



Florida Department of Health

OFFICE OF
INSPECTOR GENERAL

The background of the lower half of the cover is a light blue-tinted photograph. It shows a silver stethoscope, a red and silver pen, and a medical chart with various text and numbers. The text on the chart is partially legible, including "0910", "Flag", "Abnormal", and "CONTINUED ON".

ANNUAL REPORT

FISCAL YEAR

2012

2013

Mission:

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

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

September 30, 2013

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, 2013. 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, CPA, MBA
Inspector General

JDB/mb
Enclosures

Florida Department of Health

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**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT FY 2012-13**

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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;
- ❖ Conduct 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;

¹ Section 282.318(2)(a)5, *Florida Statutes*, Security of Data and Information Technology Resources

- ❖ 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.

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 (OIG) for the twelve-month period beginning July 1, 2012 and ending June 30, 2013.

MISSION, VISION, AND VALUES

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

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

The **vision** of the Department is:

“To be the Healthiest State in the Nation.”

The **values** of the Department 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 OIG fully promotes and supports the mission, vision and values of the Department 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 OIG consists of 18 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. The Inspector General reports directly to the State Surgeon General.

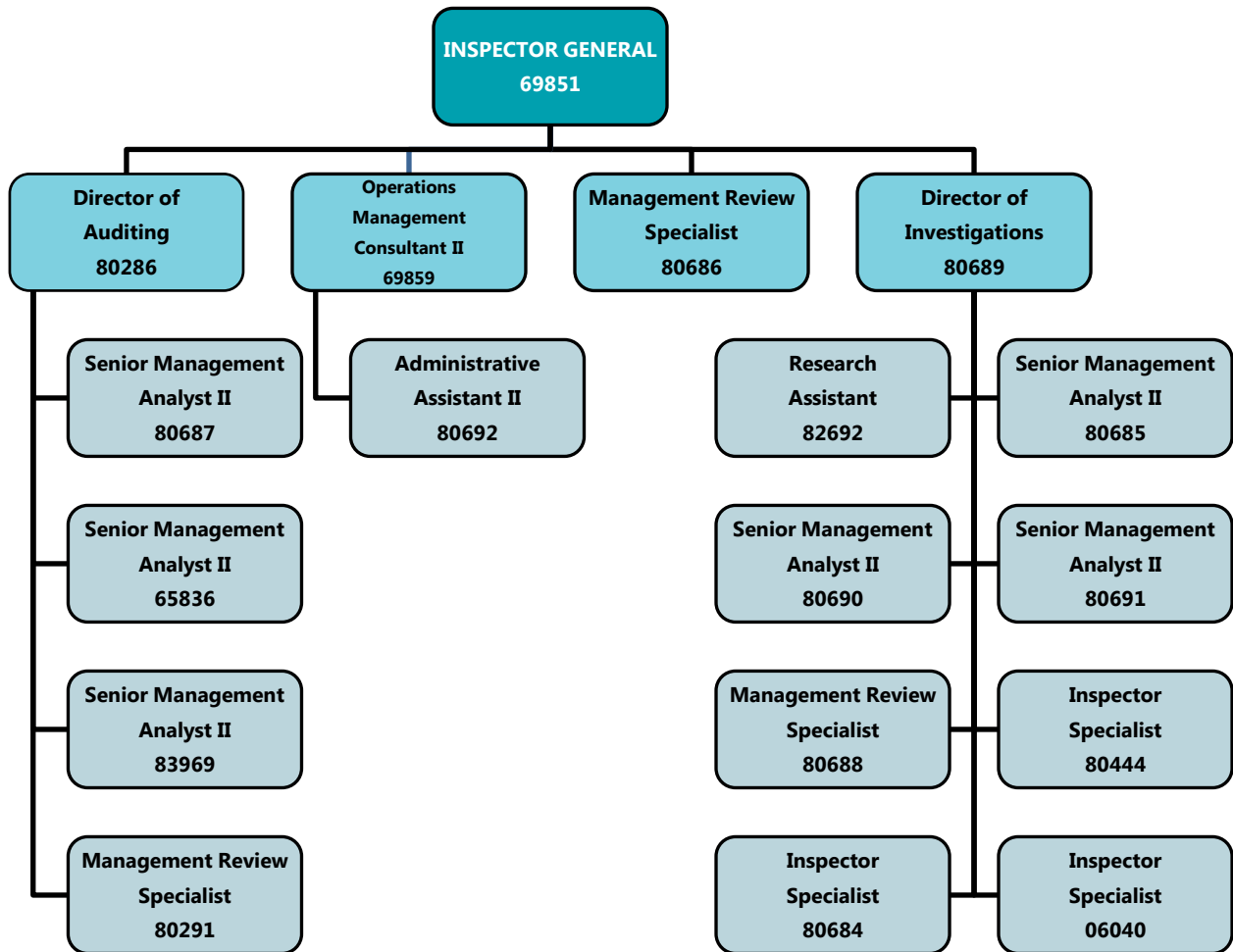
OIG staff is highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the Office's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2013, all 18 positions were filled. The following statistics represent the 18 positions:

- Many of the OIG staff members have specialty certifications that relate to specific job functions within the OIG. These certifications include:
 - ❖ 5 Certified Inspector Generals,
 - ❖ 4 Certified Contract Managers,
 - ❖ 4 Certified Inspector General Investigators,
 - ❖ 3 Certified Public Accountants,
 - ❖ 3 Certified Internal Auditors,
 - ❖ 3 Certified Information Systems Auditors,
 - ❖ 2 Certified Government Auditing Professionals,
 - ❖ 2 Certified Accreditation Managers,
 - ❖ 2 Certified Accreditation Assessors,
 - ❖ 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 OIG have:
 - ❖ 134 years of Audit experience, and
 - ❖ 215 years of Investigative experience.

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2013)



Training

Professional standards require OIG 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 OIG staff.

The OIG 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.

Also, many OIG staff has individual certifications which require a certain amount of continuous education credits in order to maintain their certifications.

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 2012-13 fiscal year included:

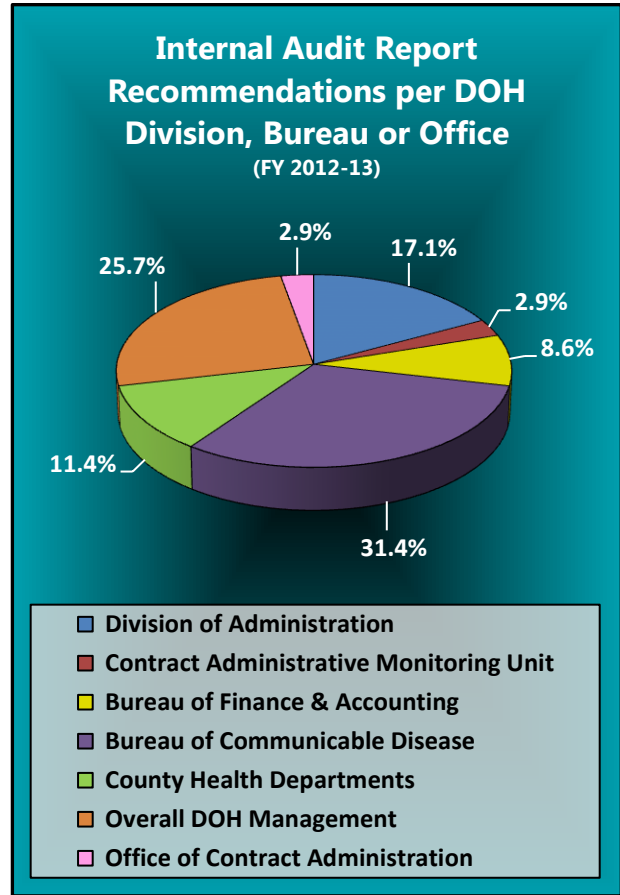
- ❖ FICPA Annual Accounting Show,
- ❖ Florida Cyber Forum,
- ❖ Florida Digital Government Summit,
- ❖ Florida Government Technology Conference,
- ❖ Florida Single Audit Act,
- ❖ Interview Techniques for Auditors and Investigators,
- ❖ Mobile Security Imperatives,
- ❖ Practical Skills for Auditors,
- ❖ Reid Advanced Interview Techniques,
- ❖ Reid Technique of Interview and Interrogation,
- ❖ Securing and Auditing Mobile Technologies, and
- ❖ Sharpening Report Writing Skills.

OIG FUNCTIONS

Internal Audit Unit

The Internal Audit Unit (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 risk assessment where the overall risk of critical operations and/or functions are assessed by the OIG, and 2) projects identified by the Office of the Chief Inspector General as an Enterprise project, which are based upon a multi-agency risk assessment. These risk assessments, along with past auditor experience and discussions with the OIG 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.

2012-13 Accomplishments

The OIG completed a total of three audit engagements, and three other projects, including one investigative assist project, during the 2012-13 fiscal year. The OIG 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 2012-13 fiscal year can be found in Appendix A. Summaries of each engagement can be found starting on page 14 of this report. Additionally, the OIG serves as a coordinator for external audit projects related to various Department programs. More information concerning this can be found on page 39 of this report.

The OIG also initiated four additional major Audit/Review projects during fiscal year 2012-13 that will culminate during fiscal year 2013-14.

Enterprise Background Screening Project

During Fiscal Year 2012-13, the OIG was asked to serve as lead agency on an Enterprise project focused on the background screening process for state employees. This project was listed on the Executive Office of the Governor's 2012-13 Fiscal Year Enterprise Audit Plan.

The OIG initiated the project with the following objectives:

- ❖ Review applicable laws, rules and regulations regarding the background screening process;
- ❖ Review prior audits related to background screenings to determine if further follow-up is needed;
- ❖ Identify Livescan devices owned and operated for the purpose of screening State of Florida employees; and
- ❖ Identify opportunities for improved efficiencies and economies related to the background screening process and use of Livescan devices.

The project team consisted of members from various state agencies. In addition, 24 state agencies participated in a survey that provided the project team with data related to the background screening process at those agencies. The data gathered by the survey will be analyzed and used to define the current status of background screenings across the state and to assist with formulating recommendations that will provide guidance for the state into the future.

The project report is expected to be released prior to the end of 2013.

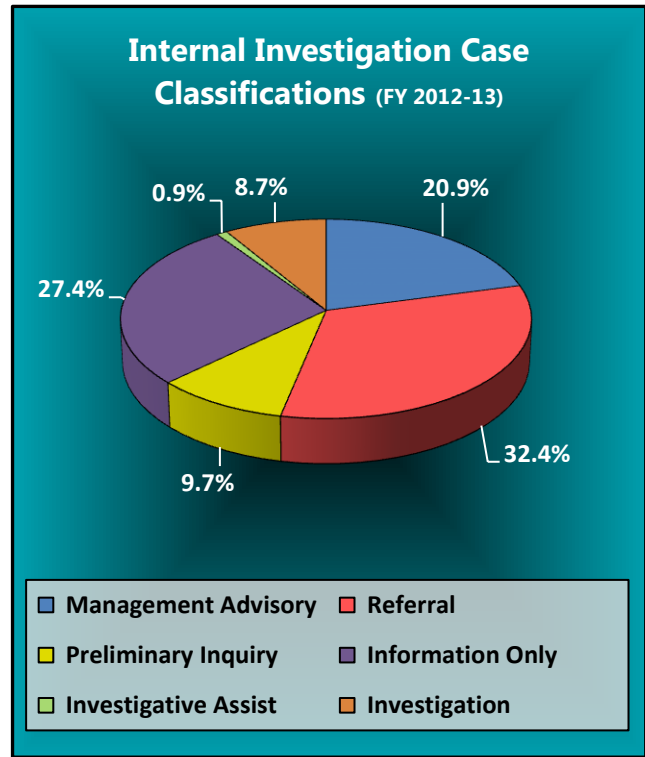
Performance Criteria

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 Executive Office of the Governor's Chief Inspector General and to the Office of the Auditor General.

