

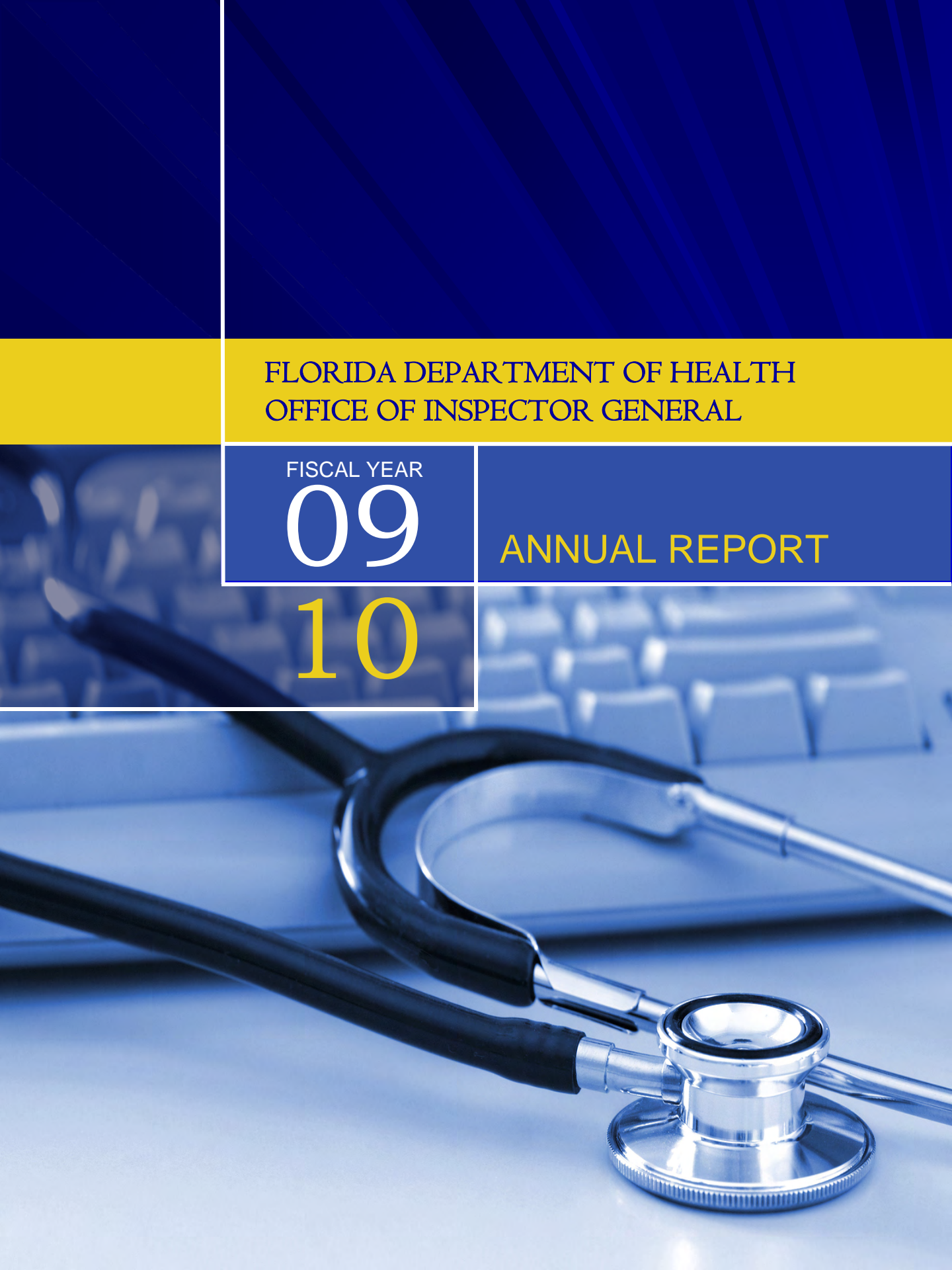
FLORIDA DEPARTMENT OF HEALTH  
OFFICE OF INSPECTOR GENERAL

FISCAL YEAR

09

10

ANNUAL REPORT





Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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September 30, 2010

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General  
Department of Health  
4052 Bald Cypress Way, Bin #A00  
Tallahassee, Florida 32399-1701

Dear Dr. Viamonte Ros:

In accordance with Section 20.055(7), *Florida Statutes*, I am submitting the Office of Inspector General Annual Report for the fiscal year ending June 30, 2010. This report summarizes the major work activities of the Office during the previous fiscal year.

We look forward to continuing our work with you and all Department of Health staff in promoting and protecting the health and safety of all Floridians.

Should you wish to discuss this report or if you have any questions, please contact me at 245-4141.

Respectfully submitted,

A handwritten signature in black ink that reads "James D. Boyd".

James D. Boyd, C.P.A., M.B.A.  
Inspector General

JDB/mb

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OFFICE OF THE INSPECTOR GENERAL

Mailing Address: 4052 Bald Cypress Way, Bin #A03 • Tallahassee, FL 32399-1704

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**Florida Department of Health  
Office of Inspector General  
Annual Report FY 2009-10**

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# Introduction

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Section 20.055, *Florida Statutes*, establishes an Office of Inspector General in each state agency to provide a central point for the coordination of and responsibility for activities that promote accountability, integrity, and efficiency within that respective agency.

Each Inspector General has broad authority, including the responsibility to:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards, and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations;
- ❖ Keep the agency head informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Perform periodic audits and evaluations of the security program for data and information technology resources<sup>1</sup>;
- ❖ Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication;
- ❖ Monitor the implementation of the agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance;
- ❖ Review rules relating to the programs and operations of the state agency and make recommendations concerning their impact;
- ❖ Receive complaints and coordinate all activities of the agency as required by the Whistle-blower's Act;
- ❖ Receive and consider complaints which do not meet the criteria for an investigation under the Whistle-blower's Act and conduct, supervise, or coordinate such inquiries, investigations, or reviews as deemed appropriate;
- ❖ Initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government;
- ❖ Report expeditiously to the appropriate law enforcement agency when there are reasonable grounds to believe there has been a violation of criminal law;
- ❖ Ensure an appropriate balance is maintained between audit, investigative, and other accountability activities; and
- ❖ Comply with the *Principles and Standards for Offices of Inspector General* as published by the Association of Inspectors General.

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<sup>1</sup> Section 282.318(4)(f), *Florida Statutes*

As a result of these responsibilities, Section 20.055, *Florida Statutes*, requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding fiscal year. This report summarizes the activities and accomplishments of the Florida Department of Health's Office of Inspector General (HIG) for the twelve-month period beginning July 1, 2009 and ending June 30, 2010.

# Mission, Vision, and Values

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The **mission** of the Florida Department of Health (DOH) is to:

*“Promote, protect, and improve the health of all people in Florida.”*

The **vision** of the DOH is:

*“A healthier future for the people of Florida.”*

The **values** of the DOH are:

- ❖ *Excellence: We achieve and maintain quality results and outcomes through continuous performance improvement and learning.*
- ❖ *Commitment to Service: We dedicate ourselves to provide services unconditionally and without partiality.*
- ❖ *Accountability: We take full responsibility for our behavior and performance.*
- ❖ *Empowerment: We create a culture that encourages people to exercise their judgment and initiative in pursuit of organizational goals.*
- ❖ *Integrity: Our guide for actions – which incorporates our commitment to honesty, fairness, loyalty and trustworthiness – is in the best interests of our customers and employees.*
- ❖ *Respect: We recognize and honor the contributions of one another in our daily activities and create an environment where diversity is appreciated and encouraged.*
- ❖ *Teamwork: We encourage active collaboration to solve problems, make decisions, and achieve common goals.*

The HIG fully promotes and supports the mission, vision and values of the DOH by providing independent examinations of agency programs, activities and resources; conducting internal investigations of alleged violations of agency policies, procedures, rules or laws; and offering operational consulting services that assist department management in their efforts to maximize effectiveness and efficiency.

# Organizational Profile

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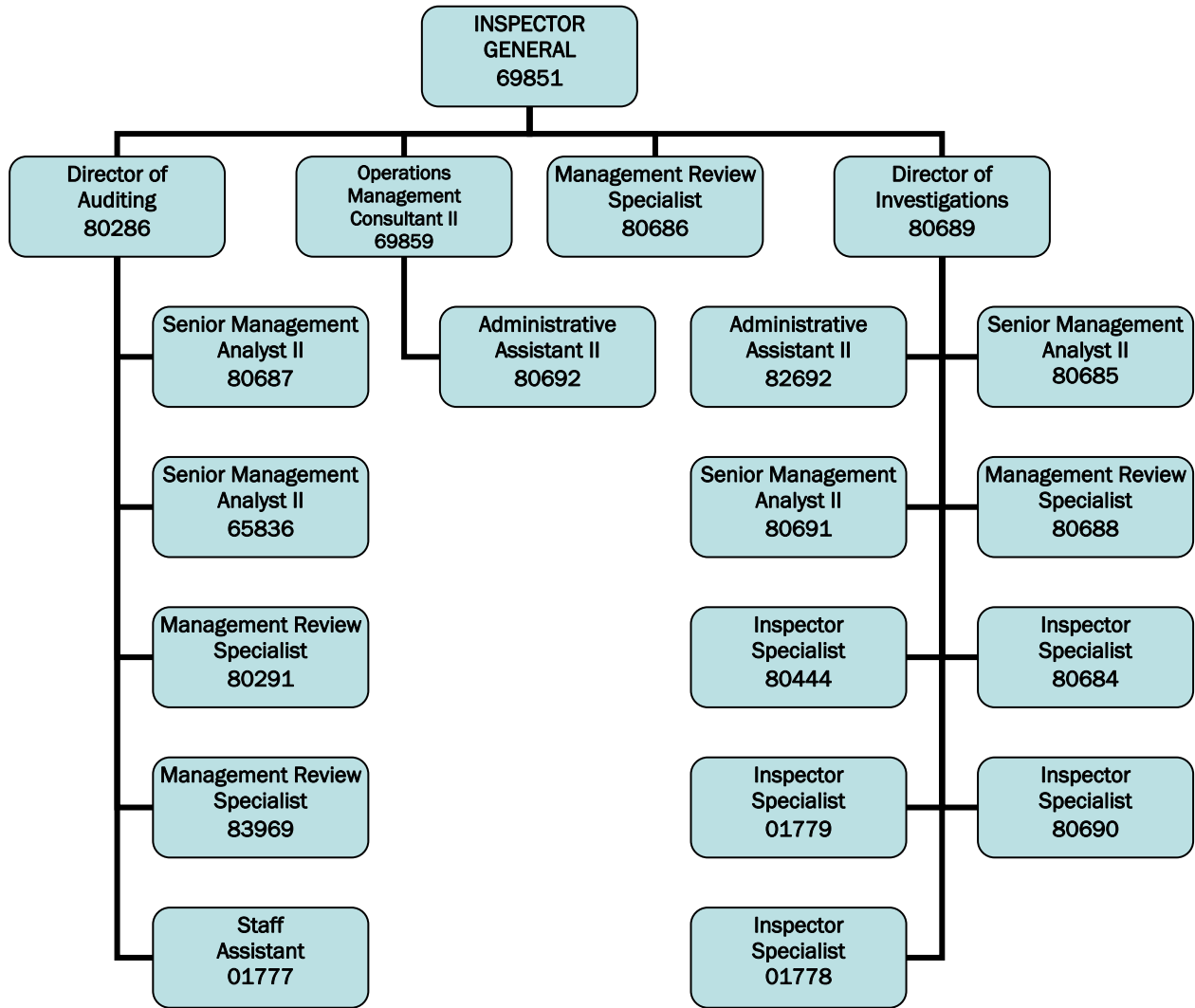
## Staff Qualifications

The HIG consists of 20 professional and administrative staff that serves three primary functions: internal audit, investigations, and administration. The Inspector General reports directly to the State Surgeon General.

HIG staff is highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the Office's ability to effectively audit, investigate, and review the diverse and complex programs within the Florida DOH. As of June 30, 2010:

- 70% of the HIG staff have college degrees;
- Many of the HIG staff members have specialty certifications that relate to specific job functions within the HIG. These certifications include:
  - ❖ 4 Certified Inspector Generals,
  - ❖ 3 Certified Public Accountants,
  - ❖ 2 Certified Internal Auditors,
  - ❖ 2 Certified Information Systems Auditors,
  - ❖ 2 Certified Government Auditing Professionals,
  - ❖ 2 Certified Inspector General Investigators,
  - ❖ 1 Certified Contract Manager,
  - ❖ 2 Certified Law Enforcement personnel,
  - ❖ 1 Certified Law Enforcement Instructor,
  - ❖ 1 Certified Criminal Justice Investigative Services member, and
  - ❖ 1 Certified Professional Secretary;
- The Inspector General and Director of Investigations serve as Board Members of the Florida Audit Forum;
- Collectively, staff within HIG have:
  - ❖ 113 years of Audit experience,
  - ❖ 185 years of Investigative experience.

**Department of Health  
Office of Inspector General  
Organizational Chart**  
(as of June 30, 2010)





## Training

Professional standards require HIG staff to maintain their proficiency through continuing education and training. This is accomplished by attending and participating in various training courses and/or conferences throughout the year that have enhanced the knowledge, skills, and abilities of the HIG staff.

HIG has adopted to follow the *Principles and Standards for Offices of Inspector General* (May 2004 Revision), issued by the Association of Inspectors General, which requires that all staff who perform investigations, inspections, evaluations, reviews, or audits complete at least 40 hours of continuing professional education every two years, with at least 12 hours focused on the staff member's area of responsibility.

Furthermore, for staff performing audit work, HIG has adopted to follow the guidelines established by *Government Auditing Standards* (July 2007 Revision), issued by the United States Government Accountability Office, which expands the continuing professional education requirements to 80 hours every two years, with at least 24 hours to be specifically related to governmental accounting and at least 20 hours overall to be earned in a given year.

Some of the recurring training throughout the year included attendance at meetings of the Florida Audit Forum, computer software training classes, Department-sponsored employee training, and training programs sponsored by the Tallahassee Chapter of the Institute of Internal Auditors (IIA), the Tallahassee Chapter of the Association of Inspectors General, and the Association of Government Accountants.

Some of the other courses or conferences attended by staff during the 2009-10 fiscal year include:

- ❖ Computer Forensics,
- ❖ Governmental Accounting Conference,
- ❖ IT Governance, Risk, and Compliance Conference,
- ❖ Communicating Accountability Information to Policymakers,
- ❖ Florida Inspector General Executive Institute – Practical Skills for Investigators,
- ❖ ARRA Funding and the Audit World,
- ❖ Improved Partnership Between Audits and Investigations,
- ❖ Risk Based Audit Planning,
- ❖ Governmental Audits – An Overview,
- ❖ Grammar Guidelines for Good Writing, and
- ❖ Advanced Body Language Techniques.

# HIG Functions

## Internal Audit Unit

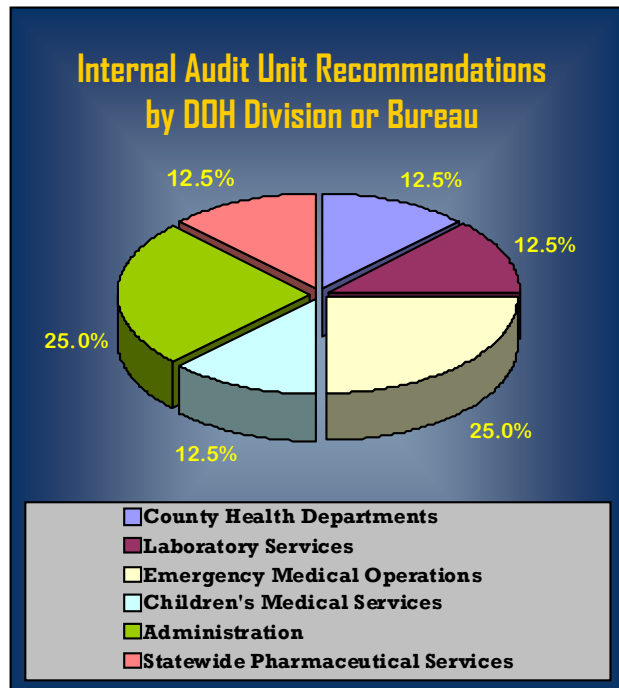
The Internal Audit Unit is responsible for performing internal audits, reviews, special projects, and consulting services related to the programs, services, and functions of the Department. The Unit also follows-up on all internal and external audits of the Department at six, 12 and 18 month intervals to ensure corrective actions are implemented to correct any deficiencies noted.

