

OFFICE OF INSPECTOR GENERAL

Department of Veterans' Affairs



Annual Report
Fiscal Year 2012 - 2013



Mike Prendergast
Executive Director

State of Florida
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September 9, 2013

Colonel Mike Prendergast
Executive Director
Florida Department of Veterans' Affairs
11351 Ulmerton Road, #311-K
Largo, FL 33778-1630

Dear Colonel Prendergast:

In accordance with Section 20.055(7), Florida Statutes, I am pleased to submit the activities for the Office of Inspector General for the fiscal year 2012-2013. This is a continuing effort to provide the agency a central point for the promotion of accountability, integrity, and efficiency.

The Office of Inspector General will continue to work with Senior Managers to identify major areas of concern that require review, analysis, and evaluation to arrive at workable solutions for improved effectiveness. I wish to express my thanks for all the support from staff personnel and I look forward to continued efforts to support the Department in fulfilling its mission.

Sincerely,

A handwritten signature in black ink, appearing to read "D Alcorn", with a long horizontal flourish extending to the right.

Dave Alcorn
Inspector General

cc: Auditor General
Chief Inspector General

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

This Annual Report is presented to the Director to comply with statutory requirements and to provide departmental staff and interested parties with information on the Office of Inspector General’s progress in accomplishing its mission as defined by Florida law.

INTRODUCTION

Mission Statement

The Office of Inspector General's (OIG) mission is to assist in the accomplishment of the department's overall mission of Veterans' Advocacy. The OIG assists the department in accomplishing its mission by providing independent reviews, assessments and investigations of activities and programs.

Responsibilities

The specific duties and responsibilities of the Inspector General, according to Section 20.055(2), F.S., include:

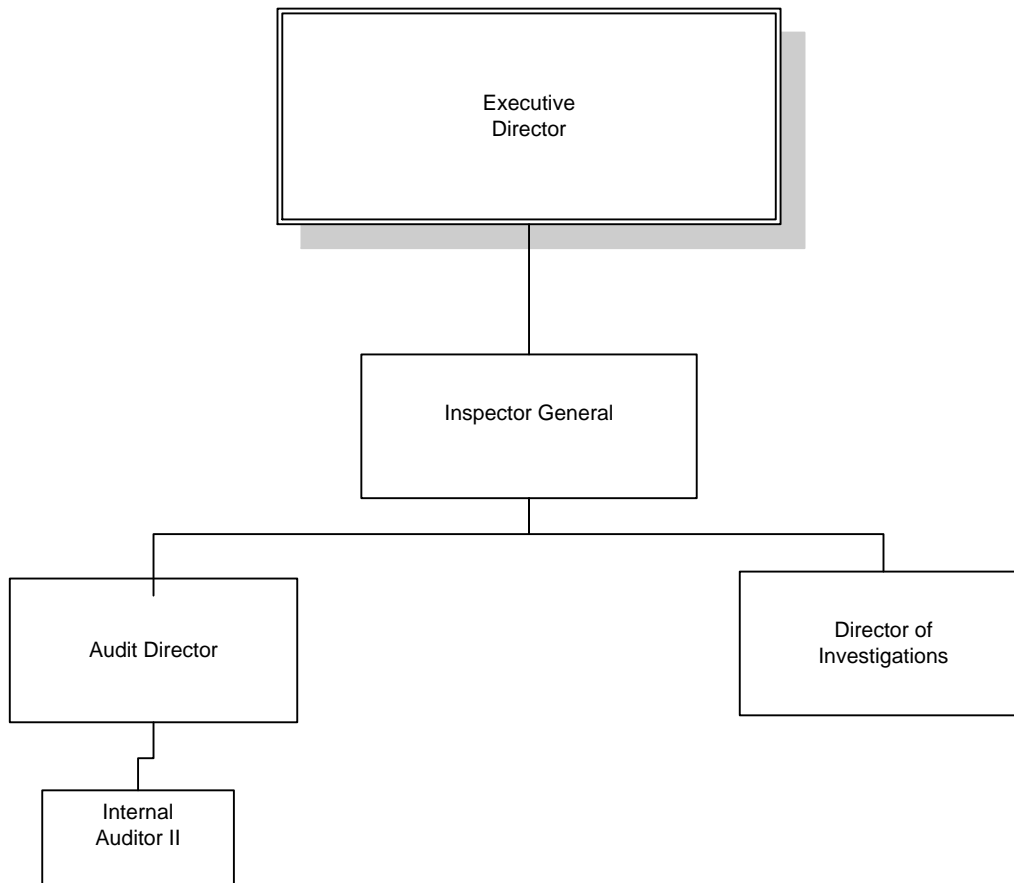
- Advise in the development of performance measures, standards and procedures for the evaluation of state agency programs.
- Assess the reliability and validity of the information provided by the state agency on performance measures and standards, and make recommendations for improvement, if necessary, prior to submission of those measures and standards to the Executive Office of the Governor.
- Review the actions taken by the state agency to improve program performance, meet program standards and make recommendations for improvement, if necessary.
- Provide direction for, supervision, and coordination of audits, investigations and management reviews relating to the programs and operations of the state agency.
- Conduct, supervise and/or coordinate other activities carried out or financed by the 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 agency head informed of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action for fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication.
- Review rules relating to the programs and operations of such state agency and make recommendations concerning their impact.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.
- Comply with the General Principles and Standards for Offices of Inspector General as published and revised by the Association of Inspectors General.