Internal Investigations Section

The OIG receives complaints related to Department employees, program functions, and contractors. The OIG reviews each complaint received and determines how the complaint should be handled. The following case classifications were utilized by the OIG during the 2012-13 fiscal year:



- ❖ Investigation – the OIG conducts a formally planned investigation that will result in an investigative findings report.
- ❖ Whistle-blower Investigation – pursuant to specific statutory requirements, the OIG conducts a formally planned investigation that will result in an investigative findings report.
- ❖ Management Advisory – a referral of a complaint to another entity of the Department 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 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.

2012-13 Accomplishments

The OIG closed 322 complaints during the 2012-13 fiscal year. The chart above provides a disposition breakdown of these complaints. (Not listed was one additional complaint that was

classified as a Whistle-blower investigation by the Executive Office of the Governor, Chief Inspector General's Office.)

A listing of all closed complaints during the 2012-13 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2012-13 fiscal year can be found starting on page 25 of this report.

Performance Criteria

The OIG 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").

Accreditation

On September 29, 2011, the OIG was formally accredited by the Commission for Florida Law Enforcement Accreditation, Inc. (Commission). The accreditation process involved assessing the OIG's Internal Investigations Section 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 Department 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.

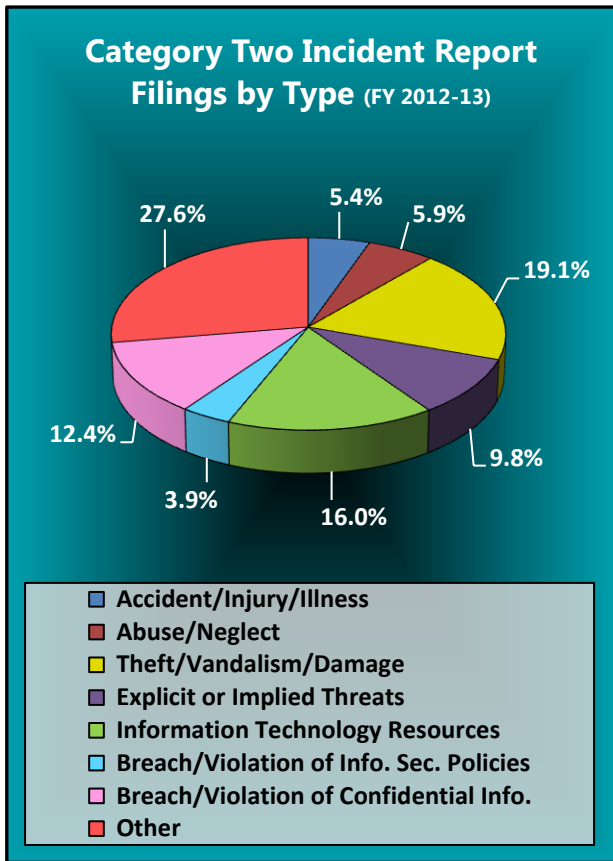
The OIG is one of 10 state agency Offices of Inspector General that were accredited as of June 30, 2013.

Since being accredited, the Internal Investigations Section 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 Section 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.

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.

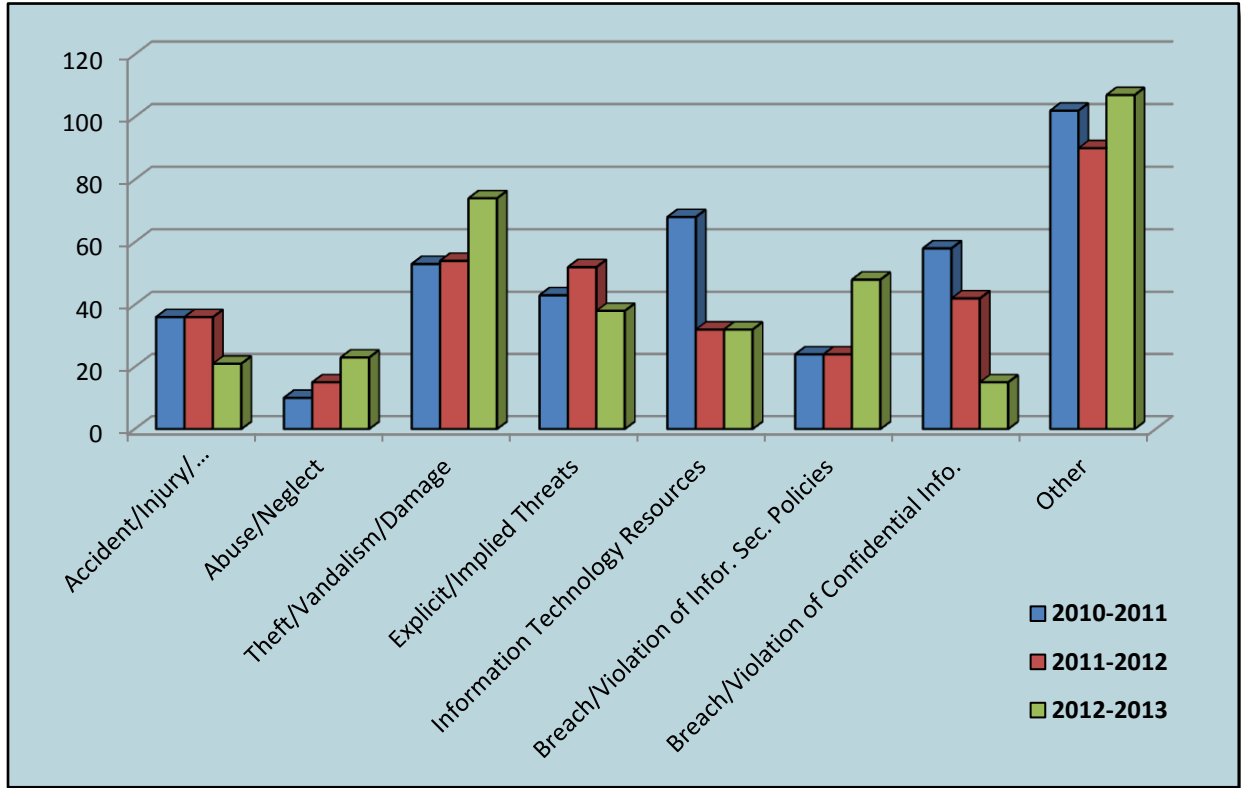


Incidents are to be documented on the Department’s Incident Report Form (Form DH 1152). The form is used to identify the type of incident, names of participants and witnesses, a description of the incident, and (where warranted) the results of the preliminary investigation.

2012-13 Accomplishments

In July 2008, the OIG 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 the OIG 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 OIG staff whether to perform an investigation into the incident and, if so, who best should perform the investigation. During the 2012-13 fiscal year, the OIG received 388 Incident Reports. This represents an 11% increase over the previous fiscal year when 349 Incident Reports were received by the OIG. The chart above provides a breakdown of the types of Incident Reports received by the OIG during the 2012-13 fiscal year. The chart below (next page) provides a comparison of the Category Two incidents received by the OIG over the last three fiscal years, by incident type.

Comparison of Reported Category Two Incident Reports over last three fiscal years ended June 30, 2013



SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARIES

The following are summaries of internal audits completed during the 2012-13 fiscal year.

AUDIT REPORT # A-1112DOH-019

Corrective Actions with Department of Health's Contracted Providers

The OIG examined the Department's policies, procedures, and processes to understand what should happen when potential issues and problems with vendors and contracted providers are identified by the Department's contract managers or the Contract Administrative Monitoring (CAM) unit. The OIG also examined the process to ensure important issues were fully discussed and disclosed, and that the Department's executive management was apprised of such issues so that well-informed decisions could be made.

SUMMARY OF FINDINGS

- ❖ The Department did not have a complete and formal process that assists relevant parties in making well-informed decisions related to the performance of contracted providers.
- ❖ The Department policies governing purchasing and contractual services failed to mention or reference Rule 60A-1.006, *Florida Administrative Code (F.A.C.)*, leading to inconsistent application of the Rule's provisions.
- ❖ The Department executed or renewed contracts with providers that previously failed to respond to requests for corrective actions in CAM unit reports.
- ❖ The Department executed or renewed contracts with providers that were previously terminated from another Department contract.
- ❖ Previous Division of Administration management did not appropriately handle concerns related to a CAM unit Contract Administrative Monitoring of a contracted provider.
- ❖ Written procedures were not in place to advise contract managers how to handle instances of allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts perpetrated by contracted providers.

- ❖ The Bureau of Finance & Accounting did not apply interest to questioned costs after 40 days following formal notification to contracted providers that have outstanding balances, as stipulated in the Department's *Standard Contract*.
- ❖ Administrative Monitoring Reports were not being published on a timely basis.
- ❖ The Bureau of Finance & Accounting did not employ consistent efforts to collect questioned costs identified during Contract Administrative Monitoring projects.

RECOMMENDATIONS

The OIG recommended the Division of Administration:

- ❖ Develop a formal, coordinated process so that all Department personnel involved in contract monitoring efforts have the ability to effectively communicate and share information regarding contracted providers.
- ❖ Revise policies and correspondence with contracted providers to include references to Rule 60A-1.006, *F.A.C.*
- ❖ Be more assertive in any published reports or correspondence regarding deficiencies in contractor performance by referencing and consistently enforcing the provisions of Rule 60A-1.006, *F.A.C.*, especially the provisions regarding timely provider response and rendering the provider "in default" once those timeframes have not been met.
- ❖ Develop a control to identify contracted providers/vendors who have not timely responded to monitoring reports published by the CAM unit. Subsequent contracts should not be executed until the contracted provider appropriately responds to the issues cited in the Administrative Monitoring Report.
- ❖ Take steps to ensure all allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts identified by CAM Unit Administrative Monitoring reviews, are reported timely to the Office of Inspector General.
- ❖ Maintain the integrity of its CAM unit by ensuring the timely publication of all reports based on Administrative Monitoring reviews. These reports should include all material issues identified during the course of the respective administrative monitoring.

The OIG recommended the Bureau of Finance & Accounting:

- ❖ Take steps to finalize and publish Department Policy 250-15-11, *Awarding Financial Assistance*, as soon as possible.

- ❖ Enforce the provisions of the Department's *Standard Contract* and apply interest to contracted providers for any outstanding balance of questioned costs not returned within 40 days of notification.
- ❖ Implement a control to track and monitor responses to Administrative Monitoring Reports, especially those with requests for a return of questioned costs, to ensure timely action is taken for those providers who fail to respond.