Internal audits are based upon the results of a department-wide risk assessment. The overall risk of each core/operational function is assessed based upon a scoring system developed by HIG. Risk assessment results, past auditor experience, and discussions with management culminates in the development of an audit plan. The audit plan lists the functions/operational areas of the department that will be audited or reviewed during the upcoming fiscal year and is approved by the State Surgeon General.

Operational consulting engagements provide independent advisory services to agency management for the administration of its programs, services, and contracting process. The Unit also performs reviews and special projects of certain processes and functions that do not require a comprehensive audit.

### 2009-10 Accomplishments

HIG completed a total of two audit engagements, five review engagements, and one formal consulting engagement during the 2009-10 fiscal year. HIG continues to monitor progress of management actions taken to correct significant deficiencies noted in the administration of DOH programs and operations disclosed by the audit engagements. A listing of all engagements completed during the 2009-10 fiscal year can be found in Appendix A. Summaries of each engagement can be found



starting on page 13 of this report. Additionally, HIG serves as a coordinator for external audits of the various DOH programs. More information concerning this can be found on page 45 of this report.

### Reviews of Controls to Implement ARRA Funds

The American Recovery and Reinvestment Act of 2009 (ARRA) became law in February 2009. The three main goals of ARRA are to:

- ❖ Create and save jobs;
- ❖ Spur economic activity and invest in long-term economic growth; and,
- ❖ Foster unprecedented levels of accountability and transparency in government spending.

In the summer 2009, the Executive Office of the Governor, Office of the Chief Inspector General's Florida American Recovery and Reinvestment Act Risk Assessment Committee (Committee) requested Department of Health (DOH) and other state agencies to have each of their respective programs and offices receiving ARRA funds complete a Risk Assessment Survey (Surveys). Additionally, the Committee requested each agency's Inspector General's Office perform additional oversight activities based on the scores of the Surveys. Pursuant to that request, HIG used a Risk Readiness Review program prepared by the Committee to perform a review of selected controls and assess the implementation of internal controls over five grants received by DOH.

During the 2009-10 fiscal year, HIG reviewed selected controls within the *Individuals with Disabilities Education Act-Part C (Early Steps)* grant and the *Increase Services to Health Centers and Capital Improvement Program* grants awarded to both Liberty and Osceola counties. Because the programs did not have enough information available to complete our reviews at the time the reviews were conducted, only three interim reports were issued during the 2009-10 fiscal year. The results of those reviews may be found in the Audit Summaries section of this report.

### Performance Criteria

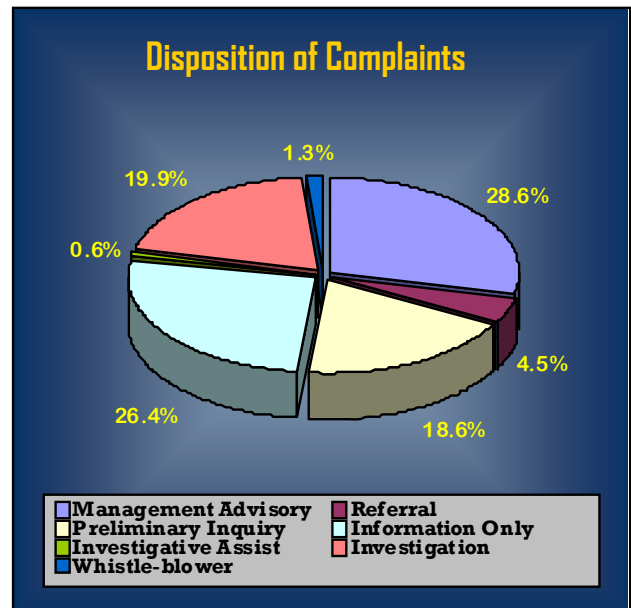
All audits and consulting engagements were performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

Audit engagements result in written reports of findings and recommendations, including responses by management. These reports are distributed internally to the State Surgeon General and affected program managers, to the Office of the Governor's Chief Inspector General, and to the Office of the Auditor General.

## Internal Investigations Unit

HIG receives complaints related to DOH employees, program functions, and contractors. HIG reviews each complaint received and determines how the complaint should be handled. The following disposition types were utilized by HIG during the 2009-10 fiscal year:

- ❖ Investigation – HIG conducts a formally planned investigation that will result in an investigative findings report.
- ❖ Whistle-blower – pursuant to specific statutory requirements, HIG conducts a formally planned investigation that will result in an investigative findings report.
- ❖ Management Advisory – a referral of a complaint to another entity of DOH with a request of a response from the entity.
- ❖ Preliminary Inquiry – an analysis of a complaint to determine the allegation(s) and a determination of whether statutes, rules, policies, or procedures may have been violated.
- ❖ Investigative Assist – providing assistance to divisions, bureaus, or other investigative entities such as law enforcement.
- ❖ Referral – a referral of a complaint to another agency when the subject or other individuals involved are outside the jurisdiction of the department.
- ❖ Information Only – information received that does not constitute a complaint, is added to a previous complaint, or supports an active investigative case.



### 2009-10 Accomplishments

HIG closed 312 complaints during the 2009-10 fiscal year. The chart above provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2009-10 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2009-10 fiscal year can be found starting on page 25 of this report.

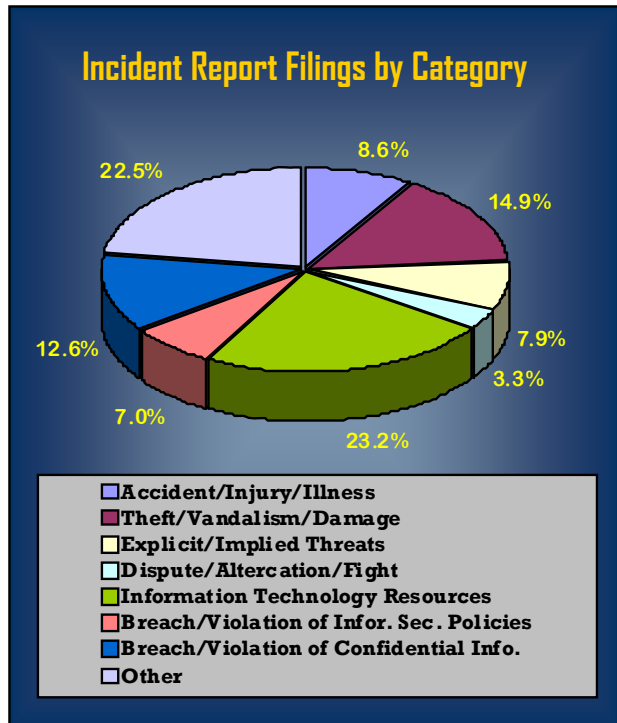
## Performance Criteria

HIG conducted all investigations in accordance with the Quality Standards for Investigations by Offices of Inspector General as found in the Association of Inspectors General *Principles and Standards for Offices of Inspector General* (i.e., "Green Book").

## Incident Reports

Incident Reports are utilized within the Department as a means to ensure that each incident, as defined in Department policy, is adequately documented, reported, and investigated. The types of incidents that should be reported are those that:

- ❖ Expose Department employees or the public to unsafe or hazardous conditions or injury;
- ❖ Result in the destruction of property;
- ❖ Disrupt the normal course of a workday;
- ❖ Project the Department in an unfavorable manner;
- ❖ Cause a loss to the Department;
- ❖ May hold the Department liable for compensation by an employee, client, or visitor; or
- ❖ Violate information security and privacy policies, protocols, and procedures; suspected breach of privacy; or suspected breach of information security.



Incidents are to be documented on the DOH Incident Report Form (Form DH 1152). The form is used to identify the type of incident, names of participants and witnesses, a description of the incident, and (where warranted) the results of the preliminary investigation.

### 2009-10 Accomplishments

In July 2008, HIG officially took over responsibility for publication and administration of the Department's Incident Report policy, with the issuance of policy DOHP 5-6-08 on July 16, 2008. As a result of the new policy, the role of HIG in the Incident Report process changed to that of receiving and reviewing Category Two (serious) Incident Reports only. (Category One or non-serious incidents are now exclusively handled at the local level.) Determinations are then made by HIG staff whether to perform an investigation into the incident and, if so, who best should perform the investigation. During the 2009-10 fiscal year, HIG received 312 Incident Reports. This represents a 48.6% increase over the previous fiscal year when 210 Incident Reports were received by HIG. The chart above provides a breakdown of the types of incidents reports received by HIG during the 2009-10 fiscal year.

# Summary of Major Activities: Internal Audit Unit

## AUDIT SUMMARIES

*The following are summaries of internal audits completed during the 2009-10 fiscal year.*

### **AUDIT REPORT # AC-09-001 Newborn Screening Third Party Billing**

HIG conducted a performance audit of the Newborn Screening Third Party Billing for the period between January 1, 2008 and April 30, 2009, with subsequent work through March 2010. The objective of the audit was to determine the level of success by the Bureau of Laboratories in the collection of fees from third party payers as it relates to the Newborn Screening Program.

#### **SUMMARY OF FINDING**

- ❖ Lack of reliable data on specimen cards hinders the ability to adequately match newborn screening data to insurance data for third party billing purposes.

#### **RECOMMENDATION**

HIG recommended the following:

- ❖ The Bureau of Laboratories should include a field to capture the "insurance plan identification number" in the next specimen card redesign.

### **AUDIT REPORT # AC-09-004 Division of Children's Medical Services Controls over Funds and Expenditures**

HIG conducted a performance audit of revenues and other funds received, expenditures, and selected related contracts and grants within Children's Medical Services

(CMS) for the fiscal year ended June 30, 2008. The objectives of the audit were to:

- 1) Determine whether CMS's controls were sufficient to appropriately identify, record, and track funds, so as to ensure related expenditures are uniquely identified to their funding source and recorded in the appropriate trust fund, and
- 2) Determine whether CMS had controls in place to ensure funds assigned to pay contracted providers relate to the appropriate type of service contracted.

#### **SUMMARY OF FINDINGS**

- ❖ CMS did not define a methodology in its contract for the timely return of overpayments of Title XXI funds made to Providers. The return of overpayments from Providers ranged from \$1,659,185 to \$2,997,235 for the contract year ended June 30, 2007.
- ❖ CMS did not have a control in place to ensure the proper identification and accountability over receipt of federal awards and classification as a sub-recipient.
- ❖ CMS entered into a sub-lease agreement without prior approval by DOH's leasing office. Additionally, lack of enforcement regarding lease terms led to untimely receipt of rental revenues.
- ❖ Rental revenue checks were not deposited on a timely basis.
- ❖ Contrary to Florida law, DOH employees entered into contracts with CMS to provide staffing back to the department. Additionally, these contracts were

not competitively bid and did not go through DOH's Contracting Review Process.

- ❖ Internal control weaknesses were noted regarding the disbursements process of a CMS contracted provider.
- ❖ DOH's policy regarding return of funds was not clear regarding the handling of contract renewals.

## RECOMMENDATIONS

HIG recommended the following:

- ❖ Division of CMS Network should:
  - 1) Ensure the timely return to DOH of such amounts where the reconciliation shows total payments made were in excess of claims.
  - 2) Incorporate language into its Integral Care System contracts that establishes and describes a methodology for determining how repayment back to DOH shall be made.
  - 3) Incorporate language into DOH's contract with South Florida Community Care Network (SFCCN) that clarifies maintenance of expenditure data and related accounting responsibilities between the three entities included in the general partnership. Specifically, this language should provide distinctions between the North Broward Hospital District and South Broward Hospital District.
  - 4) Add language to its *Grant Application Procedures* that addresses federal grants a CMS area office may apply for through another pass-through entity.
  - 5) Implement controls to assist CMS area offices to maintain compliance with DOH Division of Administration policies. Specifically, CMS area offices should report all grants to CMS Headquarters. Where such agreements relate to receipt of federal grants, whether application is made directly to the federal government or through a pass-through entity, CMS should ensure an Other Cost Accumulator is requested from the Bureau of Revenue Management so the Bureau may facilitate CMS's proper reporting and documentation requirements related to federal grants.
- 6) Review and make necessary improvements to its current control process intended to ensure that all employees who work 100% on a federal project semi-annually complete DOH's *Single Federal Award Certification Form*.
- 7) Ensure terms of the agreement with the sub-lessee are enforced. These terms include requiring timely receipt of rental revenue and termination of the lease if such payments are not received timely.
- 8) Provide guidance to the CMS area offices that any current leases be reviewed to ensure the agreement has been reviewed and approved by DOH's leasing office. The Division of CMS Network should implement a control so that future leases are appropriately submitted to DOH's Bureau of General Services for review and signed approval by the Division of Administration prior to executing such lease agreements.
- 9) Provide guidance to its CMS offices, with regard to depositing all funds timely and in accordance with applicable DOH policy.
- 10) Convert current contracted staff to DOH full-time employees. Converting current contracted staff would address the control deficiencies identified.
- 11) Request DOH's Contract Administrative Monitoring Unit to perform an administrative monitoring review of the provider and re-emphasize the need of all contracted



providers to utilize good internal control practices.

- ❖ Division of Administration should further develop its policy regarding when excess funds paid to Providers through fixed-price contracts is due back to DOH, where the Provider is a Recipient. The policy should address whether funds are due back at the end of each contract year, at the end of the original contract, or whether this extends through contract renewals. This policy should then be promulgated into appropriate written documents (such as policy manual, DOH's *Standard Contract* or other written document).

# REVIEW SUMMARIES

The following are summaries of review engagements completed during the 2009-10 fiscal year.

## REVIEW REPORT # AR-09-002 Division of Administration Purchasing Card Program

HIG conducted a review of DOH's Purchasing Card (P-Card) Program within the Division of Administration for the fiscal year ended June 30, 2009. The objectives of our review were to:

- 1) Determine whether the Purchasing Card Administration (PCA) unit and the Central Purchasing Office had controls in place sufficient to effectively prevent inappropriate use of P-Card purchases by authorized cardholders and approvers within DOH,
- 2) Determine whether there was a uniform policy/framework of controls and oversight of the P-Card program, in particular the purchase approval process within DOH, and
- 3) Conduct testing to determine if there were indicators that might signify inappropriate use within the P-Card program.

### SUMMARY OF FINDINGS

- ❖ The *Purchasing Card Program User Guidelines* documentation has not been updated since July 2004. A draft policy (DOH Policy 56-44-07) has been in the development stage for some time but was not finalized as of the conclusion of our fieldwork.
- ❖ The Florida Accounting Information Resource (FLAIR) list of P-Card authorized approvers maintained by PCA is not updated timely.

- ❖ Neither the *Purchasing Card Program User Guidelines* documentation nor the draft policy (DOH Policy 56-44-07) addresses periodic review of P-Card cardholder purchasing limits.
- ❖ No process currently exists to ensure a criminal background check was performed on individuals prior to authorization by PCA as a P-Card cardholder or approver.
- ❖ P-Cards may be obtained from PCA by DOH employees (typically P-Card liaisons) on behalf of P-Card cardholders without signature from the cardholder acknowledging receipt.

