

FLORIDA DEPARTMENT OF HEALTH OFFICE OF INSPECTOR GENERAL



ANNUAL REPORT

FISCAL YEAR
2011-2012

September 28, 2012

John H. Armstrong, MD, FACS
Surgeon General & Secretary
Florida Department of Health
4052 Bald Cypress Way, Bin #A00
Tallahassee, Florida 32399-1701

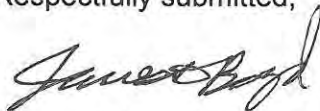
Dear Dr. Armstrong:

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, 2012. 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 protecting, promoting and improving the health of all people in Florida.

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

Respectfully submitted,



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

JDB/mb

Florida Department of Health Office of Inspector General Annual Report FY 2011-12

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Introduction

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 resources¹;
- ❖ 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.

¹ 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, 2011 and ending June 30, 2012.

Mission, Vision, and Values

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

“To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.”

The **vision** of the DOH is:

“A healthier future for the people of Florida.”

The **values** of the DOH are:

- ❖ ***Innovation:*** *We search for creative solutions and manage resources wisely.*
- ❖ ***Collaboration:*** *We use teamwork to achieve common goals & solve problems.*
- ❖ ***Accountability:*** *We perform with integrity & respect.*
- ❖ ***Responsiveness:*** *We achieve our mission by serving our customers & engaging our partners.*
- ❖ ***Excellence:*** *We promote quality outcomes through learning & continuous performance improvement.*

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

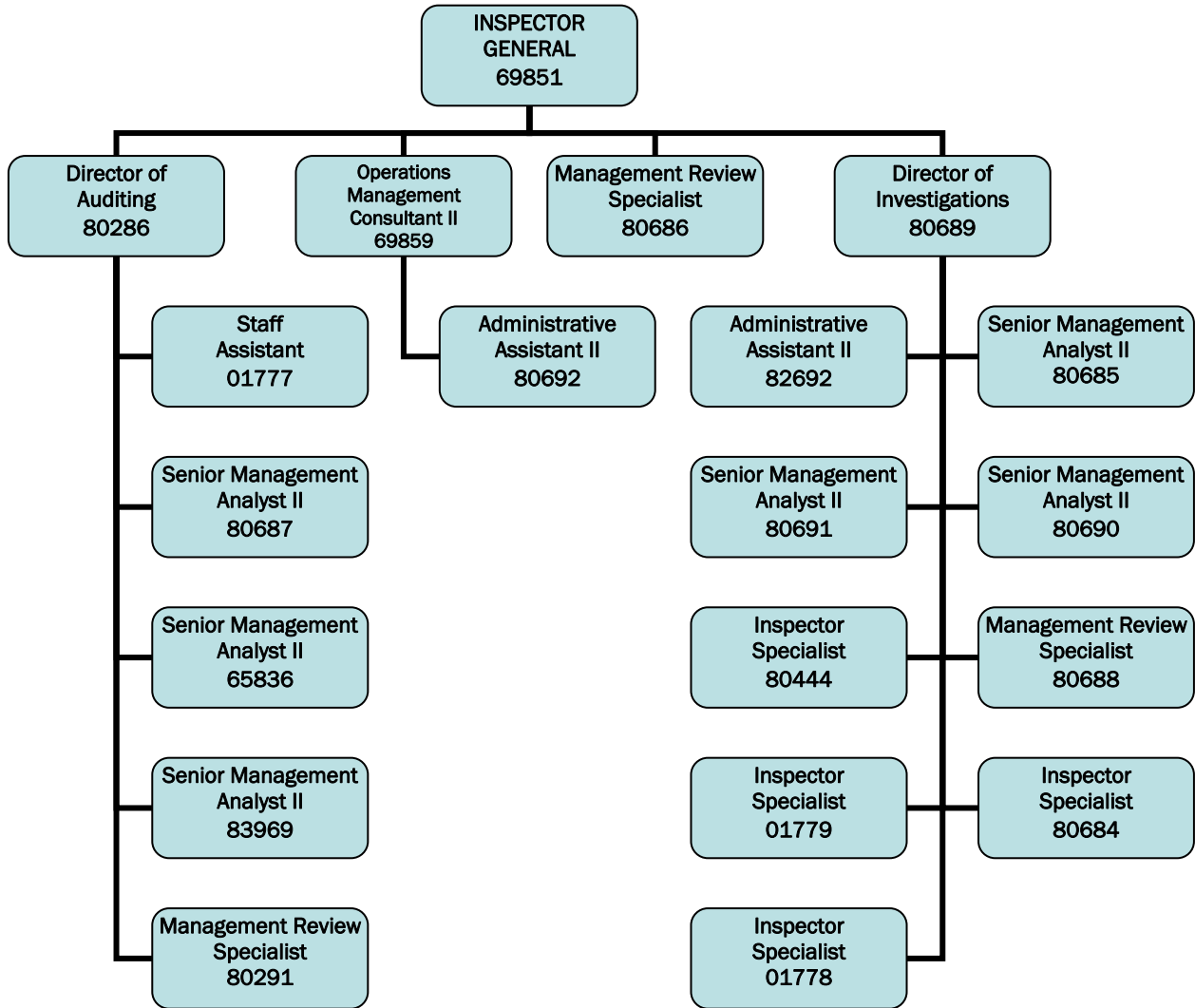
Staff Qualifications

The HIG consists of 20 professional and administrative positions that serve 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, 2012, 17 of the positions were filled and three were vacant. The following statistics represent the 17 filled positions:

- 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:
 - ❖ 5 Certified Inspector Generals,
 - ❖ 4 Certified Contract Managers,
 - ❖ 3 Certified Public Accountants,
 - ❖ 2 Certified Inspector General Investigators,
 - ❖ 2 Certified Internal Auditors,
 - ❖ 2 Certified Information Systems Auditors,
 - ❖ 2 Certified Government Auditing Professionals,
 - ❖ 2 Certified Law Enforcement personnel,
 - ❖ 1 Certified Law Enforcement Instructor, and
 - ❖ 1 Certified Professional Secretary.
- The Inspector General and Director of Investigations serve as Board Members of the Florida Audit Forum;
- Collectively, staff within the HIG have:
 - ❖ 109 years of Audit experience, and
 - ❖ 194 years of Investigative experience.

**Department of Health
Office of Inspector General
Organizational Chart**
(as of June 30, 2012)



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 adopted to follow the guidelines established by *Government Auditing Standards* (December 2011 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 the governmental environment (including government auditing) 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 Florida Chapter of the Association of Inspectors General (AIG), and the Association of Government Accountants. In addition, the Inspector General served as an instructor for the AIG Certification Programs.

Some of the other courses or conferences attended by staff during the 2011-12 fiscal year included:

- ❖ Contract and Procurement Fraud Training,
- ❖ Advanced Investigative Techniques,
- ❖ Cyber-terrorism First Responder,
- ❖ Accreditation Assessor Training,
- ❖ Information Security,
- ❖ Public Records Laws,
- ❖ Law Enforcement Task Force and the Inspector General Function,
- ❖ FIGPA Annual Accounting Show,
- ❖ Federal Grant Policies and Single Audits,
- ❖ Ethics for CPAs,
- ❖ Use of Performance Measures to Improve Service, and
- ❖ Continuous Auditing Through Improved Techniques for Data Analysis.

HIG Functions

Internal Audit Unit

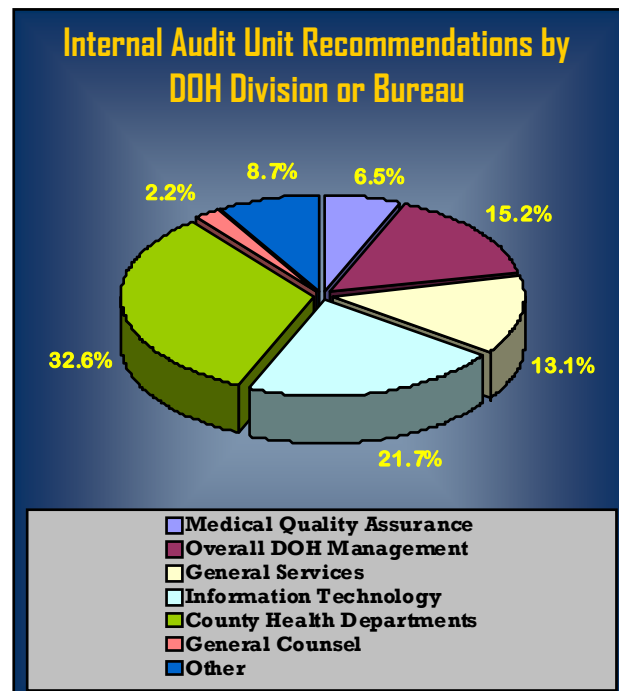
The Internal Audit Unit is responsible for performing internal audits, reviews, special projects, investigative assists, and consulting services related to the programs, services, and functions of the Department. The Unit also follows up on all internal and external audits of the Department at six, 12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

Identification of audit and review engagements are primarily based upon two factors: 1) the results of a department-wide risk assessment where the overall risk of critical operations and/or functions are assessed by HIG, and 2) projects identified by the Office of the Chief Inspector General as an Enterprise-wide project, which are based upon a multi-agency risk assessment. These risk assessments, along with past auditor experience and discussions with the HIG Director of Investigations and the Inspector General, culminates in the development of an annual three-year 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.

Consulting engagements provide independent advisory services to Department management for the administration of its programs, services, and contracting process. The Unit also performs other limited service engagements, such as special projects and investigative assists, which relate to specific needs and are typically more targeted in scope than an audit or review.

2011-12 Accomplishments

HIG completed a total of five audit engagements, two review engagements, and three other projects, including two investigative assist projects, during the 2011-12 fiscal year. HIG continues to monitor



progress of management actions taken to correct significant deficiencies noted in audit and review engagements. A listing of all engagements completed during the 2011-12 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 audit projects related to various DOH programs. More information concerning this can be found on page 41 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 2011-12 fiscal year, HIG completed an audit of the *Miami-Dade County Health Department Category A: Putting Prevention to Work* ARRA grant. The results of this audit may be found in the Audit Summaries section of this report.

Performance Criteria

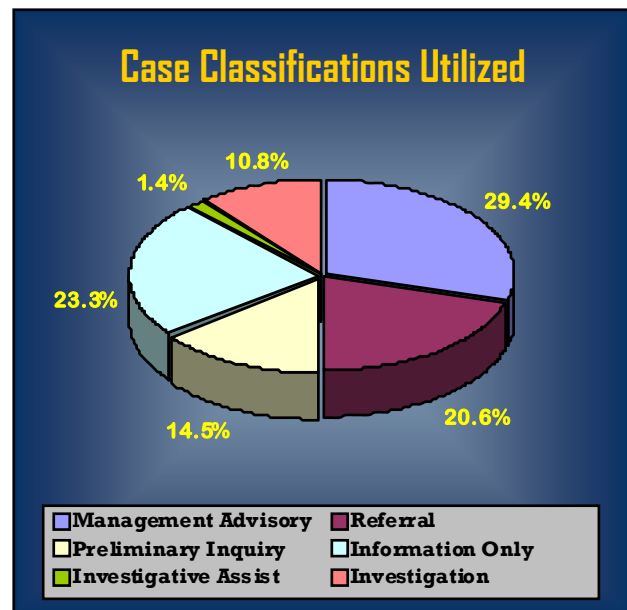
All audits and consulting engagements were performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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 case classifications were utilized by HIG during the 2011-12 fiscal year:

- ❖ Investigation – HIG conducts a formally planned investigation that will result in an investigative findings report.
- ❖ Whistle-blower Investigation – 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 develop 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 Department management (internal referrals) or another agency when the subject or other individuals involved are outside the jurisdiction of the Department (external referrals).
- ❖ Criminal Referral – a referral to law enforcement.
- ❖ Information Only – not enough information or insufficient information in the complaint for an investigation.



2011-12 Accomplishments

HIG closed 296 complaints during the 2011-12 fiscal year. The chart above provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2011-12 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2011-12 fiscal year can be found starting on page 23 of this report.

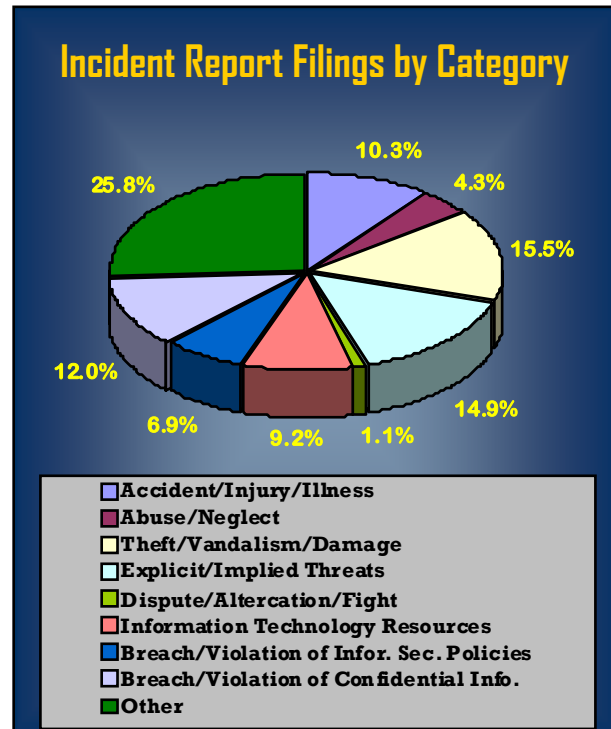
Performance Criteria

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.

