



ANNUAL REPORT
FISCAL YEAR 2013-2014

FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

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, 2014

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, 2014. 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
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT FY 2013-14**

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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, 2013 and ending June 30, 2014.

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 Office of the Governor and to the State Surgeon General.

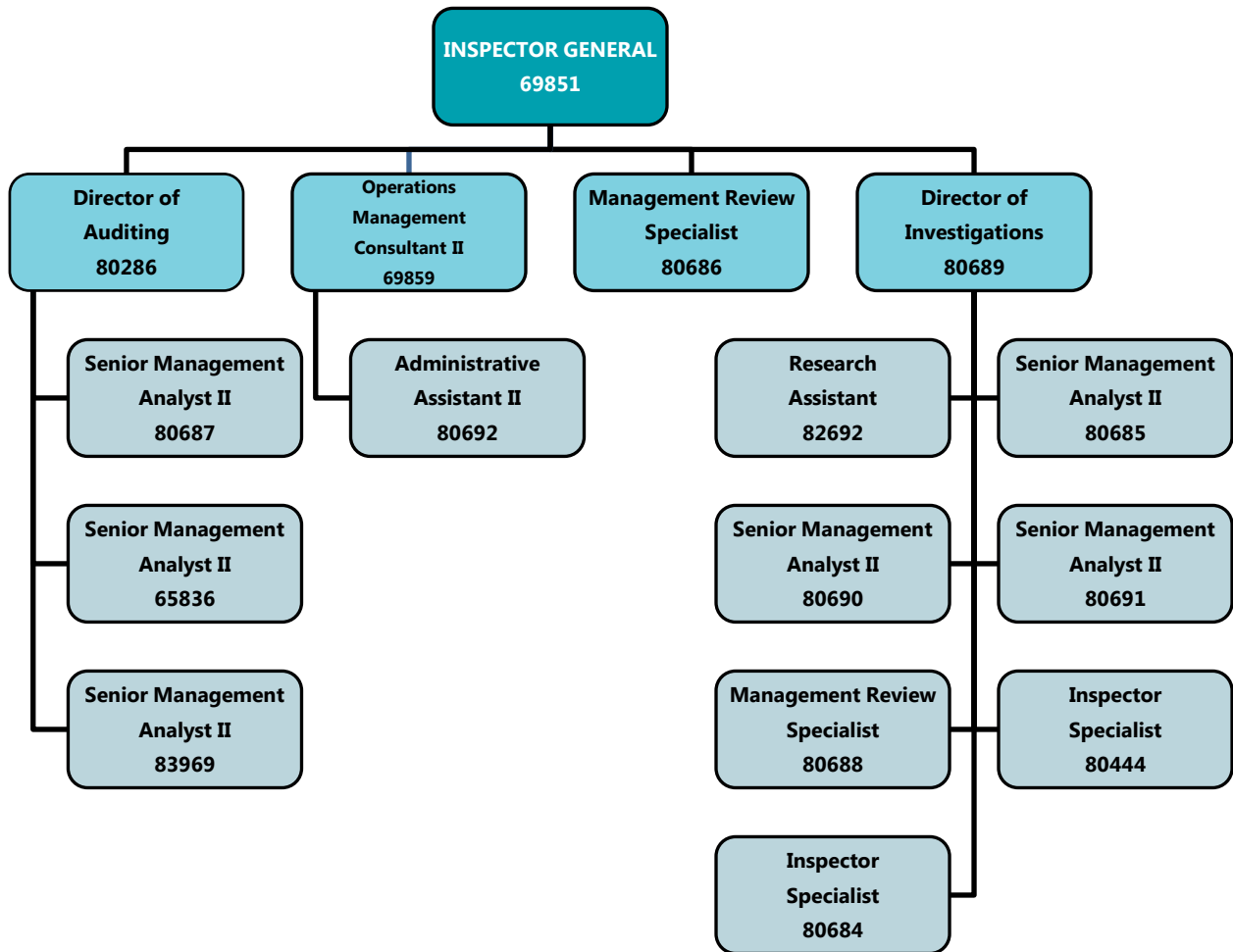
OIG staff is highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the Office's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2014, all 16 positions were filled. The following statistics represent the 16 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,
 - ❖ 3 Certified Internal Auditors,
 - ❖ 3 Certified Information Systems Auditors,
 - ❖ 2 Certified Accreditation Managers,
 - ❖ 2 Certified Accreditation Assessors,
 - ❖ 1 Certified Law Enforcement personnel,
 - ❖ 1 Certified Government Auditing Professional,
 - ❖ 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:
 - ❖ 118 years of Audit experience, and
 - ❖ 231 years of Investigative experience.

