



FLORIDA DEPARTMENT OF HEALTH
OFFICE OF
INSPECTOR GENERAL



**annual
report**

**20
14-15**

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, 2015

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(8), *Florida Statutes*, I am submitting the Office of Inspector General Annual Report for the fiscal year ending June 30, 2015. 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 2014-15

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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 agency's information technology security program for data, information, and information technology resources of the agency¹;
- ❖ 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;

¹ Section 282.318(4)(f), *Florida Statutes*, Security of Data and Information Technology

- ❖ Report expeditiously to the appropriate law enforcement agency when there are reasonable grounds to believe there has been a violation of criminal law;
- ❖ Ensure an appropriate balance is maintained between audit, investigative and other accountability activities; and
- ❖ Comply with the *Principles and Standards for Offices of Inspector General* as published by the Association of Inspectors General.

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, 2014 and ending June 30, 2015.

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

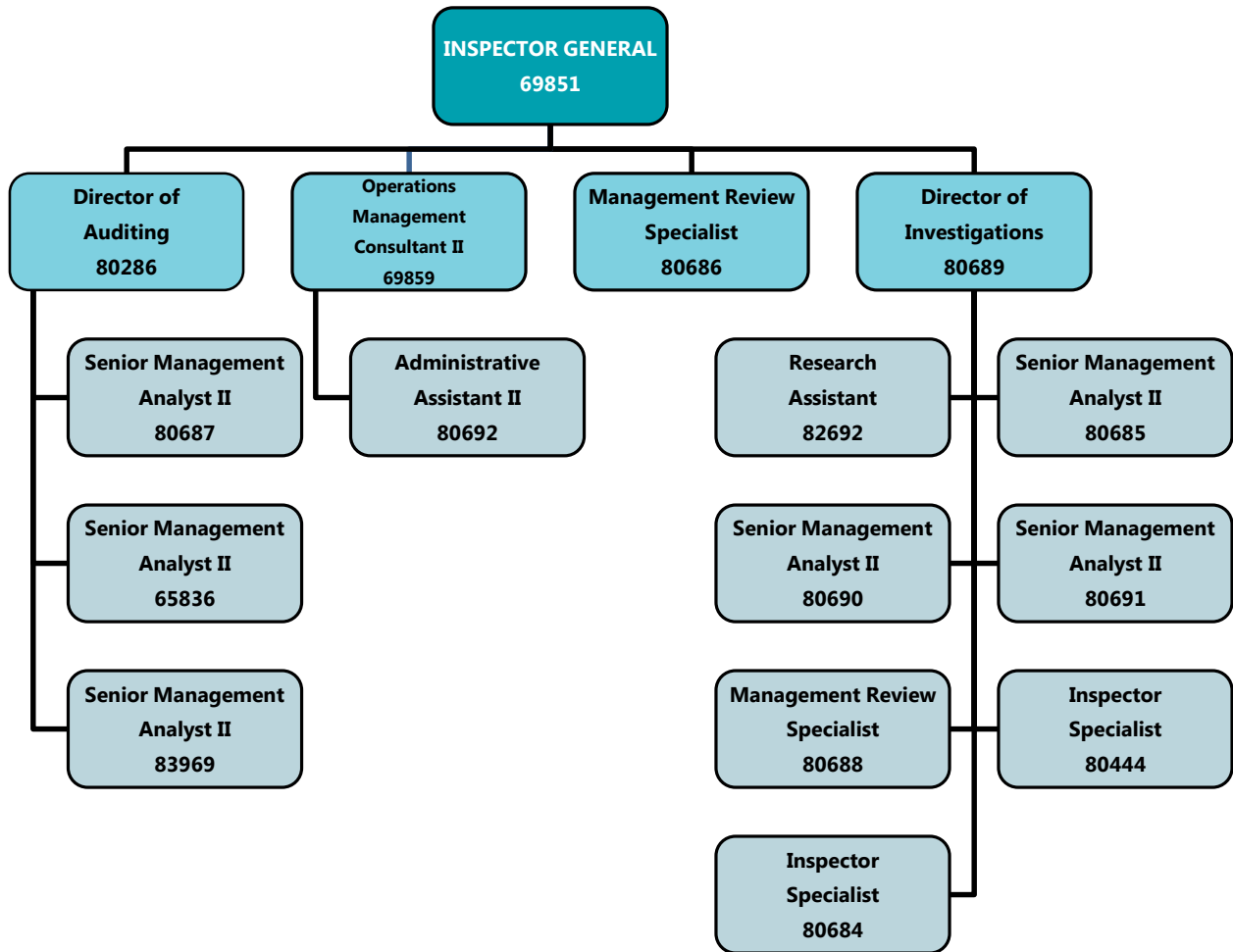
Staff Qualifications

The OIG consists of 16 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. The Inspector General has a dual reporting relationship to the Chief Inspector General within the Executive Office of the Governor and 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, 2015, 15 of the 16 positions were filled. The following statistics represent the 15 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 Inspector General Investigators,
 - ❖ 3 Certified Public Accountants,
 - ❖ 2 Certified Internal Auditors,
 - ❖ 2 Certified Information Systems Auditors,
 - ❖ 2 Certified Accreditation Managers,
 - ❖ 2 Certified Accreditation Assessors,
 - ❖ 2 Certified Law Enforcement personnel,
 - ❖ 1 Certified Government Auditing Professional,
 - ❖ 1 Certified Law Enforcement Instructor, and
 - ❖ 1 Certified Professional Secretary
- The Director of Investigations serves as a Board Member of the Florida Audit Forum;
- Collectively, staff within the OIG have:
 - ❖ 101 years of Audit experience, and
 - ❖ 241 years of Investigative experience.

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2015)



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.

Section 20.055(2)(j), *Florida Statutes*, requires each Office of Inspector General to comply with the *Principles and Standards for Offices of Inspector General*, issued by the Association of Inspectors General. This document mandates 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 members have 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 Program.

Some of the other courses or conferences attended by staff during the 2014-15 fiscal year included:

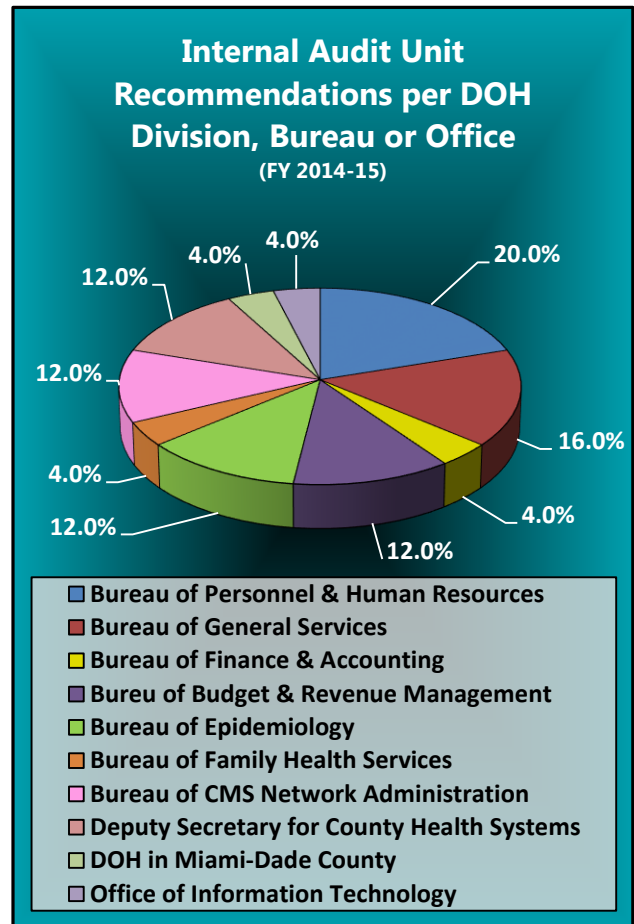
- ❖ Florida Institute of Certified Public Accountants' Annual Accounting Show
- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Writing and Editing Workshop for Inspector General Offices
- ❖ Florida Digital Government Summit
- ❖ Florida Government Technology Conference
- ❖ Florida Accounting and Information Resource (FLAIR) Fundamentals
- ❖ Information Technology Security Controls
- ❖ The Latest Issues and Trends in Cyber Security
- ❖ Professional Practices Adding Value to the Profession
- ❖ High Liability Refresher
- ❖ Florida Law Enforcement Refresher
- ❖ Managing the Accreditation Process
- ❖ New Assessor Orientation

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 month intervals to ensure corrective actions are implemented to correct any deficiencies noted.