2011-12 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. As a result of this 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 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 2011-12 fiscal year, HIG received 349 Incident Reports. This represents an 11.4% decrease over the previous fiscal year when 394 Incident Reports were received by HIG. The chart above provides a breakdown of the types of Incident Reports received by HIG during the 2011-12 fiscal year.

Summary of Major Activities: Internal Audit Unit

AUDIT SUMMARIES

The following are summaries of internal audits completed during the 2011-12 fiscal year.

AUDIT REPORT # A-1011DOH-021 Division of Information Technology Systems Development Life Cycle

HIG examined the Division of Information Technology's (DIT) systems development life cycle (SDLC) methodology and associated processes to determine if all phases are sufficiently addressed and it incorporates use of structured analysis, design, and development techniques.

SUMMARY OF FINDINGS

- ❖ The Bureau of Application Development and Support (ADS) did not adhere to the Application Development Standards or the Application Requirements Standards documents.
- ❖ Documented test plans were not developed for all applications and maintenance releases.
- ❖ The Bureau of ADS did not have defined performance measures. Moreover, the DIT did not have a defined strategic plan which the Bureau of ADS can align their goals and performance measures.
- ❖ NOTE: A fourth finding and the associated recommendations were classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*.

RECOMMENDATIONS

HIG recommended the following:

- ❖ The Bureau of ADS should refer to industry best practices to establish and maintain standards for all application developments and acquisitions. Ensuring the standards incorporate key elements such as approvals at key milestones.
- ❖ The Bureau of ADS should incorporate quality assurance and management within the systems development life cycle standards to ensure all new application developments adhere to the standards. The standards should be reviewed and revised periodically to ensure they reflect industry trends and actual application and/or system acquisition and development activities within the Department.
- ❖ The Bureau of ADS should define test plan documentation standards and incorporate the requirements into the application development standards.
- ❖ The Bureau of ADS should identify, implement, monitor, and report applicable performance measures that are aligned with a Division-wide strategic plan and the recommended application development standards. The performance measures should provide value by measuring progress toward objectives and focus on customer needs or agreed upon service levels rather than IT goals.

AUDIT REPORT # A-1011DOH-035

Miami-Dade CHD American Recovery and Reinvestment Act of 2009 (ARRA) Grant Funds

HIG examined Miami-Dade County Health Department's (CHD) *Category A: Communities Putting Prevention to Work* ARRA grant of \$14,738,754. We wanted to determine whether deliverables required by contracted providers were received. We also wanted to determine whether expenditures made at Miami-Dade CHD were appropriately expended.

SUMMARY OF FINDING

- ❖ The Contract Manager included contract language that permitted providers to submit deliverables after contracts end.

RECOMMENDATION

HIG recommended the following:

- ❖ The Contract Management section of Miami-Dade CHD should review all contracts and ensure contract language requires contracted providers to submit deliverables prior to payment, and discontinue the use of language that allows deliverables to be submitted after the contract ends.

AUDIT REPORT # A-1112DOH-004

Use of Memorandums of Agreement/Understanding

HIG examined Memorandums of Agreement (MOAs), Memorandums of Understanding (MOUs) and similar agreements executed at Central Office, county health departments (CHDs), Children's Medical Services (CMS) area offices, and other DOH locations that were active during the period January 1 through June 30, 2011. We wanted to determine whether MOAs/MOUs and similar instruments (hereafter all referred to as MOAs) that were executed are consistent with DOH policy.

SUMMARY OF FINDINGS

- ❖ Further clarification is needed regarding the definition of an MOA, its use at DOH, and its distinction from a contract.
- ❖ Instances were noted where DOH continues to enter into contractual agreements for purchases of products or services with nongovernmental entities using an MOA. Other concerns related to the execution of MOA documents were also noted.
- ❖ MOAs were generally not entered into the *Contract Information File* of the Florida Accounting Information Resource (FLAIR) and therefore were unaccounted for by Central Office.

RECOMMENDATIONS

HIG recommended the following:

- ❖ The Office of General Counsel should work with the Division of Administration to develop and provide more formal guidance to users of MOAs at DOH, which distinguishes MOAs from contracts, and provides consistency of general language in these agreements. This guidance could be published by Office of General Counsel or could, through mutual agreement, be incorporated into policy publications published by the Division of Administration.
- ❖ The Bureau of General Services should provide clear directive and training to CHDs, CMS area offices and program offices that MOAs should not be used for or associated with any purchases (except between governments) of any dollar amount, and should not be tied to purchase orders.
- ❖ The Bureau of General Services should take steps to verify that each program office, CHD, and CMS area office include their MOAs in at least one central database for reporting purposes. In light of the large quantity of MOAs within DOH, and also considering requirements to be defined by the Department of Financial Services in making its contract management system functional, DOH

management should reevaluate whether it is appropriate for information related to MOAs to be captured in one or more systems so that DOH may centrally have access to information related to these types of agreements.

AUDIT REPORT # A-1112DOH-020

Use of DOH's Purchasing Card, A Continuous Audit Project

HIG identified the Purchasing Card (P-Card) process as a component of the continuous audit cycle. Continuous audits provide regular testing of controls and risks and result in timely notification of gaps and weaknesses to allow immediate follow-up and remediation. We wanted to periodically analyze current P-Card data as it becomes available. We began the audit with April 2012 data and will continue on a monthly basis for at least six months, but no longer than one year.

The objective of this audit was to identify whether sufficient key controls over DOH's P-Card are in place so that the P-Cards are used in accordance with applicable DOH policy.

SUMMARY OF FINDINGS

April 2012 Monthly Status Report: We noted no exceptions for P-Card transactions for the month of April 2012 related to the scope and objective of the audit.

AUDIT REPORT # A-1112EOG-018

Department of Health's Contract Monitoring Process

HIG participated in a multi-agency enterprise audit of agencies' contract monitoring processes at the request of the Executive Office of the Governor, Office of the Chief Inspector General. This report was specific to the results of the examination at DOH.

The purpose of the DOH portion of the project was to:

- 1) determine whether contract monitoring policies and procedures are in compliance with state laws, rules, and other regulatory requirements;
- 2) assess the adequacy of contract manager training and development;
- 3) evaluate standard and template contracting documents; and
- 4) identify potential best practices by evaluating contract monitoring processes.

SUMMARY OF FINDINGS

There were no reportable findings related to the objectives of this audit.

REVIEW SUMMARIES

The following are summaries of review engagements completed during the 2011-12 fiscal year.

REVIEW REPORT # R-09-003 Research Conclusions on the Department's Personnel Contracts

HIG conducted a review consisting of research and analysis of the practices used throughout DOH for procuring contract personnel. We wanted to evaluate the processes utilized for the hiring of contract personnel from NiteLines USA, Inc. and Tallahassee Community College (TCC) to determine if amounts paid for contract personnel services were reasonable.

CONCLUSIONS

- ❖ A higher level of DOH oversight within a unified framework specifically for contracted personnel would be able to ensure compliance with all DOH policies, especially those surrounding the verification of background screenings and work eligibility.
- ❖ Several work units own pieces of the contract personnel process for DOH.
- ❖ The overall success of monitoring DOH compliance with hiring and contracting policies related to contract personnel rests with properly trained employees to oversee contract personnel.

RECOMMENDATIONS

HIG recommended the following:

- ❖ DOH management should add language to the DOH contract templates for future contracts requiring vendors to provide each contract personnel's background screening results in their entirety to DOH.

- ❖ DOH management should require the use of the "SB" code in the User-Code field on all personnel contracts created within MyFloridaMarketPlace, requiring a security background (SB) screening on the employee.
- ❖ For contract personnel working for the agency, DOH management should require that the hiring authority either: 1) request of vendors a copy of the background screening performed for consideration during the hiring process, or, 2) hold a consultation with both the vendor and the servicing human resources office to discuss the results of the background screening and document this conference with a signed attestation by the hiring authority stating that the background screening was performed and used during the hiring process.
- ❖ DOH management should begin requesting copies of the I-9 employment eligibility verification documentation for potential contract personnel during the DOH interview process.
- ❖ DOH management should revise the newly written and recently released procedure (*Approval Process for Hiring Contract Staff*) to cover both "new" hires and the "continuation" of DOH contract personnel.
- ❖ DOH management should improve its monitoring of compliance with contract requirements for vendors of the Department's contracted personnel by requiring all those *supervising contracted employees* to receive some form of appropriate training specifically for the proper monitoring of contract personnel.
- ❖ DOH management should emphasize the responsibility of Contract Managers in regard to contract personnel and that processes be developed and enforced that will ensure open lines of communication between Contract Managers and direct supervisors of contract personnel regarding the performance of those personnel in relation to the meeting contract expectations.

REVIEW REPORT # R-101100H-025 DOH's Use of Owned, Leased, and Rental Vehicles

HIG conducted a review to determine if appropriate controls were in place to record, monitor, and maximize the use of vehicles; ensure compliance with State regulations; and detect any instances of vehicle use for unauthorized activity.

CONCLUSIONS

- ❖ Vehicle Record Logs contained incomplete information, inaccurate information and/or lacked appropriate supporting documentation.
- ❖ Vehicle Record Logs were not consistently entered into the Department of Management Services' Florida Electronic Equipment Tracking (FLEET) system within the required timeframe.
- ❖ Instances were noted where biennial vehicle usage reviews were not being conducted. As a result, Medical Quality Assurance (MQA) allowed the use of monthly rental vehicles for several DOH Unlicensed Activity (ULA) investigators at a cost of approximately \$9,039 per investigator per year since at least 2007. It is estimated the use of state-owned vehicles instead of monthly rentals would cost approximately \$3,947 (current dollars) per investigator per year (for maintenance and insurance).
- ❖ Contrary to MQA policy, rental cars sat idle for more than 10 consecutive days.
- ❖ The Bureau of General Services should address issues of missing and/or incomplete information on the *Vehicle Record Logs* via additional training of Fleet Coordinators.
- ❖ The Bureau of General Services should alter the *Vehicle Record Log* template to include a signature line for Fleet Coordinators.
- ❖ The Bureau of General Services should ensure Vehicle Record Logs are entered into FLEET and so noted on the Logs by the required deadline.
- ❖ The Division of MQA should conduct biennial vehicle usage reviews in accordance with DOH Policy. These reviews should include a complete justification for any instances where it is determined ULA investigators should continue using rental vehicles on a monthly basis versus using a state-owned pool vehicle.
- ❖ The Division of MQA should take steps to ensure compliance with the existing *Investigations Desk Guide* policy regarding the return of rental vehicles not in use for extended periods of time.
- ❖ The Division of MQA should re-evaluate their internal policy of returning rental vehicles sitting idle more than 10 days to a shorter time period to avoid unnecessary costs.

RECOMMENDATIONS

HIG recommended the following:

- ❖ The Bureau of General Services should ensure one Vehicle Record Log template is identified and promoted, which contains all necessary elements to manage DOH vehicles and ensure all data needed for entry into FLEET is obtained.

OTHER PROJECTS

The following is a summary of other projects completed during the 2011-12 fiscal year.

REPORT # V-1011DOH-036 Gadsden CHD Security Controls

The HIG, Internal Audit Unit assisted the HIG Investigations Unit with a review of the security of facilities, access to cash, and access to equipment at Gadsden CHD. We wanted to review controls currently in place regarding security of facilities, security of cash and equipment, and adequacy of related record keeping and documentation.

CONCLUSIONS

- ❖ Gadsden CHD management did not always file police reports when appropriate, complete DOH Incident Reports and submit these reports to DOH's Office of Inspector General. Additionally, Gadsden CHD management did not have a control for reviewing and maintaining a central repository of all Incident Reports.
- ❖ Gadsden CHD did not maintain documentation of persons authorized to maintain keys to each facility and office.
- ❖ Gadsden CHD management failed to immediately address security of its facilities and change locks at Quincy and Chattahoochee facilities and Quincy Dental Clerical Office.
- ❖ Documentation of Transfers of Cash from Cashier to Business Office was not sufficient.
- ❖ Receipts documenting the daily transfer of cash from the Havana facility to the Quincy facility were not filed with the respective daily cash reconciliation at the Havana facility.

- ❖ Access to cash boxes was not completely secure.
- ❖ Gadsden CHD management has assigned responsibility of securing cash to multiple cashiers overnight rather than one central location.
- ❖ Cashiers were assigned amounts of cash too large to maintain for security purposes.
- ❖ Gadsden CHD management allowed a DOH employee to purchase \$3,116 in office supplies and equipment with state funds for her job with a DOH contracted provider.
- ❖ Gadsden CHD had not appropriately secured and timely processed surplus equipment.
- ❖ Gadsden CHD did not ensure an inventory of property was taken upon change in delegated Property Manager duties.

RECOMMENDATIONS

HIG recommended the following:

- ❖ Gadsden CHD management should ensure that all incidents that occur are investigated, documented, and reported to the appropriate official in accordance with DOHP 5-6-08, *Incident Reporting*.
- ❖ Gadsden CHD management should implement a process for reviewing and maintaining a central repository of all *Incident Reports* and police reports (as applicable).
- ❖ Gadsden CHD management should maintain an accounting of all personnel provided access using a hard key to each Gadsden CHD facility, office, closet, etc.
- ❖ Gadsden CHD management should ensure all of Gadsden CHD's facilities remain secure. Locks to all Gadsden CHD facilities should be changed to develop a benchmark. The new keys should be put under the supervision of a Key Custodian that can maintain an

accounting of all personnel provided access using a hard key.