The OIG recommended the CAM unit:

- ❖ Remind contracted providers in formal communications that interest will be applied on any outstanding balance of questioned costs not returned within 40 days of notification.

The OIG recommended the Office of Contract Administration:

- ❖ Update Department Policy 250-14-11, *Contractual Services Policies & Procedures*, and its *Programmatic Monitoring Guidelines* to advise that contract managers should timely report all allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts identified during contract monitoring efforts, to the Office of Inspector General.

AUDIT REPORT # A-1112DOH-020

Use of Department of Health's Purchasing Card, A Continuous Audit Project

The OIG used data analysis techniques to perform continuous auditing of current Purchasing Card (P-Card) data as it became available throughout the life of the audit. The length of the audit began with April 2012 data and continued on a monthly basis for six months through September 2012. The objective was to identify whether sufficient key controls over the Department's P-Cards were in place so that the P-Cards are used in accordance with applicable Department policy.

SUMMARY OF FINDINGS

- ❖ April 2012 – No exceptions were noted for P-Card transactions for the month of April 2012 related to the scope and objective of the audit.
- ❖ May 2012 – the OIG identified to the P-Card Administrator that:
 - A series of split purchases appeared to be made by a cardholder to override the maximum amount allowed on a single charge.

- There were four cardholders with single charge amounts greater than the maximum charge limit.
 - The control used to prevent inappropriate types of purchases by cardholders restricted to purchases for car commodities and repairs was not sufficient.
 - There were cardholders that no longer worked for the Department. The office where each cardholder worked had not timely notified the P-Card Administrator so that the P-Card could be cancelled.
- ❖ June 2012 – the OIG identified to the P-Card Administrator that the control used to prevent purchases from merchants identified as Wholesale Clubs was not sufficient to prevent cardholders assigned to commodities-only type purchases.
 - ❖ July 2012 – the OIG identified to the P-Card Administrator that there were instances where cardholders split purchases because they needed to make purchases that exceeded their Single Transaction Limit.
 - ❖ August 2012 – the OIG identified to the P-Card Administrator that there was an instance where a purchase was split into two transactions because the cardholder needed to make purchases that exceeded the Single Transaction Limit.
 - ❖ September 2012 – the OIG identified to the P-Card Administrator that there were instances where purchases were split into at least two transactions because the cardholder needed to make purchases that exceeded the Single Transaction Limit.

No specific recommendations were provided. The purpose of this engagement was to assess and monitor the ongoing use of P-Cards. No recurring issues warranted specific recommendation(s) and/or response.

AUDIT REPORT # A-1213DOH-011

Integrity of Employee Payments

The OIG analyzed data of 16,489 Department full-time equivalent (FTE) and Other Personal Services (OPS) employees to identify potential fictitious employees at the Department. The OIG also compared employee data to Florida Accounting Information Resource (FLAIR) data to identify any employees who may also be vendors from which the Department made purchases.

SUMMARY OF FINDINGS

The analysis did not identify any instances of fictitious FTE or OPS employees at the Department or employees who were also vendors within the scope of this engagement.

However, the OIG detected two OPS employees that were working as licensed healthcare professionals who had not disclosed to their respective licensing board that they were practicing in Florida:

- ❖ A Medical Doctor was practicing medicine part-time at one of the county health departments (CHDs).
- ❖ A Licensed Practical Nurse (LPN) was practicing at one of the Children's Medical Services (CMS) area offices. She had also inappropriately been hired into an OPS-Registered Nurse Specialist position.

No specific recommendations were provided. The issues were referred to the appropriate Department offices for resolution.

OTHER PROJECTS

The following is a summary of other projects completed during the 2012-13 fiscal year.

REPORT # O-1213DOH-004

Analysis of Tuberculosis Programmatic and Fiscal Issues

The OIG examined the Department's Tuberculosis (TB) Program. Specifically, whether funding sources were used appropriately, select medical experts were paid by the appropriate funding source, isolation practices conformed to recommended protocols and guidelines, TB clinical studies and research were reported to the Department's Institutional Review Board (IRB) appropriately, and to review roles and responsibilities of the TB Program's various components.

SUMMARY OF FINDINGS

- ❖ While the Department's TB isolation practices were found to conform to Department guidelines and Centers for Disease Control and Prevention protocols, further documentation related to environmental control compliance when utilizing non-traditional healthcare facilities are needed.
- ❖ The role of the TB Program Office was not clearly defined and staff was found to be generally uninformed regarding critical operational functions within the TB Program statewide.
- ❖ Roles and responsibilities of the TB Managers/Coordinators were not clearly defined and not all played equally critical roles in the process.
- ❖ Confusion exists as to who has oversight and responsibility for the TB Medical Director.
- ❖ Areas of concern were noted regarding the Department's contract with the TB Physicians Consultation Network.
- ❖ Inconsistencies existed in reporting data to the TB Program Office; and
- ❖ The use of redundant systems to document and share X-ray review and consultation was inefficient and counterproductive.

RECOMMENDATIONS

The OIG recommended the TB Program Office:

- ❖ Update guidelines to require additional documentation for the existence of and compliance with environmental controls prior to using temporary housing for TB clients.

- ❖ Establish clearly defined roles and responsibilities of the Office, both within the greater Department-wide TB *System of Care* and through communication with Program Office staff.
- ❖ Be better informed as to critical operational functions within the TB Program statewide.
- ❖ Evaluate need and identify the fewest number of TB Managers/Coordinators required. This should be closely aligned with the number of Networks the team decides upon.
- ❖ Clearly define the roles and responsibilities of all TB Managers/Coordinators.
- ❖ Review its plan for the supervision of and communication with its TB Medical Director to ensure accountability and clearly-defined expectations among all parties.
- ❖ Require the University of Florida (UF) to provide consistent documentation for the services of the TB Physicians Consultation Network.
- ❖ Provide direction for all county health departments (CHDs) to use the TB Physicians Consultation Network for the reviewing of X-rays, consultations and clinics.
- ❖ Analyze its current process for the initial reporting of accurate data to the TB Program Office and find ways to more efficiently verify data being reported across the state.
- ❖ Discontinue use of the TB X-ray Database, requiring all CHDs and TB physicians to use the HMS TB Module.
- ❖ Encourage and train TB nurses to make original entry of Form 167 data into the HMS TB Module, eliminating duplicative work of first filling out hard-copies of these forms.

REPORT # O-1213DOH-012

Department of Health Cell Phone Usage

Management requested the OIG to determine the number of state-issued cell phones in use throughout the Department and to develop proposed criteria for issuing and using such a device by employees, focusing on documenting the need for the device itself and various device features (such as texting, internet, etc.).

SUMMARY OF FINDINGS

There were no reportable findings related to the objectives of this project. However, in order to adequately address the risks associated with these devices and yet still embrace the current

overall movement of an increasingly mobile society and workforce, the OIG recommended the following for management's consideration:

In the short term, management should:

- ❖ Enhance the *Assignment of Mobile Device* form required for acquisition of a state-issued mobile technology device (including cell phones) to require specific justification for not only the device itself, but for any of the service features the device would provide (such as texting, internet access, pictures and video, Department systems access, etc.).
- ❖ Approval to issue a device should be provided by a senior level of management over the particular business unit (such as Deputy Secretary or Division Director level) that would ensure an independent body approves the request based upon need and justification provided.
- ❖ Require all current Department employees issued a mobile technology device to complete a new *Assignment of Mobile Device* form (following revision) that would include specific justification for the device itself and features of the device tied to their job duties. Any features not needed should be turned off (if possible) and any devices rarely used, not used for an extended period of time, or do not tie to job duties should be relinquished back to the Department.

In the long term, management should:

- ❖ Tie the request for acquisition of a mobile technology device to an individual's *Position Description*, which should clearly acknowledge the position may require the use of a mobile technology device in the performance of the job duties. The *Position Description* should then be attached to any documentation requesting approval of a mobile device.
- ❖ Develop a mobile device policy which defines the term 'mobile device' for the Department, addresses usage standards, security standards, device configuration standards, data storage standards, etc. Policy may disallow all service features deemed too risky or unmanageable or may prescribe the Department programs that have been approved to utilize specific service features. The design of administrative controls should be a collaborative effort with input from the various Department programs areas and technology experts.
- ❖ Increase awareness and education related to mobile device usage.
- ❖ Revise the definition of "Information Technology Assets" in Department Policy 250-11-12, which is currently outdated.
- ❖ Ensure all mobile technology devices be entered into the Asset Management System.

- ❖ Require that assignment of all issued mobile technology devices be re-approved on a set periodic basis to ensure the need for each device and the features of the device are still necessary.

REPORT # V-1213DOH-003

Monroe CHD Inventory Controls

The OIG Internal Audit Unit assisted the OIG Investigations Section with a review of inventory of property and assets at the Florida Department of Health in Monroe County (DOH-Monroe) related to Investigative Case No. 12-136.

CONCLUSIONS

- ❖ Property-related responsibilities were not included in staffs' *Position Description*.
- ❖ Assigning the duty of taking inventory to someone independent of purchasing and maintaining Information Technology (IT) equipment would provide a better segregation of duties.
- ❖ Assets and property, including IT assets, were not added to the Department's Asset Manager System.
- ❖ Some equipment did not include a DOH-Monroe inventory tag.

RECOMMENDATIONS

- ❖ The Interim Deputy Secretary for Statewide Services should ensure the responsibility of Property Custodian is included in the *Position Description* of all CHD directors/administrators in compliance with DOHP 250-11-12, *Management of State Property*.
- ❖ The Property Custodian should assign the responsibility of Inventory Taker at DOH-Monroe to an employee independent of involvement in purchasing and maintenance of computer equipment. The Property Custodian Delegate could still assist in taking the physical count of inventory.
- ❖ The Property Custodian Delegate should ensure state, county, and IT assets and property of DOH-Monroe are entered into the Asset Manager System in accordance with Department Policy 250-11-12, *Management of State Property*.
- ❖ The Property Custodian Delegate should ensure all applicable property of DOH-Monroe has a DOH-Monroe inventory tag timely affixed.

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(7)(d), Florida Statutes (F.S.), requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2013, the following corrective actions were still outstanding:

AUDIT REPORT # A-1011DOH-021

Division of Information Technology Systems Development Life Cycle

The OIG 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 STILL TO BE ADDRESSED

- ❖ 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.
- ❖ ADS did not have defined performance measures. Moreover, DIT did not have a defined strategic plan which ADS can align its goals and performance measures.
- ❖ A fourth finding and the associated recommendations were classified as exempt from public disclosure in accordance with Chapter 119, F.S., and Section 282.318(4)(f), F.S.

RECOMMENDATIONS

The OIG recommended ADS:

- ❖ 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.
- ❖ 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.
- ❖ Define test plan documentation standards and incorporate the requirements into the application development standards.

- ❖ 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.