ORGANIZATION AND STAFF

The Executive Director of the Florida Department of Veterans' Affairs (FDVA) appoints the Inspector General with the concurrence of the Governor's Office of Inspector General. The Executive Director has the ultimate responsibility for the operation of the department and for ensuring its goals are met. The Inspector General reports directly to the Executive Director of FDVA.

To carry out duties and responsibilities, the OIG is organized into two sections: Internal Audit and Investigations. The OIG has a staff of four professional positions. The current organizational structure is:

Florida Department of Veterans' Affairs



The Executive Director for the reporting period continues to be Colonel Mike Prendergast, United States Army (retired). Colonel Dave Alcorn, USAF (retired) was hired on July 6, 2012 and serves as the Inspector General. Ken Oliver served as the Audit Director from the beginning of this reporting period until his retirement on 29 November 2012. Nancy Hoang was hired to fill the vacant Internal Auditor II position on November 26, 2012. She was promoted to the vacant Audit Director position on March 1, 2013 and continues to serve in this position. Joanne Kraynak was the Director of Investigations from the beginning of this reporting period until her transfer to the Florida Department of Revenue in Tallahassee, Florida on August 31, 2012. Mike Floyd was hired into the vacant Director of Investigations position on November 5, 2012 and continues to serve in that capacity. Darcy Angus was hired into the vacant Internal Auditor II position on May 29, 2013 and continues to serve in that position.

Certifications

Professional certifications recognize individuals for their dedication to their chosen career and their ability to perform to set standards. Certifications reflect achievement and serve as a third party endorsement to employee's knowledge and experience. Most certifications also have continuing education requirements to ensure that employees continuously improve their job related skills. The FDVA OIG encourages staff to achieve and maintain certifications related to their profession. Certifications currently held by the Inspector General and staff during the reporting period includes:

- Certified Inspector General – 1
- Certified Public Accountants – 1
- Certified Fraud Examiner – 1
- Florida Department of Law Enforcement Certification - 1

Affiliations

Employees are encouraged to participate in professional organizations. Such participation not only serves as professional development of the employee, it also increases the credibility of the OIG. Members of the Inspector General's Office are affiliated with the following professional organizations:

- Association of Inspectors General – 2
- Association of Certified Fraud Examiners – 1
- Institute of Internal Auditors – 1
- International Association of Chiefs of Police - 1

Staff Training

The Association of Inspectors General specifies that each staff person who performs investigations, reviews, or audits need to maintain their professional competence through continuing professional education (CPE). Therefore, each staff person should complete, every 2 years, at least 80 hours of CPE that directly enhance the person's professional proficiency. At least 24 of the 80 hours of CPE should be in subjects directly related to the person's primary responsibility, the government environment, or the specific or unique environment in which the entity subject to examination operates. At least 20 hours of the 80 should be completed in any one-year of the two-year period.

Government Auditing Standards requires that auditors performing work in accordance with Generally Accepted Government Auditing Standards (GAGAS) should maintain their professional competence through CPE. Auditors who are involved in any amount of planning, directing, or reporting on GAGAS audits and auditors who are not involved in those activities but charge 20 percent or more of their time annually to GAGAS audits should obtain at least 80 hours of CPE in every 2-year period that enhances the auditor's professional proficiency to perform audits. Auditors required to take the total 80 hours of CPE should complete at least 20 hours of CPE in each year of the 2-year periods. Auditors hired or initially assigned to GAGAS audits after the beginning of an audit organization's 2-year CPE period should complete a prorated number of CPE hours.