- ❖ Gadsden CHD management should implement a control so that each time receipts are transferred from one staff member to another, a transfer of custody log is signed by both the person relinquishing control and the person accepting control to document the transfer. In addition, a receipts log should be developed and utilized that complies with DOHP 57-07-10, *Cash Handling*.
- ❖ Gadsden CHD's Business Office should ensure its offices that collect cash maintain a complete filing system that includes documentation relevant to transfers of cash from cashiers to the Business Manager.
- ❖ Gadsden CHD management should reevaluate access to its cash transaction areas to ensure all such locations are strictly limited to staff currently assigned cash handling responsibilities.
- ❖ Gadsden CHD management should ensure that only one cashier be assigned control over and access to any specific cash box/drawer at all Gadsden CHD facilities.
- ❖ Gadsden CHD management should require all cashiers at the Quincy facility transmit all cash at the end of the day and have all cash locked in one locked safe in the locked administrative area so that the responsibility of safeguarding the cash overnight is assigned to one person rather than many.
- ❖ Gadsden CHD management should re-evaluate the necessity of its cashiers maintaining large starting cash balances in the cash boxes.
- ❖ Gadsden CHD management should ensure purchases are strictly limited to authorized uses of funds.

- ❖ Gadsden CHD management should ensure tight security over existing surplus property and equipment.
- ❖ Gadsden CHD management should timely dispose of property and equipment following county rules and procedures.
- ❖ Gadsden CHD management should implement a control to ensure regular physical counts of all fixed assets of inventory at Gadsden CHD, including each time there is a new assignment of a Property Manager, in accordance with DOHP 250-11-09, *Management of State-owned Property*.

REPORT # V-1112DOH-008

Inappropriate Server Root Access

The HIG, Internal Audit Unit assisted the HIG Investigations Unit with a review of an issue related to inappropriate server root access by a DOH employee. The report was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*.

REPORT # 0-1011DOH-022

A.G. Holley State Hospital Pharmaceutical Budget

HIG reviewed an issue at A.G. Holley State Hospital (A.G. Holley) regarding continued requests for additional budget authority to cover pharmaceutical costs.

CONCLUSIONS

- ❖ A.G. Holley had made two recent requests for additional budget authority to address unpaid pharmaceutical costs, one in the amount of \$50,000 and another in the amount of \$200,000.
- ❖ A.G. Holley accounting staff changed the method by which funds were encumbered, from a quarterly basis ahead of anticipated expenditures to a method

based upon known costs already incurred. This practice led to funds being expended without proper encumbrances in place, a violation of DOH policy.

- ❖ Many pharmaceutical invoices with an estimate totaling as much as \$246,572, dating back to as far as January 2012, remained unpaid. Invoices were not timely processed by Bureau of Finance & Accounting's Office of Disbursements, in part because staff in that office had questions about some of the invoices and failed to follow-up with A.G. Holley accounting staff and with budget staff at Central Office. The amount of estimated unpaid invoices was subsequently revised down to approximately \$230,000.
- ❖ It was likely there could be additional unpaid invoices discovered for previous purchases and for future purchases through the end of the fiscal year. However, Bureau of Budget Management staff felt confident there was sufficient budget authority to cover all remaining invoices through the end of the fiscal year.

- ❖ Advise the A.G. Holley pharmacist that purchases may not be made without prior approval from the Comptroller for A.G. Holley.

RECOMMENDATIONS

HIG recommended fiscal staff at A.G. Holley take the following actions:

- ❖ Contact Cardinal Health and any other pharmaceutical suppliers from which A.G. Holley makes pharmaceutical purchases. Identify the true amount of all remaining unpaid invoices for pharmaceuticals ordered by and for A.G. Holley to date;
- ❖ Reconcile amounts of the above known purchases to A.G. Holley's approved budget for the pharmaceutical line item;
- ❖ Perform a detailed analysis of items and amounts of all pharmaceuticals that will be required to be purchased for A.G. Holley patients from today through the end of the fiscal year; and

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(7)(d), *Florida Statutes*, requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2012, the following corrective actions were still outstanding:

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. We wanted to 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. We also wanted to 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 FINDING STILL TO BE ADDRESSED

- ❖ 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.

RECOMMENDATION

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 Integrated Care System contracts that establishes and describes a methodology for determining how repayment back to DOH shall be made.

AUDIT REPORT # A-1011DOH-020 Controls Over Drugs in CHD Dental Clinics

HIG performed an audit of internal controls over drugs in county health department (CHD) dental clinics. Our audit results are based upon a sampling of various dental clinics within Broward, Dixie, Gilchrist, Indian River, Jackson, Jefferson, Palm Beach, Taylor, and Washington CHDs. We wanted to determine whether controls are sufficient for the proper accounting of drugs in dental clinics at selected CHDs. We also wanted to determine whether drugs in dental clinics at selected CHDs are securely stored.

SUMMARY OF FINDINGS STILL TO BE ADDRESSED

- ❖ Dental clinics we visited did not implement DOH's policies and procedures for the proper accounting of drugs.
- ❖ Drugs in nine of 16 dental clinics were not stored in a secure manner.
- ❖ Five of 16 CHD dental clinics we visited used Nitrous Oxide which was not on DOH's *State Formulary*.

RECOMMENDATIONS

HIG recommended the following:

- ❖ The Public Health Dental Program Office should assist CHDs implement DOH's *Statewide Pharmaceutical Services Policies and Procedures for County Health Departments* regarding the appropriate inventorying of drugs that address, at a minimum, the issues noted in this finding. An alternative may include the Public Health Dental Program Office developing statewide policies and

procedures regarding the inventorying of drugs that specifically apply to CHD dental clinics.

- ❖ The Public Health Dental Program Office should assist CHDs implement DOH's *Statewide Pharmaceutical Services Policies and Procedures for County Health Departments* regarding the appropriate security of drugs in dental clinics that address, at a minimum, the issues noted in this finding. An alternative may include the Public Health Dental Program Office developing statewide policies and procedures regarding the security of drugs that specifically apply to CHD dental clinics.
- ❖ The Public Health Dental Program Office should survey all CHD dental clinics or obtain an inventory of all drugs used in all CHD dental clinics and submit one request on behalf of all CHD dental clinics to ensure all drugs used in DOH's dental clinics have been submitted to DOH's P&T Committee for their review and possible approval to DOH's *State Formulary*.

REVIEW REPORT # A-1011EOG-015 Ethics Culture at Department of Health

HIG participated in a multi-agency enterprise audit of organizational ethics at the request of the Executive Office of the Governor, Office of the Chief Inspector General. We wanted to evaluate DOH's implementation of the Office of the Governor's Executive Order Number 11-03, *Ethics and Open Government*. We also wanted to evaluate the design and effectiveness of the agency's ethics-related objectives, guidance, and activities in order to identify areas of potential weakness and best practices that could be shared among all agencies.

SUMMARY OF FINDING STILL TO BE ADDRESSED

- ❖ DOH's ethics policy and ethics training did not address contract employees.

RECOMMENDATION

HIG recommended the following:

- ❖ DOH's ethics officer should incorporate into the Department's ethics policy management's expectation of how ethics, and a strong ethics culture and environment apply to the Department's many contract employees.

Summary of Major Activities: Internal Investigations Unit

The following is a sampling of various FY 2011-12 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 10-283

Alleged Conduct Unbecoming a Public Employee/Violation of Dental Practice Act Highlands County Health Department

This investigation was initiated based upon an Incident Report submitted by management of the Highlands County Health Department (HCHD). The Incident Report was filed based upon a complaint received by HCHD management alleging an ongoing violation of standards of practice in the HCHD Dental Clinic.

The specific allegations and results of investigation are as follows:

Allegation #1: The complainant alleged the subject required HCHD dentists to use a protocol that required attaching a small referral slip to patient files. The protocol is used for referring a patient of record either to HCHD dental sites or to another source for treatment and then the referral slip is destroyed. This allegation was **substantiated**. The Government in the Sunshine Manual, 2009 Edition, states that if the purpose of a document prepared in connection with the official business of a public agency is to perpetuate, communicate, or formalize knowledge, then it is a public record regardless of whether it is in final form or the ultimate product of an agency. This would indicate the notes should have been included in the file even after the information was noted in the patient's progress notes as required by Section 466.018(1), *Florida Statutes*, Dentist of record; patient records. Pursuant to subsections 466.028(1)(m) and (o), *Florida Statutes*, a dentist shall maintain the written dental record of a patient for a period of at least four (4) years from the date the patient was last examined or treated by the dentist. The HIG determined these actions violated Chapter 119, *Florida Statutes*, and DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures - Standards for Disciplinary Action - Violation of Law or Agency Rules (Rules, Regulations, Policies, or Laws Violated).

Allegation #2: The complainant alleged the subject was changing treatment plans and "teeth that could and should be saved that were treatment planned for root canal, were redirected for extractions with [Doctor #2] without the consent of the patient's treating dentist." This allegation was **substantiated**. The subject failed to exercise due care and diligence in the performance of job duties. The HIG determined this practice violated DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures - Standards for Disciplinary Action - Negligence. In addition, Doctor #2 was also found to have violated the same policy for failure to exercise due care and diligence on the performance of job duties. This allegation was referred to the Division of Medical Quality Assurance for a thorough review.

Allegation #3: The complainant alleged that the subject created a hostile work environment by being an "extremely mentally abusive, mean-spirited individual." This allegation was **unsubstantiated**.

Allegation #4: The complainant alleged that the subject inhibited the ability of the complainant to obtain a dentist position in Broward County in 2009. This allegation was **unsubstantiated**.

Allegation #5: The complainant alleged the subject violated the travel reimbursement policy by instructing employees that the HCHD Dental Unit did not have money for travel for the current fiscal year. The HIG did not address this issue. The subject previously received a Written Reprimand from the HCHD regarding this allegation.

RECOMMENDATION

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

INVESTIGATION # 11-010

Alleged Improper Handling of Funds by a Contractor South Beach AIDS Project

This investigation was initiated based upon a referral from the Office of the Governor, Office of the Chief Inspector General after receiving a complaint from a former employee of the South Beach AIDS Project, Inc. (SoBAP) and five other terminated SoBAP employees as co-complainants alleging unethical, immoral and illegal acts by an executive of the SoBAP.

The specific allegations and results of investigation are as follows:

Allegation #1: The complainants alleged the subject co-mingled state grant funds. This allegation was **substantiated**. The HIG determined that an Administrative Monitoring Report issued by the DOH Contract Administrative Monitoring Unit indicates the SoBAP has poor internal controls and was co-mingling funds. According to the DOH Contract Administrative Monitoring Unit, the SoBAP had not responded to the Administrative Monitoring Report. Thus, the HIG did not investigate this allegation further since it is a matter for the DOH Contract Administrative Monitoring Unit and the Contract Manager to address.

Allegation #2: The complainants alleged the subject told SoBAP staff to lie when state officials come to monitor the state funded program. This allegation was **substantiated**. The HIG interviewed seven former SoBAP employees under oath, with five of the seven stating they were instructed or were present when the subject told staff to lie to or mislead state officials.

Allegation #3: The complainants alleged the subject paid for travel with a SoBAP debit card, keeping travel advances and/or reimbursements and not reimbursing the SoBAP account. This allegation was **substantiated**. The HIG determined that on at least one occasion the subject was advanced travel funds of \$799.20 in December 2010, placed those funds in the subject's personal bank account, and later completed the travel using a SoBAP debit card rather than the advanced funds. Evidence showed that the subject retained the advanced funds in the subject's personal account and did not complete a reimbursement to the SoBAP account until November 2011, only as a result of this investigation. The HIG found no evidence of criminal intent in this matter.

Allegation #4: The complainants alleged the subject used state grant funds to pay for a specific advertising program in 2005 and did not receive any deliverables. This allegation was **unfounded**. The HIG determined that the specific advertising program mentioned in the complaint was part of a larger advertising program and the portion related to the specific advertising program mentioned in the complaint was paid for by a private foundation, not state grant funds. Additionally, it was determined that the deliverables from the advertising campaign were received and utilized by the SoBAP.

Additional Finding

The SoBAP Board of Directors failed in its oversight responsibility of the organization, failed to maintain a functioning Board, and failed to maintain its corporate status.

Additional Allegations

Because the SoBAP is a private entity and the complainants are not DOH employees, additional allegations regarding sexual harassment and retaliation were not under the purview of the HIG. The focus of the HIG investigation for this complaint was limited to issues related to the use/misuse and misappropriation of state funds. Additional allegations regarding sexual harassment were only considered by the HIG with regard to the oversight responsibilities of the SoBAP Board of Directors.

RECOMMENDATIONS

The HIG recommended the following:

- ❖ The DOH Contract Administrative Monitoring Unit conduct a thorough review of the subject's travel related to participation with the HIV/AIDS Prevention Planning Group managed by The AIDS Institute to determine if any other travel reimbursement irregularities exist.
- ❖ DOH management review the findings and conclusions of this report and determine if the SoBAP is the appropriate agency to provide HIV/AIDS services to the Miami Beach community.