There were additional exempt and/or confidential findings and recommendations that were shared with management.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL INVESTIGATIONS SECTION

The following is a sampling of various FY 2012-13 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 11-057

Alleged Inappropriate Conduct/Misuse or Abuse of Power or Authority Department of Health in Polk County (DOH-Polk)

This investigation was initiated based upon a written complaint submitted by a former DOH-Polk employee (complainant) alleging a former supervisor's (subject) failure to properly report workplace injuries and an attempt to use their position to obtain preferential treatment for a relative arrested for drug offenses.

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

Allegation #1: The complainant alleged the subject failed to file required workers' compensation (WC) documents for injuries the complainant sustained on the worksite. The complainant's allegation was **partially substantiated** as it relates to one of two injuries sustained by the complainant. The OIG determined the complainant's first injury occurred November 9, 2009 when the complainant tripped, fell, and injured the complainant's left knee at work. The second injury occurred February 25, 2010, when the complainant returned to work subsequent to knee surgery and stumbled, injuring the complainant's left middle finger. The complainant alleged the subject suggested the complainant claim the second injury occurred at home. There was insufficient evidence to prove or disprove the subject was aware of the complainant's first injury at the time it happened. However, testimony and evidence obtained during the investigation indicated the subject was, or reasonably should have been aware of the complainant's second injury and failed to file the required documents for the complainant's WC claim. This action was found to violate Department 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).

Allegation #2: The complainant alleged the subject requested that the complainant on two separate occasions contact South Polk County Jail to expedite the release of the subject's relative that had been arrested for drug offenses. The complainant's allegation was **partially substantiated** as it relates to one of the contacts. The OIG determined that that subject called

the complainant once in 2009 after the subject's relative had been arrested for possession of marijuana. However, there was insufficient evidence to prove or disprove the subject called the complainant a second time in 2010, when the subject's relative was arrested again for possession of marijuana and battery. The subject's action in 2009 was found to violate Department Policy 60-8-09, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (for Misuse or Abuse of Power or Authority)*.

RECOMMENDATION

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

INVESTIGATION # 11-277

Alleged Conduct Unbecoming a Public Employee Department of Health in Nassau County (DOH-Nassau)

This investigation was initiated based upon a referral from the Office of Chief Inspector General. A DOH-Nassau employee (complainant) alleged their supervisor (subject) was involved in numerous violations of Department Policy 60-8-11, Discipline.

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

Allegation #1: The complainant alleged the subject falsified daily activity reports. The allegation was **substantiated**. The OIG determined the subject entered false information on the subject's daily activity reports by coding activities as "Supervisor Support" and charging time to other programs, which did not accurately reflect the subject's actual daily activities. These actions were found to violate Department 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 #2: The complainant alleged the subject misused the subject's position to obtain a drain field permit for a relative. The complainant in 2008 observed someone with a back hoe digging into the side yard of a private residence. The individual allegedly advised the complainant the individual was installing a drain field, and believed permitting had been taken care of because a relative was employed by DOH-Nassau. The residence was owned by the subject's relative. This allegation was **unsubstantiated**.

Allegation #3: The complainant alleged the subject made a concrete lid for a septic tank or grease trap that did not meet requirements of Rule No. 64E-6, *Florida Administrative Code (F.A.C.)*, Standards for Onsite Sewage Treatment and Disposal Systems. The concrete lid was

purportedly installed at property owned by a relative of the subject. This allegation was **unsubstantiated**.

Allegation #4: The complainant alleged the subject took Department-owned equipment for personal use. This allegation was **substantiated**. The OIG determined the subject purchased a Global Positioning System (GPS) and placed it in the subject's personal vehicle where it remained for three years. The subject also purchased a mini air compressor which was not identified as missing from DOH-Nassau until the subject learned of the complainant's public records request in September 2011. These actions were found to violate Department 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 #5: The complainant alleged the subject failed to perform required inspections. This allegation was **substantiated**. The OIG determined the subject removed 30 annual operating permit inspections from the complainant's assignment queue, claiming the subject would perform the 30 inspections. Despite documenting that the inspections were completed, the OIG determined that some of the 30 inspections had not been completed. The actions were found to violate Department 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 purchased a battery for the subject's personal laptop using state funds. This allegation was **unsubstantiated**.

Allegation #7: The complainant alleged the subject spent the majority of the time that the subject was in the office, with a personal computer and the subject's office door closed because the subject was "running a personal home repairs/painting business." The complainant also alleged the subject moved approximately four boxes out of the subject's office, after learning of a public records request by the complainant pertaining to the subject's training records. The complainant suspected the boxes contained documentation related to the subject's private home repair/painting business. These allegations were **unsubstantiated**.

Allegation #8: The complainant alleged the subject used the subject's personal vehicle and charged the Department for mileage even though a Department vehicle was available. The complainant alleged the subject insisted on using a personal vehicle instead of a Department vehicle because the subject often engaged in personal business while on state time. This allegation was **unsubstantiated**.

Additional Finding

During the OIG interview of a DOH-Nassau employee (interviewee), the interviewee reported keeping a daily log of the subject's activities. The log assisted the OIG in substantiating allegations that the subject falsified time and attendance records. In one instance, the interviewee noted a day in November 2011, when the subject arrived at work at 8:45 a.m. and departed work at 8:56 a.m. The subject later returned to work at 12:30 p.m. "dressed in fishing

clothes” and again departed work at 12:39 p.m. The subject departed stating the subject was “gone for the day.” The subject’s timesheet reflected the subject worked nine hours that day.

RECOMMENDATION

- ❖ The subject retired on July 14, 2012. The OIG recommended management continue efforts to increase communication and coordination with the Environmental Health office.

INVESTIGATION # 12-076

Alleged Conduct Unbecoming a Public Employee/Disruptive Conduct Division of Disability Determinations-Pensacola Area Office (Pensacola-DDD)

This investigation was initiated based upon a written complaint from a Pensacola-DDD employee alleging various forms of conduct unbecoming and poor performance by a Pensacola-DDD manager (subject).

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

Allegation #1: The complainant alleged the subject used profane and racial language over the phone with the subject’s spouse. This allegation was **partially substantiated** in relation to the use of profane language. The OIG determined the subject did use profane language while speaking over the phone with the subject’s spouse. The actions were found to violate Department Policy 60-8-09, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Disruptive Conduct)*. The allegation that the subject used racial language over the phone with the subject’s spouse was not substantiated.

Allegation #2: The complainant alleged the subject “shouts obscenities” while on the phone with a subordinate. This allegation was **substantiated**. The OIG determined the subject used profane language while speaking with a subordinate over the phone. The action was found to violate Department Policy 60-8-09, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Disruptive Conduct)*.

Allegation #3: The complainant alleged a former employee’s “aged cases” were allowed to languish by the subject. The complainant alleged the subject mismanaged, wasted time, and endangered the health, safety, and welfare of the citizens “by not insuring that cases were handled in a timely manner.” This allegation was **unsubstantiated**.

RECOMMENDATION

- ❖ The OIG recommended management take appropriate action consistent with the findings and conclusions of the report as relate to Department Policy 60-8-09, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee*.

INVESTIGATION # 12-119**Alleged Conduct Unbecoming a Public Employee/Sexual Harassment
Department of Health in Alachua County (DOH-Alachua)**

This investigation was initiated subsequent to receipt of an e-mail from the DOH-Alachua, Office of Human Resources (HR), describing potential sexual harassment, and conduct unbecoming a public employee by a DOH-Alachua employee.

The specific allegation and results of the investigation were as follows:

Allegation: The complainant alleged the subject made inappropriate sexual comments to coworkers at DOH-Alachua which had the effect of unreasonably interfering with coworkers' work performance or created an intimidating, hostile, or offensive work environment. The allegation was **substantiated**. Based on testimony from the complainant and two other victims, the OIG determined there was sufficient evidence to show the subject engaged in conduct unbecoming a public employee by making inappropriate sexual comments to coworkers. The action was found to violate Department Policy 60-8-11, VII,D,6,e, *Discipline - Procedures - Standards for Disciplinary Action – Violation of Law or Agency Rules (Sexual Harassment)*; and Department Policy 60-8-11, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Failure to be Courteous, and Respectful with Co-Workers; Inappropriate Conduct; and Threatening, Abusive, Malicious, Profane or Offensive Language or Actions)*.

RECOMMENDATION

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

INVESTIGATION # 12-126**Alleged Conduct Unbecoming a Public Employee/Sexual Harassment
Department of Health in Pasco County (DOH-Pasco)**

This investigation was initiated based upon a written complaint from a DOH-Pasco employee who alleged the complainant's supervisor (subject) made comments not appropriate for the workplace.

The specific allegation and results of the investigation were as follows:

Allegation: The complainant alleged the subject made inappropriate comments to the complainant. This allegation was **partially substantiated** as it related to some of the comments made by the subject. The OIG determined only some of the subject's comments were witnessed

by others. The actions were found to be a violation of Department Policy 60-8-11, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Inappropriate Conduct)*.

There was insufficient evidence to prove the subject sexually-harassed the complainant. This portion of the allegation was unsubstantiated.

Additional Finding

The OIG found that a Human Resources (HR) manager failed to notify the Equal Opportunity Manager of an allegation of potential sexual harassment. The HR manager was found to have violated Department Policy 60-35-09, VII,A, *Sexual Harassment - Procedures – Filing Complaints*. The policy requires that any supervisor or manager who learns of possible sexual harassment must contact the Equal Opportunity Manager within 24 hours.

RECOMMENDATION

- ❖ The OIG recommended management take action as deemed appropriate.

INVESTIGATION # 12-136

Alleged Conduct Unbecoming a Public Employee/Falsification of Records or Statements Department of Health in Monroe County (DOH-Monroe)

This investigation was initiated based upon a written complaint from a former DOH-Monroe manager who alleged annual Aerobic Treatment Unit (ATU) inspections were being performed by uncertified employees. The complainant also alleged that employees were improperly sharing database log-in credentials; an employee lacked certification required for their position; and an employee's salary was being charged 100% to a single contact despite working on other non-contract related tasks.

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

Allegation #1: The complainant alleged ATU inspections were performed by Subject #1 who was not certified to perform the inspections. The complainant further alleged that other uncertified Environmental Health professionals may also be performing these evaluations. The allegation was **substantiated** as it relates to the performance of Subject #1. The OIG determined Subject #1 was not certified, but was conducting ATU inspections with the knowledge and permission of Subject #1's supervisor (Subject #2). This action was found to violate Department Policy 60-8-11, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Falsification of Records or Statements)*. Subject #2 resigned July 27, 2012. The OIG determined that no other uncertified personnel were performing ATU inspections.

Allegation #2: The complainant alleged Subject #2 provided Subject #2's username and password to Subject #1, allowing Subject #1 to input data into the Environmental Health Database (EHD). This would give the appearance the work was completed by Subject #2, a certified ATU inspector, instead of Subject #1, who was not certified as an ATU inspector, but who performed the work. The allegation was **unfounded**.

Allegation #3: The complainant alleged Subject #1 used Subject #2's username and password to input inspections in the Carmody™ database, giving the appearance the inspections were performed by Subject #2, a certified ATU inspector, instead of Subject #1, who was not certified as an ATU inspector. The allegation was **substantiated**. The OIG determined that Subject #1 used Subject #2's username and password with Subject #2's permission. The Carmody™ database inaccurately indicated the inspections were performed by Subject #2. This action was found to violate Department Policy 60-8-11, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Falsification of Records or Statements)*.