### RECOMMENDATIONS

HIG recommended the following:

- ❖ The PCA unit should:
  - 1) Finalize the changes to, and publish, DOH Policy 56-44-07 in a timely manner, incorporating all the procedural changes since July 2004.
  - 2) Consider adding a summary of the major changes as part of the notification process and encourage all administrators, cardholders, and approvers to read the new policy once published.
  - 3) Continue to develop, test, and implement methods for Department management to verify their list of P-Card approvers on an established, regular basis.
  - 4) Request the addition of a line-item be added to all employee departure checklists to remind supervisors and managers to update the *P-Card Approver Profile* as well as the *P-Card Cardholder Profile*, if applicable, and forward the documentation to PCA on a timely basis.
  - 5) Add language to the draft policy (DOH Policy 56-44-07) to clarify that management is

responsible to timely notify PCA of any approver status changes.

- 6) Establish a policy requiring DOH management to review the purchasing limits of all P-Card cardholders on a periodic basis. This requirement should be included in the new policy currently being developed.
- 7) Enhance their procedures to require validation with HRM that criminal background checks have been performed for all individuals having or seeking status as a P-Card cardholder or approver.
- 8) Withhold approval for any individual who has not been properly criminal background screened. PCA management should communicate the reasons for the delay with the employee's supervisor and instruct the supervisor on the steps necessary to be taken for approval to be granted.
- 9) Include the definition of the "liaisons" and the P-Card pick-up procedures in the draft policy (DOH Policy-56-44-07).
- 10) Require that individuals picking up a P-Card from PCA on behalf of a cardholder sign that they received the card in question.
- 11) Establish a process to obtain an acknowledgement of final receipt from all cardholders, even those that are located outside of the headquarters at the time the cardholder takes possession of the P-Card. PCA should maintain these cardholder acknowledgements on file until their next renewal, at which time a new acknowledgement would be obtained.

## REVIEW REPORT # AR-10-003

### Review of Department of Health's Use of Non-Competitive Procurement Contracts

HIG conducted a review and analysis of the use of non-competitive procurement contracts at Department of Health (DOH) above the threshold of Purchasing Category Two, or \$25,000, as provided by Section 287.017, *Florida Statutes (F.S.)*.

Our review included purchase orders initiated during the fiscal year ended June 30, 2009 and written agreements intended to be in effect as of July 1, 2009. Our review focused on the use of the Health Services Exemption and Sole Source exception. Additionally, our review examined the *Documentation for Noncompetitive Procurement* (Form) for eight purchase orders and 43 written agreements, for a total of 51 contracts to determine whether DOH as a whole appropriately justified the use of the Health Services Exemption and Sole Source exception with adequate written justification.

#### CONCLUSION

- ❖ Competitively bid contracts increased from 10% in 2005 to 14% (for purchase orders) and 17% (for written agreements) as of June 30, 2009. Contract managers still elected to use the Health Services Exemption for 74.03% of the 842 written agreements in effect as of July 1, 2009 rather than competitively bid such services. The Sole Source exception was utilized to purchase commodities or contractual services for only 8.42% of the 316 purchase orders initiated during the fiscal year ended June 30, 2009.

## **REVIEW REPORT # R-091000H-001 Readiness Review of Osceola CHD's Increase Services to Health Centers and Capital Improvement Program American Recovery and Reinvestment Act of 2009 Funds**

HIG conducted a review of controls as they relate to American Recovery and Reinvestment Act (ARRA) funds received by Osceola County Health Department (CHD).

To conduct our review, we obtained an understanding of selected controls at DOH and at Osceola CHD. We also assessed the status of the implementation of internal controls at DOH, which would help mitigate the risk of fraud, waste, or abuse in programs that will or have received ARRA funds.

### **CONCLUSION**

- ❖ There was an infrastructure of existing policies and procedures at DOH and Osceola CHD that we felt mitigated the risk of fraud, waste, or abuse of ARRA funds. As it relates to the areas we were able to develop conclusions on, nothing came to our attention during the review regarding internal controls at DOH and Osceola CHD that would adversely impact ARRA funds. Also, nothing came to our attention during the review to indicate the existence of fraud, illegal acts, violations of provisions of contracts or grant agreements, or abuse.

## **REVIEW REPORT # R-091000H-002 Readiness Review of Liberty CHD's Increase Services to Health Centers and Capital Improvement Program American Recovery and Reinvestment Act of 2009 Funds**

HIG conducted a review of controls as they relate to ARRA funds received by Liberty CHD.

To conduct our review, we obtained an understanding of selected controls at DOH and at Liberty CHD. We also

assessed the status of the implementation of internal controls at DOH, which would mitigate the risk of fraud, waste, or abuse in programs that will or have received ARRA funds.

### **CONCLUSION**

- ❖ There was an infrastructure of existing policies and procedures at DOH and Liberty CHD that we felt mitigated the risk of fraud, waste, or abuse of ARRA funds. As it relates to the areas we were able to develop conclusions on, nothing came to our attention during the review regarding internal controls at DOH and Liberty CHD that would adversely impact ARRA funds. Also, nothing came to our attention during the review to indicate the existence of fraud, illegal acts, violations of provisions of contracts or grant agreements, or abuse.

## **REVIEW REPORT # R-091000H-008 Readiness Review of Individuals with Disabilities Education Act-Part C (Early Steps), American Recovery and Reinvestment Act of 2009 Funds**

HIG conducted a review of controls as they relate to ARRA funds received by DOH's CMS, Individuals with Disabilities Education Act (IDEA) – Part C (Early Steps) Program.

To conduct our review, we obtained an understanding of selected controls at DOH, including procurement, budget, legal, finance and accounting, and within the Early Steps program area. We also assessed the status of the implementation of internal controls at DOH, which would help mitigate the risk of fraud, waste, or abuse in programs that will or have received ARRA funds.

### **CONCLUSION**

- ❖ There was an infrastructure of existing policies and procedures at DOH in the areas of procurement,

budget, finance and accounting, and within the program area that we felt mitigated the risk of fraud, waste, or abuse of ARRA funds. As it relates to the areas we were able to develop conclusions on, nothing came to our attention during the review regarding internal controls at DDH that would adversely impact Early Steps ARRA funds. Also, nothing came to our attention during the review to indicate the existence of fraud, illegal acts, violations of provisions of contracts or grant agreements, or abuse.

# CONSULTING SUMMARIES

The following are summaries of consulting engagements completed during the 2009-10 fiscal year.

## CONSULTING REPORT # CS-10-001 Childhood Lead Poisoning Prevention Program

HIG reviewed proposed new procedures of the Childhood Lead Poisoning Prevention Program (Program) to identify areas of concern in the planned process that came to our attention. We made suggestions that we felt should be discussed by management and staff to further enhance or strengthen the proposed process changes.

### SUGGESTIONS

HIG suggested the following:

- ❖ A future revision to the Program's Rule 64E-27.001, *Florida Administrative Code (F.A.C.)*, may provide for amendments of the Guide, using language such as "as may be amended." Subsequent revisions to the Guide would not then necessitate revising Rule.
- ❖ The Program Office should continue to develop and publish an approved standard operating policies and procedures document that addresses all policies, responsibilities, and processes within the Office.
- ❖ The Program Office should consider taking appropriate steps to ensure the Guide and its companion Field Guide provide consistent published guidance that agrees with the Program Office's intent for timeframes for case management, including environmental health investigations.
- ❖ While we did not specifically review Merlin<sup>®</sup> access security controls, it is important that adequate controls are in place regarding access into any data system. The Bureau of Epidemiology should ensure security over access controls is in place for all

users of Merlin<sup>®</sup>, including CHD case managers and environmental health investigators.

- ❖ As funds become available, the Division of Environmental Health should consider the use of an electronic scanning or electronic tablet device as an efficient way to input information and data related to the environmental health inspection at the time of the inspection. Whether input initially into the Environmental Health Database (EHD) or directly into Merlin<sup>®</sup>, information from an investigation could then be entered only once, ensuring more accurate and timely entry.
- ❖ The frequency and extent of any review of case management activities by the Program Office should add value to the CHD case manager's work, in addition to reviewing for completeness and providing other possible oversight. Management should consider having the Case Reviewer simultaneously review the more elevated cases and assist CHD Case Managers to better coordinate timely completion of case management so DOH may more quickly be able to earlier identify such cases.
- ❖ The Program Office should consider providing value to the CHD case manager's work by coordinating such inspectors to priority cases. The Program Office may also help ensure that CHD case managers always have access to a complete and current list of these inspectors, including contact information.
- ❖ The Program Office should consider providing value to the CHD case manager's work by coordinating and assisting CHD case managers to more quickly identify a child's elevated blood lead level test results that are inadvertently assigned to an incorrect county of residence. CHD case managers could then focus their time on case management responsibilities that reduce elevated blood lead levels in children that reside within the CHD case manager's jurisdiction. Also, by assisting CHD case managers with this issue, the Program Office would then be most aware of the extent of incorrect data,

which may originate from reporting practitioners and laboratories. If determined by the Program Office to be an issue of incorrect source reporting of data, the Program Office could then pursue actions to require all applicable providers to more accurately report county of residence data.

- ❖ The Program Office should consider developing a timeliness report from Merlin<sup>®</sup> as soon as possible so that the Case Reviewer may have a tool to quickly identify case management outliers, thus improving the timeliness of completion of DOH's childhood lead poisoning case management responsibilities.
- ❖ The Program Office should ensure its performance measures are indicative of and further the Centers for Disease Control and Prevention's goals.
- ❖ The Program Office should consider using more current data, such as data collected in Merlin<sup>®</sup>, to identify persons at risk residing, or who have recently resided, in buildings or geographical areas in which significant numbers of cases of lead poisoning or elevated blood-lead levels have recently been reported. This will bring the Program Office into compliance with Section 381.985 (2)(d), *F.S.* The ultimate goal is to collect relatively recent data of geographical areas where children have already been identified through screenings to identify geographic areas that could be further targeted. The Program Office could then pursue additional screening in those geographic areas to identify other children at risk and take additional actions to reduce any threat(s).
- ❖ Until a comma-separated values (CSV) format is developed and accepted by IT and all test results are uploaded into Merlin<sup>®</sup>, the Program Office should ensure this data is transmitted to CHDs timely. This will provide a greater level of assurance that CHD case managers are notified of all cases relative to the CHD's area of jurisdiction.

- ❖ The Program Office should consider working with IT to develop a projected timeline and accelerate development of a CSV format. In order for the Program Office to operate the Program in accordance with DOH rule, once a CSV format is accepted and there is a means of receiving all blood lead level test results electronically, acceptance of hard-copy test results could cease. Alternatively, the Program Office could pursue enforcement and penalties pursuant to Rule Number 64D-3.047, *F.A.C.*, when blood lead level test results are not received electronically.
- ❖ The Program Office should consider re-initiating a process of matching available data from state records that may include Medicaid enrollees and Medicaid payments for children under six against lead level test results submitted to the Program Office from healthcare professionals. This will help identify children who are enrolled in Medicaid but for which no lead level test results have been received by the Program Office.
- ❖ The Guide, as incorporated into Rule, should agree with law. The Program Office could make the necessary adjustments to the Guide so that it is in agreement with *F.S.*

# SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055 (7)(d), *F.S.*, requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2010, the following corrective actions were still outstanding:

## AUDIT REPORT # AC-05-005 Emergency Medical Services Trust Fund

HIG performed an audit of the Trust Fund for the period July 1, 2004 through March 31, 2005 to determine whether controls were in place sufficient to 1) maintain accurate reporting of beginning and ending balances; and, 2) identify and record revenues received from sources as specified by law were accurately calculated and disbursed or expended as also specified by law.

### SUMMARY OF FINDING

- ❖ The Office of Trauma has not developed a process to use administrative remedies (including fines) against trauma agencies and trauma centers, and has not developed written policies to ensure that fines for violations would be deposited into the Emergency Medical Services (EMS) Trust Fund.

### RECOMMENDATION

HIG recommended the following:

- ❖ As an integral part of its responsibilities to ensure trauma service systems are held to the highest level of readiness and response services and in compliance with Section 395.401(3), *F.S.*, the Office of Trauma should develop and document a process that includes administrative remedies (including fines) against trauma agencies and trauma centers, and to ensure that fines for violations would be deposited into the EMS Trust Fund.

## AUDIT REPORT # AC-06-002 Primary Monitoring of Selected Primary Care Contracts at Selected County Health Departments

HIG examined 15 selected primary care services subcontracts active during the period January 1, 2005 through October 31, 2005 at 12 selected CHDs. The intent was to determine whether controls were in place over the subcontracts sufficient that 1) contract monitoring over receipt of deliverables was effective; 2) data regarding clients served and services provided is submitted by subcontractors for input into the Health Clinic Management System; and, 3) the DOH is protected against medical liability. The 15 subcontracts selected consisted of 14 Written Agreements and one Purchase Order.

### SUMMARY OF FINDINGS

- ❖ There are not clear definitions for case management and client eligibility to apply to services at the DOH sufficient to distinguish between vendors or recipients.
- ❖ Escambia County Health Department (CHD) did not have a detailed plan to determine how it would access electronic CHD client medical records developed and maintained by the Provider and consequently did not periodically copy or back-up such data.

### RECOMMENDATIONS

HIG recommended the following:

- ❖ The Office of Contract Administrative Monitoring (as DOH's Liaison for the Florida Single Audit Act) consider developing written guidelines to assist all Contract Managers, including those managing primary care services contracts, with State Financial Assistance. Guidelines would assist DOH's Contract Managers to more easily understand State Financial Assistance as it relates to the specific types of services outsourced by DOH and more easily distinguish Providers as either recipients or



vendors. This should include a definition of case management and client eligibility as it relates to services provided by DOH. Where Providers are in fact recipients, such guidance would aid in uniform application.

- ❖ Escambia CHD develop a specific plan to ensure that the copying of such electronic records can be tested and periodically transferred to the DOH in a format that is easily accessible and usable to the DOH.
- ❖ The Office of the Deputy State Health Officer coordinate with the DOH workgroup's efforts to develop an agency-wide policy on electronic medical records to ensure that CHDs currently moving forward with developing electronic medical records may not be inefficient in their efforts and have to make retroactive changes to come into compliance with the agency's statewide policy once established. The policy should address electronic medical records of DOH's clients developed and maintained by DOH's contracted providers of primary care services.

### **AUDIT REPORT # AC-07-003**

#### **Office of Emergency Operations' Award, Execution, and Monitoring of the Purchase and Maintenance of Emergency Radio Equipment for Counties**

HIG performed an audit to determine the extent of controls in place at the DOH's Office of Emergency Operations related to the award, execution, and monitoring of the purchase and maintenance of emergency radio equipment for counties. HIG also determined whether the Office of Emergency Operations was in compliance with requirements of federal and other state agencies in the awarding of funds for the purchase of emergency radio equipment for counties.

### **SUMMARY OF FINDINGS**

- ❖ The Office of Emergency Operations conducted a series of informal surveys and assessments but did not perform a formal needs-assessment to determine each county's emergency communication needs for distribution of the radio systems.
- ❖ The Office of Emergency Operations did not develop a written agreement to document terms, conditions, and expectations.
- ❖ The Office of Emergency Operations did not make on-site visual inspections and did not verify standard connectivity among each respective CHD, county emergency operations center, and satellite public health stations. The Office of Emergency Operations did not document that counties received or will receive adequate training to operate the radios.
- ❖ The Office of Emergency Operations did not properly inventory the radio systems upon receipt. Additionally, the warehouse staff did not have an adequate inventory tracking control system in place.

### **RECOMMENDATIONS**

HIG recommended the following:

- ❖ For future grant projects, the Office of Emergency Operations should conduct any needs assessment that may be required by the grant document to adequately identify actual needs.
- ❖ Prospectively, for future projects, the Office of Emergency Operations should develop a written agreement as a bilateral understanding to document terms, conditions, and expectations for any services or property provided.
- ❖ The Office of Emergency Operations should ensure the Department of Management Services provides

DOH with documentation to ensure objectives have been met.