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2014)



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 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 2013-14 fiscal year included:

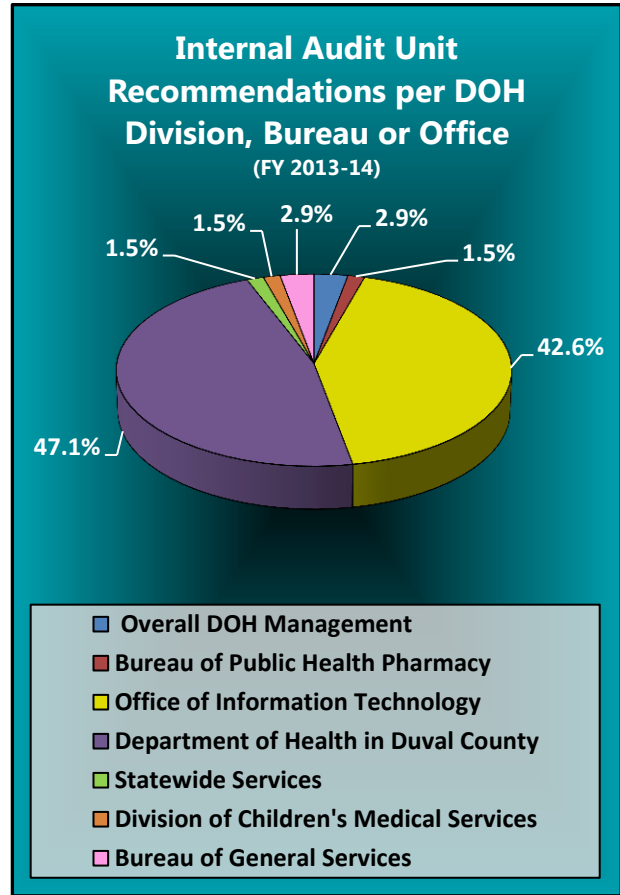
- ❖ FICPA Annual Accounting Show,
- ❖ Florida Digital Government Summit,
- ❖ Florida Government Technology Conference,
- ❖ Interview Techniques for Auditors and Investigators,
- ❖ Enhancing Value Through Professional Investigations,
- ❖ Expert Witness Background Checks: Methods and Sources,
- ❖ Critical Controls for Cyber Defense,
- ❖ Integrity in Government,
- ❖ Business Continuity,
- ❖ Auditing for Fraud,
- ❖ Mastering Online Investigation Tools,
- ❖ Advanced Contract and Grant Management,
- ❖ ISACA – Information Security,
- ❖ 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 the results of a Department risk assessment where the overall risk of critical operations and/or functions are 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 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 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.

2013-14 Accomplishments

The OIG completed a total of one audit engagement and eight other projects, including one internal audit quality assessment review and seven review projects during the 2013-14 fiscal year. The OIG was also the lead agency on an Enterprise project focused on the background screening process for state employees, with the final report being released in November 2013.

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 2013-14 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 47 of this report.

The OIG also initiated four additional major audit/review projects during fiscal year 2013-14 that will culminate during fiscal year 2014-15.