Allegation #4: The complainant alleged that on April 18, 2011, Subject #2 was assigned responsibilities to manage Department contracts but did not possess Department certification as a contract manager. The allegation was **substantiated**. The OIG determined Subject #2 was not a certified Contract Manager during completion of a contract April to July 2011. The action was found to violate Department Policy 250-14-07, *Contractual Services Policies & Procedures*, in effect August 8, 2007 to June 27, 2011. All divisions, program offices, and CHDs are required to verify certification status before designating staff as contract managers.

Allegation #5: The complainant alleged Subject #3 signed State Contract No. G0269 on September 2, 2009 but was not a certified Contract Manager and did not have appropriate authority. This allegation was **substantiated**. The OIG determined Subject #3 signed the contract as having Delegation of Authority. However, the Delegation of Authority did not begin until September 3, 2009. The action was found to violate Department Policy 250-14-07, *Contractual Services Policies & Procedures*, in effect August 8, 2007 to June 27, 2011. Contracts must be signed by Department representatives in accordance with the most recent Delegation of Authority located on the Bureau of Personnel & Human Resource Management's website. The division director or CHD director must execute all contracts less than \$1 million. However, according to Section 287.057, *Florida Statutes (F.S.)*, and Department policy there is no requirement that the signatory on a contract be a contract manager.

Allegation #6: The complainant alleged Subject #1's salary was being paid 100% from a specific contract despite performing some work on other non-contract related tasks. This allegation was **unfounded**. The complainant alleged Subject #1's position was 100% funded by the Small Quantity Generator (SQG) contract with Monroe County but yet would also work on other tasks from time to time not related to the contract. The OIG determined that from date of hire through June 30, 2011, Subject #1's salary and benefits were paid from two sources and from

July 1, 2011 through the last payroll month, Subject #1's salary and benefits were paid from four sources. Subject #1's salary and benefits were funded by sources other than the SQG Contract.

RECOMMENDATIONS

The OIG recommended the following:

- ❖ Management should identify and inspect all the ATUs that were inspected by Subject #1 in a timely manner.
- ❖ Management should evaluate and develop a better system for keeping inspection statistics.
- ❖ Management should evaluate the workforce needed to complete inspections and hire certified employees.
- ❖ Management should take appropriate action consistent with the findings and conclusions of the report as they relate to violations.

INVESTIGATION # 12-156

Alleged Violation of Purchasing Policies/Conduct Unbecoming a Public Employee Department of Health in Duval County (DOH-Duval)

This investigation was initiated based upon a written referral from the Department of Financial Services, Office of Fiscal Integrity (DFS-OFI) alleging a DOH-Duval supervisor (Subject #2) may have approved a subordinate's (Subject #1) unauthorized purchases and false attendance and leave statement.

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

Allegation #1: The complainant alleged Subject #2 may have approved personal purchases made by Subject #1 in 2009 using a State of Florida issued Purchasing Card. The alleged purchases included Quickbooks® Premier Software, a recovery disc, and several computers. The allegation was **substantiated** as it relates to the software and disc. The OIG determined there was sufficient evidence that Subject #2 authorized Subject #1 to purchase Quickbooks® Premier Software and a recovery disc on March 24, 2009 from Staples® in the amount of \$369.99 using a State of Florida issued Purchasing Card. The action was found to violate Department Policy 56-44-11, VI,D,5, *Purchasing Card Guidelines - Protocol – Areas of Responsibilities* (Level 002 Approvers are responsible for ensuring cardholder purchases are in accordance with the Department's and State's guidelines, processes, and purchasing policy for transactions). The OIG determined there was no evidence that Subject #2 approved the purchase of computers by Subject #1 in 2009.

Allegation #2: The complainant alleged Subject #2 approved 10 hours, reported as time worked, on Subject #1's time and attendance record dated December 21, 2009 for time Subject #1 spent on personal business in Tampa, Florida. The allegation was **substantiated**. Based on testimony from Subject #1, the OIG determined there was sufficient evidence to show Subject #2 engaged in conduct unbecoming a public employee by approving 10 hours of work time for Subject #1. When interviewed by DFS-OFI on April 25, 2012, Subject #1 reported conducting personal but not state business in Tampa, Florida on December 21, 2009. Subject #2 attributed approval of Subject #1's 10 hours of work for December 21, 2009, to a flex time adjustment, to compensate for hours Subject #1 previously worked. People First time and attendance records for the time period December 11, 2009 thru December 24, 2009 did not indicate any flex time for Subject #1. This action was found to violate Department Policy 60-8-11, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Falsification of Records or Statements)*.

RECOMMENDATION

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

INVESTIGATION # 12-179

Alleged Unauthorized Use of State Equipment/Conduct Unbecoming a Public Employee Department of Health in Washington County (DOH-Washington)

This investigation was initiated based upon a complaint from DOH-Washington management that received a public records request for an employee's (subject) mobile phone billing and travel records.

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

Allegation #1: The complainant alleged the subject used a Department-issued cellular phone (Blackberry) for excessive personal use while working on state time. This allegation was **substantiated**. The OIG reviewed cellular phone billing for the time period of March 2012 through August 2012 and determined the subject used a Department-issued cellular phone to log 5,262 personal minutes, send/receive 419 photographs, and send/receive 38,296 text messages at an estimated cost to the State of Florida of \$1,154.16. This action was found to violate Department Policy 56-86-10, VII,E, *Cellular Phone Bill Verification System (Unauthorized Personal Use of Department Issued Cellular Phone)*.

Allegation #2: The complainant alleged the subject knowingly made false statements to Florida Department of Law Enforcement (FDLE) investigators. This allegation was **substantiated**. The subject was interviewed by FDLE investigators in July 2012 and again in September 2012 related to a suspected-homicide investigation. The subject was identified as having a close personal

relationship with the spouse of the suspected-homicide victim. The OIG determined the subject provided false testimony to FDLE investigators during two interviews regarding the subject's and spouse of the suspected-homicide victim's whereabouts on a key date. This action was found to violate Department Policy 60-8-12, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee* (Employees should conduct themselves, on and off the job, in a manner that will not bring discredit or embarrassment to the state).

RECOMMENDATION

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

INVESTIGATION # 13-020

Alleged Misuse of Information Technology Resources Office of Performance and Quality Improvement

This investigation was initiated based upon an *Incident Report* submitted by an employee of the Division of Information Technology (IT) describing the potential violation of Department policy by a subject, which may have led to a Department laptop becoming infected with potentially malicious software.

The specific allegation and results of the investigation were as follows:

Allegation: The complainant alleged the subject visited prohibited websites, and/or opened infected e-mails; and/or connected unapproved devices to the subject's Department-issued laptop. The allegation was **substantiated** as to visiting prohibited websites and/or opening infected emails. An examination by IT staff of the subject's use of the subject's Department-issued laptop, along with the subject's admissions under oath revealed the subject visited social media, shopping, and other unapproved websites on a Department-issued laptop. The actions were found to violate Department Policy 50-10c-10,VII,B,6, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – Computer Use* (Department workforce are permitted to briefly visit non-prohibited Internet sites). There was no evidence the subject connected unapproved devices to the subject's Department-issued laptop.

RECOMMENDATION

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

INVESTIGATION # 13-031**Alleged Violence/Conduct Unbecoming a Public Employee/Violations of Law or Agency Rules
Department of Health in Nassau County (DOH-Nassau)**

This investigation was initiated based on receipt of telephone calls from two anonymous complainants who alleged violations of Department policies at DOH-Nassau, including Violence in the Workplace, Conduct Unbecoming a Public Employee, and Violations of Law or Agency Rules. The OIG subsequently obtained an *Incident Report* substantiating some of the information provided by the anonymous complainants.

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

Allegation #1: The complainants alleged two DOH-Nassau employees (Subject #1 and Subject #2) were engaged in a heated argument that included profanity. This allegation was **substantiated**. The OIG determined Subject #1 and Subject #2 were engaged in a half-hour argument during a staff meeting on January 28, 2013 that included "hitting a table," "screaming, yelling, and using profanity." The actions of Subject #1 were found to violate Department Policy 60-30-10, *Violence in the Workplace*; Department Policy 60-8-12, VII,D,6,e, *Discipline - Procedures - Standards for Disciplinary Action – Violation of Law or Agency Rules*; Department Policy 60-8-12, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Disruptive Conduct, Inappropriate Conduct, and Threatening, Abusive, Malicious, Profane, or Offensive Language or Actions)*; and Department Policy 60-8-12, VII,D,6,g, *Discipline - Procedures - Standards for Disciplinary Action – Misconduct*. The actions/inaction of Subject #2 were found to violate Department Policy 60-8-12, VII,D,6,b, *Discipline - Procedures - Standards for Disciplinary Action – Negligence (Neglect of Duty)*.

Allegation #2: The complainants alleged a third DOH-Nassau employee (Subject #3) was prone to inappropriate displays of anger, involving hitting walls and inappropriate comments. This allegation was **substantiated**. The OIG determined Subject #3 made inappropriate comments during a staff meeting and in the past was observed hitting walls to relieve stress. The actions were found to violate Department Policy 60-8-12, VII,D,6,f, *Discipline - Procedures - Standards for Disciplinary Action - Conduct Unbecoming a Public Employee (Disruptive Conduct, Inappropriate Conduct, and Threatening, Abusive, Malicious, Profane, or Offensive Language or Actions)*.

Allegation #3: The complainants alleged that DOH-Nassau management expected employees to work extra hours without compensation and to "work outside their class" without proper training. This allegation was **unsubstantiated**. The OIG determined the information available was insufficient to substantiate a violation of law, rule, or policy by DOH-Nassau management.

Allegation #4: The complainants alleged that when DOH-Nassau management is not present, DOH-Nassau employees "do whatever they want", including one employee (Subject #4) who speaks with others on a mobile phone while treating patients. This allegation was

unsubstantiated. The OIG determined the information available was insufficient to substantiate a violation of law, rule, or policy. The examples provided to the OIG were previously addressed by DOH-Nassau management. These management issues are currently being reviewed by the DOH-Nassau administrator who has the authority to take appropriate action.

Additional Findings

Finding #1: The OIG found DOH-Nassau staff did not have a correct or complete understanding of Rule No. 60L-34.004, *F.A.C. General Requirements for Leave Earning, Approval, and Use*, and Department Policy 60-3-10, VII,A,3, *Attendance and Leave - Procedures – Hours of Work*. The rule and policy require employee time and attendance to be recorded “accurately,” and “rounded to the nearest quarter hour.” Career Service and Other Personal Services (OPS) employees are not permitted to donate time to the state because of the United States Fair Labor Standards Act (FLSA). Only one employee of the clinic is Selected Exempt Service (SES), and exempt from the FLSA requirements and eligible to work overtime without compensation. As an SES employee, this employee is expected to work overtime as necessary to fulfill job responsibilities and will not be paid or otherwise compensated for overtime.

Finding #2: The OIG found DOH-Nassau employees were in disagreement regarding client-scheduling issues, employee-scheduling issues, and job assignments and duties. This was causing dissension and low morale in the office.