- ❖ The Office of Emergency Operations should follow the receiving protocol as established in DOH's *Purchasing Policies and Procedures*.

## **AUDIT REPORT # AC-07-004**

### **Revenue Contracts**

HIG performed an audit to determine the extent of controls in place at the DOH so that the Division of Administration may identify and appropriately review any contracts throughout the agency for the sale of commodities previously purchased by the DOH under Chapter 287, *F.S.*, and/or the sale of contractual services, known as revenue contracts. HIG also wanted to determine whether the 7% and, where applicable, the additional 0.3% service charge appropriated from all income of a revenue nature and used to contribute to the General Revenue Fund, were applied to the appropriate trust funds in DOH. The audit period covered July 1, 2005 through September 20, 2006.

#### **SUMMARY OF FINDING**

- ❖ Management had not developed written policies/procedures to address revenue contracts.

#### **RECOMMENDATION**

HIG recommended the following:

- ❖ Management should continue to develop and make available its policy and the procedures that should be followed by program offices, CHDs, and CMS Area Offices as they enter into revenue contracts so that such documents may be more uniformly executed.

## **AUDIT REPORT # AC-07-008**

### **Purchases, Distributions, and Dispensing of Pharmaceuticals at Central Pharmacy**

HIG performed an audit of controls established by Central Pharmacy related to the movement of controlled substances during the period July 1, 2005 through June 30, 2006. The objective was to determine the extent to which controls are in place at the DOH (including CHDs) so that sites under its control can accurately account for controlled substances.

#### **SUMMARY OF FINDING**

- ❖ An individual inventory control record was not able to be produced at CHDs for each pharmaceutical in stock that included beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance.

#### **RECOMMENDATION**

HIG recommended the following:

- ❖ As DOH management continues to develop or purchase one common pharmaceutical inventory system for DOH, including its CHD pharmacies, management should ensure such system has the capability to easily generate reports (by individual drug) that include beginning balance for a given parameter of time, purchases, dispensing, adjustments, transfers, etc. to reconcile to an ending balance for that parameter of time.

# Summary of Major Activities: Internal Investigations Unit

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*The following is a sampling of various FY 2009-10 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.*

## **INVESTIGATION # 08-102**

### **Alleged Conduct Unbecoming and Misuse or Abuse of Power**

#### **A.G. Holley State Hospital**

This investigation was initiated based upon a complaint forwarded by the Office of the Governor against an Executive Officer of the A.G. Holley State (AGH) Hospital in Lantana, Palm Beach County, Florida alleging conduct unbecoming a state employee and misuse and abuse of power.

The specific allegations and results of investigation are as follows:

**Allegation #1:** Alleged use of a state credit card to purchase goods for the first subject's own home and personal gain. This allegation was substantiated. HIG concluded that the first subject used his state issued purchasing card (P-Card) to purchase goods for his home and personal gain. The first subject purchased fence materials from A-1 Industrial Supply to construct a fence at the subject's home. The fence was visible in photographic evidence obtained by the HIG and evidence was obtained to document the purchases by the first subject. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules. Several potential criminal violations of Florida law were found to have taken place, including Section 812.014, *Florida Statutes (F.S.)*, Grand Theft; Section 817.481, *F.S.*, Credit Card Fraud; and Section 838.022, *F.S.*, Official Misconduct., all of which were referred to law enforcement.

**Allegation #2:** The first subject allowed an employee of AGH to reside in the subject's personal recreational vehicle (RV) on hospital property. This allegation was substantiated. The HIG concluded that the first subject did allow an employee of AGH to reside on hospital property in an RV purchased from the subject and owned by a third party. The RV lease agreement was not approved by the AGH legal counsel or the DOH. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Rules, Regulations, Policies, or Laws Willfully Violated.

**Allegation #3:** The first subject created a hostile work environment at AGH and made threatening statements to employees and used "bully tactics" in dealing with employees. This allegation was substantiated. The HIG concluded that the first subject's management style consisted of "bullying tactics," fear and intimidation. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct.

**Allegation #4:** The first subject had an arsenal of weapons in his home. This allegation was substantiated without violation. HIG concluded that the first subject did have an arsenal of weapons in his home. In the first subject's interview with the HIG, the subject stated that he had approximately 33 assorted types of weapons in his collection.

**Allegation #5:** The first subject had an employee drive a State vehicle to the first subject's home and remove debris from the first subject's yard with another state employee. This allegation was substantiated. HIG concluded that the first subject used AGH employees to complete work at the first subject's home using state property during state work hours. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Unauthorized Use of State Property, Equipment, Materials, or Personnel.

**Allegation #6:** The first subject had a history of drug abuse that included cocaine and heroin. This allegation was substantiated without violation. Personnel records revealed in 1998 the first subject received two Letters of Reprimand - Absence without Authorized Leave, HRS Policy 60-10; and Falsification of Records or Statements, HRS Policy 60-1, when the first subject failed to list an arrest for DUI and drugs on the subject's employment application.

**Allegation #7:** The first subject had been dating a subordinate employee, the second subject, of A.G. Holley. This allegation was substantiated without violation. There was sufficient evidence to indicate that the first subject was dating the second subject. No DOH policy prohibits an employee from having a consensual dating relationship with a subordinate employee and there is no evidence this relationship was the result of any improper conduct

### **Additional Findings**

Employees and witnesses stated they observed a gun in a holster strapped to the first subject's ankle on hospital premises and as the first subject was exiting a state owned vehicle on hospital property. The gun was also seen in the first subject's office at the hospital when the first subject removed it from his backpack. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Possession of a Weapon.

The first subject violated DOH Policy 60-8-02, VII, D, (6)(b), Negligence, by failing to exercise due care and diligence in the performance of the subject's job duties; and DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules, when the subject allowed an employee and a female prostitute to live in an RV on AGH property in violation of conditions in the employee's unsigned lease agreement.

The first subject also violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Unauthorized Use of State Property, Equipment, Materials, or Personnel, when the first subject allowed a stray dog (a pit bull) to be housed on AGH property. The first subject directed employees to construct a kennel in building #20 and care for the dog. The building was altered to accommodate the dog (dog door and A/C wall unit) and allowed to roam in a fenced area that included the Water Treatment Plant.

The first subject also violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Sexual Harassment; DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules; and DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee, when the first subject kissed an employee, propositioned the employee for sex and exposed the first subject's genitals to the employee in the employee's state truck while giving the employee a ride home. Additional AGH female employees provided information of other examples of sexual harassment by the first subject.

Furthermore, the first subject violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Use or Threatening Use of a Weapon; and DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct. The first subject threatened an employee on three occasions. The employee reported the first subject told the employee "he would fire me and that if he got into trouble he would kill me." On another occasion, the first subject lifted a

pants leg and displayed a firearm in an ankle holster to the employee. The employee stated the employee was afraid for one's own life and left work early.

On another occasion, after having been told by other staff the employee wanted to report the first subject's misconduct, the first subject directed the employee to cross the street and join the first subject under a tree. The employee refused because the first subject previously "threatened my life under that tree." The employee also reported the first subject stated if the first subject were fired the first subject "would go up the water tower and shoot people as they come and go."

During the investigation, the following additional misconduct was also noted by the HIG:

#### **Subject #2:**

Based on interviews with the second subject and other witnesses, there is sufficient evidence to support a finding that the second subject interfered with the HIG investigation and violated Section 20.055 (6)(d), *F.S.* In the second subject's interview, the second subject admitted to questioning an employee after the employee's interview with the HIG investigators.

The second subject also admitted the second subject had "in detail" conversations with the first subject concerning the HIG investigation after the first subject was placed on administrative leave. After having been placed on administrative leave for violating the above, the second subject violated the provisions of the second subject's own administrative leave letter which prohibited discussions with AGH employees concerning state business. The second subject's conduct was also in violation of DOH Policy 60-8-02, VII, D, (6)(d), Insubordination - Failure to Follow Instructions, and DOH Policy 60-8-02, VII, D, (6)(d), Insubordination - Refusal to Obey a Supervisor's Order or Directive.

#### **Subject #3:**

Based on interviews with staff and other witnesses, there is sufficient evidence to support a finding that the third subject interfered with the HIG investigation at the direction of the second subject and violated Section 20.055 (6)(d), *F.S.* According to statements made, the third subject stated that the second subject asked the third subject to see if HIG investigators were on AGH property. The third subject stated it was probably wrong, but the third subject was doing what management asked the third subject to do.

The third subject stated that the second subject directed the third subject to go to the switchboard and instructed the third subject to check the log book to see who was coming in to talk to HIG investigators and assess how long the HIG interviews lasted. The third subject reported all this information back to the second subject. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(b), Negligence, by failing to report prohibited actions by a supervisor to the next higher level supervisor.

#### **Subject #4:**

There was sufficient evidence to support a finding that the fourth subject knew an AGH employee lived on AGH property in a privately owned RV, he knew of the first subject's alleged drug abuse, and he was aware of the first subject's management style. The fourth subject failed to notify his supervisor of these matters. These actions were found to have violated DOH Policy 60-8-02, VII, D, (6)(b), Negligence.

#### **Subject #5:**

There was sufficient evidence to support a finding that the fifth subject failed to closely monitor or take appropriate action on management issues at AGH. The fifth subject stated that AGH employees complained about the first subject's

management style and behavior, the first subject's sexual comments to employees, and how the first subject yelled and screamed at employees. The fifth subject admitted to being aware of the first subject's alleged drug use but the fifth subject did not share this information with anyone, investigate further, or confront the first subject. The fifth subject acknowledged being aware of allegations that the first subject used drugs and was absent from AGH in May 2008.

The fifth subject also stated that based on a "brief" conversation with the first subject, the fifth subject gave approval for the AGH employee to be housed in a trailer on AGH property. The fifth subject stated "I did not know that was not a structure that was not part of the state campus property...I obviously failed here to [sic] really dig into this...I am at fault for not getting into this in more detail at the time."

The fifth subject stated more should have been done, but the focus was on budgetary issues and keeping AGH from going bankrupt. Based on interviews with the fifth subject, it was found that the fifth subject was negligent when the fifth subject failed to provide adequate supervision and management for AGH staff and failed to notify the fifth subject's immediate supervisor of deficiencies in the management of AGH. These actions were found to have violated DOH Policy 60-8-02, VII, D, (G)(b), Negligence - Neglect of Duty.

## RECOMMENDATION

- ❖ The HIG recommends actions deemed appropriate by management be taken against the second, third, fourth, and fifth subjects for violations of DOH policy.

As a result of this investigation, the first subject was terminated and subsequently arrested by the Florida Department of Law Enforcement. The second subject was also terminated by DOH management. The third, fourth, and fifth subjects were disciplined by DOH management.

## INVESTIGATION # 08-111

### Alleged Discrimination/Fraud/Unethical Behavior Okeechobee County Health Department

This investigation was initiated based upon receipt of a written complaint. The complaint alleged discrimination, unethical behavior, and conduct unbecoming a state employee.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The first subject falsified a timesheet on May 12, 2008. This allegation was unsubstantiated. There was insufficient evidence to prove or disapprove the allegation that the first subject falsified a timesheet.

**Allegation #2:** The first subject made sexual comments to an Okeechobee CHD supervisor both verbally and through an email. This allegation was substantiated. HIG concluded that the first subject did make sexually explicit comments through email and in a meeting. These actions were found to have violated DOH Policy 50-10c-07, Information Security Policy 4 - Acceptable Use and Confidentiality Agreement; DOH Policy 60-8-02, VII, D, (G)(e), Violation of Law or Agency Rules - Misuse of Computer Facilities or Equipment; DOH Policy 60-8-02, VII, D, (G)(f), Conduct Unbecoming a Public Employee - Threatening, Abusive, Malicious, Profane, or Offensive Language or Actions.

**Allegation #3:** The second subject belittled Okeechobee CHD employees and forced another employee to resign. This allegation was partially substantiated. HIG concluded that there was insufficient evidence to prove or disprove if the second subject “belittled” or “forced” another employee to resign. However, there was sufficient evidence to prove that the second subject made inappropriate comments. These actions violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Threatening, Abusive, Malicious, Profane, or Offensive Language or Actions.

**Allegation #4:** The third subject made an inappropriate comment in front of administration staff and the management team. This allegation was substantiated. HIG concluded that the third subject did make a comment that was inappropriate; however, the comment did not rise to the level of discrimination. These actions violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Threatening, Abusive, Malicious, Profane, or Offensive Language or Actions.

**Allegation #5:** Concerns regarding the selection of a vacant Administrator position at the Okeechobee CHD. This allegation was unsubstantiated. Although HIG found inconsistencies in the advertisement of the position, there was no evidence of any statutory, policy, or rule violation nor was there any indication of discrimination in the hiring process.

## RECOMMENDATION

- ❖ Management should review these findings and take any action deemed appropriate and necessary against the second subject for the policy violations found in this investigation, in accordance with DOH Policy 60-8-02. Although the first and third subjects were found to have also violated DOH Policy 60-8-02, they are no longer employed with the Okeechobee CHD.

As a result of this investigation, the second subject received oral counseling.

## INVESTIGATION # 08-208

### Alleged Harassment by Supervisor Palm Beach County Health Department

This investigation was based upon a complaint from a Palm Beach CHD employee that alleged harassment by a supervisor. The list of issues that were complained about appeared to be management issues but management requested that the HIG handle the investigation.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The subject treated the complainant in a manner that the complainant considered harassment. This allegation was partially substantiated. HIG concluded that the subject made comments about the complainant’s medical information loud enough for others to hear. This action was found to have violated DOH Policy 60-8-02, VII, D, (6)(g), Misconduct.

**Allegation #2:** The subject made contact with the complainant in violation of a previous supervisory directive. This allegation was substantiated. HIG concluded that on September 18, 2008, the subject spoke with the complainant behind closed doors. This action was found to have violated DOH Policy 60-8-02, VII, D, (6)(d), Insubordination.

## RECOMMENDATION

- ❖ Palm Beach CHD management should take appropriate action against the subject consistent with the findings and conclusions of the report as they relate to statutory, policy, or rule violations.

As a result of this investigation, the subject retired prior to any disciplinary action being taken.

## INVESTIGATION # 08-232

### Alleged Stolen Patient Medication

#### A.G. Holley State Hospital

This investigation was based upon three Incident Reports from AGH. The incidents involved the discovery of missing patient medications. Specifically, the reports documented that narcotic medications were discovered missing by medical personnel while performing routine duties at the hospital.

The allegation was substantiated. HIG determined that from October 2008 through December 2008, unknown persons at AGH stole medications. The hospital's Administration immediately recognized that the accountability for the medications was not in place and began implementing ways to guarantee that the integrity of the medications was preserved. This was accomplished by making the medications classified as narcotics, (with the exception of appetite stimulants) only accessible to supervisors. The medications were moved to the after hours pharmacy and locked in a cabinet that requires the key of the supervisor and the key of a security guard.

Staff at AGH indicated they have begun the phasing in of electronic medical records and have visited the Veterans Administration hospital in Palm Beach, Florida to review and learn about the process. This system would prevent medication from being maintained past the appropriate expiration period and insure that there is a mechanism to track the medication.

## RECOMMENDATIONS

- ❖ Review and consider purchasing the Pixus system for dispensing patient medication, especially narcotics, or a similar system as budget allows. Request a special budget allotment for the purchase to improve patient care and insure accountability of all medications, especially the narcotics. This would eliminate the necessity of having a security guard respond each time narcotics are needed for a patient.
- ❖ Review and update all pertinent policies and disseminate to staff, to include the contracted staff, to insure all are aware of their responsibilities.
- ❖ Continue the implementation of electronic medical files.
- ❖ Review the practice of leaving medications in paper bags for pharmacy personnel to collect. Consider putting medications in a locked box in a secure location.
- ❖ Review the contract with Pharmamerica and contact their management to insure that discontinued medications are retrieved per the contract specifications. Update the contract if deemed necessary.