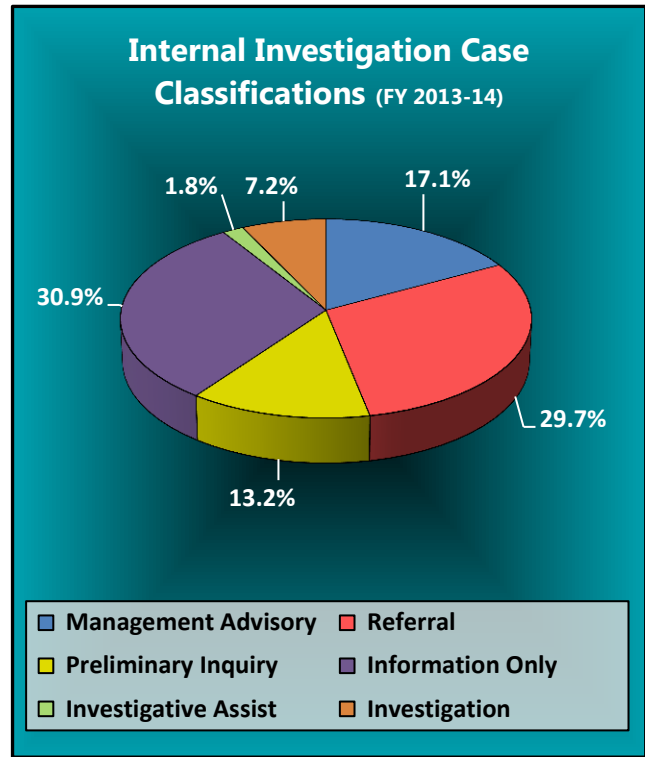
Performance Criteria

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 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 2013-14 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.
- ❖ 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.

2013-14 Accomplishments

The OIG closed 334 complaints during the 2013-14 fiscal year. The chart above provides a disposition breakdown of these complaints. *NOTE: The chart above does not reflect one*

complaint which 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 2013-14 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2013-14 fiscal year can be found starting on page 29 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 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.

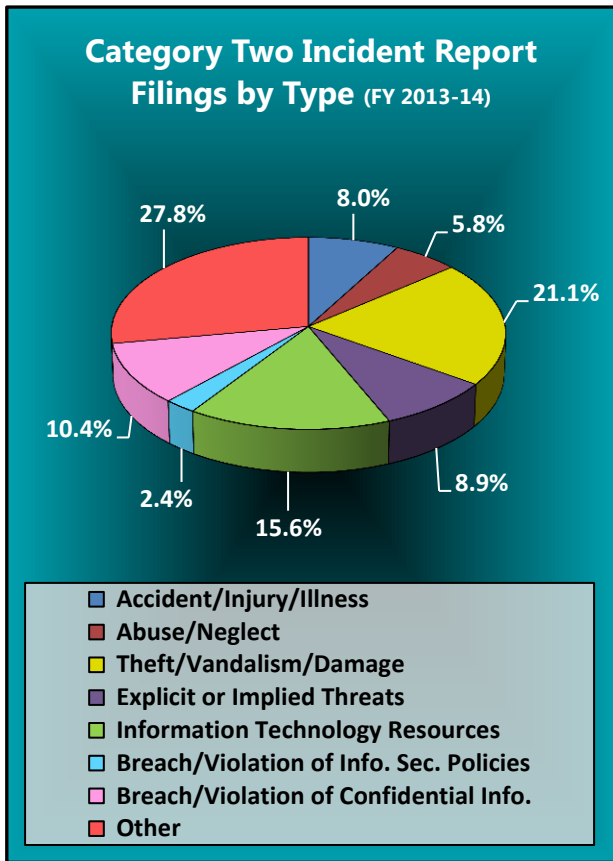
The OIG is one of 11 state agency Offices of Inspector General that were accredited as of June 30, 2014.

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

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.