Identification of audit and review engagements is primarily based upon the results of a Department risk assessment where the overall risk of critical operations and/or functions is assessed by the OIG. This risk assessment, along with past auditor experience and discussions with the OIG Director of Investigations and the Inspector General, culminates in the development of a new three-year audit plan each year. 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 processes. 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.

2014-15 Accomplishments

The OIG completed a total of four audit engagements and three review engagements during the 2014-15 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 2014-15 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 31 of this report.

The OIG also initiated four additional major audit/review projects during fiscal year 2014-15 that will culminate during fiscal year 2015-16.

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

Quality Assessment Review

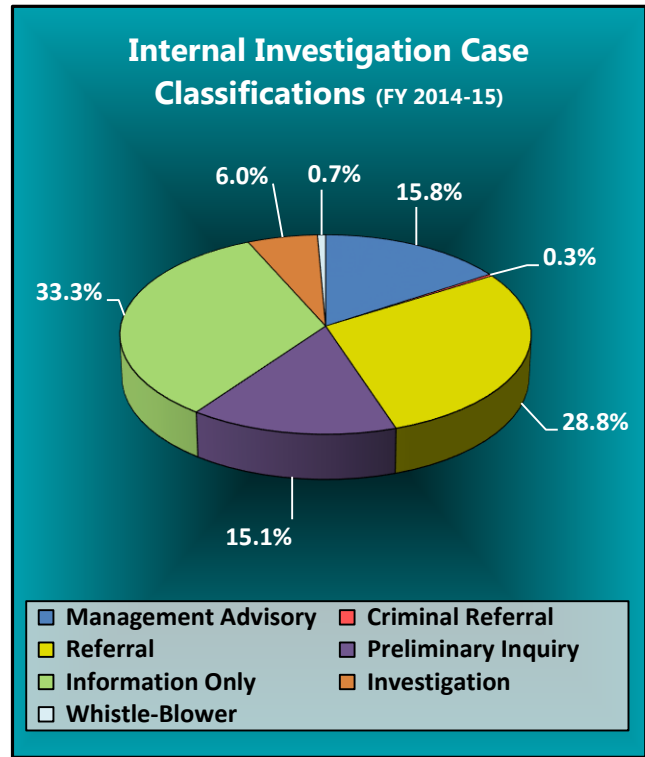
On October 30, 2014, the OIG received a final report from the Office of the Auditor General's Quality Assessment Review (QAR) of the OIG's Internal Audit Activity for the period July 2013 through June 2014. *Florida Statutes* requires each state agency's OIG quality assurance program and internal audit activity be reviewed every three years for compliance with Section 20.055, *Florida Statutes*.

The October 2014 report found the Department of Health's (DOH) OIG quality assurance program to be adequately designed and complied with during the review period, including compliance with the provisions Section 20.055, *Florida Statutes*. The report did not include any findings or recommendations for corrective action.

Internal Investigations Unit

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 2014-15 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 for 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.
- ❖ 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.



2014-15 Accomplishments

The OIG closed 285 complaints during the 2014-15 fiscal year. The chart above provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2014-15 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2014-15 fiscal year can be found starting on page 24 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 received initial accreditation by the Commission for Florida Law Enforcement Accreditation, Inc. (Commission). The accreditation process involved assessing the OIG's Internal Investigations Unit operations, determine compliance with the standards established by the Commission, and determine eligibility (based upon review team recommendations) for receiving accredited status from the Commission.

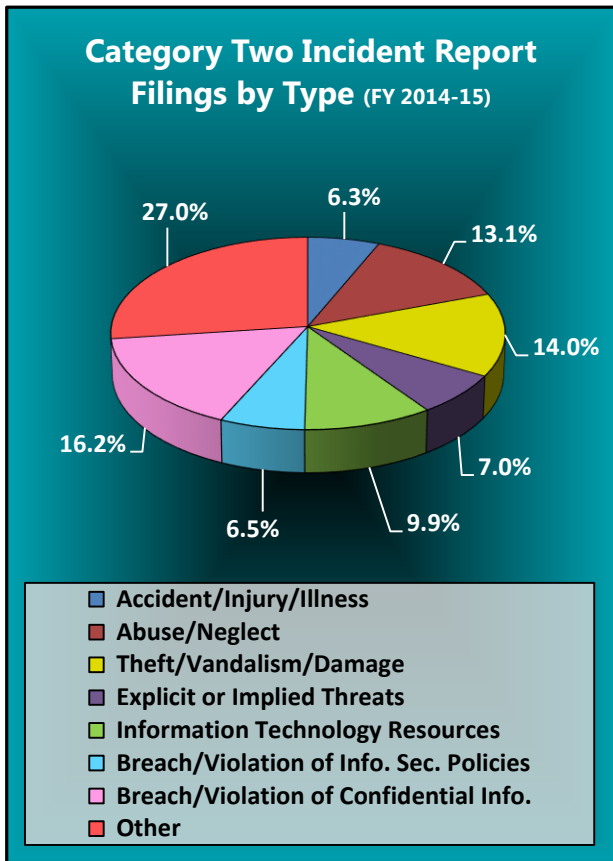
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

In the summer of 2014, the OIG was evaluated for re-accreditation purposes and on October 8, 2014 the OIG was formally approved for re-accreditation by the Commission. The DOH OIG was one of 14 state agency Offices of Inspector General that were accredited as of June 30, 2015.

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.



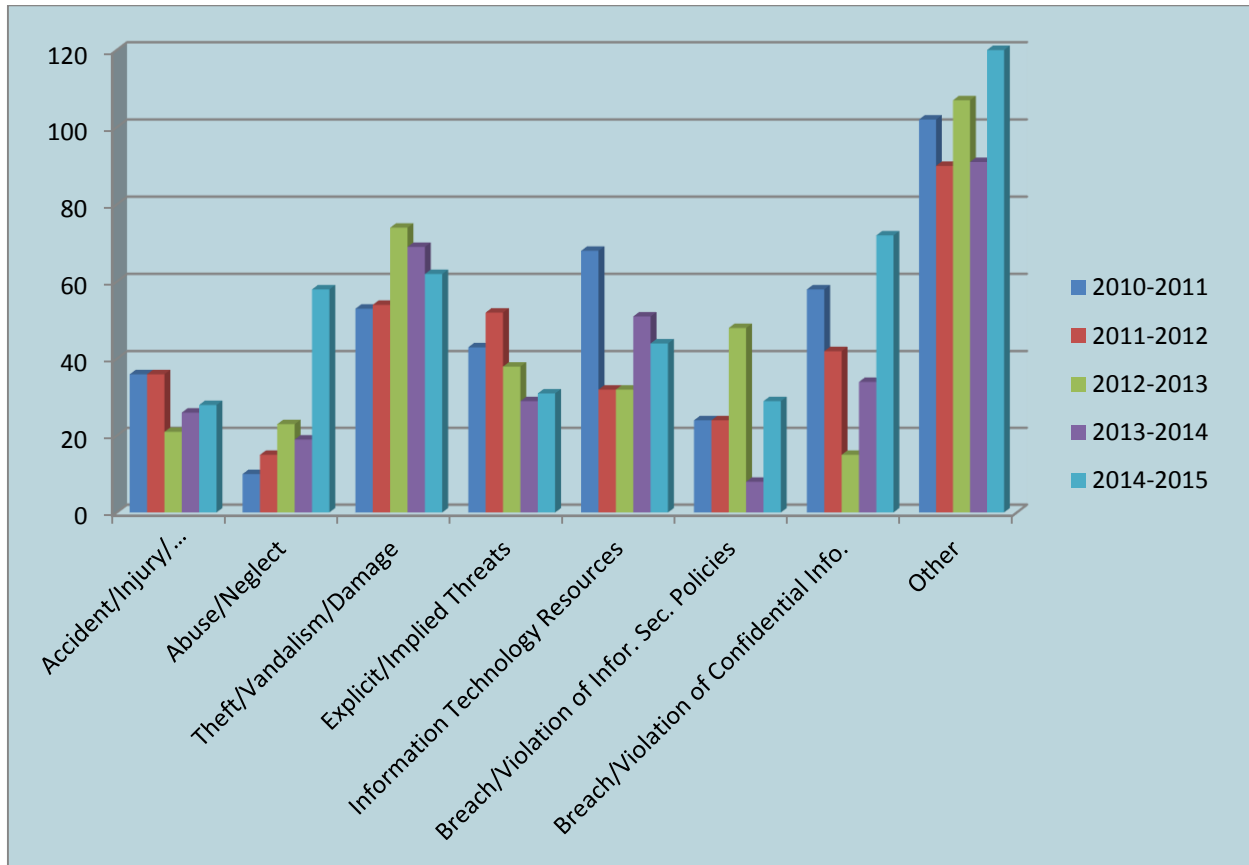
Incidents are to be documented on the Department’s Incident Report Form (Form DH 1152). The form is used to identify the type of incident, names of participants and witnesses, a description of the incident, and (where warranted) the results of the preliminary investigation.