Training completed by FDVA OIG Staff during the past fiscal year included:

- Florida Inspectors General Practical Skills for Auditors Course
- Association of Inspectors General 2012 Summer Institute Certified Inspector General Course
- Association of Government Accountants Governmental Accounting, Financial Reporting and Budgeting
- PwC A Perfect Storm: Trends in Controversy Affecting Private Companies and High Net Worth
- PwC Enhancing Tax Function within your organization
- PwC Controlling your master data through data governance excellence
- Association Certified Fraud Examiner Corporate Con
- Association Certified Fraud Examiner Ethical issues for Fraud Examiner
- Association Certified Fraud Examiner Practical ethics for Fraud Examiner

SUMMARY OF ACTIVITIES

Internal Audits

Audit Engagements are performed in accordance with Government Auditing Standards published by the United States Government Accountability Office, commonly referred to as the "Yellow Book"; Information Systems Auditing Standards published by the Information Systems Audit and Control Association (ISACA); and Principles and Standards for Offices of Inspector General, published by the Association of Inspectors General (AIG), commonly referred to as the "Green Book". These engagements result in written reports and recommendations, including responses by management. Reports are distributed internally to the Executive Director, Deputy Executive Director, and affected program managers. Audit reports are also sent to the Chief Inspector General and to the Office of the Auditor General.

The Internal Audit Process



Audits Completed During the Reporting Period

OIG-IA-1301: Employee Compensation

The purpose of this audit was to review policies and procedures related to employee compensation at hire and for promotional or merit increases and identify areas to improve the perception that employee compensation is equitable. We also evaluated the actions taken by the Florida Department of Veterans' Affairs to address the findings disclosed in audit report IA-1002, "Personnel Management" dated June 11, 2010. The audit included examinations of various records and transactions that occurred during the period January 2008 through June 2012.

The following issues were identified: FDVA did not have written guidance on how to set employee salaries at hire; FDVA's seniority/merit/incentive system did not have predetermined criteria and was not communicated to all employees; FDVA was not in compliance with policies and procedures related to employee performance evaluations; and FDVA did not complete an Affirmative Action Plan.

We recommended improvements to FDVA's procedures for setting pay at hire; for promotional or merit increases; and the performance evaluation process. We also recommended FDVA complete an Affirmative Action Plan. Management agreed with our recommendations. Actions planned by management should improve employee perceptions related to employee compensation and correct the deficiencies identified during the audit.

OIG-IA-1304: Resident Trust Fund (Jacobson)

The purpose of this audit was to determine if the Resident Trust Fund at the Jacobson Port Charlotte State Veterans' Nursing Home was being operated in compliance with applicable laws, regulations and current policies and procedures.

We reviewed transactions processed through the Resident Trust Fund from July through December 2012. Transactions reviewed included deposits, interest earned and withdrawals.

Our audit identified the following issues:

Finding #1. No evidence of reconciliation of ULTRACare resident statements to the Resident Fund Ledger.

We recommended the Home comply with Federal Regulation 483.10 (2), Florida Statutes 400.162 (4) and (5)(f) and FDVA policies to establish effective controls over the reconciliation process and management oversight in order to identify and correct areas of noncompliance. The objectives of the reconciliation procedures are to ensure transactions are recorded on residents' ledgers accurately, completely and timely. The Home should maintain complete and accurate resident fund ledgers and perform reconciliations monthly.

Management responded that there is a timing difference between the resident statements and resident fund ledgers in ULTRACare. After interest is posted in ULTRACare, statements are finalized. Since interest is posted after the end of the quarter, the statements include any activity that has occurred in the month following the quarter end through the date the statements are finalized. ULTRACare does not have the capability to finalize a statement for a prior date. Management is actively working on this issue.

Finding #2. No allocation of interest earned to residents' accounts.

We recommended:

- 1) The Home comply with Federal Regulation 483.10 (2), Florida Statutes 400.162 (4) and (5)(f) and FDVA policies to establish effective controls over the reconciliation process and improve management oversight in order to identify and correct areas of noncompliance. Specifically, the Home should ensure that interest earned on the RTF bank account is credited to residents' accounts accurately and timely.
- 2) The Resident Trust Fund agreement should be amended to include a notice to residents on how interest is earned.
- 3) Policy# 2206D, Quarterly Interest Posting – Resident Trust Fund Accounts, section A (4) should be amended to include verbiage to reflect how interest is earned.