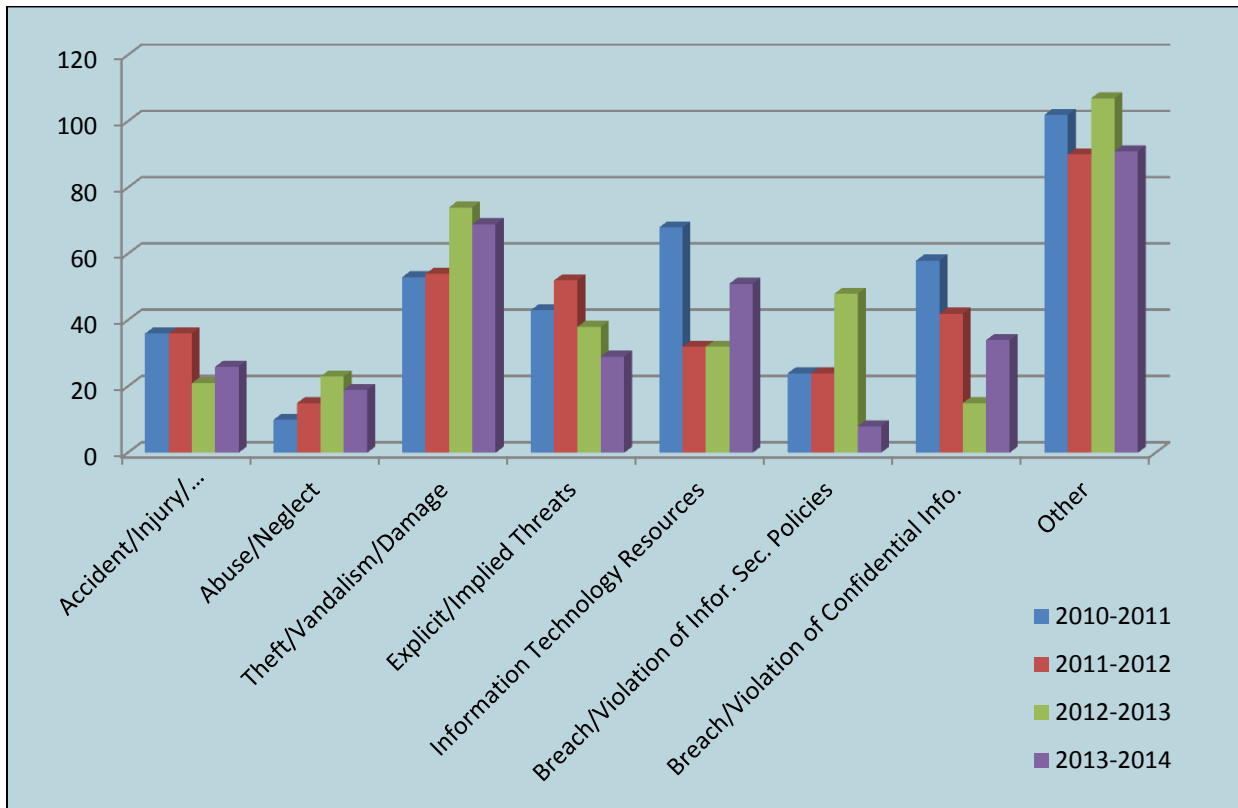


Incidents are to be documented on the Department’s Incident Report Form (Form DH 1152). The form is used to identify the type of incident, names of participants and witnesses, a description of the incident, and (where warranted) the results of the preliminary investigation.

2013-14 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 Department Policy 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 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 2013-14 fiscal year, the OIG received 327 Incident Reports. This represents a **16% decrease** over the previous fiscal year when 388 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 2013-14 fiscal year. The chart below (next page) provides a comparison of the Category Two incidents received by the OIG over the last four fiscal years, by incident type.

Comparison of Reported Category Two Incident Reports over last four fiscal years ended June 30, 2014



SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARIES

The following is the summary of the internal audit completed during the 2013-14 fiscal year.

AUDIT REPORT # A-1314DOH-005 Central Office's Monitoring of County Health Departments

The OIG identified Central Office program offices that provide onsite monitoring of county health departments (CHDs) or coordinate CHD self-evaluations. Where a program office provides onsite monitoring of CHDs, the OIG wanted to determine whether reliance can be placed on monitoring that is performed. The OIG also wanted to determine whether the results of self-reported information from CHDs, but not validated through onsite monitoring or other means, is being used by Central Office, determine whether business-related indicators captured by Central Office timely identify the financial viability of CHDs, and whether Central Office plays a vital and timely role in assisting CHDs with negative indicators.

SUMMARY OF FINDINGS

- ❖ Monitoring results regarding CHD performance are not utilized by Central Office in a manner that provides maximum effectiveness and efficiency.
- ❖ The Bureau of Public Health Pharmacy has not performed periodic inspections of CHDs as required by Florida law.

RECOMMENDATIONS

The OIG recommended the Department's Executive Management:

- ❖ Develop a structured process to funnel CHD monitoring results already available throughout the Department to Central Office management in order to better align and compare the results from the various monitoring efforts such that key management has a better overall awareness of CHD operational performance. This will allow for quicker identification of negative indicators and a more thorough and complete enterprise response to assist the CHDs where needed.