2014-15 Accomplishments

In July 2008, the OIG officially took over responsibility for publication and administration of the Department’s Incident Report policy. The current policy (DOHP 5-6-14) requires the OIG be the recipient of any Category Two (serious) Incident Report (Category One or non-serious incidents are handled at the local level). Upon receipt of an Incident Report, OIG staff determine whether to perform an investigation based upon the nature of the incident and, if so, who best should perform the investigation.

The OIG received 445 Incident Reports during the 2014-15 fiscal year. This represents a **36% increase** over the previous fiscal year when 327 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 2014-15 fiscal year. The chart below (next page) provides a comparison of the Category Two incidents received by the OIG over the last five fiscal years, by incident type.

Comparison of Reported Category Two Incident Reports over last five fiscal years ended June 30, 2015



SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARIES

The following are summaries of internal audits completed during the 2014-15 fiscal year.

AUDIT REPORT # A-1314DOH-011

Statewide DOH Personnel and Human Resources Operations

The OIG reviewed compliance with select controls related to various policies, procedures and regulatory requirements of human resource (HR) operations within the Department of Health (DOH) and identified systemic areas of weakness to assist the Bureau of Personnel and Human Resource Management (Bureau) in addressing these matters from a statewide perspective. The OIG visited 11 self-administering DOH HR offices and consortia and surveyed all 26 DOH HR offices/consortia to analyze selected controls.

SUMMARY OF FINDINGS

- ❖ DOH lacks comprehensive and clear guidance on personnel file management.
- ❖ Department policy 60-3-13, *Attendance and Leave*, does not include documentation standards for leave audits.
- ❖ Department policy related to pay and salary actions do not reference specific requirements of DOH cash handling policies.
- ❖ Economic and efficiency benefits could be realized with increased sharing of background screening results for current and potential DOH employees licensed by the Division of Medical Quality Assurance (MQA).

RECOMMENDATIONS

The OIG recommended:

- ❖ The Bureau develop Department-wide personnel file management standards and require all HR offices/consortia adhere to these standards. This should be done in conjunction with the self-administering HR offices/consortia.

- ❖ Personnel file management standards include a requirement for self-administering HR offices/consortia to conduct periodic personnel, medical and background file audits to help ensure all personnel-related documentation is maintained accordingly.
- ❖ Department policy 60-3-13, *Attendance and Leave*, be updated to include documentation standards for leave audits.
- ❖ Specific reference be given in Department policy 60-37-14, *Pay and Salary Actions*, requiring HR employees to use Department policy 57-07-13, *Cash Handling*, when handling non-pay and salary-related cash/check/credit transactions.
- ❖ The Bureau, in coordination with the self-administering HR offices/consortia and MQA, make efforts to explore the feasibility of obtaining background screening/rescreening results of MQA licensed individuals when determining DOH employment eligibility.

AUDIT REPORT # A-1314DOH-013

Central Office Physical Security: Badge Access and Security Cameras

The OIG reviewed badge access and security camera system controls used to aid in achieving physical security at the Department of Health Capital Circle Office Complex location.

The report was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*.

AUDIT REPORT # A-1415DOH-005

The Merlin System

The OIG examined Florida's electronic surveillance system of reportable diseases and conditions for all 67 counties. The OIG reviewed the efficiency and effectiveness of system design; internal controls and operational procedures; compliance with select regulatory requirements; and other system related issues identified during the project.

SUMMARY OF FINDINGS

- ❖ The Bureau of Epidemiology had not identified information resource owner(s) or delegated local information custodians for Merlin consistent with Rule 71A, *Florida Administrative Code* (F.A.C.) and Department policy.
- ❖ The validity of some *Merlin User Access Request* form approvals could not be determined due to illegible signatures.

- ❖ Controls related to authorizing, monitoring, and removing administrative privileges in Merlin were not consistent with Rule 71A, F.A.C.

RECOMMENDATIONS

The OIG recommended Bureau of Epidemiology management:

- ❖ Review the definitions and responsibilities of information resource owners and local information custodians within Rule 71A, F.A.C., and internal Department security and privacy policy and formally designate individuals who will carry out the responsibilities of these roles accordingly for Merlin.
- ❖ Add a field on the *Merlin User Access Request* form for the approver to print their name in addition to signature in order to improve accountability and validation for the approval of Merlin users.
- ❖ Continue with efforts to ensure procedures for authorizing, monitoring, and removing administrative privileges in Merlin are consistent with Rule 71A, F.A.C.

AUDIT REPORT # A-1415DOH-014 CHD Trust Fund – Special Projects

The OIG reviewed the County Health Department (CHD) Trust Fund’s special projects to determine if controls were in place and operating effectively, sufficient that projects are appropriately established and approved, transactions relate to special projects, and evidence the return of any surplus funds upon completion of a project.

SUMMARY OF FINDINGS

- ❖ Some CHDs were holding significant amounts of cash for self-described special projects for which there was no specific appropriation, no budget, and/or no authorized planned project.
- ❖ Differences in available cash for a given project existed between records maintained by the Office of Design and Construction and records maintained by the Office of Budget & Revenue Management.

RECOMMENDATIONS

The OIG recommended Office of Deputy Secretary for County Health Systems management:

- ❖ Review all cash balances set aside by CHDs for special projects. Where it is determined there is no specific appropriation, budget authority, or evidence suggesting their specified planned project will commence in accordance with the requirements of Section 154.02(6)(c), *Florida Statutes*, or Department Operating Procedure 55-22-14, *Fixed Capital Outlay*, cash balances may need to transfer to the Operating portion of the CHD Trust Fund.
- ❖ Together with the Division of Administration, work to update the *CHD Special Project Management Guidelines*, where needed, especially in relation to the role of the Fiscal Management Advisory Council.

The OIG recommended management from the Office of Design and Construction and the Office of Budget & Revenue Management:

- ❖ Develop a uniform control to ensure that available cash for each special project agrees between the two Offices and all agreed-upon amounts also reconcile with each respective CHD's understanding of available cash for special projects.

OTHER PROJECTS

The following is a summary of other projects completed during the 2014-15 fiscal year.

REPORT # R-1314DOH-008 **Review of General Controls at County Health Departments**

The OIG visited and reviewed 26 county health departments (CHDs) in April 2014 to analyze selected controls and requirements related to property, personnel and human resources, information technology (IT) security awareness and contingency planning, safety paper, cash, pharmaceuticals, client incentives and promotional items, facility safety controls, medical records and protection of personal client information.

SUMMARY OF FINDINGS

- ❖ The Department lacked comprehensive and clear guidance for CHDs regarding asset management to ensure accountability of all fixed assets.
- ❖ Various general controls were found to be deficient or non-existent within the 26 CHDs visited.

RECOMMENDATIONS

The OIG recommended:

- ❖ The Bureau of General Services and the Office of Information Technology (in consultation with the Office of Statewide Services and Office of General Counsel, if needed) take actions to clarify existing asset management policies by providing definitive and aligned guidance throughout the Department, ensuring total accountability of all recorded assets and addressing issues noted above specific to CHDs.
- ❖ The Office of Statewide Services discuss deficiencies and areas of concern with all CHDs in an effort to improve operations statewide.
- ❖ The Bureau of Finance & Accounting, Financial Management, revise Department policy 56-89-12, *Client Incentives and Promotional Items*, to further clarify expectations related to periodic independent reconciliations of gift cards or other cash equivalent items.

REPORT # R-1314DOH-010**Selected Processes of Department of Health's Leasing Office**

The OIG reviewed the impact nominal leases have on the Department of Health (Department). Nominal leases include but are not limited to facilities that are owned or leased by a county or a county health department (CHD), in which Department employees work. The OIG wanted to determine whether controls were in place to ensure that facilities which are managed and/or owned by the Department are used effectively and efficiently. Finally, the OIG wanted to determine whether controls were in place related to occupancy leases.