Management responded that interest is not always allocated to residents' accounts because the interest allocation formula distributes the percentage of total interest to each resident that corresponds to the percentage of their average daily balance to the total average daily balance in the pooled Bank of America account. Sometimes the formula yields less than a penny of interest for some residents. In these cases, the penny cannot be split, so it goes to the resident with the highest average daily balance first. This issue is being tracked for further resolution.

Reviews

OIG-IA-1302: Social Engineering

The purpose of this review was to determine if the Florida Department of Veterans' Affairs (FDVA) Office of Inspector General (OIG) could be successful in carrying out a social engineering attack at FDVA. We conducted this review by having the new FDVA Inspector General contact forty-five randomly selected employees by telephone. The employees were informed that the FDVA OIG was conducting a review to determine if employee passwords were constructed in compliance with FDVA Policies and Procedures. The employee was then asked for their password. Our review found that FDVA was susceptible to a social engineering attack and employees could be tricked into disclosing their passwords.

We recommended that FDVA conduct refresher security training with an emphasis on social engineering attacks. Management agreed with our recommendation and has planned corrective action. Actions planned by management should improve controls over information technology security and correct the deficiencies identified during the review.

Other Activities

OIG-IA-1303: Employee Survey

This survey measures employees' perceptions of whether, and to what extent, conditions that characterize successful organizations are present in the FDVA. The purpose of this survey was to assess changes since the 2011 employee survey.

The 63-item survey included 4 demographic questions and 59 items that measured FDVA employees' perceptions about how effectively FDVA manages their workforce. The 63 items in the questionnaire were grouped into seven topic areas: Work Experiences, Work Unit, Agency, Supervisor/Team Leader, Leadership, Satisfaction and Demographics. The survey was anonymous and participation was voluntary. FDVA had 1,254 employees as of November 08, 2012, and 742 employees took the opportunity to respond for a 59.2% response rate.

Results from the survey indicate that FDVA has improved since the 2011 survey with 42 of the 59 questions showing improvement greater than one percent. Significant results from the survey indicated that 97% of FDVA employees feel that the work they do is important and 93% of the employees like the kind of work they do. Approximately 71% of the employees surveyed recommend FDVA as a good place to work. The percentage of employees planning on leaving next year for reasons other than retirement also decreased from 31% on the 2011 survey to 26% on the current survey. However, there are still areas for improvement. We encouraged management to review the results of this survey to identify areas for improvement in how we engage, lead, develop and retain our most important resource: our people.

Open Audit Findings from Prior Annual Reports

Findings and recommendations are communicated to management as soon as possible in the audit process. This action results in management being able to take corrective action before the audits have been completed. Additionally, updates on the status of recommendations is obtained from management at six-month intervals for all open recommendations.

OIG-IA-1001: Time and Attendance

The audit of Time and Attendance included tests of employee records for all FDVA facilities during the period July 1, 2008, through June 30, 2009, and the pay period August 7 – 20, 2009. The primary objective of the audit was to ensure that the FDVA Time and Attendance system complied with applicable legal requirements, supported reporting of reliable financial information and operated effectively and efficiently. Specific objectives included verifying that employee time records were reliable and actual time worked corresponded with reported hours. Open findings from the audit include:

Finding 2. Inaccurate and Unreliable Time and Attendance Data.

We found that time clocks supporting People First were inaccurate and unreliable because FDVA had not established policies and procedures for use of time clocks and some of the time clocks were not working. One of the primary objectives of internal control in a Time and Attendance (T&A) system is to ensure that the system supports the reporting of reliable financial information.

We recommended that FDVA take corrective action to ensure time clocks were working correctly; FDVA establish policies and procedures for the use of time clocks at the homes and domiciliary; and FDVA supervisors review and approve material variances between time clocks and People First.

Management responded that the Personnel Technicians/Staff Assistants would monitor the time clocks to ensure proper operation. If technical problems were identified, they would report the problem to the IT helpline for resolution. An internal procedure was drafted and finalized on March 17, 2010. Supervisors were also going to be required to validate the time clock reports to ensure that People First reflected actual hours worked. Variances between the two systems would be reconciled and recorded in People First within the respective pay period.

Follow-up reviews of the FDVA time and attendance system (Reports OIG-IA-1101, OIG-IA-1104, OIG-IA-1107 and OIG-IA-1111) determined that problems with the FDVA time and attendance system have not been corrected as of June 2013. New software upgrades are scheduled for FY 13-14 to synchronize the time clock directly with People First. This issue will continue to be tracked.