INVESTIGATION # 11-023

Alleged Conduct Unbecoming a Public Employee Marion County Health Department

This investigation was initiated based upon an email from Marion County Health Department (MaCHD) management containing two separate complaint letters filed by two employees of the MaCHD alleging harassment by another MaCHD employee. Specifically, the complainants alleged the subject filed several erroneous complaints against the two complainants "causing excessive emotional distress and making it very difficult for us to do our jobs." The complainants both stated the subject had no evidence to support any of the subject's accusations and the subject files complaints solely for the purpose of harassing the two complainants at work.

This allegation was **substantiated**. The HIG concluded that subject did file multiple complaints against the two complainants that could not be supported by documented evidence. Additionally, the subject refused to cooperate with HIG investigators as well as MaCHD staff and had a history of being non-cooperative in DOH investigations.

CONCLUSION

Prior to the conclusion of this HIG investigation, MaCHD management terminated the subject's employment due to falsification of records and failure to respond or provide truthful information during an internal investigation. Thus, the investigation concluded with no recommended action.

INVESTIGATION # 11-054

Alleged Security Violation (HIPAA Violation)

Citrus County Health Department

This investigation was initiated based upon receipt of a written complaint that alleged the possibility of a “massive” Health Insurance Portability and Accountability Act of 1996 (HIPAA) violation occurring at the Citrus County Health Department (CCHD) because DOH’s and the Department of Children and Families’ (DCF) email systems were incompatible for communicating encrypted information between the two systems and any client information being sent through the systems would not be protected.

The specific allegations and results of investigation are as follows:

Allegation #1: The complainant alleged the subject “unjustly” forced the complainant to resign for reporting that DCF did not encrypt its emails which may contain confidential client information. This allegation was **substantiated**. Despite providing different reasons for the justification involved in the termination of the complainant, the HIG could not find evidence to support the stated reasons given by the subject. Pursuant to DOH Policy 60-8-09, the subject has a responsibility to ensure that disciplinary action is administered for cause and in a fair and impartial manner taking into consideration proof of misconduct, employment history, appropriateness of the discipline administered and the consequence of the action.

In this case, the subject’s actions were not consistent with DOH disciplinary standards and were found to be negligent and a violation of the following: DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (for failure to use ordinary and reasonable care in, or the omission of or inattention to, the performance of assigned duties and responsibilities); DOH Policy 5-6-08, I, Incident Reporting Policy (for failure to investigate and document the incident); and DOH Policy 5-6-08, VII, D, 2, Procedures – Documentation Techniques (for failure to question and interview all witnesses and to use direct and objective questions).

Allegation #2: The complainant alleged the subject was negligent for failing to set up secure email protocols for DCF staff working at the CCHD. This allegation was **unfounded**. Evidence and statements provided to the HIG during this investigation failed to show the DOH Outlook email protocols set up for use by the DCF eligibility staff were insufficient for the proposed use by DCF staff.

Allegation #3: The complainant alleged the subject failed to correct faulty email protocols after becoming aware of them. This allegation was **unfounded**. The HIG determined DOH email protocols were not found to be faulty or in need of correcting. Additionally, security of DCF client information was not a matter for the subject to correct.

Allegation #4: The complainant alleged someone at the DOH “lied or misrepresented” to the Agency for Workforce Innovation, Unemployment Compensation Programs, the reason the complainant left CCHD employment. This allegation was **unfounded**. The HIG found no evidence to support this allegation.

Allegation #5: The complainant alleged the subject retaliated against the complainant for reporting possible DOH policy violations. This allegation was not within the jurisdiction of the HIG and thus was not investigated. Instead, the HIG advised the complainant that allegations of retaliation should be filed directly with the Florida Commission on Human Relations.

Allegation #6: The complainant alleged employees of the CCHD were sharing confidential health information with the Florida Academy of Family Physicians (FAFP) without obtaining authorization from the CCHD clients. This allegation was **substantiated**. Evidence and testimony obtained by the HIG during this investigation indicated confidential client information was being placed and stored in the Diabetes Master Clinician Project (DMCP) registry by CCHD and was visible for viewing by the FAFP and the network administrator of the server rented by the FAFP and no authorizations were obtained from CCHD clients to share the information.

This action was found to violate DOH Policy 50-10g-10, VI, A, 2, Information Security and Privacy Policy 8 - Protocol – Outcomes; and DOH Policy 50-10g-10, VI, D, 1, e, Information and Privacy Policy 8 – Protocol – Areas of Responsibility – Disclosure of Confidential Information – Patient Medical Information Disclosure.

Allegation #7: The complainant alleged (in general) a security violation in accessing one of the systems used to maintain confidential client information. (The specifics of the allegation are exempt from disclosure in this report in accordance with Sections 119.071 and 282.318, *Florida Statutes*.) This allegation was **substantiated**.

Additional Finding

Testimony and evidence obtained during this investigation showed CCHD management failed to properly obtain appropriate Division of Information Technology approvals to utilize the DMCP registry which resulted in confidential client medical information being entered and stored on a “public facing” website without adequate security safeguards for protecting that information from access by unauthorized persons in violation of DOH Policy 50-13-06, VII, A, Enterprise Data Policy – Procedure. There is evidence the subject may have been aware the DMCP registry was not approved by the Division of Information Technology but chose to proceed with entering into an agreement to use the registry.

RECOMMENDATION

- ❖ The HIG recommended management take appropriate action consistent with the findings and conclusions of this report.

INVESTIGATION # 11-078

Alleged Conduct Unbecoming a Public Employee Division of Administration, Bureau of Finance and Accounting

This investigation was initiated based upon a written complaint by a former DOH employee alleging the subject contacted the complainant’s current supervisor for purposes of retaliating for filing a sexual harassment charge against the subject in March 2008, when the subject was the complainant’s supervisor within the Division of Administration, Bureau of Finance and Accounting.

The specific allegations and results of investigation are as follows:

Allegation 1: The complainant alleged the subject contacted the complainant’s current supervisor and advised the current supervisor the complainant was “untrustworthy, a liar [sic] and...would not have me as an employee.” This allegation was **substantiated**. During the investigation, the subject confirmed the contact with the complainant’s supervisor out of fear of “people’s reaction” stemming from a 2008 investigation regarding a sexual harassment charge filed by the complainant

against the subject. These actions were found to violate DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Inappropriate Conduct).

Allegation 2: The complainant alleged the subject's conduct was a form of "harassment, stalking and retaliation" stemming from the 2008 investigation. This allegation was **unsubstantiated**. While the HIG determined that the subject's actions were a form of reprisal for discipline received as a result of the 2008 investigation, the complainant did not suffer any adverse consequences as a result of the inappropriate conduct. Therefore, the subject's actions did not technically constitute a violation of DOH Policy prohibiting retaliating against the complainant for filing the original sexual harassment charge.

Additional Finding

The subject made an oral or written statement that was inaccurate, incorrect, incomplete or misleading, or made an omission or misstatement of material fact. Based upon the subject's inconsistent responses to HIG questions, and considering testimony from the witness, the HIG further concluded the subject failed to provide complete and truthful answers to the HIG in an affidavit and during sworn oral statements concerning the allegations. This action was found to violate DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Failure to Respond or Provide Truthful Information During An Internal Investigation).

RECOMMENDATIONS

The HIG recommended the following:

- ❖ Management in the Division of Administration, Bureau of Finance and Accounting take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to "inappropriate conduct."
- ❖ Management in the Division of Administration, Bureau of Finance and Accounting take appropriate action against the subject consistent with the findings and conclusions of this report as they relate to "failure to respond or provide truthful information during an internal investigation."
- ❖ Management in the Division of Administration, Bureau of Finance and Accounting consider making the subject aware of the Employee Assistance Program to deal with concerns of "harassment" due to the findings from the 2008 investigation.

INVESTIGATION # 11-093

Alleged Conduct Unbecoming a Public Employee Monroe County Health Department

This investigation was initiated based upon a verbal complaint received by the HIG that alleged improper conduct and retaliation on behalf of two executives within the Monroe County Health Department (MoCHD).

The specific allegations and results of investigation are as follows:

Allegation 1: The complainant alleged Subject #1 "forced" the complainant to resign. This allegation was **unsubstantiated**. The HIG found insufficient evidence that Subject #1 used physical force or verbal threats to "force" the complainant to resign.

Allegation 2: The complainant alleged Subject #1 dismissed the complainant based upon an inaccurate reason (negligence in performing the duties of a contract manager, signing an invoice for items not received). This allegation was **substantiated**. The HIG found the specific reason cited by Subject #1 in the complainant's dismissal letter was inaccurate. No evidence was found that the complainant signed an invoice for items not received. This action was found to violate DOP Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Allegation #3: The complainant alleged Subject #1 retaliated against the complainant with dismissal because the complainant filed a complaint with the HIG. This allegation was **unsubstantiated**. During the investigation, Subject #1 stated to the HIG that the reason for the dismissal of the complainant was due to being misled by the complainant in regards to the complainant's managing of a contract. The HIG found insufficient evidence that Subject #1's motive to dismiss the complainant was based upon retaliation.

Allegation #4: The complainant alleged Subject #1 spoke in a raised voice at the complainant and was "so loud other employees working that day made comments." This allegation was **substantiated**. The HIG found that although it was not typical for Subject #1 to use a loud voice in the office, in this instance Subject #1 did use a sufficiently raised voice such that it was disruptive in the office and made others in the office not want to speak to Subject #1. This action was found to violate DOP Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Disruptive Conduct).

Allegation #5: The complainant alleged that at the time of the complainant's dismissal, Subject #1 and Subject #2 had not contacted relevant individuals to voice concerns over a contract. This allegation was **substantiated**. The HIG found that at the time of the investigation, the two subjects had not made any contact with the contracted entity to express concern over deliverables in a contract that, among other things, called for Onsite Sewage Treatment and Disposal System (OSTDS) documents to be scanned and public kiosks to be established at remote locations with phone lines and internet connections. Additionally, the two subjects had not sought any resolution regarding their concerns. Although Subject #1 sought legal advice on the matter, it was the Subject #1's responsibility to make decisions and oversee the actions of staff regarding the execution of the contract. This action was found to violate DOP Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Allegation #6: The complainant alleged that during a March 2011 meeting, Subject #2 retaliated against the complainant by questioning a one-year old invoice and convinced Subject #1 that the complainant mismanaged the contract mentioned in Allegation #5. This allegation was **unsubstantiated**. The HIG determined that Subject #2 did receive information that was shared with Subject #1 and erroneously advised Subject #1 that the complainant "falsified contract documents." This prompted Subject #1 to review the contract and ultimately dismiss the complainant. However, Subject #2 was not found to have taken any adverse action directly against the complainant, only questioned the deliverables in the contract, and Subject #1 was fully responsible for any adverse actions taken against the complainant.

Additional Findings

Finding #1: The complainant, Subject #2 and an additional MoCHD staff member failed to ensure the complainant was recertified as a contract manager in September 2009 when the complainant was assigned as a contract manager. This action was found to violate DOP Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Finding #2: The complainant, Subject #1 and an additional MoCHD staff member failed to ensure the complainant was recertified as a contract manager in December 2009 when the complainant was assigned as a contract manager again on a second contract. This action was found to violate DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Finding #3: Subject #1 failed to submit an Incident Report to the HIG regarding an allegation that the complainant committed fraud. This action was found to violate DOH Policy 5-6-08, Policy and Procedures on Incident Reporting; and DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Misconduct: The investigation also noted four instances of misconduct, one instance each for the complainant, Subject #1, Subject #2, and an additional MoCHD staff member for various actions discovered during the investigation.

RECOMMENDATIONS

The HIG recommended the following:

- ❖ DOH management take appropriate action against Subject #1 and Subject #2, along with the additional MoCHD staff member referred to in the report findings, consistent with the findings and conclusions of this report as they relate to policy violations.
- ❖ MoCHD management ensure the public has access to three kiosks with sufficient internet connections to access OSTDS documents and that the MoCHD has at least one operable scanner as originally provided and intended in contract.

INVESTIGATION # 11-190

Alleged Conduct Unbecoming a Public Employee/Violation of Laws or Agency Rules Volusia County Health Department

This investigation was initiated based upon an Incident Report submitted by an employee of the Volusia County Health Department (VCHD). The complainant alleged an employee (the subject) of the New Smyrna Beach Women, Infant, and Children (WIC) Office enrolled and obtained benefits for the subject and the subject's daughter using another employee's WIC identification number to enter data into the WIC system. Additionally, the complainant alleged the subject falsified income statements and used an "assumed" name to create a WIC account for the subject and subject's daughter, assisted other employees in using different names to sign up for WIC services and manipulated files and charts in the office.

The specific allegations and results of investigation are as follows:

Allegation #1: The complainant alleged the subject created a WIC file to obtain personal benefits for which the subject was not eligible by: 1) using an assumed client name; 2) entering another employee's unique WIC identification number; and 3) intentionally mislabeling and misfiling the folder to avoid detection. The HIG concluded this allegation was **substantiated**. During sworn interviews, the subject acknowledged the allegations were true and correct. The subject stated that soon after the subject began working in the New Smyrna Beach WIC Office a friendship developed with two other employees that were involved in obtaining improper WIC benefits for clients they did not see. The subject also acknowledged adding benefits for another un-named and unseen client with a co-caretaker listed as a VCHD employee. Furthermore, the subject acknowledged creating a fictitious client file with the assistance of the co-worker friends.