SUMMARY OF FINDINGS

- ❖ When electing to use county procedures to procure leases, counties used state and federal funds that passed through the Department.
- ❖ Clarification and uniform guidance of what is expected of CHDs to report on Attachment IV to the State/County Contract is needed.
- ❖ The rental revenue received from space subleased by DOH to other entities was incorrectly coded in the Florida Accounting and Information Resource (FLAIR), masking revenue received.
- ❖ Staff other than the person responsible for leases was approving invoices for payment of leases at the Department of Health in Miami-Dade (DOH - Miami-Dade).
- ❖ Children's Medical Services (CMS) area office staff was holding checks received for rental revenue.

RECOMMENDATIONS

The OIG recommended the Office of Budget & Revenue Management:

- ❖ Provide uniform and clear instructions so that CHD staff can prepare and provide uniform information on Attachment IV.
- ❖ Work with the Leasing Office to determine what information should be included on Attachment IV so that the Leasing Office can easily acquire important data regarding the many different facilities in which DOH employees work and clients are seen.

The OIG recommended Bureau of General Services management:

- ❖ Ensure that where CHDs elect to use county procedures to procure lease space at a cost, CHDs are aware county funds must be used to pay for such leases. In order to help CHDs

make their decision of which method to use (state procedures vs. county procedures), inform CHDs that where state procedures and state funds are used, lease documents must be in compliance with Chapter 255, *Florida Statutes*.

- ❖ Require CHDs to provide copies of leases to the Leasing Office regarding all instances of facilities occupied by CHDs, including facilities that counties, cities, and school boards privately lease for the benefit of the CHDs. Public disclosure of any ownership interest by public officials and employees would also be helpful.

The OIG recommended Bureau of CMS Network Administration management:

- ❖ Work with Office of Budget & Revenue Management staff to determine appropriate coding of revenue receipts from leases, and then advise CMS area offices accordingly.
- ❖ Revise Internal Operating Procedure (IOP) 145-016-10, *Leasing and Sub-Leasing of Space*, to advise CMS area offices how to record the receipt of any rental revenue in accordance with proper accounting procedures. The IOP should address the leasing of space in state-owned facilities and also the subleasing of a portion of leased facilities.
- ❖ Advise CMS area office staff of Department policy 57-07-13, *Cash Handling*, requirements for depositing all receipts timely.

The OIG also recommended that management of DOH - Miami-Dade designate one person, who is directly involved and knowledgeable of the leases, to approve lease payments for DOH - Miami-Dade.

REPORT # R-1415DOH-013

Security of Personally Identifiable Information in the Medicaid Family Planning Waiver Program

The OIG reviewed the prevalence of personally identifiable information (PII) associated with the Medicaid Family Planning Waiver Program (Waiver Program) and evaluated whether adequate controls had been implemented to protect all documents containing applicants' PII.

SUMMARY OF FINDING

- ❖ The amount of PII collected and maintained by the Waiver Program could be reduced.

RECOMMENDATION

- ❖ The OIG recommended Waiver Program management continue to implement agreed upon changes to Waiver Program forms related to collection of PII during the enrollment process.

This also includes updates to applicable policy and dissemination to and training of CHD personnel once the elimination and redesign of the applicable forms and update to policy is complete.

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(8)(c)4, Florida Statutes, requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2015, the following corrective actions were still outstanding:

REPORT # R-1011DOH-029

Review of Select Mobile Device Security Controls

The OIG reviewed select security controls surrounding the use of Department-owned and managed handheld computing devices and mobile storage devices. Specifically, the OIG reviewed the system of controls as it relates to smartphones such as Blackberry and iPhone devices, universal serial bus (USB) flash drives (i.e., thumb drives), and external hard drives. The OIG identified several areas of weakness that could be improved upon in order to strengthen controls.

The report was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*. Seven corrective actions remain open.

REPORT # R-1112DOH-010

Review of Information System Backups and Disaster Recovery Processes

The OIG reviewed the backup and disaster recovery processes utilized by the Department for information applications/systems managed by the Office of Information Technology (IT) over three years. The review included those activities conducted by IT and the Southwood Shared Resource Center (SSRC). The OIG also reviewed the frequency of backups, the storage and security of the backup tapes and the frequency and type of disaster recovery exercises conducted.

The report was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*. One corrective action remains open.

REPORT # R-1213DOH-010

Data Disclosure Risks Still Associated with the Health Management System

The OIG reviewed general background information related to several unauthorized data disclosures linked to the Health Management System (HMS). The OIG identified continued internal risks associated with HMS and recommended potential activities intended to further mitigate future instances of disclosures.

The report was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*. Two corrective actions remain open.

REPORT # O-1213DOH-004

Analysis of Tuberculosis Programmatic and Fiscal Issues

The OIG examined the Department's Tuberculosis (TB) Program. Specifically, the OIG reviewed 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 analyzed roles and responsibilities of the TB Program's various components.

SUMMARY OF FINDING

- ❖ 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:

- ❖ Discontinue use of the TB X-ray Database, requiring all CHDs and TB physicians to use the Health Management System (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.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2014-15 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 13-239

Alleged Violation of Law or Agency Rules

Department of Health in Bay County (DOH-Bay)

This investigation was initiated based upon the OIG receiving a vague and unspecific anonymous complaint. The OIG focused its investigation primarily on DOH-Bay capital expenditures using Low Income Pool grant funds (LIP funds). The investigation found no substantiated allegations regarding LIP grant funds.

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

Allegation #1: The Complainant alleged the majority of the activities described in the LIP funds were not implemented. The allegation was **unsubstantiated**. The OIG found that DOH-Bay submitted required reports to the Agency for Healthcare Administration (AHCA). The OIG requested AHCA conduct a review of the DOH-Bay LIP grant activities. AHCA reported to the OIG that its review found no cause to seek the return of any LIP funds awarded to DOH-Bay.

Allegation #2: The Complainant alleged the Administrator at DOH-Bay was misusing LIP funds as a source of additional funds for capital spending and for the Administrator's special projects. The allegation was **unsubstantiated**. Although the OIG questioned some LIP funded capital expenditures at DOH-Bay, the review of those expenditures by AHCA at the request of the OIG found no cause for AHCA to seek the return of those funds.

Allegation #3: The Complainant alleged an Other Personal Services (OPS) Advanced Registered Nurse Practitioner (ARNP) was promoted to a career service ARNP position without advertising the position. The allegation was **substantiated without violation**. The OIG found that although the allegation as stated was true, Department policy 60-21-13, VII, C, 1,b, *Recruitment and Selection - Advertisement*, provides exceptions to advertising positions. In this instance, an exception was justified in writing and approved by the appropriate Deputy Secretary as allowed by the policy.

RECOMMENDATION

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

INVESTIGATION # 14-125**Alleged Employee Misconduct****Department of Health in Gadsden County (DOH-Gadsden)**

This investigation was initiated based on the OIG receiving an anonymous complaint (Complainant) alleging misconduct by a member of DOH-Gadsden executive management (Subject #1), a member of DOH-Gadsden operational management (Subject #2), and two DOH-Gadsden staff members (Subject #3 and Subject #4).

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

Allegation #1: The Complainant alleged Subject #1 held only a high school diploma although the Subject #1's State of Florida application indicated the Subject held a Bachelor's Degree. The allegation was **substantiated**. The OIG found that Subject #1 was untruthful on the State of Florida application. Subject #1 was found to violate Department policy 60-8-13, VII, D, (3),6, f, (4), (d), *Discipline - Falsification of Records*.

Allegation #2: The Complainant alleged Subject #1 created a position to retain Subject #2 when the DOH-Gadsden dental clinic closed. The allegation was **unsubstantiated**.

Allegation #3: The Complainant alleged Subject #2 only hired Hispanics in the dental program and none of the positions were advertised. The allegation further stated more than 90% of recent hires and promotions had been by direct appointment and not advertised through People First. The allegation was **unfounded**.

Allegation #4: The Complainant alleged funds were "swapped" from budget to budget to cover raises and that the DOH-Gadsden was \$200,000 in the "red." The allegation was **unfounded**.

Allegation #5: Because DOH-Alachua handles the Personnel/Human Resource function for DOH-Gadsden, the Complainant alleged that a specifically-named employee at DOH-Alachua knowingly participated in hiring policy violations at DOH-Gadsden. The OIG was unable to locate any such employee. The allegation was **unfounded**.

Allegation #6: The Complainant alleged Subject #3 did not report to work, but received a salary at DOH-Gadsden. The allegation was **unfounded**.

Allegation #7: The Complainant alleged Subject #1 used an affiliation with a named not-for-profit agency as an excuse not to come to work or complete responsibilities at DOH-Gadsden. The allegation was **unsubstantiated**.

Allegation #8: The Complainant alleged Subject #1 did not know how to use a computer. The allegation was **unfounded**.