- ❖ Determine whether program offices that request CHDs to perform self-evaluations should provide an analysis of the responses made by the CHDs. Such an analysis, to be meaningful, should be more than simply tallying the number of “yes/no” responses.
- ❖ Determine whether program offices that only rely on self-evaluations by CHDs should perform onsite monitoring.
- ❖ Determine whether program offices that perform no onsite monitoring should perform some form of monitoring.

The OIG recommended the Bureau of Public Health Pharmacy:

- ❖ Reactivate periodic inspections of CHDs by a consultant pharmacist, to be in compliance with Section 154.04(1)(c)5, *Florida Statutes*.

OTHER PROJECTS

The following is a summary of other projects completed during the 2013-14 fiscal year.

REPORT # Q-1213DOH-008 **Internal Audit Quality Assurance Review**

The OIG conducted an internal quality assurance review (QAR) of the Internal Audit (IA) unit to evaluate the IA's conformance with the Institute of Internal Auditor's, *International Professional Practices Framework* (IPPF), including standards, the code of ethics, the audit charter, the organization's risk and control assessment, and the use of successful practices.

SUMMARY OF FINDINGS

- ❖ The Internal Audit Unit does not have a recently signed audit charter.
- ❖ The Internal Audit Unit's Policies and Procedures Manual requires updating.
- ❖ The length of time to complete one of the reviewed engagements, based on project start date to project end date, was insufficiently explained.
- ❖ Failure of the customer to return the post engagement customer satisfaction survey result was not documented in one of the reviewed engagements.
- ❖ Cumulative direct time measurement data for Internal Audit projects was unavailable.

RECOMMENDATIONS

The OIG recommended the OIG's Internal Audit management:

- ❖ Obtain a signed copy of an updated audit charter from the Surgeon General.
- ❖ Update the Internal Audit Policies and Procedures Manual to reflect procedural changes since the last revision.
- ❖ Require auditors on future engagements to document and justify in their workpapers instances when the span of days from project start to project end is greater than one year. Such practice should be codified in the Internal Audit Policies and Procedures Manual.
- ❖ Require a note be added to the workpapers to reflect instances where no customer survey response was received and update the Internal Audit Policies and Procedures Manual to reflect this requirement.

- ❖ Continue efforts to compile cumulative project direct time measurement information.

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 to management 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*.

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 the last 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.

SUMMARY OF FINDINGS

- ❖ Current backup notification processes do not provide assurance that backups are accurate and timely.
- ❖ A large volume of historical backup tapes with questionable value is currently stored in an off-site warehouse resulting in a potential risk to the Department.
- ❖ The Continuity of Operations Plan for Information Technology (COOP-IT) Plan was last revised in 2010 and may not represent current applications/systems linked to mission essential Department functions.
- ❖ Testing of Disaster Recovery plans should involve a larger scope of applications/systems on a more frequent basis.

- ❖ IT does not consistently maintain documentation for all disaster recovery test exercises.

Another finding was classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*, and Section 282.318(4)(f), *Florida Statutes*.

RECOMMENDATIONS

The OIG recommended IT management:

- ❖ Re-institute the receipt of the daily backup email reports in an automated process from the SSRC to ensure all unsuccessful backups are managed appropriately for data recovery and ensure compliance with agreed upon performance measures.
- ❖ Continue to revise and update the COOP-IT Plan and reassess the criticality levels of all identified applications/systems, taking into account any changes to Mission Essential Functions identified by the Bureau of Preparedness and Response.
- ❖ Incorporate some Priority Level 3 applications/systems during disaster recovery exercises on an annual basis. This will provide better assurance that all applications/systems deemed critical and essential to Department operations will be restored and functioning in a timely manner.
- ❖ Develop a written schedule that will include all planned tests for the next several years, ensuring that over a specific timeframe all critical and essential applications/systems (Priority Levels 1-3) will be tested to some degree. The plan should also include estimated funding and staff resources needed for each test and provide for at least some direct testing of application/system recovery during each fiscal year. This multi-year plan should be re-evaluated and updated at the start of each fiscal year.
- ❖ Ensure disaster recovery test exercises are recorded on the Testing and Lessons Learned Log, in accordance with the COOP-IT Plan.
- ❖ Establish a timeframe in the COOP-IT Plan for the completion of all test results documentation following disaster recovery test exercises.

REPORT # R-1213DOH-010

Data Disclosure Risks Still Associated with the Health Management System

The OIG reviewed general background information related to several recent 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*.