RECOMMENDATIONS

The OIG recommended the following:

- ❖ Management should take appropriate action against named employees consistent with the findings and conclusions of the report as they relate to statutory, rule, or policy violations.
- ❖ All DOH-Nassau employees should receive training on Department Policy 60-3-10, VII,A,3, *Attendance and Leave – Procedures -Hours of Work*, with special emphasis on how to accurately complete the People First Employee Timesheet.
- ❖ Management should ensure clinic employees are properly trained and have the necessary skills to perform the expected job duties with a special emphasis on the Program Manager’s position.
- ❖ Management should review clinic employee scheduling issues and job duties to ensure they are realistic, appropriate, consistent with the experience, knowledge, skills, and abilities of each employee, and are in the best interest of DOH-Nassau clinic operations.
- ❖ Management should review clinic scheduling issues to ensure efficient, effective, and professional client care.

- ❖ Management should establish a corrective action plan and provide extra oversight to the clinic until improvements are made and the clinic is running smoothly.

INVESTIGATION # 13-081

Alleged Misuse of Information Technology Resources Office of Information Technology

This investigation was initiated based upon the receipt by the OIG of *Incident Reports* submitted by Office of Information Technology administrators (complainants) describing various forms of Information Technology (IT) resources misused by a Department employee (subject) in the Office of Information Technology.

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

Allegation #1: The complainants alleged the subject installed un-approved software on the subject's Department-issued computer. This allegation was **substantiated**. The OIG determined the subject, on multiple occasions, intentionally installed, and executed unapproved software on the subject's Department-issued computer for non-business purposes. The action was found to violate Department Policy 50-10c-10,VII,A, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – General* (Only department-approved software shall be installed on department-owned or department-managed computers); and Department Policy 50-10c-10,VII,D, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – Unacceptable Uses* (Department workforce must not install, introduce, download, access, or distribute software not approved by the Department Information Technology Standards Workgroup (ITSW) or software not licensed to the department or its affiliates).

Allegation #2: The complainants alleged the subject installed, introduced, downloaded, or accessed malware through negligence. This allegation was **substantiated**. The OIG determined the subject intentionally installed and executed unapproved software on the subject's Department-issued computer for non-business purposes, resulting in a security alert notification to the Department from the State of Florida, Department of Management Services' SUNCOM Network Operations Center. This action was found to violate Department Policy 50-10c-10,VII,A, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – General* (Only department-approved software shall be installed on department-owned or department-managed computers); and Department Policy 50-10c-10,VII,D, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – Unacceptable Uses* (Department workforce must not install, introduce, download, access, or distribute viruses, worms, Trojan horses, e-mail bombs, etc., through willful intent or negligence).

Allegation #3: The complainants alleged the subject intentionally violated Department information security protocol by downloading and executing un-approved software on the Department’s network. This allegation was **substantiated**. The OIG determined the subject intentionally violated Department information security protocol by downloading and executing unapproved software on the Department’s network. This action was found to violate Department Policy 60-8-12, VII,D,6,e, *Discipline - Procedures - Standards for Disciplinary Action – Violation of Law or Agency Rules (Misuse of Computer Facilities or Equipment; Rules, Regulations, Policies, or Laws Willfully Violated; and Security Violation)*.

Allegation #4: The complainants alleged the subject used the subject’s Department-issued computer to visit prohibited Internet sites, which included sexually-explicit or vulgar material; inappropriate language or profanity; weapons; or dating sites. This allegation was **substantiated**. The OIG determined the subject knowingly and regularly used the subject’s Department-issued computer and the Department’s network to access prohibited Internet sites during assigned work hours for shopping and entertainment and unrelated to Department business. These actions were found to violate Department Policy 50-10c-10,VII,D, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – Unacceptable Uses (Department workforce must not install, introduce, download, access, or distribute software not approved by the ITSW; software not licensed to the department or its affiliates; viruses, worms, Trojan horses, e-mail bombs, etc., through willful intent or negligence; sexually-explicit, pornographic, or vulgar material; inappropriate language or profanity, including, but not limited to obscene or inappropriate language, racial, ethnic, or other discriminatory content; non-work related material relating to gambling, weapons, illegal drugs, illegal drug paraphernalia, or violence; and non-work related chat rooms, news groups, political groups, singles clubs, dating services, computer hacker websites, or software)*.

Allegation #5: The complainants alleged the subject repeatedly visited media streaming sites such as “YouTube” for viewing non-business subject matter. This allegation was **substantiated**. The OIG determined the subject knowingly and regularly used the subject’s Department-issued computer and the Department’s network to access prohibited Internet sites during assigned work hours for shopping and entertainment and unrelated to Department business. These actions were found to violate Department Policy 50-10c-10,VII,A, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure – General (Use of streaming media technologies can only be used with prior written approval of the user’s supervisor and the Information Security Manager or delegate)*.

RECOMMENDATION

- ❖ The OIG recommended management take appropriate action against the subject consistent with the findings and conclusions of the report.

OTHER OIG ACTIVITIES

COORDINATION WITH EXTERNAL AUDITING ENTITIES

The OIG 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, the OIG is copied on engagement letters and coordinates entrance conferences. During audit fieldwork, the OIG facilitates all relevant communication between the auditors and Department program staff. At the conclusion of the audit, the OIG coordinates the exit conference between the auditors and Department management for the delivery of Preliminary and Tentative findings (P&T).

The OIG 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, the OIG tracks progress on corrective action at six, 12, and 18 month intervals until corrective actions are completed. The OIG also may perform follow-up audits to determine adequacy of corrective actions taken by management.

See Appendix B on page 41 for a list of external audits and reviews that were coordinated by the OIG during the 2012-13 fiscal year.

OIG BULLETIN

In the OIG's continued effort to educate and communicate with Department employees, the OIG initiated the issuance of a Quarterly Bulletin to Department employees in early 2013. The purpose of the Bulletin is to inform employees of recent audits and/or important matters investigated by the OIG and remind staff of Department policies, rules, and state and federal laws. The goal of the Bulletin is to keep employees better informed with the desired result of reducing fraud, waste, abuse, and irregularities in the Department.

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2012-13

Number	Audit Engagements	Date Issued
A-1112DOH-019	Corrective Actions with Department of Health's Contracted Providers	8/10/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (May 2012 Status Report)	7/19/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (June 2012 Status Report)	9/5/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (July 2012 Status Report)	10/19/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (August 2012 Status Report)	12/18/2012
A-1112DOH-020	Use of DOH's Purchasing Card, A Continuous Audit Project (September 2012 Status Report)	12/18/2012
A-1213DOH-011	Integrity of Employee Payments (Fictitious Employees)	5/16/2013

Number	Other Engagements	Date Issued
O-1213DOH-004	Analysis of Tuberculosis Programmatic and Fiscal Issues	1/10/2013
O-1213DOH-012	DOH Cell Phone Usage	11/30/2012
V-1213DOH-003	Monroe CHD Inventory Controls	8/23/2012

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2012-13²

(includes initial audits and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2011-167	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2010	3/29/2011
2011-193	DOH – Management Information and Payment Systems (MIPS), IT Operational Audit	6/28/2011
2012-142	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2011	3/20/2012
2013-133	Public Assistance Eligibility Determination Processes at Selected State Agencies – Operational Audit	3/14/2013
2013-161	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2012	3/28/2013

Office of Program Policy Analysis and Government Accountability		
Number	Subject	Report Date
12-03	Profile of Florida's Medicaid Home and Community-Based Services Waivers	1/20/2012
12-04	Florida's Nursing Education Programs Continued to Expand in 2011 with Significant Increases in Student Enrollment and Graduates	1/30/2012
12-07	Supplemental Report: Florida Nursing Education Programs 2010-2011	5/30/2012
13-03	Florida's Nursing Education Programs Continued to Expand in 2012 with Increases in Program Capacity, Student Enrollment, and Graduates	2/1/2013
13-09	Supplemental Report: Florida Nursing Education Programs 2011-2012	6/21/2013

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
Division of Emergency Management	Florida DOH State Homeland Security Grant Agreement Number 10-DS-51-13-00-13-039	10/17/2012

² The OIG tracks progress on corrective action at six, 12, and 18 month intervals on all external audits. The OIG 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 2012-13

Number	Type	Alleged Subject	Disposition
11-057	IN	Alleged inappropriate conduct/misuse or abuse of power or authority	2-Substantiated
11-063	WB	Alleged conduct unbecoming a public employee & violation of law or agency rules	Substantiated
11-127	RF	Alleged discrimination (disability)	Referred to Office of Equal Opp.
11-148	PI	Alleged inappropriate conduct/discrimination/harassment/HIPAA violation	2-Substantiated 2-Unsubstantiated
11-227	IN	Alleged conduct unbecoming a public employee/violation of law or agency rules	Employee resigned
11-240	IN	Alleged conduct unbecoming/violation of law/Florida Civil Rights Act of 1992, etc.	Unfounded
11-277	IN	Alleged conduct unbecoming a public employee	3-Substantiated 5-Unsubstantiated
11-317	IN	Alleged age and disability discrimination	Unfounded
12-005	INA	Provide Assistance to Law Enforcement Agency	Assistance to Law Enforcement
12-057	IN	Alleged conduct unbecoming a public employee/violation of law or agency rules	Unfounded
12-065	IN	Alleged conduct unbecoming a public employee/EEO	Unfounded
12-067	IN	Alleged conduct unbecoming a public employee	Unfounded
12-074	MA	Alleged mismanagement	Referred to Management
12-076	IN	Alleged conduct unbecoming a public employee/disruptive conduct	2-Substantiated 1-Unsubstantiated
12-077	NF	Alleged theft of dental products	Information Only
12-087	MA	Alleged violation of law or agency rules	Referred to Management
12-088	RF	Alleged violation of law or agency rules/contract fraud	Referred to Law Enforcement
12-090	MA	Alleged unfair treatment	Referred to Management
12-099	IN	Alleged conduct unbecoming a public employee	Unfounded
12-100	PI	Alleged conduct unbecoming a public employee/Purchasing card guidelines	Substantiated
12-103	MA	Alleged conduct unbecoming a public employee/violation of law or agency rules	Referred to Management
12-104	MA	Alleged mishandling of an investigation	Referred to Management
12-106	PI	Alleged conduct unbecoming a public employee/violation of law or agency rules	Employee resigned
12-107	RF	Alleged discrimination based on disability	Referred to Office of Equal Opp.
12-108	RF	Alleged conduct unbecoming a public employee/violation of law or agency rules	Referred to Dept. of Financial Serv.
12-110	IN	Alleged conduct unbecoming a public employee/violation of law or agency rules	Unfounded
12-113	MA	Alleged age discrimination in hiring practices	Referred to Management
12-114	RF	Alleged discrimination due to disability	Referred to Office of Equal Opp.
12-116	MA	Alleged HIPAA violation	Referred to Management
12-117	MA	Alleged unfair promotions and salary increases	Referred to Management
12-119	IN	Alleged conduct unbecoming a public employee/sexual harassment	Substantiated
12-121	PI	Alleged conduct unbecoming a public employee/violation of law or agency rules	Substantiated
12-122	RF	Alleged violation of law or agency rules (bribe)	Referred to Med. Quality Assurance
12-124	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-126	IN	Alleged conduct unbecoming a public employee/sexual harassment	2-Substantiated 1-Unsubstantiated
12-127	IN	Alleged conduct unbecoming a public employee: disruptive conduct, dissention	Unfounded