Allegation #9: The Complainant alleged DOH-Gadsden had environmental infractions that include mold, mildew, roaches, and that the water fountain filters are never changed. The allegation included that the water fountains had a thick green and white hard substance on the spout. The allegation also included that the chairs in the waiting room were filthy and the entrance/exit doors and cabinets/counters were never sanitized. The allegation was **unsubstantiated**.

Allegation #10: The Complainant alleged that Subject #4 supervised Subject #4's own daughter. The allegation was **unfounded**.

Allegation #11: The Complainant alleged DOH-Gadsden had unexplainable thefts that could only be "inside jobs". The allegation included that a pressure washer, tables, and chairs were missing. The allegation also included that computers and phones are purchased with State funds with "nothing to show for it." The allegation was **unfounded**.

Allegation #12: The Complainant alleged Subject #1 had "hurt" women for a long time, and named four women as victims. The allegation was **unfounded**.

RECOMMENDATION

- ❖ The OIG recommended DOH management review Subject #1's position and duties with the named not-for-profit agency to ensure consistency with the mission of DOH-Gadsden and that the position is consistent with applicable policy, rules, and Florida law. The OIG also recommended management take appropriate action consistent with the above findings.

INVESTIGATION # 14-171

Alleged Employee Misconduct

Division of Medical Quality Assurance – Unlicensed Activity Unit, Broward

This investigation was initiated based on the OIG receiving a complaint from an attorney (Complainant) alleging an Unlicensed Activity (ULA) Investigator (Subject) visited the Complainant's client's clinic, misrepresented himself, and disclosed confidential and damaging information about the Complainant's client in front of the client's patients and staff.

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

Allegation #1: The Complainant alleged the Subject displayed a badge on a chain around the Subject's neck when the Subject visited the Complainant's client's clinic which made the Subject appear to represent law enforcement. The allegation was **substantiated**. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, e, *Discipline* - Violation of Law or Agency Rules; and Department policy 60-8-12, VII, D, 6, d, *Discipline* – Insubordination (Failure to comply with written or oral instruction from supervisory personnel), and the MQA *Desk Guide*.

Allegation #2: The Complainant alleged the Subject announced in front of the Complainant's client's patients and staff that the Subject was conducting a criminal investigation. The allegation was **substantiated**. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, g, *Discipline* – Misconduct (Inappropriate Conduct).

Allegation #3: The Complainant alleged the Subject threatened the Complainant's client's staff with arrest if they did not tell the Subject the truth during interviews. The allegation was **unsubstantiated**.

Allegation #4: The Complainant alleged the Subject told the Complainant's client's staff they should find other jobs because the client's clinic would be shut down within six months. The allegation was **substantiated**. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, g, *Discipline* - Misconduct (Inappropriate Conduct).

Allegation #5: The Complainant alleged the Subject attempted to intimidate by telling the Complainant's client the client should find another job to make alimony payments. The allegation was **substantiated**. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, g, *Discipline* – Misconduct (Inappropriate Conduct).

Allegation #6: The Complainant alleged the Subject's actions were designed to intimidate and harass the Complainant's client and client's staff. The allegation was **unsubstantiated**.

Additional Findings

Finding #1: The OIG found the Subject's comments and conduct at the Complainant's client's clinic indicated the Subject did not act professionally or in an impartial manner. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, f, (2), *Discipline* - Conduct Unbecoming a Public Employee (Failure to Maintain Impartiality).

Finding #2: The OIG found the Subject disclosed an unsubstantiated confidential allegation about the Complainant's client to the client's business partner when that information was not relevant to the MQA investigation. The Subject's action was found to violate Department policy 60-8-12, VII, D, 6, e, (2), *Discipline* – Violation of Law or Agency Rules (Disclosure of Confidential or Privileged Information).

Finding #3: The OIG found no authority in Section 456.065, *Florida Statutes*, for the Department to conduct criminal investigations of the practice of health care professions. Although Section 456.065, *Florida Statutes*, makes it a criminal offense to practice a health care profession without a valid license, the law limits the Department's authority to only administrative and civil enforcement. The OIG believes it is inappropriate for MQA investigators to state they conduct "criminal investigations".

RECOMMENDATION

- ❖ The OIG recommended management take appropriate action consistent with the findings and conclusions of the report. The OIG specifically recommended that MQA review the issue of criminal investigations and make appropriate changes to *Position Descriptions* and staff training, as appropriate.

INVESTIGATION # 14-271

Alleged Violation of Patient Confidentiality Division of Community Health Promotion

This investigation was initiated based on the OIG receiving a complaint from a former DOH Director (Complainant) regarding a potential violation of patient confidentiality by a subordinate employee (Subject).

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

Allegation: The Complainant alleged the Complainant instructed the Subject to de-identify personally identifiable information (PII) on client services spreadsheets received from another DOH employee. The Complainant was later notified that 2,477 client entries containing PII had been distributed without the PII being de-identified from the spreadsheets. The allegation was **substantiated**. While it was determined this did happen, the OIG found the Complainant did not provide clear instructions to the Subject as to what PII needed to be de-identified from client services spreadsheets. As a result, the Subject did not properly de-identify client services spreadsheets containing PII. Consequently PII was released to three research partners.

RECOMMENDATION

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

INVESTIGATION # 15-081**Alleged Failure to Report Sexual Abuse****Department of Health in Taylor County (DOH-Taylor)**

This investigation was initiated based on the OIG receiving a complaint from an employee (Complainant) with the Division of Community Health Promotion. During a routine review of medical records at DOH-Taylor, the Complainant alleged the discovery of an unreported allegation of sexual abuse on a child, which should have been reported by the DOH-Taylor employee (Subject) who conducted the medical examination of the child.

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

Allegation: The Complainant alleged the Subject, as a health professional and mandated reporter of abuse, failed to report the allegation of sexual abuse of a child to the Florida Abuse Hotline. The allegation was **substantiated**. The OIG found that the Subject knew or should have known that Department policy, DOHP 60-8-14, D, 6, e, (5), *Discipline - Violation of Law or Agency Rules, Failure to Report Abuse to the Abuse Registry and Section 39.201, Florida Statutes*, requires that as a health professional, the Subject was required to report suspected sexual abuse of a child.

RECOMMENDATION

❖ The OIG recommended management take appropriate action.

INVESTIGATION # 15-104**Alleged Employee Misconduct****Division of Emergency Preparedness & Community Support
Bureau of Public Health Pharmacy**

This investigation was initiated based on the OIG receiving an *Incident Report* from a DOH manager (Complainant), that a Bureau of Public Health Pharmacy (BPHP) employee (Subject #1) made verbal threats to another BPHP employee (Subject #2).

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

Allegation: The Complainant alleged Subject #1 made a verbal threat to Subject #2 while Subject #2 was assigned to the Repack Room at the BPHP. The Complainant explained Subject #1 became dissatisfied how work was being performed by Subject #2, so Subject #1 voiced concern to Subject #2. The Complainant then alleged Subject #1 became upset with Subject #2's response, prompting Subject #1 to make an inflammatory comment to Subject #2 before leaving the work area without supervisor approval. Subject #1 later re-entered the work area

and openly stated to other BPHP employees to tell Subject #2 that Subject #1 would be waiting outside. The allegation was **substantiated**. During questioning, Subject #1 acknowledged making verbal threats to Subject #2.

RECOMMENDATION

- ❖ The OIG recommended management take appropriate actions based on 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. Initially, the OIG is copied on engagement letters, coordinates entrance conferences, and assists the external entity with applicable contact information. During audit fieldwork, the OIG facilitates all relevant communication between the auditors and Department program staff. At the conclusion of the audit/review, the OIG coordinates the exit conference between the auditors and Department management for the delivery of any Preliminary and Tentative findings (P&T).

When required, the OIG assigns any 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 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 for a list of external audits and reviews that were coordinated by the OIG during the 2014-15 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 matters regarding OIG processes; highlight areas of the Department recently audited or investigated by the OIG; and remind staff of Department policies, rules, state and federal laws, and best practice. The goal of the Bulletin is to keep employees better informed and to seek a reduction in fraud, waste, abuse, and irregularities within the Department.

