthy and unsafe conditions	sustained
99-108	PI	employee harassment	unsustained
99-109	INA	birth certificate fraud	referred to local law enforcement
99-111	NF	inappropriate request for confidential documents	information recorded for reference purposes only, no action warranted
99-112	NF	fraudulent advertising practices	information recorded for reference purposes only, no action warranted
99-113	RF	use and selling drugs	referred Narcotic Division of the Tallahassee Police Department
99-114	RF	management and personnel problems	referred to the Bureau of Human Resource Management and Bureau of Vital Statistics
99-115	IN	lack of financial constraints	sustained
99-116	INA	misrepresentation and solicitation of funds	sustained
99-117	IN	fraudulent travel claim	unsustained
99-118	MA	discrimination and disapproval of new position description	referred to management
99-119	RF	overcharge for medical records and medical supplies	referred to Agency for Health Care Administration
99-120	IN	breach of confidentiality	sustained
99-121	IN	contract bid irregularities	unsustained
99-122	IN	misuse of authority	unsustained
99-123	NF	unauthorized testimony by nurse	information recorded for reference purposes only, no action warranted
99-124	NF	unfair public employees relations commission hearing	information recorded for reference purposes only, no action warranted
99-125	RF	selling of prescription drugs	referred to local law enforcement
99-126	IN	receipt of gratuities	sustained
00-001	RF	sexual harassment	referred to Office of Equal Opportunity & Minority Affairs
00-002	MA	waiver of re-examination fee	referred to management
00-003	INA	theft by employee	referred to local law enforcement
00-004	MA	presence of dogs in county health department	referred to management
00-005	MA	misuse of e-mail	referred to management
00-006	RF	discrimination	referred to Office of Equal Opportunity & Minority Affairs
00-007	RF	improper termination of contract	referred to Office of the General Counsel
00-008	MA	waste of state time	referred to management
00-009	IN	that attorney presented inappropriate legal advice	unsustained

**Department of Health  
Office of the Inspector General  
Summary of Complaints Closed  
(cont'd)**

**Fiscal Year 1999-2000**

00-012	PI	extraordinary pay increases	unsustained
00-010	IN	mismanagement of vital records, abuse of state time, and misconduct on state time	sustained
00-011	PI	timesheet fraud	sustained
00-013	RF	unfair termination of job	referred to the Bureau of Human Resource Management
00-014	NF	professional board was not responsive to application request	information recorded for reference purposes only, no action warranted
00-015	PI	unauthorized copying of client's medical records	unsustained
00-016	IN	conspiracy and cover-up by employees	sustained
00-017	IN	misconduct and inappropriate behavior of employee	sustained
00-018	NF	problems with several agencies	information recorded for reference purposes only, no action warranted
00-019	RF	inappropriate hiring practices	referred to the Agency for Health Care Administration
00-020	PI	embezzlement of funds	closed due to insufficient evidence
00-021	MA	use of stamp machine for personal mail	referred to management
00-022	NF	use of the county vehicle and the state purchasing card for personal use	information recorded for reference purposes only, no action warranted
00-023	MA	inappropriate behavior	referred to management
00-024	MA	mistake by LabCorp	referred to management
00-025	NF	inappropriate behavior	information recorded for reference purposes only, no action warranted
00-026	NF	constructive dismissal	information recorded for reference purposes only, no action warranted
00-027	PI	tampering with Career Service Grievance Process, threatening employee, falsification of personnel records	closed due to insufficient evidence
00-030	IN	inappropriate management of staff	sustained
00-031	RF	computer security issue	referred to the Florida Department of Law Enforcement
00-034	MA	improper septic tank	referred to management
00-035	MA	poor supervision of employees	referred to management
00-036	PI	missing birth certificates	referred to local law enforcement
00-037	PI	contaminated drinking water	issue addressed in litigation
00-038	IN	misuse of position	sustained
00-039	MA	refusal of medications by Children's Medical Services	referred to management

**Identifier Key**

<b>Symbol</b>	<b>Description</b>
IN	Investigation
INA	Investigative Assist
MA	Management Advisory
MR	Management Review
NF	Information Only
PI	Preliminary Inquiry
RF	Referral
WB	Whistle-blower