OIG-IA-1002: Personnel Management

An audit of Personnel Management was completed on June 11, 2010. The purpose of the audit was to identify areas for improvement in personnel management and to ensure compliance with applicable personnel laws, regulations and current policies and procedures. The audit included all current and former employees as of October 16, 2009, for all FDVA facilities. Open findings from the audit include:

Finding 8. Affirmative Action Plan.

FDVA did not have an Affirmative Action Plan or conduct an analysis of its workforce to determine whether underrepresentation exists as required by Florida Administrative Code 60L-33.007. We recommended that FDVA develop a written plan to promote equal employment opportunity and conduct

an analysis of its workforce to determine whether underrepresentation exists. FDVA responded that they planned to meet this objective through annual EEO and Diversity training. The training will be a required part of the new employee training and new supervisor training.

The finding has not been corrected based on the twelve-month update received from management as of June 2013. The new Human Resources Officer is actively working to publish this plan within the next 6 months. This finding was also noted in OIG-IA-1301.

OIG-IA-1203: Supply Management

An audit of Supply Management was completed on June 28, 2012. The purpose of the audit was to (1) verify that transactions are properly recorded, processed and summarized and that assets are safeguarded against loss from unauthorized acquisition, use, or disposition; and (2) verify that FDVA supply management complies with applicable laws, rules and regulations.

Finding #1 – Establishing Management Controls

Management has no assurance that FDVA storekeepers are following correct inventory procedures because management has not established policies and procedures for managing the supply inventories. We recommended that FDVA establish procedures to provide reasonable assurance that transactions are properly recorded, processed, and summarized, and that assets are safeguarded against loss from unauthorized acquisition, use, or disposition. The Homes responded that the program is currently developing Standards/Procedures for medical supplies to better manage the inventory process. In addition, the Homes are currently working to improve controls over supplies and have begun to implement processes to safeguard all supplies.

Finding # 2 – Independent Inventory Check

Quantities on the “On-Hand Stock Valuation Reports” were inaccurate because inventory reports were not reviewed and FDVA did not perform independent physical inventory counts. An important control activity is to periodically inspect and count assets on hand and compare the results with asset records. We recommended that the Homes establish procedures for conducting independent physical counts of supply inventories and reconciling those counts to inventory records. In addition, the Homes should establish procedures to ensure the reconciliation of the supply inventory to the physical inventory counts is performed. The Homes responded that the program is currently developing standards/procedures for medical supplies, physical count and inventory supplies.

Finding # 3 – PAR Levels

On-hand quantities were not maintained above periodic automatic replenishment (PAR) levels because PAR levels were not being reviewed. Inaccurate PAR levels could result in supplies being ordered but not needed. We recommended that FDVA establish policies and procedures for calculating and reviewing inventory PAR levels. FDVA responded the standards/procedures for medical supplies will include designated PAR levels.

Finding # 4 – Purchases

Purchase amounts for inventory were incomplete and inaccurate because purchase amounts for the supplies inventory were not being reconciled to accounting records. We recommended that FDVA establish procedures to ensure that purchases recorded for the medical supplies inventory are complete and accurate and to ensure an audit trail exists between inventory records and source documents. FDVA

responded that the standards/procedures for medical supplies would provide effective procedures to ensure that transactions are properly recorded, processed and summarized. In addition, the procedures will require that summarization of accounting data controls are designed to provide assurance that transactions are accurately summarized.

Finding # 5 – Inventory Gains and Losses

FDVA could reduce future potential inventory errors by researching inventory gains and losses and requiring approval for inventory adjustments. We recommended that FDVA establish procedures for researching inventory gains and losses and for approving inventory adjustments caused by inventory gains and losses. FDVA responded that procedures will require purchase amounts for supplies inventory to be reconciled to accounting records and approval from management for adjustments on inventory gains and losses.

Finding # 6 – Issues

Approximately 40% of the individual supplies issued to residents had a value less than \$1.00. Since the cost of tracking supplies may be more than the benefits derived from tracking supplies, FDVA could reduce future potential inventory errors by researching inventory gains and losses and requiring approval for inventory adjustments. We recommended that FDVA review inventory items being issued to residents to determine if it is cost effective to track issues with insignificant values. FDVA responded that standards/procedures for medical supplies will indicate what specific supplies issued to residents are cost effective to be tracked.