PRESENTATIONS

During the 2014-15 fiscal year, staff from the OIG made several presentations that served to educate and inform those in attendance. The presentations included:

- ❖ **DOH Basic Supervisory Training** – occurring quarterly throughout the fiscal year, the OIG Director of Investigations participated in this training to educate new Department supervisors on the role and responsibilities of the OIG; the basics of the audit and investigative process; and the Incident Report process, including examples of incidents that frequently get reported to the OIG.
- ❖ **Certified Inspector General Auditor Training** (Jacksonville, FL on July 30-31, 2014) and (Virginia Beach, VA on February 24, 2015) – the DOH Inspector General participated by presenting separate segments on the Institute of Internal Auditors' *Red Book* Standards and Governmental Accounting for State & Local Governments.
- ❖ **DOH Attorney Conference Call** (February 26, 2015) – the DOH Inspector General, Director of Investigations, and Director of Auditing made a presentation to Department attorneys on the role and responsibilities of the OIG; the basics of the audit and investigative process; and the Incident Report process, including examples of incidents that frequently get reported to the OIG.

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2014-15

Number	Audit Engagements	Date Issued
A-1314DOH-011	Statewide Department of Health Personnel and Human Resource Operations	10/10/2014
A-1314DOH-013	Central Office Physical Security: Badge Access and Security Cameras	9/30/2014
A-1415DOH-005	The Merlin System	6/1/2015
A-1415DOH-014	CHD Trust Fund – Special Projects	6/1/2015

Number	Other Engagements	Date Issued
R-1314DOH-008	Review of General Controls at County Health Departments (2014)	8/25/2014
R-1314DOH-010	Selected Processes of Department of Health's Leasing Office	9/2/2014
R-1415DOH-013	Security of Personally Identifiable Information in the Medicaid Family Planning Waiver Program	12/19/2014

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2014-15 ² (includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
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
2014-014	Central Pharmacy, Selected Administrative Activities, and Prior Audit Follow-Up – Operational Audit	9/26/2013
2014-173	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2013	3/31/2014
2014-184	Payroll and Personnel Processes at Selected State Agencies – Operational Audit	4/10/2014
2015-002	Contract and Grant Management Processes at Selected State Agencies – Operational Audit	7/2/2014
2015-030	Office of Inspector General's Internal Audit Activity - Quality Assessment Review	10/30/2014
2015-052	Surplus Computer Hard Drive Disposal Processes at Selected State Agencies – Information Technology Operational Audit	12/1/2014
2015-119	Department of Health Regulation of Health Care Professions – Operational Audit	3/5/2015
2015-166	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2014	3/30/2015

Office of Program Policy Analysis and Government Accountability		
Number	Subject	Report Date
15-04	Florida's Nursing Education Programs Continued to Expand in 2014	1/30/2015

² The OIG tracks progress on corrective action at six month intervals on all external audits/reviews, up to a maximum of 18 months. For any remaining corrective actions outstanding after 18 months, the OIG may elect to continue tracking select corrective actions due to criticality of the issue.

Other External Projects		
External Entity	Subject	Report Date
Department of Financial Services, Division of Risk Management	Evaluation of the Department's Loss Prevention Program	08/19/2013
Department of Financial Services	Review of Selected Contract and Grant Agreements and Related Management Activities	2/24/2015
Nuclear Regulatory Commission	Integrated Materials Performance Evaluation	6/4/2015
United States Department of Health and Human Services, Health Resources and Services Administration	340B Drug Pricing Program	3/5/2015
United States Department of Agriculture	Management Evaluation of the Department's Child Care Food Program, Fiscal Year Ending 2015	5/20/2015

APPENDIX C

Department of Health Office of Inspector General Closed Complaints for FY 2014-15

Number	Type	Alleged Subject	Disposition
13-239	IN	Alleged violation of law of agency rules	2-Unsubstantiated 1-Substantiated without violation
13-248	IN	Alleged employee misconduct	2-Unsubstantiated
13-285	IN	Alleged employee misconduct	Unfounded
14-013	IN	Alleged contract violation(s)	Unfounded
14-019	MA	Alleged employee misconduct	Referred to Management
14-037	MA	Alleged employee misconduct	Referred to Management
14-043	MA	Alleged misconduct; misuse/abuse of power or authority	Referred to Management
14-055	PI	Alleged hostile work environment	No policy violation
14-067	PI	Alleged employee misconduct, Discrepancies in dismissal procedure	Unsubstantiated
14-082	IN	Alleged Information Security violation	Substantiated
14-084	NF	Alleged retaliation	Information Only
14-093	PI	Alleged policy failure & dismissal for work related illness	Unsubstantiated
14-096	MA	Alleged misconduct by former employee	Referred to Management
14-099	PI	Alleged employee misconduct	Subject terminated prior to conclusion of investigation
14-108	PI	Alleged missing/unaccounted packages	Substantiated
14-110	RF	Alleged retaliation and racial discrimination	Referred to FL Comm. On Human Relations
14-113	IN	Alleged employee misconduct	2-Unfounded 1-Unsubstantiated
14-116	PI	Alleged employee misconduct	Complainant involuntarily separated prior to conclusion of investigation
14-125	IN	Alleged employee misconduct	1-Substantiated 3-Unsubstantiated 7-Unfounded
14-126	NF	Alleged employee misconduct	Information Only
14-127	NF	Alleged employee misconduct	Information Only
14-128	PI	Concerns related to contract language	No administrative violations found
14-133	MA	Alleged employee misconduct	Referred to Management
14-135	IN	Displeasure with OIG investigation	3-Unfounded 1-Substantiated
14-137	MA	Alleged employee misconduct	Referred to Management
14-143	MA	Alleged employee misconduct	Referred to FL Comm. On Human Relations & Equal Opportunity
14-149	MA	Alleged employee misconduct	Referred to Management
14-151	MA	Alleged employee misconduct	Referred to Management
14-152	PI	Alleged breach of confidential information	Addressed by Management
14-168	NF	Alleged employee misconduct, retaliation	Information Only
14-171	IN	Alleged employee misconduct	4-Substantiated 2-Unsubstantiated
14-173	MA	Alleged employee misconduct	Referred to Management
14-174	PI	Alleged oral threat/Intimidation	Unsubstantiated
14-175	PI	Alleged employee misconduct	Addressed by Management

Legend	IN – Investigation	NF – Information Only	RF – Referral to Management
WB – Whistle-blower	MA – Management Advisory	LE – Criminal Referral	PI – Preliminary Inquiry

Number	Type	Alleged Subject	Disposition
14-177	NF	Alleged falsification of paternity	Information Only
14-178	RF	Alleged medication error	Referred to Medical Quality Assurance
14-179	RF	Alleged medical treatment issues at correctional institution	Referred to Everglades Correctional Institution
14-180	MA	Alleged employee misconduct, misuse of funds	No policy violation
14-181	WB	Alleged employee misconduct, retaliation	3-Unfounded 4-No authority/jurisdiction
14-182	PI	Alleged employee misconduct	No jurisdiction
14-183	NF	Alleged failure by DOH to perform radiation testing	Information Only
14-184	NF	Alleged failing septic inspection	Information Only
14-185	PI	Alleged misuse of DOH funds	No jurisdiction
14-186	RF	Alleged misconduct by a physician	Referred to Medical Quality Assurance
14-187	NF	No jurisdiction	Information Only
14-189	PI	Alleged employee misconduct	No policy violation
14-190	PI	Alleged missing drug delivery	Substantiated
14-191	RF	Alleged fraud by massage establishment	Referred to Medical Quality Assurance
14-192	MA	Alleged employee misconduct	Unfounded
14-193	MA	Alleged employee misconduct	No policy violation
14-194	PI	Alleged employee misconduct	Closed due to lack of information
14-195	NF	No apparent jurisdiction	Information Only
14-196	RF	Alleged medication error	Referred to Medical Quality Assurance
14-197	PI	Alleged misconduct/violation of salary policy	No policy violation
14-198	NF	Alleged inappropriate behavior	Information Only
14-199	IN	Alleged employee misconduct	1-Unsubstantiated 1-Unfounded
14-200	RF	Concerns regarding medical examiner	Referred to Medical Quality Assurance
14-201	RF	Alleged inappropriate needle stick	Referred to Medical Quality Assurance
14-202	RF	Request for assistance	Referred to Medical Quality Assurance
14-203	RF	Alleged unfair treatment/discrimination	Referred to Equal Opportunity
14-204	NF	Concerns regarding annual leave payout	Information Only
14-205	PI	Alleged misconduct	Unfounded
14-206	PI	Alleged violation of pay increase policy	No policy violation
14-207	RF	Alleged doctor completing a survey on healthcare inappropriately	Referred to Community Health Promotion
14-208	MA	Alleged employee misconduct	5-Unsubstantiated 3-Substantiated
14-209	PI	Alleged employee misconduct/retaliation	Unsubstantiated
14-210	MA	Alleged employee misconduct, conduct unbecoming	No misconduct
14-211	MA	Alleged employee misconduct/violation of CMS Foster Parent policy	Referred to Management
14-212	MA	Alleged misconduct/retaliation	No policy violation
14-213	NF	Alleged identity theft fraud	Information Only
14-214	RF	Alleged retaliation	Referred to FL Comm. On Human Relations
14-215	NF	Alleged theft of cash	Reported to Law Enforcement
14-216	RF	Allegations relating to a nursing home complaint	Referred to Agency for Health Care Administration
14-217	RF	Alleged unlicensed practitioner	Referred to Medical Quality Assurance
14-218	NF	Alleged mishandling of concerns	Information Only
14-219	PI	Alleged misconduct, dereliction of duty	Unfounded
14-220	IN	Alleged employee misconduct	No policy violation
14-221	MA	Alleged employee misconduct	Referred to Management