- ❖ Update all staff background checks and review the current contract for nursing staff to insure that appropriate backgrounds are conducted.

As a result of this investigation, individual subjects could not be identified. Therefore, no discipline was administered. Additionally, AGH management made a criminal referral to the Lantana, Florida Police Department.

## **INVESTIGATION # 08-233**

### **Alleged Unlawful Discrimination**

### **Wakulla County Health Department**

This investigation was initiated based upon a written complaint by a former employee of the Wakulla CHD. The complainant alleged being denied adequate accommodations and eventually termination because of gender (female) and pregnancy. Specifically, the complainant alleged that a request was made for her patient load to be lightened due to a pregnancy. However, the subject used this against the complainant and subsequently terminated the complainant because of gender (female) and her pregnancy.

The allegation was substantiated. The Wakulla CHD's reasons for terminating the complainant included her failure to perform duties related to the program and making unauthorized purchases in spite of an agency-wide spending freeze. Evidence obtained in this investigation showed the Wakulla CHD's reasons for the complainant's termination were actually a pretext for discrimination based on gender (female) and pregnancy as follows:

- 1) The complainant did attempt to perform but was unable to do so successfully due to technical problems with the equipment.
- 2) The subject inappropriately evaluated the complainant on December 2, 2008 based on a performance standard that was no longer one of the complainant's required job duties. The subject then used this rating to partially justify the decision to terminate the complainant's employment.
- 3) The subject inappropriately gave the complainant a lower rating on a December 2008 performance evaluation and terminated the complainant partly for making an unauthorized purchase.
- 4) The complainant was terminated partly for requesting to take leave for a pregnancy-related illness. The subject's denial of the complainant's use of the complainant's personal holiday was contrary to department policy and constituted a failure to accommodate the complainant's pregnancy.
- 5) The complainant was terminated partly because a request was made for a lighter schedule and the complainant took rest breaks that had been approved by a Supervisor to accommodate a pregnancy-related illness.
- 6) The subject made an inappropriate reference to the complainant's pregnancy in an email to Headquarters on November 28, 2008 in which the subject requested that the complainant be terminated, citing the complainant's pregnancy as the Wakulla CHD's "last concern."
- 7) The subject made discriminatory remarks using references to a pregnant employee to at least two Wakulla CHD employees following the complainant's termination.

These actions were found to have violated the following sections of DOH policy and concurrent sections of *Florida Administrative Code (F.A.C.)*:

- 1) DOH Policy 220-2-00, Equal Employment Opportunity and Section 60L-33.007, *F.A.C.*;
- 2) DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Discrimination or Harassment Based on

Race, Color, National Origin, Religion, Disability, Age, Sex, or Marital Status; and Section 60L-36.005 (3)(e), *F.A.C.*; and.

- 3) DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee – Inappropriate Conduct; and Section 60L-36.005 (3)(f), *F.A.C.*

## RECOMMENDATION

- ❖ Management should review these findings and take any action deemed appropriate and necessary for the policy violations, in accordance with DOH Policy 60-8-02 and DOH Policy 220-2-00.

As a result of this investigation, the subject was terminated.

## INVESTIGATION # 09-022

### **Alleged Violation of Law or Agency Rules and Misuse of State Computer Bureau of Finance & Accounting**

This investigation was based upon information received that an inappropriate email was forwarded to employees of the DOH's Medical Quality Assurance (MQA) unit. Specifically, the complainant alleged that on January 27, 2009, the subject sent an email containing a photographic image of a partially nude female. The complainant alleged that it came from the subject and that it was also sent to other MQA employees from a DOH computer.

The allegation was substantiated. The email in question was found to contain partial nudity, which the subject admitted to forwarding. HIG concluded that the subject violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct; DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Threatening, Abusive, Malicious, Profane or Offensive Language or Actions; DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Misuse of Computer Facilities or Equipment; DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Pornography; and DOH Policy 50-10c-07, Information Security Policy 4 - Acceptable Use and Confidentiality Agreement.

During the investigation, the following additional misconduct was noted by the HIG:

The subject knowingly sent inappropriate emails from a DOH computer. After a review of the emails, it was determined that the subject sent 25 non-work related personal email messages, 52 vulgar/profane language emails, three videos, 18 chain letters, and two jokes that included vulgar language. The emails included sexual, partially nude, and inappropriate content, all sent from a DOH work computer during the month of January 2009. These actions violated DOH Policy 50-10c-07, Information Security Policy 4 - Acceptable Use and Confidentiality Agreement.

## RECOMMENDATION

- ❖ DOH Management should take appropriate action as deemed necessary regarding violations of DOH Policy.

As a result of this investigation, the subject was suspended without pay for five workdays.

## **INVESTIGATION # 09-041**

### **Alleged Fraudulent Activity and Inappropriate Conduct**

#### **Palm Beach County Health Department**

This investigation was initiated based upon a complaint by the separated spouse of a Palm Beach CHD employee. Specifically, the complainant alleged that a Palm Beach CHD employee participated in fraudulent activity and displayed inappropriate conduct.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The first subject asked the second subject to issue prescriptions in the complainant's name without the second subject personally seeing the complainant as a patient. This allegation was substantiated. HIG concluded that these actions violated DOH Policy 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee – Inappropriate Conduct.

**Allegation #2:** The first subject and the second subject conspired to defraud the Medicaid account of the complainant. Based on the investigation, the HIG concluded that this allegation was unsubstantiated.

**Allegation #3:** The second subject wrote prescriptions for a patient that was not personally treated or seen, and for which no patient chart existed within the clinic where the second subject was employed. This allegation was substantiated. HIG concluded that these actions violated DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules – Rules, Regulations, Policies, or Laws Willfully Violated and Section 464.018 (1)(n), *F.S.*, by failing to meet minimal standards of acceptable and prevailing nursing practice.

HIG concluded that these actions also violated DOH Policy 60-8-02, VII, D, (6)(f) – Conduct Unbecoming a Public Employee – Inappropriate Conduct; Section 64B9-8.005 (1)(a), *F.A.C.*, Inaccurate recording; Section 64B9-8.005(2)(b), *F.A.C.*, Administering medications or treatments in negligent manner; and Section 64B9-8.005(2)(i), *F.A.C.*, Acts of gross negligence, either by omission or commission. This violation also represents a breach of the signed Advanced Registered Nurse Protocol also known as the “Professional Collaborative Practice Agreement” between the Palm Beach CHD and the second subject.

**Allegation #4:** The first subject used a DOH computer to research prohibited subjects, such as marijuana and prison inmates. Based on results of the investigation and the second subject's duties, the HIG exonerated the first subject of this allegation.

**Allegation #5:** The first subject physically threatened the complainant. The HIG concluded this allegation was unsubstantiated. HIG found insufficient evidence that the first subject physically threatened the complainant.

### **RECOMMENDATIONS**

The HIG recommended the following:

- ❖ Take appropriate action against the first subject consistent with the findings and conclusions of this report as they relate to asking the second subject to issue prescriptions in the complainant's name without presenting the complainant to be seen and diagnosed as a patient.

- ❖ Take appropriate action against the second subject consistent with the findings and conclusions of this report as they relate to writing prescriptions for a patient that was not personally seen or treated as a patient, and for which no patient chart existed within the clinic where the second subject was employed.
- ❖ Take appropriate action against the second subject consistent with the findings and conclusions of this report as they relate to writing prescriptions with incomplete information and for medications for which the second subject does not have up to date training to administer.
- ❖ Consider policy and remedial training for employees concerning the practice of writing prescriptions for co-workers who are not patients of the health department.

As a result of this investigation, the first subject received a written reprimand and the second subject was terminated.

## **INVESTIGATION # 09-074**

### **Alleged Discrimination/Sexual Harassment**

### **Palm Beach County Health Department**

This investigation was initiated based upon receipt of a written complaint that alleged discrimination and sexual harassment by an employee of the Palm Beach CHD.

Specifically, the complainant alleged the following:

- a) The subject made inappropriate and sexually suggestive comments to the complainant when the subject said the complainant resembled a belly dancer from the subject's country.
- b) The subject said that the complainant was losing weight (while staring at the complainant's buttocks).
- c) The subject asked the complainant to clean the subject's house and to be sure to wear a bathing suit.
- d) The subject had a relationship with a former Palm Beach CHD employee which the subject threatened, causing the complainant to also be fearful.

These allegations were substantiated. During the investigation, it was determined that there were inappropriate and sexually suggestive comments made by the subject to the complainant. The subject admitted to inviting the complainant to the subject's home to perform light cleaning and to wear a bathing suit to "feel more like a guest and not hired help." The subject adamantly denied making any reference to a belly dancer or threatening a former employee.

These actions were found to have violated Title VII of the Civil Rights Act of 1964, as amended; DOH Policy 220-2-00, Equal Employment Opportunity; and DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Discrimination or Harassment Based Race, Color, National Origin, Religion, Disability, Age, Sex, or Marital Status.

There were no recommendations. The subject voluntarily submitted a letter of resignation.

## **INVESTIGATION # 09-084**

### **Alleged Discrimination/Sexual Harassment**

#### **Division of Emergency Medical Operations**

This investigation was initiated based upon a written complaint received by the HIG against an Emergency Medical Operations employee. Specifically, the complainant alleged that the subject inappropriately touched the complainant on the inner thigh and buttock. The complainant also alleged that the subject made a phone call to the complainant and said, "You know you want me, come on you know you do." The complainant alleged a decline in professional opportunities directly related to the complainant's avoidance of the subject, therefore causing the complainant to resign the position in order to avoid unwanted contact with the subject.

All allegations were substantiated. HIG concluded that the subject's behavior toward the complainant consisted of unwelcomed verbal and physical conduct of a sexual nature that was severe or pervasive. HIG concluded that these actions affected the complainant's working conditions by limiting the complainant's professional opportunities. The subject's actions were a violation of DOH Policy 60-8-02, VII, D, (6)(e), Violation of Agency Rules – Sexual Harassment; DOH Policy 60-8-02, VII, D, (6)(g), Misconduct; and Title VII of the Civil Rights Act of 1964, as amended.

#### **RECOMMENDATION**

- ❖ Management should take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to statutory, policy, or rule violations.

As a result of this investigation, the subject resigned in lieu of termination.

## **INVESTIGATION # 09-110**

### **Alleged Computer Violations**

#### **Children's Medical Services**

This investigation was predicated upon information received from a Children's Medical Services (CMS) employee providing Information Technology (IT) assistance to the Department. The complainant was alerted that there was malware on two separate devices assigned to the subject.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The subject attached an unauthorized device to a DOH computer. This allegation was substantiated. The subject acknowledged using an assigned DOH computer for personal use by attaching unauthorized devices (a child's toy called "LeapFrog Pen"). These actions violated DOH Policy 50-10c-07, VII, D, (10), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, "Non-DOH devices (including personal MP3 players, thumb drives, printers) shall not be connected to DOH systems without Chief Information Officer authorization."

**Allegation #2:** The subject installed unauthorized software on assigned laptop computers. This allegation was substantiated. The subject admitted to installing unauthorized software to assigned laptops. These actions violated DOH Policy 50-10c-7, VII, D, (5)(a), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states,

“DOH workers must not install, introduce, download, access, or distribute software not approved by the DOH Information Technology Standards Workgroup.”

**Allegation #3:** The subject failed to protect log-in credentials. This allegation was substantiated. The subject acknowledged failure to protect a system password by posting it in a visible location. These actions violated DOH Policy 50-10c-07, VII, B, (1)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “Agency computer users are responsible for safeguarding their passwords and other authentication methods.”

**Allegation #4:** The subject shared login and password credentials with a co-worker. This allegation was substantiated. The subject acknowledged knowingly and intentionally sharing login credentials with a subordinate employee. These actions violated DOH Policy 50-10c-7, VII, B, (1)(f), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “Agency workers must not share their agency account passwords, personal identification numbers, security tokens, smart cards, identification badges, or other devices used for identification and authentication purposes.”

**Allegation #5:** The subject erased the internet browser “cookies” from the assigned computers. The subject was exonerated. HIG could not find a policy in effect related to this allegation.

### Additional Findings

During the investigation, the following additional findings were noted by HIG:

- 1) The subject connected assigned DOH laptops to the internet from home without using an assigned Virtual Private Network (VPN) connection. This finding was substantiated and a violation of DOH Policy 50-10c-07, VII, C, (6), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “When connecting a DOH laptop to a non-DOH approved network, the DOH worker must immediately activate an approved DOH Virtual Private Network (VPN) connection.” The subject willingly acknowledged connecting DOH laptops to the internet without using the assigned VPN account.
- 2) The subject also had access to a third laptop for travel purposes. This was checked out upon surrendering the infected computers to IT to remove the malware.
- 3) During interviews with the subject and witnesses, the HIG determined staff members were allowed to use photographs of their children in training presentations to reduce costs associated with paying royalty fees on stock images. Although HIG found no violations of policy, it raised a question of best practices to balance the needs for DOH to manage costs, provide convenience of the staff in making timely presentations and protection of any legal rights for the DOH, its staff, and their respective family members.

### RECOMMENDATIONS

- ❖ CMS management should ensure that employees who are assigned laptop computers receive written instructions on when and how to activate the VPN connection when connecting to a non-DOH network.
- ❖ CMS management should examine the current IT resource allocation as it relates to employees having multiple laptop computers assigned.

- ❖ CMS management should evaluate the policy of allowing members to use photographs of their children in DOH training programs to ensure any required “Permission and Release” form is obtained.

As a result of this investigation, the subject voluntarily resigned.

## **INVESTIGATION # 09-126**

### **Alleged Violation of Law or Agency Rules**

### **Division of Medical Quality Assurance**

This investigation was based upon a complaint by a MQA Bureau Chief. The complainant alleged that a computer assigned to a MQA employee contained evidence of visitation to an inappropriate website. Specifically, the subject used a DOH computer to access and or download sexually explicit images and vulgar material.

This allegation was substantiated. HIG concluded that the subject repeatedly used a DOH computer to access and or download sexually explicit images and vulgar material. These actions violated DOH Policy 50-10c-07, VII, D, (5)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “DOH workers must not install, introduce, download, access, or distribute sexually explicit, pornographic, or vulgar material.”

During the investigation, the following additional misconduct was noted by the HIG:

#### **Finding #1:**

The subject used an assigned DOH outlook email account to conduct personal business and to forward emails with inappropriate content including nudity, profanity, and racially offensive jokes after receiving specific supervisory instructions to the contrary. This allegation was substantiated and found to have violated the following DOH Policies:

- DOH Policy 50-10c-07, VII, B, (6)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “...users may not use Outlook, Outlook Express, or other PC-based software or plug-ins to access non-DOH email”;
- DOH Policy 50-10c-7, VII, D, (5)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “DOH workers must not install, introduce, download, access, or distribute sexually explicit, pornographic, or vulgar material.”;
- DOH Policy 50-10c-7, VII, D, (5)(f), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, “DOH workers must not install, introduce, download, access, or distribute inappropriate language or profanity, including, but not limited to obscene or inappropriate language, racial, ethnic, or other discriminatory content”;
- DOH Policy 60-8-02, VII, D, (6)(d), Insubordination – Failure to Follow Instructions;
- DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules – Pornography; and
- DOH Policy 60-8-02, VII, D, (6)(e), Violation of Law or Agency Rules - Misuse of Computer Facilities or Equipment.

#### **Finding #2:**

The subject used an assigned computer to access non-job related chat rooms and singles clubs or dating services after receiving specific supervisory instructions to the contrary. This allegation was substantiated. HIG found that the subject repeatedly used an assigned DOH computer and Outlook to access and distribute prohibited material after receiving and

acknowledging an email from the subject's supervisor instructing not to visit prohibited sites or use state email for non-DOH business.