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
12-128	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-129	RF	Alleged unfair hiring action	Referred to Children's Medical Serv.
12-130	RF	Alleged unfair hiring practices	Referred to County Health Dept.
12-131	NF	Alleged unfair performance standards	Information Only
12-132	MA	Alleged violation of Equal Employment Opportunity rights	Referred to Management
12-133	RF	Alleged fraudulent letter/ faked or forged fax/potential fraud	Referred to Law Enforcement
12-134	MA	Alleged HIPAA violation	Referred to Management
12-135	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-136	IN	Alleged conduct unbecoming a public employee/falsification of records	4-Substantiated 2-Unfounded
12-137	MA	Alleged violation of law or agency rules; contractual services policies	Referred to Management
12-138	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-139	PI	Alleged contract fraud	Concluded without action
12-140	NF	Alleged inappropriate behavior	Information Only
12-141	NF	Alleged unfair termination of contract	Information Only
12-142	PI	Alleged misuse of state resources , time, personnel, and theft	No misconduct noted
12-143	NF	Alleged improper healthcare practitioner complaint closure	Referred to Med. Quality Assurance
12-144	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-145	PI	Alleged unfair disciplinary actions and mismanagement	Concluded without action
12-146	RF	Alleged disclosure of confidential information	Referred to Children's Medical Serv.
12-147	RF	Alleged improper award of a contract	Referred to Management
12-148	NF	Alleged insurance premium/coverage laps	Information Only
12-149	RF	Alleged improper closure of a healthcare practitioner complaint	Referred to Med. Quality Assurance
12-150	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-151	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-152	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-153	RF	Alleged healthcare practitioner misconduct	Referred to Med. Quality Assurance
12-154	NF	Alleged improper award of contract	Information Only
12-155	PI	Alleged discrimination based on possible religious affiliation	Concluded without action
12-156	IN	Alleged violation of purchasing policies/Conduct unbecoming a public employee	Substantiated
12-157	MA	Alleged misuse of state equipment, email/employee with felony criminal record	Referred to Management
12-158	RF	Alleged retaliation for reporting illegal activity	Referred to Med. Quality Assurance
12-159	RF	Alleged HIPAA violation	Referred to Med. Quality Assurance
12-160	PI	Alleged retaliation and failure to make ADA accommodation	No misconduct noted
12-161	NF	Alleged Information Security and Privacy Policy	Information Only
12-162	NF	Alleged doctor practicing medicine while on probation	Referred to Med. Quality Assurance
12-163	NF	Alleged denying access to medical records	Referred to Med. Quality Assurance
12-164	NF	Alleged misuse of state equipment and falsification of timesheets	Information Only
12-165	NF	Alleged retaliation	Information Only
12-166	IN	Alleged discrimination based on disability and retaliation	Unfounded
12-167	NF	Alleged concerns about safety evaluation of Portable 9	Information Only
12-168	RF	Alleged possible fraudulent insurance billing	Referred to AHCA/Med. Qual. Assur.
12-169	RF	Alleged criminal complaint against a doctor	Referred to Med. Quality Assurance
12-170	RF	Alleged possible violation of law	Referred to Med. Quality Assurance
12-171	RF	Alleged HIPAA violation/retaliation	Referred to Med. 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
12-172	NF	Alleged concerns regarding the School Health Coordinator	Information Only
12-173	RF	Alleged unsanitary conditions	Referred to Dept. of Corrections
12-174	NF	Alleged pharmacy services contracts investigation	Information Only
12-175	PI	Alleged possible outside employment not being reported	Unfounded
12-176	RF	Alleged concerns regarding a pharmacy	Referred to Med. Quality Assurance
12-177	RF	Alleged concerns regarding a doctor and administrator	Referred to Med. Quality Assurance
12-178	INA	Alleged intentional breach/violation of confidential information or patient privacy	Investigative Assist
12-179	IN	Alleged unauthorized of state equipment/Conduct unbecoming a public employee	Substantiated
12-180	NF	Alleged "hostile work environment"	Information Only
12-181	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-182	NF	Alleged concerns regarding access to medical records	Information Only
12-183	NF	Alleged concerns related to "Solutions Pharmacy"	Information Only
12-184	RF	Alleged concerns about possible Medicare fraud	Referred to Med. Quality Assurance
12-185	RF	Alleged lack of response to request for services	Referred to County Health Dept.
12-186	RF	Alleged concerns about Florida Supreme Court and misconduct by a psychiatrist	Referred to Management
12-187	PI	Alleged misuse of computer	Referred to Management
12-188	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-189	RF	Alleged "cover up"	Referred to County Health Dept.
12-190	RF	Alleged concerns about handling son's health evaluation	Referred to Med. Quality Assurance
12-191	MA	Alleged settlement agreement process expedited	Referred to Management
12-192	NF	Alleged waste fraud and falsification of timesheet	Information Only
12-193	RF	Alleged disparity of treatment and harassment	Referred to Office of Equal Opp.
12-194	RF	Alleged discrimination and ADA accommodation request	Referred to Office of Equal Opp.
12-195	RF	Alleged unprofessionalism	Referred to Med. Quality Assurance
12-196	MA	Alleged falsification of time and attendance	Referred to Management
12-197	MA	Alleged nepotism and mismanagement	Referred to Management
12-198	RF	Alleged concerns about a physician	Referred to Med. Quality Assurance
12-199	RF	Alleged fraudulent case involving nursing license	Referred to Med. Quality Assurance
12-200	RF	Alleged ADA accommodation	Referred to Office of Equal Opp.
12-201	RF	Alleged concerns about quality of care regarding physician	Referred to Med. Quality Assurance
12-202	NF	Alleged dissatisfaction with DDD's determination	Referred to Social Security Admin.
12-203	RF	Alleged possible hostile work environment	Referred to Office of Equal Opp.
12-204	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-205	MA	Alleged contract fraud	Referred to Management
12-206	IN	Alleged sexual misconduct	Unfounded
12-207	NF	Alleged concerns regarding mold	Referred to County Health Dept.
12-208	RF	Alleged discrimination based on race and color	Referred to Office of Equal Opp.
12-209	MA	Alleged violation of law or agency rules	Referred to Management
12-210	MA	Alleged conduct unbecoming a public employee	Referred to Management
12-211	NF	Alleged concerns about SS Disability fraud & misconduct by DD Examiners	Information Only
12-212	NF	Alleged failure to provide medical treatment	Referred to AHCA/Med. Qual. Assur.
12-213	NF	Alleged misconduct by physicians	Referred to AHCA/Med. Qual. Assur.
12-214	NF	Alleged concerns about quality of care for patients	Information Only
12-215	MA	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
12-216	RF	Alleged denial of public records request	Referred to Med. Quality Assurance
12-218	PI	Alleged violation of law or agency rules	Unfounded
12-219	RF	Alleged nepotism/conflict of interest/harms threats	Referred to Law Enforcement
12-220	NF	Alleged disclosure of bid information w/o authorization for personal reasons	Substantiated
12-222	MA	Alleged falsification of mileage records and timesheets	Referred to Management
12-224	NF	Alleged concerns about purchasing contaminated food	Information Only
12-225	NF	Alleged pain management clinics legislation concerns	Information Only
12-226	NF	Alleged hostile work environment and retaliation	Unfounded
12-227	NF	Alleged disclosure of confidential information/HIPAA violation	Substantiated
12-228	NF	Alleged employee arrest	Substantiated
12-229	RF	Alleged discrimination	Referred to Office of Equal Opp.
12-230	RF	Alleged theft of security paper (blank birth & death certificates)	Referred to Law Enforcement
12-231	RF	Alleged harassing/threatening telephone call against DOH employee	Referred to Law Enforcement
12-232	NF	Alleged no responding to claim for cost of repairs to a septic tank	Information Only
12-233	IN	Alleged misuse of position/conduct unbecoming a public employee	4-Substantiated 2-Unfounded
12-234	MA	Alleged misconduct	Referred to Management
12-235	MA	Alleged conduct unbecoming a public employee/misuse or abuse of power	Referred to Management
12-236	MA	Alleged misappropriation of Federal funds	Referred to Management
12-237	NF	Alleged issues regarding non-payment of wages	Information Only
12-238	NF	Alleged personnel improprieties	Information Only
12-239	NF	Alleged user gave out credentials and passwords to staff member	Information Only
12-240	RF	Alleged unethical behavior and possible violation of law	Referred to Law Enforcement
12-241	RF	Alleged security breach	Referred to Dept. of Mgmt. Services
12-242	MA	Alleged violation of law and agency rules	Referred to Management
12-243	MA	Alleged intentional HIPAA breach by CHD employee	Referred to Management
12-244	PI	Alleged obstruction of law enforcement in performance of emergency response	Employee resigned
12-245	NF	Alleged unethical conduct	Information Only
12-246	MA	Alleged breach/violation of information security policies	Referred to Management
12-247	NF	Alleged mismanagement and living conditions at condominiums	Information Only
12-248	NF	Alleged concerns about level of care provided by a physician	Information Only
12-249	NF	Alleged concerns about a hospital	Information Only
12-250	NF	Alleged mishandling of a 2002 case	Information Only
12-251	MA	Alleged failure to address violations	Referred to Management
12-252	MA	Alleged falsification of records and theft of pharmaceuticals	Referred to Management
12-253	MA	Alleged violation of information technology policy	Referred to Management
12-254	RF	Alleged management staff discriminates against non-Spanish speakers	Referred to Office of Equal Opp.
12-255	RF	Alleged sales of prescription drugs	Referred to Med. Quality Assurance
12-256	MA	Alleged violation of law or agency rules; conduct unbecoming, etc.	Employee resigned
12-257	RF	Alleged explicit or implied threats	Referred to Office of Equal Opp.
12-258	MA	Alleged jewelry was sold at the CHD along with political items	Referred to Management
12-259	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action
12-260	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action
12-261	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action
12-262	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action