Legend	IN – Investigation	NF – Information Only	RF – Referral to Management
WB – Whistle-blower	MA – Management Advisory	LE – Criminal Referral	PI – Preliminary Inquiry

Number	Type	Alleged Subject	Disposition
14-222	RF	Alleged illegal dental practices	Referred to Medical Quality Assurance
14-223	MA	Alleged employee misconduct	Referred to Management
14-224	MA	Alleged misconduct; potential destruction of records	Referred to Management
14-225	RF	Alleged dissatisfaction with CHD	Referred to DOH-Hernando
14-226	RF	Alleged possible fraudulent activity	Referred to Medical Quality Assurance
14-227	RF	Alleged concerns about medical care provided	Referred to Medical Quality Assurance
14-228	RF	Alleged issues at a CHD	Referred to DOH-Citrus & Med. Quality Assurance
14-229	RF	Alleged environmental issues	Referred to DOH-Miami-Dade
14-230	MA	Alleged employee misconduct	Referred to DOH-Sarasota
14-231	PI	Alleged abuse of drugs and alcohol while at work	Unfounded
14-232	RF	Alleged inadequate care by a hospital and doctors	Referred to Medical Quality Assurance
14-233	RF	Alleged inadequate care by a hospital and doctors	Referred to Medical Quality Assurance
14-234	NF	Alleged concerns regarding position	Information Only
14-235	NF	Alleged displeasure; retaliation; hostile environment	Information Only
14-236	NF	Alleged employee misconduct	Information Only
14-237	NF	Alleged employee misconduct	Information Only
14-238	PI	Alleged discrimination and misuse of funds	No policy violation
14-239	RF	Alleged discrimination and retaliation	Referred to Equal Opportunity
14-240	NF	Alleged salary wage freeze and unequal treatment	Information Only
14-241	NF	Alleged misuse of IT resources	Information Only
14-242	RF	Alleged displeasure with management	Referred to DOH-Osceola
14-243	RF	Alleged questionable management conduct	Referred to DOH-Franklin
14-244	RF	Alleged wrong medication used on a client	Referred to Medical Quality Assurance
14-245	NF	Alleged fraudulent medical billing	Information Only
14-246	NF	Alleged rough handling of closed medical records boxes	Information Only
14-247	RF	Alleged possible fraudulent activity by a pharmacy	Referred to Medical Quality Assurance
14-248	PI	Alleged employee misconduct; negligence	Management following-up
14-249	MA	Alleged retaliation and violation of Section 491.005, Florida Statutes	Insufficient evidence
14-250	NF	Alleged retaliation	Information Only
14-251	PI	Alleged employee misconduct - nepotism	Unfounded
14-252	MA	Alleged employee misconduct	No policy violation
14-253	MA	Alleged violation of patient confidentiality	No policy violation
14-254	MA	Alleged employee misconduct	No policy violation
14-255	RF	Alleged possible fraudulent activity by a pharmacy	Referred to Medical Quality Assurance
14-256	RF	Alleged denial of medical treatment by Department of Corrections	Referred to Medical Quality Assurance
14-257	RF	Request for assistance with application for disability benefits	Referred to Office of General Counsel & Disability Determination
14-258	MA	Alleged employee misconduct	Referred to Management
14-259	WB	Alleged retaliatory demotion	Referred to the Florida Commission on Human Relations
14-260	NF	Alleged misuse of federal grant money	Information Only
14-261	IN	Alleged misuse of authority; negligence	Unsubstantiated
14-262	NF	Request extension of leave	Information Only
14-264	MA	Alleged violation of patient confidentiality	Insufficient evidence
14-265	NF	Alleged accident	Information Only

Legend	IN – Investigation	NF – Information Only	RF – Referral to Management
WB – Whistle-blower	MA – Management Advisory	LE – Criminal Referral	PI – Preliminary Inquiry

Number	Type	Alleged Subject	Disposition
14-266	NF	Alleged inappropriate correspondence (fax)	Information Only
14-267	NF	Alleged delivery of an opened package by shipping company	Information Only
14-268	RF	Alleged violation of Department policy 60-8-14, <i>Discipline</i>	Referred to Medical Quality Assurance
14-269	PI	Alleged loss of Department-owned hard drive	Policy Failure
14-270	MA	Alleged inaccurate, misleading licensure information on MQA website	No policy violation
14-271	IN	Alleged violation of patient confidentiality	Substantiated
14-272	PI	Alleged retaliation	Insufficient information
14-273	PI	Alleged employee misconduct	Addressed by Management
14-274	NF	Alleged breach of security - client info	Information Only
14-275	NF	Alleged mismanagement	Information Only
14-276	NF	Alleged fraud	Information Only
14-277	NF	Alleged potential public assistance fraud	Information Only
14-278	NF	Alleged violations of policy or statute	Information Only
14-279	RF	Alleged hostile work environment/discrimination	Referred to Equal Opportunity
14-280	NF	Alleged policy violations	Information Only
14-281	MA	Alleged potential violation of patient confidentiality	Addressed by Management
14-285	NF	Alleged concerns with previous findings	Information Only
14-286	RF	Allegation of conditions at the Martin County Correctional Institution	Referred to Department of Corrections
14-288	PI	Alleged employee misconduct	No policy violation
14-290	NF	Alleged denial of medical coverage	Information Only
14-291	RF	Alleged unfair termination of employment	Referred to Equal Opportunity
14-292	MA	Alleged violation of patient confidentiality	Unfounded
14-293	PI	Alleged employee misconduct	Unfounded
14-294	PI	Alleged timesheet fraud; lack of qualifications for position	Unfounded
14-296	MA	Alleged negligence by DOH employee	Addressed by Management
14-297	RF	Alleged employee misconduct	Referred to Equal Opportunity
14-298	RF	Alleged unlicensed activity	Referred to Medical Quality Assurance
14-299	RF	Alleged falsifications of WIC client records	Referred to Medical Quality Assurance
14-300	NF	Alleged concerns about VA physician	Information Only
14-301	RF	Alleged mismanagement	Referred to DOH-Highlands
14-302	NF	Alleged displeasure with outcome of MQA investigation	Information Only
14-303	NF	Alleged wrongdoing by DOH employee	Information Only
14-305	MA	Alleged employee misconduct	No policy violation
14-306	RF	Alleged violation of policy	Referred to Medical Quality Assurance
14-307	NF	Alleged mismanagement	Information Only
14-308	NF	Alleged retaliation	Closed without action
14-309	MA	Alleged potential violation of patient confidentiality	Addressed by Management
14-311	NF	No jurisdiction	Information Only
14-312	RF	Alleged retaliation/discrimination	Referred to Equal Opportunity
14-313	RF	Alleged unlicensed pharmacy technician	Referred to Medical Quality Assurance
14-314	PI	Alleged misuse of IT resources	Substantiated
14-316	NF	Insufficient information provided	Information Only
14-317	NF	Alleged breach of confidentiality	Information Only
14-318	NF	Alleged concerns regarding leachate water, water drains, etc.	Information Only