These actions were found to violate DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (by providing false information on a WIC application); DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (by creating a false client file for personal reasons and for intentionally misfiling the record with intent to deceive); and DOH Manual (DHM) 150-24, Chapter 3-3 - WIC Staff Members (which prohibits a staff member from processing or modifying their own or a family member's WIC file).

Allegation #2: The complainant alleged the subject removed official files from the WIC office. This allegation was **unsubstantiated**. The HIG found insufficient evidence to support the allegation that the subject removed official files from the WIC office. During questioning, the subject stated that files co-workers may have seen the subject take from the office were in fact the subject's personal files and not official office files. Furthermore, the HIG could not find anyone that could confirm the content of the files being taken out of the office by the subject contained any official WIC information.

Additional Findings

Finding #1: The subject's two co-worker friends in the New Smyrna Beach WIC Office assisted the subject in creating a fictitious client file, not verifying income eligibility and falsely entering required information into the WIC system. These actions were found to violate DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (by allowing a co-worker to provide false, misleading, or inaccurate information on a WIC application) and DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (by assisting another in knowingly creating a false client file for personal reasons and with the knowledge the client was not financially eligible to receive WIC benefits).

Finding #2: One of the subject's co-worker friends failed to properly secure computer access to login and password information. This action was found to violate the *WIC Data System User Guide*; DOH Policy 50-10c-10, VI, A, 4, Information Security and Privacy Policy 4 – Protocol – Outcomes (Members of the DOH workforce utilize Information Technology resources in a manner that safeguards those resources); DOH Policy 50-10c-10, VII, B, 1, c, Information Security and Privacy Policy 4 – Procedure – Computer Use (DOH workforce shall be held accountable for their account activities); and DOH Policy 50-10c-10, VII, B, 1, e, Information Security and Privacy Policy 4 – Procedure – Computer Use (DOH workforce is responsible for safeguarding their passwords and other authentication methods).

Finding #3: At the time of the incident, the WIC program computer entry system technically allowed a system user to manually enter certain codes into the "Income Code" field without notifying the user that manual entry was not authorized.

Finding #4: One of the subject's co-worker friends was found to be negligent by failing to ensure client income eligibility and for issuing WIC benefit checks without the client or a documented caretaker being physically present. This actions was found to violate DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence.

Finding #5: At the time of the incident, VCHD WIC files did not receive sufficient quality assurance (QA) monitoring to ensure accuracy of client eligibility to receive benefits. VCHD supervisors indicated that WIC employees generate approximately 100 new client files per month while internal QA was based upon a quarterly review of only five (5) "random" files, mostly pulled from high risk cases.

Finding #6: At the time of the incident, WIC procedures did not require system users to document proof of applicant income or eligibility prior to receiving WIC benefits. However, the *WIC Data System User Guide* does not preclude making copies of such proofs, or entering notations regarding its existence, at the time the applicant is assessed for eligibility.

Finding #7: At the time of this investigation, the overall supervision of the New Smyrna Beach WIC Office was shared between two individuals who also worked in the Daytona Beach Office and each supervisor was only able to be in the New Smyrna Beach WIC Office one day each week, leaving three days a week where the office had no direct supervision. This, along with a relaxed focus on information security and a greater reliance on co-worker trust, contributed to a lack of adherence towards security policies and accuracy of client records.

RECOMMENDATIONS

The HIG acknowledges that management took action, prior to the conclusion of this investigation, which resulted in the termination of the subject for failure to successfully complete probation. The HIG referred the findings of this investigation to the Division of Medical Quality Assurance concerning the subject's status as a licensed health care professional and the subject's admission in creating fictitious client files and receiving public assistance funds for which the subject was not eligible.

Additionally, the HIG recommended the following:

- ❖ VCHD management take appropriate action against the subject's two co-worker friends as related for their involvement in assisting the subject create a fictitious client file.
- ❖ VCHD management take appropriate action against the subject's co-worker friend who failed to properly secure computer logon credentials.
- ❖ VCHD management take appropriate action against the subject's co-worker friend as related to the findings of negligence for repeatedly entering incorrect codes for client eligibility; certifying clients for WIC benefits who were ineligible for such benefits; and for failing to ensure clients, caretakers, or co-caretakers were personally present before issuing WIC benefit checks.
- ❖ VCHD management review with staff the requirement that they should not be acting as caretakers or co-caretakers on clients of their respective office.
- ❖ VCHD management review with staff the requirement that WIC clients or documented caretakers must present themselves to receive services for the client, including benefit checks and nutritional assessments.
- ❖ VCHD management continue to assess staffing to ensure sufficient supervisory oversight of employees within the New Smyrna Beach WIC Office.
- ❖ VCHD management monitor the security practices of all New Smyrna Beach WIC Office staff to ensure compliance with all current policies regarding security of information, including computer systems and manual client files.
- ❖ VCHD management increase the percentage of QA review on newly created client files.

- ❖ VCHD management consider modifying current procedures to require WIC staff document applicant income eligibility in the client file prior to approving client benefit packages.
- ❖ The Bureau of WIC Program Services consider modifying the WIC data entry system to provide a technical means of preventing users from manually entering income codes designated as “system” codes. At a minimum, manual entry of system codes should generate a warning message to WIC data entry staff alerting them to the possible error or a need to document proof of client eligibility before proceeding.

INVESTIGATION # 11-236

Alleged Conduct Unbecoming a Public Employee/Violation of Laws or Agency Rules Children’s Medical Services - Orange County Office

This investigation was initiated based upon an Incident Report submitted by an executive of the Orange County Children’s Medical Services Office (OCCMS). The Incident Report indicated an OCCMS employee was under criminal investigation for misuse of a state-issued Purchasing Card (P-Card).

The specific allegations and results of investigation are as follows:

Allegation #1: The subject purchased personal items using a state-issued P-Card. This allegation was **substantiated**. The HIG concluded the subject purchased personal items valued at \$1,470.95 on the subject’s state-issued P-Card between November 5, 2009 and September 20, 2011. It was further discovered that the subject received P-Card training on February 9, 2006 and signed a DOH Cardholder Agreement on February 9, 2006, stating the subject understood the limits of the P-Card usage which included not using the card for personal purchases. These actions were found to violate DOH Policy 56-44-11, I, E, Purchasing Card Guidelines – Policy (Users are not to make personal purchases with a state purchasing card); DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Theft, Stealing, or Unauthorized Taking); and DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Unauthorized Use of State Property, Equipment, Materials, or Personnel).

Allegation #2: The subject created and submitted fraudulent DOH purchase orders and replacement receipts for illegally purchased items. This allegation was **substantiated**. The HIG found that between November 5, 2009 and September 20, 2011, the subject created and submitted fraudulent purchase orders containing items that were not purchased in order to cover the cost of illegally purchased personal items on their state-issued P-Card. In addition, the subject also submitted fraudulent replacement receipts in order to cover actual receipts that were for the purchase of personal items on their state-issued P-Card. These actions were found to violate DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements); and DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Fraudulent Activity).

Additional Findings

Finding #1: The DOH *Purchasing Card Program User Guidelines* (Guidelines) effective January 1, 1999 (and revised in July 2004), and DOH Policy 56-44-11, effective July 8, 2011, specific to Section VII, D, 2, g, Procedures – Purchasing Card Roles and Requirements – Cardholder, allow for replacement receipts for “lost receipts or if the cardholder cannot obtain a

receipt." The DOH Guidelines appeared to be in conflict with the Department of Financial Services *Reference Guide for State Expenditures*, updated February 2011, which stated that "generally" original receipts be submitted as documentation for P-Card purchases and does not contain language for replacement receipts except for lost hotel receipts where the hotel is not able to provide a duplicate receipt.

In addition, the DOH Guidelines also appeared to be in conflict with the Department of Management Services (DMS) *Purchasing Card Program Administrator's Manual* (Administrator's Manual), dated October 2000, which permitted replacement receipts "should a merchant not provide a receipt." The DMS Administrator's Manual did not contain language regarding lost receipts.

Finding #2: Although DOH Guidelines and DOH Policy 56-44-11 allow for replacement receipts, the Purchasing Card Reconciliation Checklist, which is an attachment to the DOH Guidelines, states, "Replacement receipts are for use when an original receipt or invoice can't be obtained. However, you must attempt to get the invoice."

In this investigation, the HIG found no evidence that any attempt was made by those reviewing the transactions to request of the subject or obtain for themselves an original vendor receipt or invoice. The HIG found that supervisory oversight of the use of the replacement receipt in this instance was lacking.

RECOMMENDATION

- ❖ The HIG recommends that management review its Purchasing Card Policy regarding the use of replacement receipts and if it is found that replacement receipts are an appropriate tool in the purchasing process, the controls for the use of the replacement receipt be strengthened to require use of the replacement receipt be approved by a supervisor only after the purchaser and a reconciler certify on the receipt that an effort was made to obtain a duplicate receipt and none was available.

INVESTIGATION # 11-257

Alleged Negligence/Violation of Laws or Agency Rules/Conduct Unbecoming a Public Employee Bureau of Laboratories - Pensacola

This investigation was initiated based upon a written complaint from a supervisor in the Bureau of Laboratories – Pensacola Office (BOLP), alleging misuse of power to "manipulate and falsify inventory and destruction of records for select agents and toxins." The complaint further alleged the actions of the subject triggered the Centers for Disease Control (CDC) to request an investigation by the Federal Bureau of Investigation (FBI) regarding "a possible theft, loss, or release" of a particular hazardous bacteria (select agent).

The specific allegations and results of investigation are as follows:

Allegation #1: The complainant alleged on July 27, 2011, the subject "made a false claim to the inspectors from the CDC" by telling them the subject informed the BOLP's Responsible Official on June 21, 2011, that "one vial of the select agent *Brucella* (B.) *melitensis* was missing." This allegation was **substantiated**. The HIG determined that the subject thought there was a missing vial of B. *melitensis* on June 21, 2011, but it was never mentioned to the BOLP's Responsible Official. In fact, a vial was never missing and the subject only thought the vial was missing because of a perpetual inventory error that listed two vials of B. *melitensis* when there should have been one. This action was found to violate DOH Policy 60-8-09, VII, D, 6, f,

Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements); and DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Failure To Respond or Provide Truthful Information During an Internal Investigation).

Allegation #2: The complainant alleged the subject had a “history of knowingly providing a false record” to the former BOLP Responsible Official. This allegation was **substantiated**. During questioning by the HIG, the subject acknowledged creating inventory records and initialing each line indicating an inventory had taken place, even though an inventory may not have actually been conducted. In addition, the CDC requires inventories be conducted by at least two Select Agent Program registered employees. However when inventories were conducted, the subject admitted conducting some inventories alone and obtained a second signature from another BOLP employee (BOLP Employee #2) after the fact. These actions were found to violate DOH Policies 60-8-02 and 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty); DOH Policies 60-8-02 and 60-8-09, VII, D, 6, d, Discipline - Procedures – Standards for Disciplinary Action – Insubordination (Failure To Follow Instructions); DOH Policy 60-8-02, VII, D, 6, g, Discipline - Procedures – Standards for Disciplinary Action – Misconduct (Falsification of Records or Statements); and DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements).

Allegation #3: The complainant alleged the subject falsely claimed that B. melitensis lot #03-0134 was destroyed on August 4, 2008. This allegation was **substantiated**. The HIG determined that the subject presented the FBI with a destruction record that contained an inaccurate destruction date of August 4, 2008. It was unknown if the August 4, 2008 destruction record was created in error or was created in response to a CDC inspection identifying a missing vial of B. melitensis. Regardless, a false document was created and provided to the FBI. This action was found to violate DOH Policies 60-8-09 and 60-8-11, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements); DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Failure to Respond or Provide Truthful Information During an Internal Investigation); and DOH Policy 60-8-09, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Rules, Regulations, Policies or Laws Violated).

Allegation #4: The complainant alleged the subject knowingly provided an incorrect list of select agents and toxins to CDC inspectors on July 27, 2011. This allegation was **partially substantiated**. Although the HIG found the subject gave CDC inspectors an inaccurate inventory list on July 27, 2011, there was insufficient evidence to support that the subject did so knowingly or purposefully. It is fact that the subject was responsible for ensuring an accurate inventory list was being provided to the CDC inspectors. This action was found to violate DOH Policy 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Allegation #5: The complainant alleged the subject “made a concerted effort over a period of more than three years to deceive the BOLP Responsible Official about documentation related to the BOLP Select Agent Program. This allegation was **substantiated**. The HIG determined the subject deceived a previous BOLP Responsible Official for four years from December 2005 through December 2009 by creating false inventory records. The subject also intentionally misled a current BOLP Responsible Official and the CDC to believe there were two vials of B. melitensis present on June 21, 2011, although the subject only saw one. These actions were found to violate DOH Policies 60-8-02 and 60-8-09, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty); DOH Policies 60-8-02 and 60-8-09, VII, D, 6, d, Discipline - Procedures – Standards for Disciplinary Action – Insubordination (Failure To Follow Instructions); DOH Policy 60-8-02, VII, D, 6, g, Discipline - Procedures – Standards for Disciplinary Action – Misconduct

(Falsification of Records or Statements); and DOH Policy 60-8-09, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements).