REPORT # R-1213DOH-014

Review of General Controls at CHDs and CMS Area Offices

The OIG reviewed 19 county health departments (CHDs) and six Children's Medical Services (CMS) area offices in 2013 to analyze selected controls over fixed assets, surplus property, sanitization of old computer equipment, the annual *Information Security and Privacy Risk Assessment* (Risk Assessment), secured areas, regular backups of data, incident reports, safety paper, cash controls, security of the *Health Management System* (HMS), including whether roles assigned to those granted access to HMS are appropriate, background checks, access to medical records, pharmaceuticals in dental clinics, and pharmaceuticals in licensed pharmacies and drug closets.

SUMMARY OF FINDINGS

- ❖ Property custodian responsibilities were not included in the *Position Description* of 11 CHD directors/administrators and two CMS area office administrators (in their responsibility as Property Custodian) and three Property Custodian's Delegates (where delegated) as required by Department policy.
- ❖ The Property Custodian's Delegate and the Inventory Taker responsibilities were assigned to the same person at two CHDs.
- ❖ Three CHDs and one CMS area office had not conducted a recent annual physical inventory of fixed assets.
- ❖ In the two instances where there was a recent change in the CHD director/administrator at the sites we visited, a special physical inventory was not taken during the change as required by Department policy in keeping with Chapter 69I-72, *Florida Administrative Code* (FAC).
- ❖ Seven CHDs and one CMS area office did not record all required assets in the Department's *Asset Manager System* and did not keep the system current.
- ❖ Four CHDs and four CMS area offices did not have their own local information security and privacy procedures as required by Department policy.
- ❖ Backups of data were not stored offsite at four CHDs and two CMS area offices.

- ❖ Eleven (11) CHDs and one CMS area office classified some Incident Reports as Category One (non-serious) that should have been classified as Category Two (serious) and reported to Central Office for appropriate risk management.
- ❖ Five CHDs were not performing a monthly inventory of Safety Paper and documenting it as required by Department policy.
- ❖ Eight CHDs had not terminated access to HMS by employees that had either left the Department or had moved to another county.
- ❖ Eight CHDs created access accounts that were not traceable to an individual.
- ❖ Seven CHDs were not conducting a monthly physical count of inventory and did not maintain an inventory record of drugs in the dental clinic in accordance with Department policy.
- ❖ Four CHDs had not quarantined outdated pharmaceuticals.

RECOMMENDATION

The OIG recommended the Office of Deputy Secretary for Statewide Services and the Director, Division of CMS review issues identified during this review with all their CHDs and CMS area offices so that all local offices (CHDs and CMS area offices) are encouraged to ensure such controls are in place.

REPORT # R-1213DOH-017

Review of the Florida Department of Health in Duval County

The OIG reviewed certain areas of operations and programs at the Department of Health in Duval County (DOH-Duval) at the request of management in order to understand whether controls over various aspects of operations throughout DOH-Duval were in place and operating as intended.

SUMMARY OF FINDINGS

- ❖ A refrigerator that stored vaccines was not secured.
- ❖ Some buildings where Department employees were assigned to work were in poor physical condition and subjected the employees to unacceptable risks.
- ❖ Information Technology (IT) security-related issues were noted within some DOH-Duval facilities.

- ❖ DOH-Duval is split up into many locations and facilities, with many buildings being acquired without the benefit of a needs assessment.
- ❖ Department employees working in the two DOH-Duval pharmacies were supervised and evaluated by the contracted Pharmacy Director.
- ❖ Prescriptions were not being filled and provided to CHD clients timely, frustrating clients and sometimes placing them in dangerous situations.
- ❖ Pharmacy staff meetings were irregular and unattended by Pharmacy Director.
- ❖ The pharmacy placed the burden on all of its clients to obtain *Face Sheets*.
- ❖ Pharmacy staff did not sufficiently coordinate policy changes with clinical staff.
- ❖ Volunteers did not have a *Position Description* and report their donated time.
- ❖ A nearly \$200,000 mobile medical unit remained parked and unused since purchased in 2011.
- ❖ DOH-Duval's Office of Human Resources/Personnel did not have a process to ensure all performance evaluations are completed and that such evaluations are timely.
- ❖ An Internal Operating Procedure related to the Workplace Safety and Loss Prevention Program and the DOH-Duval Continuity of Operations Plan (COOP) were not timely revised.
- ❖ Medium-priority Tuberculosis (TB) contact information was not entered into the *Health Management System* (HMS).
- ❖ The Department's policy did not address the issue of Department employees using personal vehicles to transport Department clients.
- ❖ TB clients must pass through waiting areas used by other DOH-Duval clients with compromised and fragile immune systems to enter and exit the Center for Pulmonary Services.
- ❖ DOH-Duval maintained numerous old storage buildings in various states of disrepair that housed items of very little value.
- ❖ Improvements are needed in the Tangible Personal Property process to ensure property records are accurately maintained.