Legend	IN – Investigation	NF – Information Only	RF – Referral to Management
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Number	Type	Alleged Subject	Disposition
14-319	RF	Alleged employee misconduct	Referred to Medical Quality Assurance
14-320	RF	Alleged forging of doctor's signatures	Referred to Medical Quality Assurance
14-321	PI	Alleged possible misuse of WIC funds	No policy violation
14-322	MA	Alleged conduct unbecoming a State employee	Referred to Management
14-323	MA	Alleged Medicaid fraud; wrongful dismissal	Closed without action
14-324	RF	Alleged possible pollution of water supply	Referred to DOH-Lake
15-001	LE	Alleged misuse of IT resources	Criminal Referral to FL Dept. of Law Enforcement
15-002	MA	Alleged employee misconduct	Complaint withdrawn
15-003	NF	Alleged hostile work environment; discrimination, etc.	Information Only
15-004	NF	Alleged displeasure with mental health professionals	Information Only
15-005	NF	Alleged failure to investigate complaint	Information Only
15-006	NF	Alleged employee misconduct	Information Only
15-007	NF	Alleged retaliation	Closed without action
15-008	MA	Alleged unlicensed medical activity	Addressed by Management
15-009	IN	Alleged employee misconduct	Substantiated
15-010	PI	Alleged potential identity irregularities	No evidence
15-011	NF	Alleged inability to modify/alter resignation date	Information Only
15-012	NF	Alleged employee misconduct	Information Only
15-013	NF	Alleged concerns about clinical psychologist	Information Only
15-014	NF	Alleged employee misconduct	Information Only
15-015	MA	Alleged employee misconduct	Closed due to duplicate case
15-016	PI	Alleged violation of attendance & leave policy	No violation
15-017	RF	Alleged delay in doctor signing a death certificate	Referred to Medical Quality Assurance
15-018	NF	Alleged displeasure with test results	Information Only
15-019	NF	No jurisdiction	Information Only
15-020	PI	Alleged displeasure with management and working conditions	Insufficient information to initiate investigation
15-021	RF	Alleged employee misconduct	Referred to Medical Quality Assurance
15-022	NF	Alleged retaliation	Closed without action
15-023	IN	Alleged retaliation	Unfounded
15-024	NF	Alleged misconduct by physician	Information Only
15-026	RF	Alleged sexual harassment retaliation	Referred to Equal Opportunity
15-027	MA	Alleged violation of recruitment and selection policy	No policy violation
15-028	MA	Alleged theft of DOH laptop	Addressed by Management
15-029	PI	Alleged missing drugs	Insufficient evidence provided
15-030	NF	Alleged serious issues at MQA	Information Only
15-031	RF	Alleged health risk	Referred to DOH-Miami-Dade
15-032	NF	Alleged violation of the Stark Law	Information Only
15-033	NF	Alleged employee misconduct	Information Only
15-034	NF	Concerns about prescriptions drug deaths	Information Only
15-035	NF	Alleged operating procedures not followed	Information Only
15-036	NF	Alleged displeasure with management	Information Only
15-038	NF	Alleged harassing phone calls from claimant	Information Only
15-039	NF	Alleged wrongful termination	Closed without action
15-040	NF	Alleged inappropriate actions by employee	Information Only

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Number	Type	Alleged Subject	Disposition
15-041	PI	Alleged workplace violence	Complaint withdrawn
15-043	RF	Alleged failure to refer babies to Dept. of Children & Families Referral Center	Referred to Medical Quality Assurance
15-044	NF	Alleged breach of protected health information	Information Only
15-045	PI	Alleged unauthorized access to DOH system; potential fraud	Addressed by Management
15-046	RF	Alleged misconduct by physician	Referred to Medical Quality Assurance
15-047	RF	Alleged possible fraud by a pharmacy	Referred to Medical Quality Assurance
15-048	RF	Alleged breach of protected health information	Referred to Equal Opportunity
15-049	MA	Alleged misconduct and racial discrimination	Unsubstantiated
15-050	NF	Alleged employee misconduct	Unfounded
15-052	PI	Alleged potential theft of grant monies	Referred to Dept. of Business and Prof. Regulation
15-053	RF	Alleged employee misconduct	Referred to Medical Quality Assurance
15-054	NF	Alleged dissatisfaction with MQA	Information Only
15-055	RF	Alleged neglect of proper care of a patient	Referred to Medical Quality Assurance
15-056	RF	Alleged misconduct by a nurse	Referred to Medical Quality Assurance
15-057	NF	Alleged concern regarding a private healthcare facility (No jurisdiction)	Information Only
15-058	RF	Alleged extraction of incorrect tooth	Referred to Medical Quality Assurance & Office of General Counsel
15-059	NF	Alleged unfair dismissal from employment	Information Only
15-060	NF	Alleged hostile work environment	Information Only
15-061	PI	Alleged fraud	Unsubstantiated
15-062	NF	Alleged concerns about health inspector	Information Only
15-063	PI	Alleged timesheet fraud	Complaint withdrawn
15-064	NF	Alleged inappropriate interaction with patient	Information Only
15-065	RF	Alleged rude and inappropriate comments	Referred to Office of General Counsel
15-066	RF	Alleged minor disputes/altercations	Referred to Medical Quality Assurance
15-067	RF	Alleged unlawful or unethical acts against patients	Referred to Medical Quality Assurance
15-068	RF	Alleged harassment	Referred to Equal Opportunity
15-070	NF	Alleged misconduct by a psychiatrist	Information Only
15-073	RF	Alleged misconduct by physician	Referred to Medical Quality Assurance
15-074	NF	Request for investigation into MQA case	Information Only
15-075	MA	Alleged falsification of documents	No policy violation
15-076	RF	Alleged employee misconduct	Referred to Medical Quality Assurance
15-077	RF	Alleged restricted area access was not recorded	Referred to Medical Quality Assurance
15-079	RF	Alleged sexual harassment	Referred to Equal Opportunity
15-081	IN	Alleged failure to report sexual abuse	Substantiated
15-082	NF	Request for investigation into MQA case	Information Only
15-083	NF	Alleged safety violations	Information Only
15-084	NF	No jurisdiction	Information Only
15-085	NF	Alleged health care practitioner misconduct	Information Only
15-087	PI	Alleged potential violation of patient confidentiality	Unsubstantiated
15-089	RF	Alleged retaliation and hostile work environment	Referred to FL Comm. On Human Relations
15-091	RF	Alleged bullying and harassment	Referred to Equal Opportunity
15-092	NF	Alleged abuse of power	Information Only
15-093	RF	Alleged hostile work environment	Referred to Equal Opportunity

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Number	Type	Alleged Subject	Disposition
15-094	NF	Alleged concerns with mold at private apartment complex	Information Only
15-095	MA	Alleged employee misconduct	Addressed by Management
15-096	RF	Alleged concerns regarding treatment	Referred by Medical Quality Assurance
15-097	NF	No jurisdiction	Information Only
15-098	RF	Alleged unfair treatment and discrimination	Referred to Equal Opportunity
15-099	RF	Alleged hostile work environment leading to resignation	Referred to Agency for Health Care Administration
15-100	RF	Alleged use of pre-signed pregnancy test forms	Referred to Medical Quality Assurance
15-103	PI	Alleged retaliation	Unsubstantiated
15-104	IN	Alleged employee misconduct	Substantiated
15-105	RF	Alleged violation of law or agency rules	Referred to Office of General Counsel
15-106	RF	Alleged concerns after dental procedure	Referred to Medical Quality Assurance
15-108	MA	Alleged violation of grant, favoritism, discrimination & misconduct	No policy violation
15-109	NF	Concerns about medical and dental services	Information Only
15-110	NF	Alleged unfair documented counseling	Information Only
15-112	RF	Alleged health care practitioner misconduct	Referred to Medical Quality Assurance
15-113	NF	Request for medical records	Information Only
15-114	MA	Alleged failure to adhere to FL Administrative Code	No policy violation
15-115	RF	Alleged illegal dumping of sewage	Referred to DOH-Sumter
15-116	NF	Alleged inability to receive an increase in pay	Information Only
15-117	RF	Alleged sexual harassment	Referred to Equal Opportunity
15-118	RF	Alleged dog at workplace	Referred to Division of Disease Control
15-119	RF	No jurisdiction	Referred to Medical Quality Assurance
15-121	RF	Concerns regarding licensed health professionals	Referred to Medical Quality Assurance
15-122	NF	Alleged employee misconduct	Information Only
15-123	NF	No jurisdiction	Information Only
15-125	RF	Alleged concerns regarding a women's residential facility	Referred to Medical Quality Assurance
15-128	NF	No jurisdiction	Information Only
15-129	NF	No jurisdiction	Information Only
15-130	RF	Alleged sexual harassment	Referred to Equal Opportunity
15-131	NF	Alleged mishandling of healthcare practitioner licensure complaint	Information Only
15-132	RF	Alleged fraud and discrimination	Referred to Medical Quality Assurance
15-133	NF	Alleged abuse of elderly by a nurse	Information Only
15-134	NF	Alleged violation of civil rights	Information Only

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

*DOH Office of Inspector General
4052 Bald Cypress Way, Bin #A03
Tallahassee, FL 32399-1704*

MAIL

PHONE

*DOH Office of Inspector General: 850.245.4141
Whistle-blower's Hotline: 850.543.5353*