Finding # 7 – Inventory Security

FDVA had not established policies or procedures for the security of the medical supply inventory. We recommended that FDVA establish procedures for controlling access to medical supply inventory. Management indicated that inventory areas have been secured and are kept locked with access limited to select personnel. In addition, standards have been drafted and will be completed upon approval and implementation of inventory software.

Finding # 8 – Accountability

The accuracy of the medical inventory supply records could be improved by establishing accountability for accurate inventories and inventory counts. We recommended that FDVA include inventory accuracy rates at 95 percent or higher in the performance goals of FDVA Storekeepers, identify personnel that will be responsible for counting inventories, and establish inventory count accuracy rates of 95 percent or higher in the performance goals of personnel responsible for counting inventories. FDVA responded that procedures will include inventory accuracy rates at 95 percent or higher in the performance goals of FDVA Storekeepers, identify personnel that will be responsible for counting inventories, and establish inventory count accuracy rates of 95 percent or higher in the performance goals of personnel responsible.

The findings have not been corrected based on the twelve-month update received from management as of June 2013. The FDVA audit staff observed a 100 percent inventory count at one of the homes during June 2013 and provided feedback on the status of the inventory and these findings to FDVA leadership.

External Audit Liaison Activities

In accordance with 20.055(1), Florida Statutes, the FDVA OIG served as liaison between the Auditor General and the Agency for an operational audit of the Florida Department of Veterans' Affairs for the period of July 1, 2011 to February 28, 2013. Preliminary findings were provided to the FDVA after the end of this fiscal year.

Audit Plan for Fiscal Year 2013 – 2014

Section 20.055(5) (h), Florida Statutes, requires that annual and long-term audit plans be developed based on the findings of periodic risk assessments. This ensures that the OIG is responsive to management concerns and that those activities with the greatest risks are identified and scheduled for review. The top priorities for audits were identified based on the results of a risk assessment and included in the audit plan. The Executive Director approved the audit plan for Fiscal Year 2013 – 2014 on June 22, 2013. Planned audits for Fiscal Year 2013 – 2014 include:

Billing

Billing is an area of complexity that requires understanding of the unique regulatory requirements it demands as well as an understanding of how it affects normal operations. We propose to evaluate overall internal controls on billing processes, managing receivables, payments received, delinquent accounts and collections that are properly recorded in accounting records.

Procure to Pay (P2P)

Procure to Pay processes integrate the Purchasing Department with the Accounts Payable Department. The steps include supply management, requisition, purchase order, receiving, invoice reconciliation and accounts payable. We propose to evaluate overall internal controls on processes of ordering, receiving goods and accounting.

Accounts Payable

Payables represent a complete presentation of authorized current obligations that arose from the purchase of goods or services. We propose to evaluate policies and procedures over payment processes and to determine if the internal controls over disbursements are adequate and effective.

Donation Trust Fund

The State Veterans' Home may receive and accept gifts, grants, and endowments in the name of the home. All such gifts, grants, and endowments are to be used for the benefit of the home and its residents. The Administrator and the Director determine how these gifts, grants, and endowments could best benefit the home and its residents unless the benefactor requests or instructs that the gifts, grants, or endowments be used for a specific purpose. We propose to evaluate if FDVA State Veterans' Nursing Homes are properly accepting, recording, reporting and disbursing donations and gifts.

Resident Trust Fund

Given the vulnerability of the residents in FDVA homes, it is important that FDVA have adequate assurance of proper accountability of the fees collected and management of their funds. We propose to evaluate overall internal controls on the processes for accepting, distributing, and accounting for residents' funds. In addition, we propose to validate that the Resident Trust Fund operates in compliance with applicable state and federal laws, regulations and current FDVA policies and procedures.

Review Agency's Representations Criteria for Comprehensive Annual Financial Report

The Comprehensive Annual Financial Report (CAFR) is comprised of financial reports on the State of Florida, municipalities or other governmental entities. The CAFR is prepared in accordance with Generally Accepted Accounting Principles (GAAP) and is audited by a licensed certified public accountant firm. The FDVA provides the Chief Financial Officer in-depth information about its financial position, results of operations and all financial disclosures. We propose to collaborate with Fiscal and Legal to evaluate and to provide reasonable assurance that the agency's representations criteria are fairly presented.

Investigations

The OIG evaluates complaints and conducts internal investigations of department employees. Investigations are designed to deter, prevent and eradicate fraud, waste, mismanagement, misconduct and other abuses. During FY 2012 – 2013, the FDVA Inspector General received 72 inquiries or complaints from many sources including the Chief Inspector General’s Office, through letters, telephone calls, emails and walk-in customers. This resulted in 30 official inquiries or complaints investigated.