These actions violated DOH Policy 50-10c-07, VII, D, (5)(h), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, which states, "DOH workers must not install, introduce, download, access, or distribute non-work related chat rooms, news groups, political groups, singles clubs, dating services, computer hacker websites, or software" and DOH Policy 60-8-02, VII, D, (6)(d) – Insubordination – Failure to Follow Instructions.

## RECOMMENDATION

- ❖ MQA take appropriate disciplinary action, as determined by management, consistent with the findings of the investigation report.

As a result of this investigation, the subject voluntarily resigned.

## INVESTIGATION # 09-136

### Alleged Violation of Law or Agency Rules, and Conduct Unbecoming Seminole County Health Department

This investigation was predicated upon information received from the Seminole CHD. A Human Resources (HR) Consultant advised that a complaint was received alleging inappropriate conduct by a Health Services employee, a Senior Clerk, and a Staff Assistant.

Prior to the start of the investigation, the Seminole CHD Administrator directed the HR Consultant to conduct a preliminary review into allegations of sexual misconduct at the Seminole CHD. The HR Consultant interviewed and received signed statements from two witnesses, and the three subjects. On June 17, 2009, the HR Consultant placed the first subject and the third subject on administrative leave pending the results of the HR Consultant's preliminary review. On June 22, 2009, the HIG received copies of the five signed written statements from the HR Consultant regarding the allegations of inappropriate sexual conduct and the hostile work environment at the Seminole CHD.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The first subject bragged to the complainant about having sex with the second subject in a Seminole CHD restroom. However, because rumors of this activity began to spread throughout the office, the complainant stated the first subject was concerned that the first subject's spouse would find out so the first subject felt this should be addressed with someone in an attempt to quiet the rumors. This allegation was unsubstantiated. The subject denied having sex with the first subject in the restroom or in the Seminole CHD building. In a written statement to the HR Consultant (non-sworn), the second subject also denied this allegation.

Based on the evidence collected, the HIG was unable to conclude that the first subject actually had sex in a Seminole CHD restroom with the second subject. However, the second subject engaging in sexually charged and inappropriate conversations regarding female co-workers was substantiated for violation of DOH Policy 60-8-02 VII, D, (6)(f), Conduct Unbecoming a Public Employee – Disruptive Conduct; and DOH Policy 60-8-02 VII, D, (6)(f), Conduct Unbecoming a Public Employee - Inappropriate Conduct.



**Allegation #2:** The first subject and the third subject habitually engaged in "dirty sexual banter" in the office. This allegation was substantiated. The complainant stated both the first subject and the third subject had "personal sex gratification" conversations in the complainant's presence. The complainant stated that the complainant witnessed and heard "sexual talk" between the first subject and the third subject routinely. During an interview with the HIG, the third subject admitted engaging in sexual banter with the first subject in the first subject's office concerning different things in a joking manner. The first subject denied having sexual conversations with co-workers. These actions were found to have violated DOH Policy 60-8-02 VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct; DOH Policy 60-8-02 VII, D, (6)(f), Conduct Unbecoming a Public Employee - Inappropriate Conduct.

### **Additional Finding:**

The first subject violated the conditions of the first subject's administrative leave letter dated June 17, 2009, which stated, "You shall not initiate any contact with departmental staff regarding work related issues unless requested to do so as part of this internal investigation."

In an interview with the HIG, a Seminole CHD employee stated there were numerous conversations exchanged with the Seminole CHD employee and the first subject, which included details of the investigation after the first subject was placed on administrative leave. During another interview, the first subject was shown a copy of the Seminole CHD employee's office telephone records by the HIG. The first subject admitted calling the Seminole CHD employee from a personal cell telephone in direct violation of his administrative leave letter. The first subject violated DOH Policy 60-8-02 VII, D, (6)(d), Insubordination, which states, "Employees shall follow lawful orders and carry out directives of persons with duly delegated authority." The first subject also violated DOH Policy 60-8-02 VII, D, (6)(e), Violation of Laws or Agency Rules - Failure to Respond or Provide Truthful Information During an Internal Investigation.

### **RECOMMENDATION**

- ❖ Seminole CHD management should take appropriate action, consistent with the findings and conclusions of this report, as they relate to statutory, policy, or rule violations.

As a result of this investigation, the first and third subjects were suspended without pay for five workdays. No specific action was taken against the second subject. Affected staff in the program unit was given additional follow-up training on the Department's standards of conduct and professionalism. Additionally, all program staff received sexual harassment training facilitated by the DOH Equal Opportunity Office.

## **INVESTIGATION # 09-148**

### **Alleged Conduct Unbecoming and Computer Violations Wakulla County Health Department**

This investigation was based on an Incident Report from the Wakulla CHD alleging an employee downloaded unauthorized software. Specifically, the complainant received a notice that a virus alert (Trojan) was detected on a laptop assigned to the subject as a result of downloading unauthorized software.

This allegation was substantiated. HIG concluded the subject's spouse downloaded "Limewire" onto a Department laptop that subsequently installed the virus. This was confirmed in an affidavit from the subject's spouse. The subject admitted to

using the same passwords and that the subject's spouse "guessed the subject's" password. The subject verified that there was no confidential information on the laptop at the time.

### **Additional Findings**

There was also evidence that Facebook had been accessed. The subject stated that the subject was unaware that Facebook was prohibited. However, on April 8, 2008, a DOH Security Bulletin was forwarded to all DOH employees that read, "At this time the DOH has not approved the use of these tools." The subject's computer hard drive also revealed that the subject was using the computer to complete schoolwork for Keiser College. There is no prohibition against personal enrichment stated in policy.

These actions were found to have violated DOH Policy 50-10c-07, Information Security Policy 4 – Acceptable Use and Confidentiality Agreement and 60-8-02, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Unauthorized Use of State Property, Equipment, Materials, or Personnel. The subject failed to protect the assigned laptop and it was used in a manner that is in violation of DOH policy. The subject took training in the Trak-it system for the Information Security and Privacy Awareness Training on April 24, 2009 and therefore was aware of the security requirements for the laptop.

### **RECOMMENDATIONS**

- ❖ Wakulla CHD management should take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to the policy violations.
- ❖ Administration of the Wakulla CHD should review the training of personnel to insure that everyone has taken the Information Security and Privacy Awareness Training class. In addition, DOH Policy 50-10c-07, Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, states, "DOH workers having access to computer-related media are expected to know the department's information security and privacy policies, protocols, and procedures....An Acceptable Use and Confidentiality Agreement must be signed by each DOH worker and filed at the local level."

As a result of this investigation and findings and recommendations in other HIG investigations, the subject was terminated.

## **INVESTIGATION # 09-211**

### **Alleged Disclosure of Confidential or Privileged Information Division of Disability Determinations**

This investigation was predicated upon an Incident Report from the Division of Disability Determinations (DDD) alleging disclosure of confidential and privileged information. Specifically, it was alleged that the subject improperly removed documents containing confidential and privileged information from the DDD offices. The documents contained client names, social security numbers and medical information, and the information was disclosed to the subject's attorney and other unauthorized persons.

This allegation was substantiated. HIG concluded that the subject removed confidential and privileged information from the DDD offices and released the information to unauthorized persons. HIG found that the subject was involved in a lawsuit against DOH and was being represented by a local law firm. As a result of the lawsuit, the subject was served with a

Request for Production of Documents on July 29, 2008. The request called for the subject to produce documents in the subject's possession or under the subject's control. The documents were reviewed and found to contain a "Pulled Case" document and various emails containing DDD client names, social security numbers, and medical information.

During an interview with the HIG, the subject had no recollection of giving any document to the subject's attorney containing confidential or privileged information and did not believe the subject would have disclosed any such privileged or confidential information. However, the subject concluded the interview by stating the subject was the one who wrote the information onto the "Pulled Case" document for the subject's own cases, and the subject would have kept a copy of the document for one's case files. The subject was found to have violated DOH Policy 60-8-02 VII, D, (6)(e), Violation of Laws and Rules - Disclosure of Confidential or Privileged Information; DOH Policy 50-10g-07, VI, E, (1)(e), Information Security and Privacy Policy 8 – Disclosure of Confidential Information: Patient Medical Information Disclosure; DOH Policy 50-10f-07, Information Security and Privacy Policy 7 – Confidential Information; and Section 119.071(5), *F.S.*, Disclosure of Social Security Numbers.

## RECOMMENDATIONS

- ❖ Management should take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to statutory, policy, or rule violations.
- ❖ Management should review their procedures for handling and tracking public records requests and should take appropriate action to ensure compliance with DOH Policy 30-1-08, Public Records Request Policy and Procedures.

As a result of this investigation, the subject was terminated.

## INVESTIGATION # 09-239

### Alleged Conduct Unbecoming and Disclosure of Confidential Information Palm Beach County Health Department

This investigation was based on an email complaint received by the HIG against two Palm Beach CHD employees.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The first subject created a hostile work environment by making comments towards the complainant. This allegation was substantiated. HIG concluded that the first subject did engage in conduct unbecoming a public employee by using profane language, engaging in excessive personal conversations, and by making threats of suicide, all of which have caused disruption and dissension in the workplace. These actions were found to have violated DOH Policy 60-8-09, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct.

**Allegation #2:** The second subject retaliated against the complainant; "wrote up" the complainant based only on hearsay of the first subject, disclosed privileged and confidential medical information about the complainant, and failed to take appropriate action when the complainant knew of a suicidal employee and a hostile work environment. This allegation was unsubstantiated. HIG concluded that there was no evidence that the second subject engaged in retaliation against the complainant. The HIG also concluded there was insufficient evidence that the second subject disclosed privileged or confidential medical information about the complainant and that second subject knew of the suicide threat made by the first

subject. However, the HIG concluded the second subject failed to provide correct information to the first subject regarding eligibility for the Employee Assistance Program.

**Allegation #3:** The first subject was hired by the third subject, a relative who worked at the Palm Beach CHD, who did not adhere to DOH hiring policies and procedures. This allegation was unsubstantiated. HIG concluded that there was no evidence that the third subject violated any DOH policy.

### **Additional Finding**

HIG concluded that the complainant's interactions with the complainant's supervisor, the second subject, and other employees and clients of the Palm Beach CHD were insubordinate and disruptive in that the complainant failed to resolve differences with management in a cooperative and constructive manner. The complainant was loud, rude and contemptuous toward the second subject, Palm Beach CHD staff, and clients. The complainant's actions were a continuation of inappropriate conduct previously cited by the Palm Beach CHD management. These actions were a violation of DOH Policy 60-8-09, VII, D, (6)(d), Insubordination; DOH Policy 60-8-09, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Disruptive Conduct; and DOH Policy 60-8-09, VII, D, (6)(f), Conduct Unbecoming a Public Employee - Dissention.

### **RECOMMENDATIONS**

- ❖ Take appropriate action against the complainant, consistent with the findings and conclusions of this report as they relate to insubordination, disruptive conduct, and dissention.
- ❖ Take appropriate steps to restore discipline and supervision to the front line of the Palm Beach CHD to ensure quality service is rendered to the public.

As a result of this investigation, no action was taken against the first subject since the first subject had been previously counseled prior to the investigation. However, information gathered during the investigation resulted in the complainant being terminated for insubordination and disruptive behavior.

## **INVESTIGATION # 09-247**

### **Alleged Violation of Law or Agency Rules and Conduct Unbecoming Division of Emergency Medical Operations**

This investigation was based on a complaint that a DOH employee used a State of Florida issued P-Card without proper authorization. Specifically, the complaint alleged that on August 18, 2009, the subject used the subject's DOH issued P-Card to pay \$267.75 for the subject's rent at a local hotel. The complainant further alleged that on September 18, 2009, a second charge of \$281.23 appeared on the subject's P-Card for lodging at the same local hotel. The total amount of unauthorized charges to the subject's P-Card was \$548.98.

These allegations were substantiated. HIG concluded that the subject used the subject's DOH issued P-Card for personal purchases and did not reimburse the State for the charges. The HIG interviewed the Second Level Approver for the subject's P-Card charges. The Second Level Approver (Approver) immediately identified the first disputed charge and confronted the subject, who told the Approver that the subject's spouse took the P-Card, by mistake, and paid the bill for

the \$267.75 rent for the week ending August 11, 2009 at the local hotel. The subject said a check would be written for the entire amount to reimburse the State.

The Approver noticed a second charge on the subject's P-Card for \$281.23 for the same local hotel occurring on or about September 17, 2009. The Approver again asked the subject for an explanation and the subject replied it was a mistake by the hotel and it would be taken care of. The Approver verbally reminded the subject on multiple occasions that the State must be reimbursed \$267.75 and \$281.23, respectively. A "Replacement Receipt Form" was issued to document the expenses.

HIG concluded that the subject failed to properly secure the subject's DOH P-Card and allowed unauthorized charges in the amount of \$548.98 to be placed on the P-Card in violation of the subject's signed agreement and without proper reimbursement to the DOH. These actions were found to have violated DOH Policy 60-8-09, VII, (6)(e), Violation of Law or Agency Rules; and DOH Policy 60-8-09, VII, (6)(f), Conduct Unbecoming a Public Employee - Unauthorized Use of State Property, specifically a State of Florida Issued P-Card.

Additionally, a potential violation of criminal law (Section 812.014(2)(c)(1), *F.S.*, Third degree grand theft over \$300) was found to have taken place. This was referred to law enforcement.

## RECOMMENDATION

- ❖ The HIG recommends that the Division of Emergency Medical Operations take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to DOH Policy 60-8-09, VII, (6)(e), Violation of Law or Agency Rules; and DOH Policy 60-8-09, VII, (6)(f), Conduct Unbecoming a Public Employee - Unauthorized Use of State Property.

As a result of this investigation, the potential criminal activity found to have taken place was referred to law enforcement and the subject was subsequently terminated and arrested by the Leon County Sheriff's Department.

## INVESTIGATION # 10-037

### Alleged Misuse of Computer and Conduct Unbecoming Hillsborough County Health Department

This investigation was based on an Incident Report filed by the Hillsborough CHD. The incident involved a Hillsborough CHD employee's computer containing evidence of installed "unapproved software," adult sexual searches, inappropriate websites, obscene files and other suspicious inappropriate website visits.

The specific allegations and results of investigation are as follows:

**Allegation #1:** The subject used the subject's DOH computer to access and/or download unauthorized software, specifically "A LOT" toolbar. This allegation was substantiated. The HIG seized two hard drives from the subject's computer and found evidence to support the allegation that "A LOT" toolbar software had been installed. This violated DOH Policy 50-10c-07, VII, D, (5)(a), Information Security Policy 4 - Acceptable Use and Confidentiality Agreement - Unacceptable Uses, which states, "DOH workers must not install, introduce, download, access, or distribute software not approved by the DOH Information Technology Standards Workgroup."

**Allegation #2:** The subject used the subject's DOH computer to access and/or download sexually explicit images. This allegation was substantiated. During the hard drive examination, the HIG discovered that the subject visited numerous inappropriate websites. The subject's hard drive also contained 26 files containing images, illustrations, and cartoons with partial nudity and sexually explicit content deemed not appropriate for display on a Department computer. These actions were found to have violated DOH Policy 50-10c-07, VII, D, (5)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement: Unacceptable Uses, which states, "DOH workers must not install, introduce, download, access, or distribute sexually explicit, pornographic, or vulgar material."; DOH Policy 60-8-09, VII, D, (6)(e), Violation of Law or Agency Rules - Misuse of Computer Facilities or Equipment; and DOH Policy 60-8-09, VII, D, (6)(e), Violation of Law or Agency Rules – Pornography

## RECOMMENDATIONS

- ❖ Management should take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to violations of DOH Policy 50-10c-07, VII, D, (5)(a), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement, regarding downloading unapproved software.
- ❖ Management should take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to violations of DOH Policy 50-10c-07, VII, D, (5)(e), Information Security Policy 4 – Acceptable Use and Confidentiality Agreement; and DOH Policy 60-8-09, VII, D, (6)(e), Violation of Law or Agency Rules, regarding accessing or downloading sexually explicit material and use of the internet for purposes or at times not authorized by Department policy.