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
12-263	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action
12-264	PI	Alleged harassment, racism, retaliation, misuse of state funds, etc.	Concluded without action
12-265	NF	Alleged concerns regarding unlicensed practice of medicine	Information Only
12-266	RF	Alleged sexual misconduct by volunteer physician	Referred to Med. Quality Assurance
13-001	RF	Alleged unfair treatment of African American employees	Referred to Office of Equal Opp.
13-002	RF	Alleged contract fraud (deceptive billing)	Referred to County Health Dept.
13-003	INA	Investigative Assistance to IRS and FBI	Investigative Assist
13-004	RF	Alleged serious accident/injury/illness	Referred to Med. Quality Assurance
13-005	PI	Alleged insufficient investigation and mishandling of personnel file	Unfounded
13-006	MA	Alleged violation of dual employment	Unfounded
13-007	PI	Alleged conduct unbecoming a public employee	Unfounded
13-008	PI	Alleged misconduct, retaliation, misuse of authority	Information Only
13-009	MA	Alleged misuse of records, identity theft, HIPAA violations	Referred to Management
13-010	RF	Alleged misconduct by a physician	Referred to Med. Quality Assurance
13-011	RF	Alleged possible violation of nurse practice act	Referred to Med. Quality Assurance
13-012	RF	Alleged possible fraud and identity theft	Referred to County Health Dept.
13-013	MA	Alleged conduct unbecoming a public employee	Referred to Management
13-014	MA	Alleged HIPAA violations	Referred to Management
13-015	MA	Alleged violation of law or agency rules/conduct unbecoming a public employee	Referred to Management
13-016	MA	Alleged violation of law or agency rules	Referred to Management
13-017	RF	Alleged medication/dispensing error with adverse consequences	Referred to Med. Quality Assurance
13-018	RF	Alleged misconduct by a psychiatrist	Referred to Med. Quality Assurance
13-019	NF	Allegation related to Department of Agriculture & Consumer Services	Information Only
13-020	IN	Alleged misuse of information technology resources	Substantiated
13-021	RF	Alleged concerns about level of patient care	Referred to Med. Quality Assurance
13-022	RF	Alleged possible violation of nurse practice act	Referred to Med. Quality Assurance
13-023	NF	Alleged mismanagement issues	Information Only
13-025	NF	Alleged mismanagement	Information Only
13-026	RF	Alleged provider (ARNP) misconduct towards a patient	Referred to Med. Quality Assurance
13-027	NF	Alleged conduct unbecoming a public employee	Information Only
13-028	NF	Alleged misconduct by a nurse	Information Only
13-029	NF	Alleged not receiving medically validated treatment	Information Only
13-030	RF	Alleged discrimination	Referred to Office of Equal Opp.
13-031	IN	Alleged workplace violence/conduct unbecoming/violations of law or agency rules	2-Substantiated 2-Unsubstantiated
13-032	RF	Alleged threatening and harassing voicemails made against employees	Referred to State Attorney's Office
13-034	PI	Alleged retaliation	Referred to Office of Equal Opp.
13-035	MA	Alleged retaliation	Referred to Management
13-036	IN	Alleged misconduct/conduct unbecoming a public employee	Unfounded
13-037	MA	Alleged conduct unbecoming a public employee	Referred to Management
13-038	MA	Alleged possible employment discrimination	Referred to Management
13-039	MA	Alleged misuse of state equipment	Referred to Management
13-040	IN	Alleged breach of information security	Substantiated
13-041	IN	Alleged theft of state property	Unfounded
13-042	NF	Allegation related to Agency for Health Care Administration complaint	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
13-043	NF	Alleged non-monitoring of contracts	Information Only
13-044	RF	Alleged issues against a doctor	Referred to Med. Quality Assurance
13-045	NF	Alleged mismanagement	Information Only
13-048	RF	Alleged concerns regarding treatment at emergency room	Referred to Med. Quality Assurance
13-050	NF	Alleged fraud, waste and abuse	Information Only
13-051	RF	Alleged failure to report arrest	Referred to Social Security Admin.
13-052	RF	Alleged medication/dispensing error with adverse consequences	Referred to Med. Quality Assurance
13-053	MA	Alleged knowingly made false or inaccurate complaint	Referred to Management
13-054	MA	Alleged violation of law or agency rules and workplace violence	Referred to Management
13-056	PI	Alleged conduct unbecoming/wage violations	Unfounded
13-057	MA	Alleged illegal drug use and fraud	Substantiated
13-058	NF	Alleged explicit or implied threat towards a person or property	Referred to Office of Equal Opp.
13-059	NF	Alleged breach/violation of confidential information	Information Only
13-060	NF	Alleged deficiencies within a DOH facility	Information Only
13-062	PI	Alleged misuse of government resources	Substantiated
13-063	MA	Alleges lost or stolen medical records	Referred to Management
13-064	MA	Alleged gross mismanagement	Referred to Management
13-065	NF	Alleged concerns about physicians	Information Only
13-066	IN	Alleged retaliation, written reprimand & harassment by supervisors	Referred to Management
13-067	MA	Alleged fraud, poor management, inadequate position descriptions	Unfounded
13-068	MA	Alleged disruptive work environment/intimidation/management misconduct	Unfounded
13-069	RF	Alleged potential discriminatory practices	Referred to Office of Equal Opp.
13-070	RF	Alleged discriminatory hiring practices	Referred to Office of Equal Opp.
13-071	RF	Alleged discrimination	Referred to Office of Equal Opp.
13-072	PI	Alleged unprofessional, unethical & illegal conduct by management	Closed. Combined with 13-064.
13-073	MA	Alleged conduct unbecoming; possible HIPAA violations & falsification of time	Unfounded
13-074	RF	Alleged discriminatory practices & treatment	Referred to Office of Equal Opp.
13-075	PI	Alleged conduct unbecoming a public employee/false or misleading testimony	Unfounded
13-076	RF	Alleged falsification of documents	Referred to Med. Quality Assurance
13-077	PI	Alleged WIC assistance fraud	Unfounded
13-078	PI	Alleged concerns regarding termination of employment	Information Only
13-079	NF	Alleged felony child neglect resulting in DOH employee arrest	Information Only
13-080	MA	Alleged conduct unbecoming a public employee	Referred to Management
13-081	IN	Alleged misuse of information technology resources	Substantiated
13-082	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-083	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-084	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-085	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-086	RF	Alleged discrimination, mismanagement	Referred to Office of Equal Opp.
13-087	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-088	RF	Alleged violation of Florida Statutes, security of communications	Referred to Law Enforcement
13-089	PI	Alleged retaliation; fired for filing Incident Report	Unfounded
13-090	NF	Alleged potential benefits fraud	Information Only
13-091	NF	Alleged difficulty locating surgeon who accepts Medicaid	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
13-093	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-094	RF	Alleged racial discrimination, mismanagement	Referred to Office of Equal Opp.
13-096	RF	Alleged retaliation	Referred to Office of Equal Opp.
13-097	RF	Alleged issues with Social Security disability claim	Referred to Social Security Admin.
13-098	NF	Alleged threatening telephone call	Information Only
13-100	NF	Alleged inappropriate content of videos shown to employees	Information Only
13-101	RF	Alleged discriminatory practices	Referred to Office of Equal Opp.
13-102	MA	Alleged wrongful reprimand	Referred to Med. Quality Assurance
13-104	RF	Alleged improper use of Registered Nurse number	Referred to Med. Quality Assurance
13-105	RF	Alleged medical equipment failure	Referred to Med. Quality Assurance
13-106	IN	Alleged misconduct	Unfounded
13-107	MA	Alleged mismanagement	Closed. Duplicate of 12-052.
13-109	MA	Alleged misconduct	Referred to Management
13-112	MA	Alleged program unit did not perform valid assessment	Referred to Management
13-113	RF	Alleged fraud and abuse	Referred to Med. Quality Assurance
13-114	MA	Alleged conduct unbecoming a public employee	Referred to Management
13-115	MA	Alleged conduct unbecoming a public employee/nepotism	Referred to Management
13-116	MA	Alleged mismanagement, ordered to falsify reporting	Referred to Management
13-117	MA	Alleged conduct unbecoming a public employee	Substantiated
13-119	MA	Alleged potential nepotism, various management issues	Referred to Management
13-120	RF	Alleged health professional performing unauthorized procedure	Referred to Med. Quality Assurance
13-121	MA	Alleged possible HIPAA violation	Unfounded
13-122	NF	Alleged "racial divide"	Information Only
13-123	NF	Alleged cronyism	Information Only
13-125	NF	Alleged procedure breach	Information Only
13-126	NF	Alleged retaliation for reporting illegal practices	Information Only
13-127	NF	Alleged criminal mischief	Information Only
13-128	NF	Alleged illegal resale of condoms	Information Only
13-129	NF	Alleged missing checks for deposit	Referred to Law Enforcement
13-130	NF	Alleged mismanagement causing high "provider" turnover	Information Only
13-131	NF	Alleged unsanitary practices by private medical care provider	Information Only
13-132	NF	Alleged unauthorized entrance into DOH facility	Information Only
13-133	NF	Alleged concerns with health care system, education, etc.	Information Only
13-134	NF	Alleged harassing phone calls	Information Only
13-135	NF	Alleged agitated client in WIC program	Information Only
13-136	NF	Alleged conduct unbecoming	Information Only
13-137	NF	Alleged retaliation and wrongful dismissal	Information Only
13-138	NF	Alleged intimidation, threatening and wrongful termination	Information Only
13-139	NF	Alleged healthcare practitioner complaint	Referred to Med. Quality Assurance
13-140	MA	Alleged misuse of IT resources/misuse of authority	Referred to Management
13-141	NF	Alleged concerns over moving a DOH facility	Information Only
13-142	PI	Alleged prohibited referrals	Information Only
13-143	NF	Alleged non-compliance with Public Records Request	Information Only
13-144	RF	Alleged health instrument mishap	Referred to Med. Quality Assurance

Legend	IN - Investigation	NF – Information Only	RF – Referral
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Number	Type	Alleged Subject	Disposition
13-145	RF	Alleged complaint against licensed professionals	Referred to Med. Quality Assurance
13-146	RF	Alleged obstruction of disability review by Social Security worker	Referred to Social Security Admin.
13-152	NF	Alleged issues at WIC clinic	Information Only
13-153	RF	Alleged discrimination	Referred to Office of Equal Opp.
13-154	RF	Alleged abuse and fraud	Referred to Med. Quality Assurance
13-155	RF	Alleged medical records being stolen	Referred to Med. Quality Assurance
13-156	RF	Alleged Other Personal Services (OPS) staff person indictment on Federal charges	Referred to Med. Quality Assurance
13-157	RF	Alleged abuse/neglect	Referred to Med. Quality Assurance
13-158	RF	Alleged abuse/neglect	Referred to Med. Quality Assurance
13-159	NF	Alleged inappropriate conduct	Information Only
13-160	NF	Alleged disappointment with providers	Information Only
13-164	RF	Alleged abuse/neglect	Referred to Med. Quality Assurance
13-165	NF	Alleged concerns about unsafe living conditions	Information Only
13-166	NF	Alleged falsification of time records	Information Only
13-167	NF	Alleged nuisance phone calls	Referred to Law Enforcement
13-168	RF	Alleged dissatisfaction with practitioner	Referred to Med. Quality Assurance
13-169	RF	Alleged unprofessional treatment by manager and staff	Referred to Med. Quality Assurance
13-174	RF	Alleged pharmacist selling prescriptions drugs illegally	Referred to Med. Quality Assurance
13-175	NF	Alleged HIPAA violations	Information Only
13-176	RF	Alleged unsatisfactory medical treatment	Referred to Med. Quality Assurance
13-177	NF	Alleged health concerns over facilities	Information Only
13-178	NF	Alleged request of personnel files not being fulfilled	Information Only

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**OFFICE OF INSPECTOR GENERAL
4052 Bald Cypress Way, Bin #A03
Tallahassee, FL 32399-1704**

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

**DOH Office of Inspector General
(850) 245-4141**

**Whistle-blower's Hotline
(850) 543-5353**