Allegation #6: The complainant alleged the subject “fabricated handwritten notes (relating to an inventory taken on June 21, 2011) in order to separate [oneself] from involvement relating to the apparent loss of a select agent that was reported on July 27, 2011.” This allegation was **substantiated**. The HIG determined the subject added notations to inventory records that misled CDC inspectors to believe two vials of B. melitensis were present on June 21, 2011, such that a vial appeared to be missing on a July 27, 2011 inventory when only one vial was counted. This action was found to violate DOH Policies 60-8-09 and 60-8-11, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements); DOH Policies 60-8-09 and 60-8-11, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Failure to Respond or Provide Truthful Information During an Internal Investigation); and DOH Policies 60-8-09 and 60-9-11, VII, D, 6, e, Discipline - Procedures – Standards for Disciplinary Action – Violation of Law or Agency Rules (Rules, Regulations, Policies or Laws Violated).

Additional Findings:

Finding #1: A BOLP employee (BOLP Employee #1) involved in the matters described in the complaint failed to know and enforce Select Agent Program policies and procedures.

Finding #2: The BOLP was disorganized and cluttered, which interfered with DOH work activity.

Finding #3: A BOLP employee (BOLP Employee #2) and the subject had interpersonal issues which interfered with DOH work activity and adversely affected service to the public.

Finding #4: A BOLP employee (BOLP Employee #2) knowingly created false inventory records from approximately May 2008 through December 2009 by initialing inventory records created by the subject in order to mislead the BOLP Responsible Official to believe two select agent registered employees conducted regular inventories of the select agents.

Finding #5: No one from the BOLP provided timely notification to the HIG regarding 1) the subject’s allegation that BOLP Employee #2 forged a signature on inventory records or 2) the incidents involving possible theft, loss, or release of a select agent on June 21, 2011 and July 27, 2011.

Misconduct Noted

In addition, the HIG cited four individuals (the complainant, the subject, BOLP Employee #1 and BOLP Employee #2) for various instances of Misconduct in violation of DOH Policies for their actions during the time the allegations took place.

RECOMMENDATIONS

The HIG recommended the following:

- ❖ BDL management take appropriate action against the four individuals cited in this report consistent with the findings and conclusions of this report as they relate to statutory, policy, or rule violations.
- ❖ BDL management consider formulating and implementing plans to 1) thoroughly train and test all BDL employees authorized by the CDC to work with select agents, and 2) straighten and organize the BOLP offices and laboratories.

INVESTIGATION # 11-264

Alleged Conduct Unbecoming a Public Employee/Misuse of Equipment Leon County Health Department – Women, Infants and Children Program

This investigation was initiated based upon an Incident Report submitted by an employee of the Women, Infants and Children Program (WIC) of the Leon County Health Department (LCHD), alleging a WIC-LCHD employee (Subject #1) was using racially derogatory comments in the workplace and used the DOH email system to attempt to buy “pain pills” from another co-worker (Subject #2).

The specific allegations and results of investigation are as follows:

Allegation #1: The complainant alleged Subject #1 continuously used racially derogatory language in the workplace. This allegation was **substantiated**. Evidence and testimony gathered by the HIG showed that LCHD management issued a Written Reprimand to Subject #1 on August 22, 2011, for Conduct Unbecoming a Public Employee for the use of racially derogatory remarks and inappropriate comments against the complainant. Evidence also showed Subject #1 continued to use racially derogatory comments after the August 22, 2011, Written Reprimand, including comments towards minority children clients visiting the LCHD Office. These actions were found to violate DOH Policy 60-8-09, VII, D, 6, e, Discipline – Procedures – Standards for Disciplinary Action - Violation of Law or Agency Rules (Discrimination Based on Race); and DOH Policy 60-8-09, VII, D, 6, f, Discipline – Procedures – Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Disruptive Conduct).

Allegation #2: The complainant alleged Subject #1 used a DOH email account to attempt to buy “pain pills” from Subject #2. This allegation was **substantiated**. The HIG discovered emails between two LCHD co-workers (Subject #1 and Subject #2) dated July 20, 2011, showing Subject #1 seeking to obtain prescriptions drugs from Subject #2 and show Subject #2 telling Subject #1 that Subject #2’s source was low but should have more once the source filled a prescription. This action was found to violate DOH Policy 60-8-09, VII, D, 6, e, Discipline – Procedures – Standards for Disciplinary Action - Violation of Law or Agency Rules (Misuse of DOH Computer Equipment) and possibly criminal laws of the State of Florida.

Additional Finding

Subject #2 was found to have used a DOH email account to attempt to provide Subject #1 with prescription drugs not belonging to Subject #1.

CONCLUSION

Subject #1 resigned from DOH (effective November 7, 2011) prior to the release of this investigation report after LCHD management opened a similar investigation into the continued use of racial remarks and the allegation of misuse of the DOH email system to obtain drugs. Subject #2 resigned from DOH (effective September 9, 2011) prior to the release of this investigation report to accept employment in another Florida state agency. In light of this and the fact LCHD management has taken appropriate action, the HIG made no recommendations regarding the matter. The HIG provided a copy of this investigation report to the Office of the Inspector General of the agency Subject #2 was now employed by and the Leon County Sheriff’s Office.

INVESTIGATION # 11-280

Alleged Conduct Unbecoming a Public Employee/Violation of Laws or Agency Rules Palm Beach County Health Department

In January 2011, the HIG received a referral from the Office of the Governor, Office of the Chief Inspector General regarding a complaint from a former employee of the South Beach AIDS Project, Inc. (SoBAP) and five other terminated SoBAP employees as co-complainants alleging unethical, immoral and illegal acts by an executive of the SoBAP. Those allegations were investigated under HIG Investigation #HIG 11-010. However, additional information came to light, unrelated to the original complaint, involving a Palm Beach County Health Department (PBCHD) employee (subject) and thus HIG Investigation #HIG 11-280 was initiated to pursue the additional information.

The specific allegations and results of investigation are as follows:

Allegation #1: The subject participated as a Board member with the SoBAP after being told by a supervisor to resign the subject's Board membership. This allegation was **substantiated**. The HIG determined the subject did not discuss the subject's SoBAP Board membership with PBCHD legal counsel or the DOH Ethics Officer prior to the initiation of the membership. The subject did discuss the matter with the subject's supervisor, but only after already having initiating participation on the Board. The subject indicated to the HIG that the subject resigned from the SoBAP board on August 17, 2010, because the subject's supervisor advised to do so since the Board participation could be construed as a conflict of interest and the appearance of "preferential treatment" towards the SoBAP.

However, when questioned by the HIG, the subject's supervisor could not recall telling the subject to resign but said "that is what I should have told (the subject)." The subject's supervisor stated instead that the subject may have been told to "check with the PBCHD attorney."

The subject later acknowledged in an email to the HIG dated August 25, 2011, continuing to act in the Ombudsman role with the SoBAP but planned to resign when new Board members were recruited and in place. In a letter to the SoBAP Board dated September 6, 2011, the subject again resigned from the Board and no longer participated.

These actions were found to violate DOH Policy 30-2-11, VII, F, 5, Code of Ethics – Procedure – Membership/Participation on Boards, which requires that prior to participation on a board or as an elected officer, a DOH employee will discuss their participation with their local legal office or the DOH Ethics Officer to determine if there is a conflict of interest. Additionally, there may have been a violation of DOH Policy 60-8-09, VII, D, 6, d, Discipline – Procedures – Standards for Disciplinary Action – Insubordination (Failure to Follow Instructions).

Allegation #2: As a result of the subject's Board participation, the subject became aware of a misuse or misappropriation of state grant funds by an executive of the SoBAP and did not report the allegation to DOH officials. This allegation was **substantiated**. During the course of the investigation, the subject stated there was a "possibility the allegations of misappropriation of funds...could have involved state (DOH) funds." The subject failed to report the allegations to the appropriate DOH authority. This action was found to violate DOH Policy 60-8-09, VII, D, 6, f, Discipline – Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Fraudulent Activity).

Additional Finding

Evidence and testimony obtained by the HIG during the course of this investigation indicated the subject's supervisor failed

to effectively monitor the subject's continued participation on the SoBAP Board in violation of DOH Policy 30-2-II, VII, F, 5, Code of Ethics – Procedure – Membership/Participation on Boards.

RECOMMENDATION

- ❖ The subject resigned from the PBCHD on January 13, 2012, prior to the release of this investigation report. Thus, no action can be taken against the subject. However, PBCHD management should take appropriate action against the subject's supervisor consistent with the findings and conclusions of this report as they relate to statutory, policy, or rule violations.

INVESTIGATION # 11-293

Alleged Conduct Unbecoming a Public Employee/Violation of Laws or Agency Rules Division of Medical Quality Assurance – Orlando Office

This investigation was initiated based upon an email complaint from an employee of the Medical Quality Assurance (MQA) – Investigative Services Unit assigned to conduct Unlicensed Activity (ULA) investigations. The complainant alleged unfair treatment in comparison to other ULA investigators as well as harassment by supervisors and members of MQA management.

The specific allegations and results of the investigation are as follows:

Allegation #1: The complainant alleged Subject #1 treated the complainant differently than other ULA investigators and potentially jeopardized the complainant's safety because Subject #1 would not assign a ULA rental vehicle to the complainant. This allegation was **substantiated**. The HIG concluded that Subject #1 was unable to provide a legitimate reason for denying the complainant the use of a ULA rental vehicle. By denying the complainant the use of a ULA rental vehicle, Subject #1 was found to be treating the complainant differently than the other ULA investigators. Additionally, by denying the complainant a ULA rental vehicle and permitting another ULA investigator to use their own personal vehicle (at their choice), Subject #1 was found to be possibly jeopardizing their safety and putting DOH at risk of civil liability. This action was found to violate DOH Policy 60-8-II, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Allegation #2: The complainant alleged Subject #2 negligently initiated a Written Reprimand against the complainant and another ULA investigator which later had to be invalidated. This allegation was **substantiated**. The HIG determined that Subject #2 did not conduct a thorough investigation before issuing a Written Reprimand to both the complainant and another ULA investigator involving questions of time worked and treatment of time worked over their 40-hour work week. Further contributing to the issuance of the Reprimand was poor communication between Subject #2, Subject #3 and Subject #4. The Written Reprimand against the complainant and another ULA investigator was in fact subsequently invalidated. This action was found to violate DOH Policy 60-8-II, VII, D, 6, b, Discipline - Procedures – Standards for Disciplinary Action – Negligence (Neglect of Duty).

Allegation #3: The complainant alleged Subject #3 accused the complainant of making statements that were not made which led to unfair scrutiny by Subject #1. This allegation was **unsubstantiated**. The HIG determined there was not sufficient evidence to show that Subject #3 relayed any statements purported to be made by the complainant that were false. However, the HIG found there were a number of statements attributed to the complainant by Subject #3 that could

have been misinterpreted, misunderstood, or taken out of context if reported as fact. The HIG also found the investigatory interview conducted by Subject #1 into this matter was within DOH policy and appropriate.

Allegation #4: The complainant alleged Subject #3 told the complainant that Subject #1 and Subject #2 did not like former law enforcement personnel, former military personnel, or the complainant and that the complainant was “under the gun” with Subject #2 and should quit and find another job. This allegation was **unsubstantiated**. The HIG found no evidence to support that any of the statements alleged in this allegation were ever made by Subject #3.

Allegation #5: The complainant alleged Subject #3 strongly suggested to the complainant, under threat of retribution from Subject #2, that the complainant change a date on a memo in order to provide justification for a co-worker’s (ULA Investigator #1) report being turned in late and then Subject #3 had ULA Investigator #1 change a report to make it appear the report was late because of the complainant. This allegation was **unsubstantiated**. The HIG found no evidence to support the claims that dates of an investigation memo was asked to be changed inappropriately.

Allegation #6: The complainant alleged Subject #4 unjustly denied the complainant annual leave and required the complainant take leave without pay instead. This allegation was **substantiated**. The HIG determined Subject #4 denied the complainant’s request for annual leave based upon misinformation, a lack of understanding about the complainant’s case assignment, and fear of making the wrong decision and being the recipient of discipline by Subject #2. Subject #4 was under the impression the complainant was working an undercover operation case, not a regular ULA case. The complainant was instead offered the use of authorized Leave Without Pay by Subject #4. This action was found to violate DOH Policy 60-8-11, VII, D, 6, c, Discipline - Procedures – Standards for Disciplinary Action – Inefficiency or Inability to Perform Assigned Duties (Inefficient or Substandard Performance of Assigned Duties).

Additional Finding

Based upon information in Allegation #5, the HIG determined there was sufficient evidence to support a finding that Subject #3 told ULA Investigator #1 to include information in ULA Investigator #1’s report that was not true. The action by Subject #3 was found to violate DOH Policy 60-8-11, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements).

Misconduct Noted

The HIG cited ULA Investigator #1 for misconduct for changing an official report to include information that the individual knew was not true. The action by ULA Investigator #1 was found to violate DOH Policy 60-8-11, VII, D, 6, f, Discipline - Procedures – Standards for Disciplinary Action – Conduct Unbecoming a Public Employee (Falsification of Records or Statements).