As a result of this investigation, the subject was terminated.

## Other HIG Activities

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### Coordination with External Auditing Entities

The HIG Internal Audit Unit acts as the Department's liaison on audits and reviews conducted by outside organizations such as the Office of the Auditor General, the Office of Program Policy Analysis and Government Accountability, the federal Department of Health and Human Services, and other state and federal agencies. For these engagements, HIG is copied on engagement letters and coordinates entrance conferences. During audit fieldwork, HIG facilitates all relevant communication between the auditors and DOH program staff. At the conclusion of the audit, HIG coordinates the exit conference between the auditors and DOH management for the delivery of Preliminary and Tentative findings (P&T).

HIG assigns the P&T findings to the appropriate persons within the Department for written response and preliminary corrective action plans. The Department's response is compiled and provided to the auditors with a cover letter signed by the State Surgeon General, usually for inclusion in their published audit. Subsequently, HIG tracks progress on corrective action at six, 12, and 18 month intervals until corrective actions are completed. HIG also may perform follow-up audits to determine adequacy of corrective actions taken by management.

See Appendix B for a list of external audits that were coordinated by HIG during the 2009-10 fiscal year.

### Migration to IIAMS

During the 2009-2010 fiscal year, the HIG Internal Audit Unit (Unit) initiated steps to migrate from a manual (paper) workpaper system for documenting engagements to an automated system of documentation.

The Unit selected the Integrated Internal Audit Management System (IIAMS) developed by the Department of Children and Families as its electronic audit management system. This secure web-based system, which has now been accepted for use by approximately half of the State's Inspector General Offices, provides for a more efficient and less costly means of documenting project management, maintaining project evidence and support, and facilitating supervisory review.

Because IIAMS provides a framework which can, in some aspects, be tailored to fit the needs of each individual Internal Audit group, Unit staff has made tremendous progress during the last year to fully

develop engagement templates, along with instructional presentations and “test” examples for staff training purposes, in order to fully transition internal engagement projects and subsequent follow-ups to IIAMS.

By the fall of 2010, the Unit is expected to be fully operational within IIAMS. Future enhancements may also include the use of IIAMS to document the Unit’s annual risk assessment, external audit monitoring, and project timekeeping.

## Investigation Accreditation

On April 1, 2010, HIG entered into an Agreement with the Commission for Florida Law Enforcement Accreditation, Inc. (Commission).

The Agreement provides that the Commission will assess the HIG’s Internal Investigation Unit operations, determine compliance with the standards established by the Commission, and determine eligibility for receiving accredited status from the Commission. HIG has two years from the date of the Agreement to become fully accredited.

Accreditation will afford the ability to further assure DOH employees and the public that practices and methods used during an internal investigation comply with established standards and that investigations are conducted in a fair and impartial manner.

During the 2009-2010 fiscal year, HIG staff has worked towards ensuring that internal procedures, including procedure documentation, are in compliance with the Standards set forth by the Commission. This effort will continue into the later half of 2010 with a goal of being formally assessed by the Commission in early 2011 and being accredited no later than the summer of 2011.



**APPENDIX A**  
**Department of Health**  
**Office of Inspector General**  
**Completed Internal Audit Unit Engagements for FY 2009-10**

Number	Audit Engagements	Date Issued
AC-09-001	Newborn Screening Third Party Billing	06/30/2010
AC-09-004	Division of Children's Medical Services Controls over Funds and Expenditures	06/03/2010

Number	Review Engagements	Date Issued
AR-09-002	Division of Administration Purchasing Card Program	06/30/2010
AR-10-003	Review of Department of Health's Use of Non-Competitive Procurement Contracts	11/12/2009
R-091000H-001	Readiness Review of Osceola CHD's Increase Services to Health Centers and Capital Improvement Program American Recovery and Reinvestment Act of 2009 Funds	02/26/2010
R-091000H-002	Readiness Review of Liberty CHD's Increase Services to Health Centers and Capital Improvement Program American Recovery and Reinvestment Act of 2009 Funds	02/23/2010
R-091000H-008	Readiness Review of Individuals with Disabilities Education Act-Part C (Early Steps), American Recovery and Reinvestment Act of 2009 Funds	01/04/2010

Number	Consulting Engagements	Date Issued
CS-10-001	Childhood Lead Poisoning Prevention Program	10/06/2009

**APPENDIX B**  
**Department of Health**  
**Office of Inspector General**  
**External Audits Coordinated by HIG for FY 2009-10** <sup>2</sup>  
*(includes initial audits and follow-ups)*

<b>Office of the Auditor General</b>		
Number	Audit Subject	Report Date
2008-141	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards	3/24/08
2009-018	Operational Audit of the Department of Health, Information Technology and Selected Administrative Matters	10/08/08
2009-083	Selected State Entities' Surplus Information Technology Property Controls Audit Period 08/2008 – 10/2008	2/15/07
2009-144	Statewide Federal Award, Fiscal Year Ending June 30, 2008	03/05/09
2010-165	Statewide Federal Award, Year Ending June 30, 2009	03/25/2010

<b>Office of Program Policy Analysis and Government Accountability</b>		
Number	Audit Subject	Report Date
08-67	State Food Safety Programs Should Improve Performance and Financial Self-Sufficiency	12/15/08
10-14	Since Implementing Statutory Changes, Board of Nursing Has Improved More Nursing	01/29/2010

<b>Other External Audits</b>		
Number	Audit Subject	Report Date
A-04-07-01046	Allowability of Costs Claimed for Reimbursement Under Florida's Bioterrorism and Emergency Preparedness Programs - August 31, 2004 through August 30, 2006	9/18/08
A-04-07-01048	Allowability of Costs Claimed for Reimbursement Under Florida's Bioterrorism Hospital Preparedness Program – September 1, 2004 Through August 31, 2006	09/30/08
A-15-10-11051	Administrative Costs Claimed by the Florida Division of Disability Determinations	06-28-2010

<sup>2</sup> HIG tracks progress on corrective action at six, 12, and 18 month intervals on all external audits. HIG suspends tracking corrective actions not completed within 18 months of the report issue date.

# APPENDIX C

## Department of Health Office of Inspector General Closed Complaints for FY 2009-10

Number	Type	Alleged Subject	Disposition
07-151	WB	Alleged nepotism	Substantiated
07-166	IN	Alleged unlawful discrimination (race)	2-Substantiated 3-Unsubstantiated
07-175	IN	Alleged retaliation/hostile work environment	Unfounded
08-016	IN	Alleged breach of confidentiality/behavior unbecoming/hostile work environment	1-Substantiated 1-Unsubstantiated
08-044	IN	Alleged dissemination of confidential information	Unsubstantiated
08-081	PI	Alleged contract fraud/falsification of documents	Substantiated
08-093	IN	Alleged conduct unbecoming a public employee	Substantiated
08-102	WB	Alleged conduct unbecoming a public employee/abuse of power of authority	Substantiated
08-111	IN	Alleged discrimination/unethical behavior/conduct unbecoming a public employee	3-Substantiated 2-Unsubstantiated
08-127	MA	Alleged falsification of lab test data	Referred to Medical Quality Assurance
08-138	IN	Alleged discrimination and retaliation	Unfounded
08-145	IN	Alleged sexual harassment	Unsubstantiated
08-146	PI	Alleged possession of altered social security card	Substantiated
08-156	IN	Alleged unlawful discrimination and retaliation	Unsubstantiated
08-167	IN	Alleged discrimination based on disability	Unsubstantiated
08-171	IN	Alleged discrimination based on color/hostile work environment	Unfounded
08-182	IN	Alleged discrimination and inappropriate treatment of a patient	2-Partially Substantiated 2-Unfounded
08-186	IN	Alleged disability/retaliation and race discrimination	3-Unfounded 1-Unsubstantiated
08-202	IN	Alleged conduct unbecoming	1-Substantiated 3-Unsubstantiated
08-206	PI	Alleged discrimination	Concluded Without Action
08-208	IN	Alleged harassment by supervisor	Substantiated
08-209	IN	Alleged conduct unbecoming	Unfounded
08-212	IN	Alleged misconduct/falsification of records/misuse of authority	2-Exonerated 3-Unsubstantiated
08-227	IN	Alleged discrimination and retaliation	1-Unsubstantiated 1-Unfounded
08-232	IN	Alleged stolen patients' medications	Substantiated
08-233	IN	Alleged unlawful discrimination	Substantiated
09-022	IN	Alleged violation of law and misuse of computer	Substantiated
09-030	IN	Alleged conduct unbecoming a public employee	Substantiated
09-031	IN	Alleged discrimination based on sex	Unfounded
09-041	IN	Alleged fraudulent activity and inappropriate conduct	2-Substantiated 2-Unsubstantiated 1-Exonerated
09-049	IN	Alleged conduct unbecoming a public employee; breach of confidentiality	1-Substantiated 1-Unsubstantiated 1-Unfounded
09-055	IN	Alleged misuse or inappropriate use of state computer	1-Unsubstantiated 1-Exonerated
09-057	PI	Alleged contract fraud and criminal violations	Unsubstantiated
09-062	IN	Alleged security breach	Unsubstantiated
09-063	IN	Alleged waste of public funds	5-Exonerated 2-Unsubstantiated 1-Unfounded
09-066	IN	Alleged attempt to disable administrative account	Substantiated
09-067	NF	Alleged falsifying of employee timesheets	Information Only
09-071	MA	Alleged misuse of grant money	Unfounded

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

Number	Type	Alleged Subject	Disposition
09-074	IN	Alleged discrimination/sexual harassment	Substantiated
09-075	IN	Alleged discrimination/inappropriate conduct	Unsubstantiated
09-077	PI	Alleged discrimination	Complaint Withdrawn
09-080	MA	Alleged national origin/ethnic discrimination	Unfounded
09-084	IN	Alleged discrimination/harassment based on sex	Substantiated
09-085	MA	Alleged retaliation for reporting racial slur	Unfounded
09-089	IN	Alleged misuse or inappropriate use of state computer/violation of laws or rules	Unsubstantiated
09-090	IN	Alleged discrimination based on race	Unfounded
09-099	MA	Alleged mishandling of grant application	Unfounded
09-106	IN	Alleged sexual harassment/conduct unbecoming a public employee	Unsubstantiated
09-109	MA	Alleged Medicaid fraud	Unfounded
09-110	IN	Alleged computer violations	4-Substantiated 1-Exonerated
09-111	MA	Alleged improper award of and management of grants	Unfounded
09-112	WB	Alleged violation of law or agency rules	3-Exonerated 3-Unsubstantiated 5-Unfounded
09-113	MA	Alleged HIPAA violation	Substantiated
09-114	MA	Alleged falsification of record in the WIC program	Substantiated
09-117	MA	Alleged misuse of position/misconduct	Substantiated
09-118	NF	Alleged sent of patient's name in an unencrypted email	Information Only
09-122	IN	Alleged hostile work environment/retaliation	Substantiated
09-126	IN	Alleged violation of law or agency rules	Substantiated
09-128	PI	Alleged theft of money from safe	Unsubstantiated
09-129	MA	Alleged non-action in addressing an outbreak of tuberculosis	Unfounded
09-130	MA	Alleged interference in the practice of dentistry	Unfounded
09-134	IN	Alleged misuse of computer/inappropriate conduct	1-Substantiated 1-Unsubstantiated 1-Part. Substan.
09-136	IN	Alleged violation of law or agency rules/conduct unbecoming a public employee	1-Substantiated 1-Unsubstantiated
09-138	MA	Alleged improper evaluation of practitioner complaint	Unfounded
09-139	MA	Alleged incompetence of a MQA investigative services staff member	Unfounded
09-140	WB	Alleged unethical and illegal conduct/computer malfeasance/forgery	Substantiated
09-141	IN	Alleged retaliation and racial discrimination	Unsubstantiated
09-142	MA	Alleged discrimination; unfair discipline; hostile work environment	Unfounded
09-143	NF	Alleged concerns regarding an interpretation of dental laws	Information Only
09-144	NF	Alleged hostile work environment; discrimination	Information Only
09-145	NF	Alleged dismissal without cause	Information Only
09-146	IN	Alleged criminal mischief	Substantiated
09-147	NF	Alleged improper leave/attendance	Information Only
09-148	IN	Alleged conduct unbecoming a public employee/computer violations	Substantiated
09-149	NF	Alleged inappropriate disclosure of confidential information	Referred to Law Enforcement
09-150	MA	Alleged nepotism	Unfounded
09-151	PI	Alleged breach of contract	Unsubstantiated
09-152	NF	Alleged discrimination	Information Only
09-153	NF	Alleged possible HIPAA violation and/or private data violation	Information only
09-154	PI	Alleged fraud and mismanagement of funds by a contractor	Unsubstantiated
09-155	NF	Alleged falsification of job application	Information Only
09-156	NF	Alleged unfair promotional practices within the Division of Environmental Health	Information Only
09-157	MA	Alleged discrimination and favoritism	Partially Substantiated
09-158	MA	Alleged hostile work environment and breach of privacy	Partially Substantiated

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

Number	Type	Alleged Subject	Disposition
09-159	IN	Alleged conduct unbecoming a public employee	Unsubstantiated
09-161	NF	Alleged criminal offenses by a practitioner	Referred to Medical Quality Assurance
09-162	NF	Alleged inappropriate behavior by a public employee	Information Only
09-163	NF	Alleged misuse of state computer	Information Only
09-164	PI	Alleged mishandling of health care practitioner complaint	Unsubstantiated
09-165	IN	Alleged sexual harassment	Unsubstantiated
09-166	PI	Alleged violation of law or agency rule (pornography) and conduct unbecoming	Substantiated
09-167	NF	Alleged HIPAA violation by a retail pharmacy	Information Only
09-168	PI	Alleged hostile work environment; harassment; disclosure of confidential info	Unfounded
09-169	IN	Alleged abuse of client; harassment; disclosure of confidential information	Substantiated
09-170	PI	Alleged unfair treatment and termination	Complaint Withdrawn
09-171	NF	Alleged harassment ( <i>Duplicate file with HIG 09-186</i> )	Information Only
09-172	RF	Alleged inappropriate conduct of a licensed health care professional	Referred to Management
09-173	PI	Alleged mishandling of a complaint by the Office of Inspector General	Unsubstantiated
09-174	IN	Alleged HIPAA violation	Substantiated
09-175	PI	Alleged hostile work environment	Unsubstantiated
09-176	MA	Alleged misuse of state equipment	Unfounded
09-177	MA	Alleged unfair treatment of supervisory staff	Unfounded
09-178	PI	Alleged healthcare practitioner misconduct; false accusation of HIPAA violation	Closed and merged with 09-174
09-179	MA	Alleged improper award of contract	No Jurisdiction
09-180	MA	Alleged hostile work environment	Unfounded
09-181	MA	Alleged HIPAA violation	Unfounded
09-182	PI	Alleged whistle-blower retaliation	Unsubstantiated
09-183	NF	Alleged sexual harassment complaint	Information Only
09-184	MA	Alleged rude behavior by a public employee	Unfounded
09-185	IN	Alleged misuse or inappropriate use of state computers	Substantiated
09-186	NF	Alleged harassment ( <i>Duplicate file with HIG 09-171</i> )	Information Only
09-187	MA	Alleged falsification of records/possible ethics violation	Unfounded
09-188	MA	Alleged conduct unbecoming a public employee	Closed and merged with 09-196
09-189	NF	Alleged patient mistreatment at a hospital	Information Only
09-190	MA	Alleged inappropriate handling of a septic tank issue	Unfounded
09-191	NF	Alleged employee under the influence of a controlled substance/property damage	Information Only
09-192	RF	Alleged conduct unbecoming a public employee	Information Only
09-193	MA	Alleged inappropriate behavior by a public employee	Substantiated
09-194	MA	Alleged possible WIC fraud	Substantiated-Referred to FDLE
09-195	PI	Alleged racial discrimination and hostile work environment	Closed due to insufficient information
09-197	NF	Alleged inadequate maintenance of radiation equipment	Information Only
09-198	MA	Alleged misuse of state vehicle	Unfounded
09-199	MA	Alleged discrimination; unfair treatment	Unfounded
09-200	PI	Alleged abuse of position; hostile treatment of a witness	Unsubstantiated
09-201	MA	Alleged inappropriate hiring policies	Unsubstantiated
09-202	NF	Alleged conduct unbecoming a public employee	Information Only
09-203	NF	Alleged misconduct by a DDH staff member in a DOAH hearing	Information Only
09-204	MA	Alleged mishandling of licensure issue	Unfounded
09-205	MA	Alleged inappropriate comments by a staff member	Unfounded
09-206	MA	Alleged mistreatment of staff by a manager	Unfounded