	IG Investigation	Referral to Management	Total
150 - Workplace Violence	0	0	0
151 - Harassment	6	5	11
152 – Resident Abuse	0	2	2
153 - Theft of Property	0	0	0
154 – Employee Misconduct	5	3	8
155 – Fraud/Malfeasance	0	0	0
156 – Process or Management Review	0	0	0
157 – Complaints or Inquiries Outside Jurisdiction	0	3	3
158 – Retaliation	3	0	3
159 – Time, Attendance or Staffing Reviews	0	3	3
Grand Total	14	16	30

- ◆ **Inspector General Investigation:** Initiated upon receipt of information indicating that an FDVA employee may have perpetrated a serious job related incident or that a contract fraud is likely to have occurred involving a FDVA department employee or contractor.
- ◆ **Referral to Management:** Initiated upon receipt of information that indicates some type of misconduct, malfeasance or misfeasance on the part of FDVA employees or contractors where it is determined that an Inspector General investigation is not warranted at that time. Allegations of this nature are referred for management’s attention and a response is requested.
- ◆ **External Request for Assistance or Monitor:** Initiated when another agency is conducting an investigation into activities affecting the FDVA or its’ employees or residents and requests assistance from the FDVA OIG to facilitate their investigation. This category can also be used when the FDVA Inspector General’s Office requests assistance from another agency regarding activities affecting the FDVA, its employees or residents.
- ◆ **Preliminary Inquiry:** Used to gather sufficient information to determine whether a full Inspector General Investigation is appropriate or warranted with the least adverse impact on the reputation of witnesses or subjects.
- ◆ **Monitor or Assist:** Used to document allegations whereby investigative time may be utilized assisting another agency (to include law enforcement) or monitoring an internal or external request for assistance.

Inspector General Investigations

During FY 2012 – 2013, the FDVA OIG conducted or completed 14 investigations. The number of FDVA OIG investigations remained consistent with recent prior years with one less than the 15 formal investigations in FY 2012 and two less than the 16 in FY 2011. FDVA OIG Investigations during FY 2012 - 2013 and results of the investigations include:

101-15810-0022

Whistle-blower Investigation. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15111-0031

Whistle-blower Investigation. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15411-0037

A former FDVA employee complained to the Office of the Lieutenant Governor, accusing his supervisor of unfair hiring practices and overall misconduct in the operation of the office. The former employee also included in the complaint two (2) letters from other former co-workers supporting his allegations. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15111-0039

A former FDVA employee alleged hostile work environment against her supervisor. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15412-0010

Allegations were received by the FDVA OIG that an FDVA employee was operating a private business, referring residents to use the services provided by the business, and soliciting employees to work at the business. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15412-0023

Complainant alleged misconduct from supervisor to include giving his federal password to employees, making disparaging remarks about the complainant, and allowing a former supervisor to "manipulate" a veteran's file (via another employee). The investigation was completed and closed. The allegations were SUBSTANTIATED.

101-15412-0031

Complainant alleges misconduct by a Benefits and Assistance supervisor. He was rude, made disparaging comments about him and possibly violated HIPAA with loud and open comments regarding his medical record. The investigation was completed and closed. The allegations of a HIPAA violation were UNSUBSTANTIATED. The remaining allegations were SUBSTANTIATED.

101-15412-0032

Referral from Audit Director regarding possible anomalies in HR hiring practices, pay discrepancies, and merit increases for employees. There were also possible discrimination issues, favoritism, misuse of positions and conflicts of interest. The subject resigned for personal reasons prior to the interview on the allegations. Case closed.

101-15112-0034

Complainant alleged she was subjected to retaliation and unequal terms and conditions of employment when it came to disciplinary actions when compared to non-Hispanic workers. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15112-0036

The Complainant, a Home Administrator, stated that a CNA did not provide accurate information concerning the transportation of a resident. The investigation was completed and closed. The allegations were SUBSTANTIATED and the CNA resigned.

101-15112-0038

Complainant, a former Director of Nursing at a Home, alleged harassment of her and other employees by the Home Administrator. Complainant called back and stated she had been told not to discuss with FDVA IG and had hired a lawyer. Due to her retaining a lawyer and a previous investigation of the same nature by the complainant the case was closed.