The HIG also cited Subject #2 for misconduct for the frequent use of profanity in the office and for inappropriate comments regarding Subject #2’s sexuality to new employees. These actions by Subject #2 were found to violate DOH Policy 60-8-11, VII, D, 6, g, Discipline - Procedures – Standards for Disciplinary Action – Misconduct (for conduct inappropriate for a manager or supervisor).

RECOMMENDATION

- ❖ The HIG recommended management take appropriate action consistent with the findings and conclusions of this investigation.

Other HIG Activities

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 on page 44 for a list of external audits and reviews that were coordinated by HIG during the 2011-12 fiscal year.

Data Analysis and Continuous Auditing

During the 2011-2012 fiscal year, the HIG Internal Audit Unit (Unit) began to initiate projects that would be geared towards analysis of Department data as a proactive means of looking for and identifying areas of control weakness, wrongdoing, and possible fraud. The idea behind the analysis is to review data on a month-to-month basis, for a predetermined number of months, using a sophisticated data analytics program. For purposes of our projects, the Internal Audit Unit is making use of software called Audit Command Language (ACL) to perform the data analytics.

The hope is that the program units will see the value of the data analysis performed by HIG and will take action to enhance their own data analysis efforts to include the types of testing performed during our data analysis projects.

Investigation Accreditation

On September 29, 2011, the HIG was formally accredited by the Commission for Florida Law Enforcement Accreditation, Inc. (Commission). The accreditation process involved assessing the HIG's Internal Investigations Unit operations, determine compliance with the standards established by the Commission, and determine eligibility (based upon review team recommendations) for receiving accredited status from the Commission.

Accreditation affords the ability to further assure DOH employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps enhance the quality and consistency of investigations.

The HIG is one of only eight state agency Offices of Inspector General that were accredited as of June 30, 2012.

Since being accredited, the Internal Investigations Unit tested the new directives and evaluated their impact on processing complaints and conducting investigations. As a result of this review and evaluation process, the Internal Investigations Unit identified additional areas where continued improvement could be made. Examples include combining and eliminating some of the forms used to process complaints. This change process also included updating the directives to more clearly define how complaints are processed and documented.

Educational Visits with DOH Field Offices

Beginning in September of 2011, members of the HIG implemented a program of visiting various DOH offices throughout the State in order to discuss and educate DOH staff on the role of the HIG and state laws governing the inspector general function, explain the audit and investigative process and answer any questions from staff.

For the visits, the HIG presented to staff in attendance a pamphlet of information that included power point presentations of the audit and investigative functions, copies of highlighted portions of state laws and frequently asked questions.

During the 2011-12 fiscal year, HIG staff presented to seven consortiums, four CHDs, a Children's Medical Services conference and the A.G. Holley State Hospital. Several more visits are planned during the 2012-2013 fiscal year.

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2011-12

Number	Audit Engagements	Date Issued
A-1011DOH-021	Division of Information Technology Systems Development Life Cycle	6/1/2012
A-1011DOH-035	Miami-Dade CHD American Recovery and Reinvestment Act of 2009 (ARRA) Grant Funds	10/13/2011
A-1112DOH-004	Use of Memorandums of Agreement/Understanding	4/5/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (April 2012 Status Report)	6/19/2012
A-1112EOG-018	Department of Health's Contract Monitoring Process	1/25/2012

Number	Review Engagements	Date Issued
R-09-003	Research Conclusions on the Department's Personnel Contracts	10/12/2011
R-1011DOH-025	DOH's Use of Owned, Leased, and Rental Vehicles	6/15/2012

Number	Other Engagements	Date Issued
V-1011DOH-036	Gadsden CHD Security Controls	8/1/2011
V-1112DOH-008	Inappropriate Server Root Access	1/4/2012
O-1011DOH-022	A.G. Holley State Hospital Pharmaceutical Budget	6/19/2012

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by HIG for FY 2011-12 ²

(includes initial audits and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2010-165	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards	3/26/2010
2011-167	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards	3/29/2011
2011-178	DOH – Selected Administrative Matters and Prior Audit Follow-up	4/26/2011
2011-191	DOH – Children’s Medical Services and Selected Administrative Matters	6/14/2011
2011-193	DOH – Management Information Payment Systems (MIPS)	6/28/2011
2012-142	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards	3/20/2012

Office of Program Policy Analysis and Government Accountability		
Number	Subject	Report Date
11-06	Board of Nursing Addressed Statutory Changes; Nursing Program Capacity Expanded in 2009-10	1/31/2011
11-18	Supplemental Report – Florida Nursing Education Programs 2009-10	5/20/2011
12-03	Profile of Florida’s Medicaid Home and Community-Based Service Waivers	1/20/2012
12-04	Florida’s Nursing Education Programs Continued to Expand in 2011 with Significant Increase in Student Enrollment and Graduates	1/30/2012

Other External Projects		
Entity	Subject	Report Date
Dept. of Financial Services	Review of Selected Leon County Health Department (LCHD) Grant Agreements in Effect on or After July 1, 2010, and Related Management Activities	11/7/2011

² HIG tracks progress on corrective action at six, 12, and 18 month intervals on all external audits. HIG may elect to continue 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 2011-12

Number	Type	Alleged Subject	Disposition
10-051	IN	Alleged unlawful discrimination based on national origin and retaliation	Unfounded
10-283	IN	Alleged conduct unbecoming a public employee/violation of Dental Practice Act	2-Substantiated 2-Unsubstantiated
10-294	IN	Alleged conduct unbecoming a public employee	Unsubstantiated
11-007	MA	Alleged improper application of dental practitioner statutes	Referred to Management
11-010	IN	Alleged improper handling of funds by a contractor	3-Substantiated 1-Unfounded
11-015	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	1-Unsubstantiated 1-Unfounded
11-023	IN	Alleged conduct unbecoming a public employee	Substantiated
11-024	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
11-035	MA	Alleged improper closure of a healthcare practitioner complaint	Referred to Management
11-047	IN	Alleged inappropriate conduct/theft of confidential information	No Determination
11-054	IN	Alleged security violation (HIPAA violation)	Substantiated
11-067	PI	Alleged conduct unbecoming a public employee	Substantiated
11-068	PI	Alleged conduct unbecoming a public employee/code of ethics	Substantiated
11-073	MA	Alleged negligence	Referred to Management
11-078	IN	Alleged conduct unbecoming a public employee	Substantiated
11-081	PI	Alleged disruptive conduct/unauthorized use of state property and personnel	Concluded without action
11-084	IN	Alleged inappropriate conduct/security violation	Unfounded
11-086	PI	Alleged conduct unbecoming a public employee/hostile work environment	Unfounded
11-093	IN	Alleged conduct unbecoming a public employee	3-Substantiated 3-Unsubstantiated
11-094	MA	Alleged misappropriation of funds, compromise of patient safety	Referred to Management
11-102	MA	Alleged improper hiring actions	Referred to Management
11-103	MA	Alleged improper review and faulty findings of an investigation	Referred to Management
11-105	INA	Alleged theft, stealing or unauthorized taking	Investigative Assist
11-107	MA	Alleged misuse of grant money	Referred to Management
11-112	MA	Alleged violation of Internal Medical Quality Assurance policy	Referred to Management
11-113	MA	Alleged conduct unbecoming a public employee/HIPAA violation	Referred to Management
11-121	PI	Alleged violation of law or agency rules	Unfounded
11-123	MA	Alleged misuse of position and retaliation	Referred to Management
11-125	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Concluded without action
11-126	RF	Alleged inappropriate conduct/violation of laws or agency rules	Referred to Law Enforcement
11-129	PI	Alleged falsification of records or statements	Substantiated
11-130	MA	Alleged unfair treatment and waste of public funds	Referred to Management
11-132	PI	Alleged HIPAA violation	No misconduct noted
11-134	MA	Alleged waste of public funds	Referred to Management
11-136	MA	Alleged "clicks and favoritism"	Referred to Management
11-138	PI	Alleged workplace violence	Substantiated
11-144	IN	Alleged conduct unbecoming a public employee	Referred to Management

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

Number	Type	Alleged Subject	Disposition
II-147	MA	Alleged mismanagement of funding	Referred to Management
II-150	MA	Alleged unfair work assignments, hires and promotions	Referred to Management
II-151	MA	Alleged unfair work assignments, hires and promotions	Referred to Management
II-153	MA	Alleged abuse of position	Referred to Management
II-154	PI	Alleged discrimination based on race and disability	Insufficient Info to make determination
II-155	NF	Alleged inappropriate health care practitioner complaint closure	Information Only
II-156	PI	Alleged discrimination based on race, color and national origin	Unfounded
II-157	MA	Alleged retaliation	Referred to Management
II-158	MA	Alleged policy violation	Referred to Management
II-159	PI	Alleged inappropriate conduct	Unfounded
II-160	PI	Alleged conduct unbecoming a public employee/violation of law/code of ethics	Referred to Management
II-161	NF	Alleged concerns with hiring procedures	Information Only
II-162	RF	Alleged improper medical care provided to a County Health Department client	Referred to General Counsel
II-163	RF	Alleged unlicensed activity	Referred to Medical Quality Assurance
II-164	PI	Alleged discrimination	Insufficient Information
II-165	MA	Alleged unfair treatment by supervisor	Referred to Management
II-166	MA	Alleged improper hiring action	No misconduct noted
II-167	RF	Alleged criminal activity in unlicensed "spa"	Referred to General Counsel
II-168	PI	Alleged violation of law or agency rules/theft/drug diversion/possession	Unfounded
II-169	NF	Alleged unfair termination	Information Only
II-170	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
II-171	RF	Alleged unprofessional conduct	Referred to County Health Department
II-172	RF	Alleged illegal prescribing by a healthcare practitioner	Referred to Medical Quality Assurance
II-173	NF	Alleged improper use of license	Information Only
II-174	PI	Alleged HIPAA violation	Substantiated
II-175	MA	Alleged unsafe working conditions	Referred to Management
II-176	NF	Alleged unprofessional conduct	Information Only
II-177	MA	Alleged nepotism and favoritism	Referred to Management
II-178	NF	Alleged union contract violation, failure to cancel email account, etc.	Information Only
II-179	MA	Alleged unfair hiring practices and salary increases	No misconduct noted
II-180	NF	Alleged hostile work environment	Information Only
II-181	RF	Alleged Martin Correctional Institute grievance	Referred to Department of Corrections
II-182	RF	Alleged delay in compliance with public records request	Referred to Deputy Secretary
II-183	MA	Alleged wrongfully dismissed	Referred to Management
II-184	MA	Alleged conduct unbecoming a public employee	Unfounded
II-185	IN	Alleged conduct unbecoming a public employee	Unsubstantiated
II-186	IN	Alleged conduct unbecoming a public employee/discrimination/hostile work environment	2-Substantiated 2-Unfounded
II-187	NF	Alleged misconduct of Miami-Dade County employees	Information Only
II-188	NF	Alleged illegal dumping of sewage and chemicals by a company	Information Only
II-189	RF	Alleged healthcare practitioner violation	Referred to Medical Quality Assurance
II-190	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	1-Substantiated 1-Unsubstantiated
II-191	NF	Alleged conduct unbecoming a public employee	Information Only
II-192	MA	Alleged improper closure of a healthcare practitioner complaint	Referred to Management
II-193	MA	Alleged disagreement between employees	Referred to Management
II-194	MA	Alleged improper patient billing	Referred to Management

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

Number	Type	Alleged Subject	Disposition
11-195	MA	Alleged conduct unbecoming a public employee	Referred to Management
11-196	MA	Alleged improper closure of a healthcare practitioner complaint	Referred to Management
11-197	NF	Alleged conduct unbecoming a public employee	Information Only
11-198	NF	Alleged improper supervision	Information Only
11-199	RF	Alleged improper reprimand and grievance denial	Referred to Children's Medical Services
11-200	NF	Alleged conduct unbecoming a public employee	Information Only
11-201	MA	Alleged unfair employee treatment	Referred to Management
11-202	MA	Alleged unfair treatment of employees and favoritism	Referred to Management
11-203	IN	Alleged overpayment for bio-hazard waste removal services	Unfounded
11-204	MA	Alleged negligence/conduct unbecoming/violation of laws or agency rules	Referred to Management
11-205	IN	Alleged conduct unbecoming a public employee/violation of law or agency rules	Unfounded
11-206	NF	Alleged negligence	Information Only
11-207	NF	Alleged inappropriate conduct	Information Only
11-208	RF	Alleged inappropriate conduct by a doctor	Referred to Medical Quality Assurance
11-209	RF	Alleged misuse of position and attendance and leave rules	Referred to Family Health
11-210	MA	Alleged violation of Equal Employment Opportunity rights	Referred to Management
11-211	MA	Alleged unprofessional behavior	Referred to Management
11-212	RF	Alleged medication dispensing error	Referred to Medical Quality Assurance
11-213	NF	Alleged misuse of position and attendance and leave rules	Information Only
11-214	IN	Alleged conduct unbecoming a public employee/violation of law and agency policy	Unsubstantiated
11-215	INA	Alleged unintentional act that resulted in violation of rule, regulation, policy or law	Investigative Assist
11-216	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
11-217	PI	Alleged conduct unbecoming a public employee/violation of agency policy	Insufficient Information for Investigation
11-218	PI	Alleged violation of laws or agency rules	Unfounded
11-219	NF	Alleged conduct unbecoming a public employee	Information Only
11-220	MA	Alleged unfair discipline and working conditions	Referred to Management
11-221	RF	Alleged inappropriate billing practices by private healthcare providers	Referred to Medical Quality Assurance
11-222	NF	Alleged HIPAA violations	Information Only
11-223	NF	Alleged HIPAA violations	Information Only
11-224	MA	Alleged misuse and mismanagement of funding	Referred to Management
11-225	RF	Alleged misuse of state resources for private advocacy groups	Referred to Management
11-226	MA	Alleged misuse of funding	Referred to Management
11-228	RF	Alleged safety violations by Emergency Medical Technicians	Referred to Emergency Medical Operations
11-229	IN	Alleged suspicious activity	Substantiated
11-230	NF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Information Only
11-231	RF	Alleged public assistance fraud	Referred to County Health Department
11-232	MA	Alleged timesheet fraud and lack of required CPR certifications	Referred to Management
11-233	MA	Alleged lack of accommodation for Family Medical Leave Act/discrimination	Referred to Management
11-234	MA	Alleged improper hire action	Referred to Management
11-235	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	1-Unfounded 1-Unsubstantiated 2-No violation
11-236	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
11-237	NF	Alleged unprofessional conduct and mismanagement	Referred to County Health Department
11-238	NF	Alleged misconduct of a doctor	Referred to Medical Quality Assurance
11-239	MA	Alleged improper closure of healthcare practitioner complaints	Referred to Management
11-241	MA	Alleged hostile work environment and rude behavior	Referred to Management