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

Number	Type	Alleged Subject	Disposition
09-207	MA	Alleged mistreatment of a client by County Health Department staff	Unfounded
09-208	MA	Alleged harassing telephone call	Partially Substantiated
09-209	MA	Alleged misconduct; misuse of computer	Unfounded
09-210	RF	Alleged wrongful termination	Referral to Medical Quality Assurance
09-211	IN	Alleged disclosure of confidential or privileged information	Substantiated
09-212	RF	Alleged disclosure of confidential patient information	Referral to Medical Quality Assurance
09-213	NF	Alleged medications improperly stored	Information Only
09-214	NF	Alleged non-consideration of employment	Information Only
09-215	NF	Alleged misconduct by the Department of Corrections	No Jurisdiction
09-216	NF	Alleged inefficiency of DDH employees	Information Only
09-217	NF	Alleged inefficient travel practices	Information Only
09-218	NF	Alleged inefficient printing of color forms	Information Only
09-219	NF	Alleged inefficient use of electricity	Information Only
09-220	NF	Alleged top-heavy management within Division of Medical Quality Assurance	Information Only
09-221	RF	Alleged HIPAA violation by a private entity	Referred to the Office of Civil Rights
09-222	IN	Alleged workplace violence; conduct unbecoming; violation of laws/rules	Unsubstantiated
09-223	NF	Alleged mistreatment of a patient at a hospital	Information Only
09-224	PI	Alleged disclosure of confidential or privileged information	Substantiated
09-225	NF	Alleged misconduct by a massage therapy staff member	Information Only
09-226	NF	Alleged overuse of Blackberries and cell phones	Information Only
09-227	MA	Alleged loafing; timesheet fraud; harassment	Unfounded
09-228	NF	Alleged dissatisfaction with Division of Medical Quality Assurance decisions	Information Only
09-229	PI	Alleged violation of law or agency rules	Unfounded
09-230	IN	Alleged discrimination; sexual harassment	Substantiated
09-231	MA	Alleged inappropriate conduct by a public employee	Unsubstantiated
09-232	IN	Alleged discrimination	Unsubstantiated
09-233	PI	Alleged whistle-blower retaliation	Unsubstantiated
09-234	MA	Alleged violation of DDH hiring practices	Unfounded
09-235	MA	Alleged improper action to regulate religious activity	Unfounded
09-236	MA	Alleged hostile work environment	Unfounded
09-238	MA	Alleged falsification of timesheets	Unfounded
09-239	IN	Alleged conduct unbecoming a public employee; disclosure of confidential info	2-Substantiated 2-Unsubstantiated
09-240	PI	Alleged inappropriate conduct	Referred to FDLE
09-241	NF	Alleged inadequate care by a hospital, doctors, and nurses	Referred to Medical Quality Assurance
09-242	IN	Alleged discrimination based on disability	Unsubstantiated
09-243	NF	Alleged improprieties by government officials regarding ground water safety	Information Only
09-244	PI	Alleged violation of law or agency rules; pornography	Substantiated
09-245	NF	Alleged HIPAA violation by a healthcare practitioner	Referred to Medical Quality Assurance
09-246	PI	Alleged retaliation	Unfounded
09-247	IN	Alleged violation of law or agency rules; conduct unbecoming a public employee	Substantiated
09-248	PI	Alleged mishandling of a healthcare practitioner licensure case	Unsubstantiated
09-249	MA	Alleged questionable hiring practices by management	Unfounded
09-250	MA	Alleged inadequate treatment by a hospital and staff	Unfounded
09-251	NF	Alleged HIPAA violations	Information Only
09-252	PI	Alleged harassment, discrimination; retaliation; mismanagement of a program	Unfounded
09-253	MA	Alleged false practitioner complaint against a licensee	Unfounded

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

Number	Type	Alleged Subject	Disposition
09-254	MA	Alleged hostile work environment	Information Only
09-255	PI	Alleged mishandling of a healthcare practitioner licensure complaint	Unfounded
09-256	PI	Alleged gross mismanagement and gross waste of public funds	Unsubstantiated
09-257	NF	Alleged hostile work environment	Information Only
09-258	PI	Alleged unfair treatment and harassment	Unfounded
09-259	PI	Alleged gross mismanagement and gross waste of public funds	Unfounded
09-260	PI	Alleged misuse of computer facilities or equipment	Substantiated
09-261	PI	Alleged verbal threats and display of anger by employee against another employee	Substantiated
09-262	MA	Alleged misconduct; unprofessional and inappropriate behavior by employees	Unfounded
09-263	PI	Alleged inappropriate handling of a medical practitioner complaint	Unfounded
09-264	PI	Alleged whistle-blower retaliation	Unfounded
09-265	PI	Alleged discrimination; sexual harassment	Unsubstantiated
09-266	MA	Alleged hostile work environment	Substantiated
09-267	MA	Alleged HIPAA violation; negligence	Unfounded
09-268	MA	Alleged negligence; conduct unbecoming a public employee	Unfounded
09-269	NF	Alleged omission of electric rate discount	Information Only
09-270	MA	Alleged discrepancy in information on immunization forms	Substantiated
09-271	MA	Alleged retaliation in the form of termination	Unsubstantiated
09-272	MA	Alleged computer/email misuse	Substantiated
10-001	NF	Alleged misrepresentation by public employee	Information Only
10-003	NF	Alleged conduct unbecoming a public employee	Information Only
10-004	PI	Alleged improper handling of practitioner license	Unfounded
10-005	PI	Alleged improper handling of a health care practitioner complaint	Unfounded
10-006	PI	Alleged discrimination/harassment	Unsubstantiated
10-007	NF	Alleged impractical cell telephone bill process	Information Only
10-008	NF	Alleged waste of tax dollars	Information Only
10-009	MA	Alleged discrimination	Unsubstantiated
10-010	MA	Alleged conduct unbecoming a public employee	Substantiated
10-011	NF	Alleged hostile work environment	Information Only
10-012	MA	Alleged conduct unbecoming a public employee; HIPAA violation	Unfounded
10-013	IN	Alleged discrimination-race, color, gender	Unfounded
10-014	MA	Alleged disclosure of confidential or privileged information	Unsubstantiated
10-015	MA	Alleged conduct unbecoming a public employee	Substantiated
10-016	FN	Alleged medical grievance	Information Only
10-017	MA	Alleged conduct unbecoming a public employee	Substantiated
10-018	MA	Alleged malfeasance or misfeasance	Unfounded
10-020	NF	Alleged improper action by a hospital and a doctor	Referred to AHCA/MQA
10-021	PI	Alleged mishandling of a health care practitioner complaint	Unfounded
10-022	PI	Alleged violation of security policies on use of computers	Unfounded
10-023	PI	Alleged discrimination, harassment, abuse of power, denigration	Unfounded
10-024	MA	Alleged improper application of program for radiation control licensure/certification	Unfounded
10-025	NF	Alleged misconduct of a doctor	Information Only
10-026	NF	Alleged HIPAA violation	Information Only
10-027	NF	Unidentified computer found in Office of Inspector General	Information Only
10-028	NF	Alleged discrimination in the employment selection process	Information Only
10-029	NF	Alleged improper bid award	No Jurisdiction

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

Number	Type	Alleged Subject	Disposition
10-030	PI	Alleged disclosure of confidential or privileged information	Actions Taken by Management
10-031	PI	Alleged unauthorized use of state property, equipment, or personnel	Unsubstantiated
10-032	NF	Unidentified computer found in Office of Inspector General	Information Only
10-033	PI	Alleged mismanagement of a County Health Department; improper hiring action	Unfounded
10-034	PI	Alleged public assistance (WIC) fraud	Unfounded
10-035	MA	Alleged hostile work environment	Substantiated
10-036	NF	Unsigned Incident Report – Division of Disability Determination employee	Information Only
10-037	IN	Alleged misuse of computer; conduct unbecoming a public employee	Substantiated
10-038	IN	Alleged unlawful discrimination based on gender and retaliation	Closed by Dismissal
10-039	IN	Alleged conduct unbecoming; unauthorized activities concerning outside employment	1-Partially Substan. 2-Unsubstantiated 1-Unfounded
10-041	NF	Alleged non-compliance with Americans with Disabilities Act	Referred to Medical Quality Assurance
10-042	NF	Alleged improper repeal or change of <i>Florida Administrative Code</i> rule	Information Only
10-043	PI	Alleged workplace harassment	Closed due to insufficient information
10-044	RF	Alleged HIPAA violation by a healthcare practitioner	Referred to Medical Quality Assurance
10-045	NF	Alleged mishandling of a practitioner regulation case	Information Only
10-046	PI	Alleged mishandling of a “Child Protection Team” case	Unfounded
10-047	RF	Alleged illegal and unsanitary slaughter of horses for human consumption	Referred to DACS
10-048	INA	Alleged grand theft	Criminal Violation/Subject Terminated
10-049	MA	Alleged mishandling of a health care practitioner complaint	Unfounded
10-050	MA	Alleged disclosure of confidential or privileged information	Actions Taken by Management
10-052	NF	Alleged discrimination	Information Only
10-053	RF	Alleged misconduct by health care practitioners	Referred to Medical Quality Assurance
10-054	MA	Alleged mishandling of grant money and contract awards	Unfounded
10-055	MA	Alleged intimidation and harassment	Partially Substantiated
10-056	MA	Alleged mishandling of a WIC client certification	Unfounded
10-058	NF	Alleged wrongful termination	Information Only
10-059	NF	Alleged improper action by Bushnell Family Practice	Information Only
10-061	INA	Alleged abuse of client and public assistance fraud	Referred to Pinellas County Sheriff’s Office
10-062	NF	Alleged dismissed of consultation services	Information Only
10-063	NF	Alleged fraud scheme by individual representing Division of MQA staff member	Referred to FDLE
10-065	MA	Alleged unlawful discrimination; retaliation; harassment	Complaint Withdrawn
10-067	NF	Alleged discrimination based on disability	Information Only
10-069	PI	Alleged employment retaliation	Unfounded
10-070	PI	Alleged discrimination	Unfounded
10-072	MA	Alleged inaccurate information provided about FMLA and attendance/leave policies	Unfounded
10-073	MA	Alleged environmental and sanitary health rule violations	Responded to Chief Inspector General
10-074	MA	Alleged failure to report practitioner misconduct to law enforcement	Referred to Law Enforcement
10-075	MA	Alleged unlawful discrimination; conduct unbecoming a public employee	Unsubstantiated
10-076	IN	Alleged unlawful discrimination	1-Unsubstantiated 2-Unfounded
10-077	NF	Alleged enrollment problem with Florida KidCare	No Jurisdiction
10-078	NF	Alleged denial of access to public record; improper release of confidential info	Referred to General Counsel’s Office
10-079	MA	Alleged improper termination of oral contract	Unfounded
10-080	PI	Alleged unprofessional conduct	Unfounded
10-081	MA	Alleged breach of client confidentiality; inappropriate release of patient data	Partially Substantiated
10-082	MA	Alleged discrimination, harassment, retaliation, misuse of authority, conflict of interest	Complaint Withdrawn
10-083	MA	Alleged hostile work environment; sexual harassment	Substantiated

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



Number	Type	Alleged Subject	Disposition
10-085	NF	Public records request	Forwarded to Human Res. & Gen. Counsel
10-086	MA	Alleged inappropriate conduct	Unfounded
10-087	PI	Alleged discrimination, denial of raise, improper contract employee activities	Closed due to insufficient information
10-088	MA	Alleged unfair hiring, promotion and salary practices	Substantiated Without Violation
10-089	MA	Alleged mishandling of a health care practitioner complaint	Unfounded
10-090	NF	Alleged inappropriate salary increase and promotion	Unsubstantiated
10-091	RF	Alleged unauthorized procedures and Medicare fraud by a healthcare licensee	Referred to Medical Quality Assurance
10-093	PI	Alleged conduct unbecoming a public employee	Unfounded
10-094	PI	Alleged conduct unbecoming a public employee	Substantiated
10-095	MA	Alleged concerns regarding patient care/environment/staff morale	Unfounded
10-097	NF	Alleged improper issuance of a building permit	Referred to Management
10-098	PI	Alleged negligence, misuse of position, violation of laws and rules	Substantiated
10-099	PI	Alleged whistle-blower retaliation	No Jurisdiction and No Misconduct Noted
10-100	RF	Alleged improper action by a doctor and a hospital	Referred to Medical Quality Assurance
10-101	MA	Alleged improper employment termination	Unfounded
10-102	PI	Alleged law, rules willfully violated	Substantiated
10-103	NF	Alleged mismanagement; inappropriate behavior	Information Only
10-107	NF	Alleged inappropriate cancellation of contracts	Information Only
10-109	IN	Alleged sexual harassment	Unsubstantiated
10-110	MA	Alleged conduct unbecoming a public employee	Substantiated Without Violation
10-113	IN	Alleged sexual harassment	1-Substantiated 1-Unsubstantiated
10-114	MA	Alleged falsification of records or statements; disruptive conduct	Substantiated
10-115	RF	Alleged confidential records kept in a client's personal storage unit	Referred to Management
10-116	RF	Alleged criminal use of Social Security number; criminal history	Referred to Management
10-117	MA	Alleged misconduct	Unfounded
10-118	RF	Alleged mismanagement of a county health department	Information Only
10-119	MA	Alleged nepotism	Unfounded
10-120	PI	Alleged violation of State and DOH purchasing policies and rules	Unfounded
10-121	MA	Alleged HIPAA violation by a Pinellas County School official	Unfounded
10-122	MA	Alleged improper hiring action	Unfounded
10-124	PI	Alleged negligence; falsification of records or statements	Substantiated
10-125	NF	Alleged unfair action against a doctor by the Board of Medicine	Information Only
10-126	NF	Alleged improper examination by a health care practitioner	Information Only
10-130	NF	Alleged lack of professionalism and manner by a pool inspector	Referred to Environmental Health
10-131	NF	Alleged conduct unbecoming a public employee	Referred to Leon County Sheriff's Office
10-132	NF	Alleged misuse of an American Express Cooperation Card	Substantiated
10-135	NF	Alleged poor management	Unfounded
10-136	NF	Alleged improper action by a Supervisor	Information Only
10-137	NF	Alleged improper closure of a health care practitioner complaint	Referred to Medical Quality Assurance
10-142	PI	Alleged improper job duties for job classification	Unfounded
10-145	NF	Alleged mismanagement	Closed due to insufficient information
10-146	NF	Alleged improper proposed hiring actions	Information Only
10-150	NF	Alleged violation of information security policies	Information Only
10-154	RF	Alleged felony drug offenses by a health care licensee	Referred to Medical Quality Assurance

<b>Legend</b>	<b>IN - Investigation</b>	<b>NF - Information Only</b>	<b>RF - Referral</b>
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**OFFICE OF INSPECTOR GENERAL**  
4052 Bald Cypress Way, Bin #A03  
Tallahassee, FL 32399-1704

**To report instances of fraud, waste, mismanagement,  
discrimination, illegal or unethical conduct:**

DOH Office of Inspector General (850) 245-4141

Whistle-blower's Hotline (800) 543-5353