101-15112-0041

A CNA claimed she was wrongfully terminated by the administration at Bennett. Investigation revealed there were grounds for dismissal. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15812-0042

A CNA claimed she was wrongfully terminated by the administration at Lassen in retaliation for speaking out on issues. Investigation revealed there were grounds for dismissal. The investigation was completed and closed. The allegations were UNSUBSTANTIATED.

101-15813-003

An FDVA employee alleged that she had been wrongfully accused of falsifying her employment application and was subsequently terminated. The allegations were SUBSTANTIATED and the employee was rehired.

Referrals to Management/Other Agencies

The FDVA OIG formally referred 16 complaints/inquiries to management during FY 2012 – 2013 for further investigation. The number of referrals was a significant decrease from the 32 in FY 2012 and less than the 21 referrals during FY 2011. Referrals to management included:

102-15912-0020

Anonymous complaint stating that the CNAs at the Daytona Home are being forced to stand except for breaks and lunches. Information forwarded to Home Administrator who advised that newly formed Employee Council would be looking into the matter. Council discussed and came up with suggestions to be implemented and monitored. Matter closed.

102-15212-0022

Complaint received from VA-OIG. Complainant alleged that father is incompetent and is being "coached" by nursing staff at Home. Complainant concerned about father's mental and emotional health and has doubts about his competency. Father removed daughter as POA. Satisfactory response received from Homes Director and the matter was closed.

102-15112-0024

CNA complained that the Director of Nursing yelled and screamed at her. Issues were adequately addressed. Matter closed.

102-15112-0025

A LPN complained of harassment from the Director of Nursing. The Home Administrator reviewed the complaint and took corrective action. The Director of Investigations contacted the complainant who stated the matter was handled to her satisfaction. Matter closed.

102-15712-0026

Anonymous complaint alleges a veteran/soldier is receiving both benefits and pension. Matter referred to VA-OIG.

102-15412-0027

Complainant alleges misconduct on two FDVA Benefits and Assistance employees regarding the non-issuance of a Disabled Veterans ID Card. Member is ineligible. Response letter sent by Deputy Executive Director to complainant. Matter closed.

102-15412-0028

Complainant alleges a LPN is taking home resident and employee records in violation of HIPAA. Homes Administrator investigated the allegation and found no HIPAA violation. Matter closed.

102-15212-0029

Complainant alleged abuse and neglect by staff members of her husband, a former resident of the Lassen Home in St. Augustine. Homes Director provided facts refuting the allegation. Matter closed.

104-15712-0030

Complainant alleged he was bi-polar and a manic-depressive and entered into a house purchase in New Mexico through the federal government. He stated he "walked away from the house 8 years ago, feds are still taking \$200 a month out of his social security check for payment." He wanted the contract voided due to disability. FDVA investigator recommended complainant seek legal counsel. Matter closed.

102-15912-0033

LPN complained of unfair treatment when the DON and Home Administrator changed her shift schedule. Complainant contacted by the Homes Program Administrator who explained the reason for the change in shifts. Letter sent to LPN to contact Homes Director if there are any continuing issues. Matter closed.

102-15112-0035

This complaint was referred to the FDVA from Office of the Governor's Office of the Chief Inspector General concerning a resident's care at Nininger State Veterans' Nursing Home. The complainant alleged that the service and attention to care of her father decreased and he did not receive a private room as allegedly promised. She also alleged that she asked for an itemized statement, but did not receive it. The Homes Program Administrator provided a written response with facts that refuted the allegation. Matter closed.

102-15112-0037

Complainant sent a letter alleging bullying and harassment by night shift supervisor. Homes Director contacted complainant. Issue resolved to her satisfaction. Matter Closed.

106-15712-0039

Complainant sent a letter asking for legal assistance in filing a wrongful death claim on her son. Called multiple times and left messages. No response. Matter closed.

102-15112-0040

Complainant claimed he was discriminated against as an African American male since he was paying more for room and board than a white resident. Response received by Homes Program Administrator explaining billing process and sent to resident. Matter closed.

102-15413-001

Letter received by OIG alleging Maintenance Manager is "adding time to his week" that he is not working. Time sheets were reviewed and supervisor provided information. No evidence of misuse of time. Matter closed.

102-15913-002

E-mail forwarded from Director of Administration stated employee was told to "falsify" timesheet. Investigation revealed issues with the time clocks and employee training were making employees work around the system in order to input correct hours worked. Investigation revealed data was not loaded into People First correctly. Homes office is working on a solution with People First. Matter closed.



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