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

Number	Type	Alleged Subject	Disposition
II-242	MA	Alleged advertising violation by a healthcare practitioner	Referred to Management
II-243	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
II-244	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
II-245	NF	Alleged denial of Annual Retail Refill Limit coverage benefits (CVS Caremark)	Information Only
II-246	NF	Homicide in County Health Department parking lot	Information Only
II-247	NF	Records request by Department of Education	Information Only
II-248	MA	Alleged late payment of annual leave upon separation	Referred to Management
II-249	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unsubstantiated
II-250	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
II-251	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
II-252	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unsubstantiated
II-253	IN	Alleged conduct unbecoming a public employee/workplace violence	Unsubstantiated
II-254	RF	Alleged unfair financial eligibility requirements	Referred to County Health Department
II-255	NF	Alleged negligence/violations of purchasing policies and procedures	Information Only
II-256	NF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Information Only
II-257	IN	Alleged negligence/violation of laws or agency rules/conduct unbecoming a public employee	5-Substantiated 1-Partially Substantiated
II-258	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
II-259	IN	Alleged impersonation of a public employee/falsely acts as a public officer	Unfounded
II-261	RF	Alleged conduct unbecoming a public employee/violence in the workplace	Referred to Florida Dept. of Law Enforcement
II-262	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
II-263	RF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Florida Dept. of Law Enforcement
II-264	IN	Alleged conduct unbecoming a public employee/misuse of equipment	Substantiated
II-265	MA	Alleged conduct unbecoming a public employee	Referred to Management
II-266	PI	Alleged violation of laws or agency rules/Equal Employment Opportunity violation	Unfounded
II-267	PI	Alleged conduct unbecoming a public employee/violation of law or agency rules	4-Unsubstantiated 1-Substantiated
II-268	PI	Alleged violation of laws or agency rules/Equal Employment Opportunity violation	Unfounded
II-269	MA	Alleged unfair termination	Referred to Management
II-270	NF	Alleged unauthorized removal of department lease documents	Information Only
II-271	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
II-272	RF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Medical Quality Assurance
II-273	RF	Alleged questionable management conduct	Referred to Medical Quality Assurance
II-274	RF	Anonymous letter referral concerning Department of Corrections	Referred to Department of Corrections
II-275	RF	Alleged Medicare and Medicaid fraud/violations of Stark Law and False Claims Act	Information Only
II-276	NF	Alleged theft of credit/debit card from purse	Information Only
II-278	NF	Alleged conduct unbecoming a public employee	Concluded without action
II-279	PI	Alleged conduct unbecoming a public employee	Unfounded
II-280	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Substantiated
II-281	RF	Alleged unfair reduction in client services	Referred to County Health Department
II-282	MA	Alleged unfair hiring action based on discriminatory practice	Concluded without action
II-283	MA	Alleged employment harassment	Referred to Management
II-284	NF	Alleged misuse of Internet resources	Information Only
II-285	MA	Alleged contract fraud	No misconduct noted
II-286	NF	Alleged concerns about Department of Health	Information Only
II-287	NF	Alleged improper use of state computer	Information Only
II-288	RF	Alleged physician misconduct	Referred to Medical Quality Assurance

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

Number	Type	Alleged Subject	Disposition
11-289	MA	Alleged improper denial of licensure/certification	Referred to Management
11-290	MA	Alleged misuse of state time and resources	Referred to Management
11-291	MA	Alleged falsified state employment application	Referred to Management
11-292	RF	Alleged improper action by a physician	Referred to Medical Quality Assurance
11-293	IN	Alleged conduct unbecoming a public employee/violation of laws or agency rules	3-Substantiated 3-Unsubstantiated
11-294	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Concluded without action
11-295	NF	Alleged violation of laws or agency rules	Information Only
11-296	MA	Alleged violation of laws or agency rules	Referred to Management
11-297	NF	Alleged falsification of records or statements	Information Only
11-298	INA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Investigative Assist
11-299	IN	Alleged conduct unbecoming a public employee	Unsubstantiated
11-300	NF	Alleged abandonment of position and falsification of travel	Information Only
11-301	NF	Non-Department of Health issue	Information Only
11-302	RF	Alleged improper medical treatment by a physician	Referred to Medical Quality Assurance
11-303	MA	Alleged improper reduction in workforce and programs	Referred to Management
11-304	NF	Alleged rude behavior by a restaurant server	Information Only
11-305	RF	Alleged improper action by a medical professional	Referred to Medical Quality Assurance
11-306	NF	Alleged violation of Chapter 119, Florida Statutes via illegal Censorship of a Public Record	Information Only
11-307	NF	Alleged unhealthy conditions at a state prison	Referred to Department of Corrections
11-308	RF	Alleged falsification of timesheet	Referred to County Health Department
11-309	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to Management
11-310	RF	Alleged race discrimination by a pharmacy	Referred to Medical Quality Assurance
11-311	IN	Alleged retaliation based on race	Unfounded
11-312	NF	Alleged defamation, discrimination and racism	Information Only
11-313	MA	Alleged falsification of attendance record	Referred to Management
11-314	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
11-315	IN	Alleged ethics violation/doing business with one's own agency	Unfounded
11-316	PI	Alleged unfair layoff of employees	Concluded without action
11-318	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-001	MA	Alleged misuse of agency resources and position	Referred to Management
12-002	RF	Alleged healthcare practitioner and facility violations	Referred to AHCA/Medical Quality Assurance
12-003	NF	Alleged improper release of patient records	Information Only
12-004	MA	Alleged mishandling of healthcare practitioner complaints	Referred to Management
12-006	NF	Alleged conduct unbecoming a public employee	Information Only
12-007	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-008	PI	Alleged theft	Insufficient information for investigation
12-009	NF	Alleged misconduct by attorneys, judges and a healthcare practitioner	Information Only
12-010	NF	Alleged conduct unbecoming a public employee	Information Only
12-011	MA	Alleged mishandling of a healthcare practitioner complaint	Referred to Management
12-012	RF	Alleged Civil Rights complaint	Referred to Office of Equal Opportunity
12-013	MA	Alleged harassment and threatening language	Referred to Management
12-014	MA	Alleged improper handling and closure of a healthcare practitioner complaint	Referred to Management
12-015	NF	Alleged unsanitary conditions at a Florida business	Information Only
12-016	NF	Alleged exposure to HIV virus	Information Only
12-017	MA	Alleged unfair layoff procedure	Referred to Management

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

Number	Type	Alleged Subject	Disposition
12-018	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
12-019	MA	Alleged concerns about a chemical spill	Referred to Management
12-021	RF	Alleged mishandling of Dept. of Children & Families child protective services investigation	Referred to Medical Quality Assurance
12-022	IN	Alleged conduct unbecoming a public employee	Unfounded
12-023	IN	Alleged conduct unbecoming a public employee	Unfounded
12-024	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-025	PI	Alleged mishandling of an employee salary payment	Referred to Human Resource Mgmt.
12-026	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-027	RF	Alleged unfair employment practices	Referred to County Health Department
12-028	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
12-029	MA	Alleged waste and abuse of federal grant money	Referred to Management
12-030	RF	Alleged unfair treatment of employees	Referred to Finance and Accounting
12-031	RF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Referred to FL Dept. of Law Enforcement
12-032	MA	Alleged improper handling of a healthcare practitioner complaint	Referred to Management
12-033	RF	Alleged conspiracy to conduct behavioral experiments/study	Referred to Pinellas County
12-034	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-035	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-036	NF	Alleged being retaliated against by cooperating with Office of Inspector General	Information Only
12-037	MA	Alleged conduct unbecoming a public employee/violation of laws or agency rules/Title VI	Referred to Management
12-038	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-039	NF	Alleged fraudulent educational program	Information Only
12-040	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-041	PI	Alleged forced resignation	Referred to FL Comm. on Human Relations
12-042	RF	Alleged unfair treatment of inmates at Florida State Prison	Referred to Department of Corrections
12-043	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-044	RF	Alleged unauthorized absence and profanity	Referred to Management
12-045	NF	Alleged refusal to provide Medicaid records by an insurance company	Information Only
12-046	PI	Alleged violation of laws or agency policies	Concluded without violation
12-047	MA	Alleged falsification of timesheets	Referred to Management
12-048	RF	Alleged high supervisor to subordinate ratio	Referred to Management
12-049	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-050	RF	Alleged possible fraud against Department of Health	Referred to Law Enforcement
12-051	PI	Alleged conduct unbecoming a public employee/violation of agency policy	Unfounded
12-052	MA	Alleged inefficient patient scheduling and possible unlicensed medical activity	Referred to Management
12-053	MA	Alleged hostile workplace environment	Referred to Management
12-054	RF	Alleged state and federal tax fraud and food safety issues	Referred to County Health Department
12-055	NF	Alleged improper handling of a confidential complaint	Information Only
12-056	MA	Alleged issue with workforce transition	Referred to Management
12-058	NF	Alleged conduct unbecoming a public employee	Information Only
12-059	NF	Alleged minor disputes/altercations	Information Only
12-060	NF	Alleged HIPAA violation	Information Only
12-061	MA	Alleged mismanagement	Referred to Management
12-062	RF	Alleged faulty procedures concerning confidential information distribution	Referred to County Health Dept. Admin.
12-063	PI	Alleged violation of laws or agency rules/grand theft	Unfounded
12-064	NF	Alleged conduct unbecoming a public employee/fraudulent use of a credit card	Information Only

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

Number	Type	Alleged Subject	Disposition
12-066	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
12-068	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
12-070	RF	Alleged medical records fraud by a healthcare practitioner and a facility	Referred to Medical Quality Assurance
12-072	MA	Alleged neglect of duty	Referred to Management
12-073	MA	Alleged falsification of timesheets	Referred to Management
12-075	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-078	NF	Alleged concern about possible discrimination	Information Only
12-079	NF	Alleged dissemination of false information	Information Only
12-080	INA	Alleged conduct unbecoming a public employee/violation of laws or agency rules/petty theft	Referred to Capital Police
12-081	NF	Alleged conduct unbecoming a public employee	Information Only
12-082	NF	Alleged conduct unbecoming a public employee	Information Only
12-083	NF	Alleged inappropriate conduct/violation of laws or agency rules	Information Only
12-084	NF	Alleged violation of laws or agency policies	Information Only
12-085	MA	Alleged conduct unbecoming a public employee/violation of law or agency rules	Referred to Management
12-086	NF	Alleged improper closure of a healthcare practitioner complaint	Information Only
12-089	RF	Alleged improper handling of an unlicensed activity complaint	Referred to Medical Quality Assurance
12-091	MA	Alleged improper hiring action	Referred to Management
12-092	MA	Alleged managerial neglect of duty and favoritism	Referred to Management
12-093	NF	Alleged hostile work environment and harassment	Information Only
12-094	MA	Alleged violation of agency policy	Referred to Management
12-096	NF	Alleged leave and attendance abuse by program director	Information Only
12-097	NF	Alleged concerns related to impeding healthcare facility closure	Information Only
12-098	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-101	RF	Alleged healthcare practitioner misconduct	Referred to Medical Quality Assurance
12-102	PI	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Unfounded
12-105	MA	Alleged embezzlement/fraud/corruption/ waste/abuse of state funds	Referred to Management
12-109	NF	Alleged possible patient data theft by medical records clerk/HIPAA violation	Information Only
12-111	RF	Alleged improper practitioner prescribing	Referred to Medical Quality Assurance
12-112	RF	Alleged unprofessionalism by public employee	Referred to Medical Quality Assurance
12-115	NF	Alleged conduct unbecoming a public employee/violation of laws or agency rules	Information Only
12-118	PI	Alleged unfair employment termination	No misconduct noted
12-120	RF	Alleged environmental health hazard at a restaurant	Referred to County Health Department
12-123	MA	Alleged inefficient/improper granting of contracts	Referred to Management
12-125	NF	Alleged concerns over contract between County Health Department and Clinic	Information Only

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



**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
(850) 543-5353**