RECOMMENDATIONS

The OIG recommended DOH-Duval management:

- ❖ Ensure drugs/vaccines refrigerators are appropriately secured at the Beaches Family Health Center location.
- ❖ Consider consolidating its facilities to fewer, more centrally-located buildings within its designated service regions. The buildings should promote a pleasant, professional working space where the Department’s employees and clients feel safe.
- ❖ Work with its lessors to improve outdoor lighting at DOH-Duval’s facilities, providing a safer work environment for the Department’s employees and clients.
- ❖ Ensure the security of all information technology (IT) server rooms and network closets. IT server rooms and network closets should be separated from external risks such as those we identified, including sharing a hot water heater closet, and sharing space with general storage that requires unauthorized personnel to enter the space. Additionally, computer monitors, especially those that may display client-privacy data, should be positioned in such a manner that they are not viewable by unauthorized individuals.
- ❖ Conduct a needs assessment for all of Duval County. The needs assessment should consider the different “Health Zones” it has identified within the county. The needs assessment team should include representatives from each program area, as well as management from the administrative and financial offices. The result should be a number of consolidated service sites that address the logistical needs of its clients, the safety of its employees and clients, and represents the Department in its mission, vision, and values, balanced with fiscal responsibility and operational efficiency.
- ❖ Hold all lessors accountable for adhering to the responsibilities laid out in lease agreements.
- ❖ Move the responsibility of supervising and evaluating Department employees in its pharmacy operations from contracted personnel to Department personnel.
- ❖ Work with the contracted Pharmacy Director to find ways to streamline the prescription-filling process so that clients’ prescriptions are filled quickly, improving customer service.
- ❖ Ensure Pharmacy staff hold regularly scheduled meetings and that the contracted Pharmacy Director be involved in attending these meetings. Having the Pharmacy Director participate in meetings with pharmacy staff promotes open communication.
- ❖ Find ways to shorten the process of verifying financial payor source before a prescription can be filled, to include placing fewer burdens on DOH-Duval’s clients.

- ❖ Ensure Pharmacy management improves communication with clinical staff whenever changes are made to internal processes that have an impact on clinical operations. This will allow clinical staff to better assist delivery of services to clients, and thus improve clients' satisfaction.
- ❖ Ensure DOH-Duval's Office of Human Resources/Personnel identify all volunteers at DOH-Duval. The office should ensure a *Volunteer Position Description* is developed for each volunteer and that timesheets are timely received and reported.
- ❖ Find a viable use for its mobile medical unit. An alternative is to offer the unit to another CHD looking to make use of a mobile medical unit or sell the vehicle and appropriately use the funds.
- ❖ Ensure DOH-Duval's Office of Human Resources/Personnel implement a control to identify and follow-up to ensure that all performance evaluations are completed timely and forwarded to its office for inclusion in the employee's official personnel file and People First be updated accordingly.
- ❖ Ensure all policies and procedures addressing Physical Security and Fire/Bomb Threat are updated to be in compliance with Department Policy 250-16-12, *Workplace Safety and Loss Prevention Program Requirements*.
- ❖ Ensure COOP plans are timely revised and kept up-to-date.
- ❖ Ensure that all remaining medium-priority TB contacts are entered into the HMS database so that all TB cases are managed by the Department's officially-designated system.
- ❖ Consider designating a new entrance for the Center for Pulmonary Services or consider relocation to better conform to the Department's *Technical Assistance Guidelines* and minimize the potential contact with the general client population at the 515 West 6th Street location.
- ❖ Consider consolidating salvageable and useful surplus materials into any one or two locations (as needed) with acceptable controls. Any other surplus materials should be removed and scraped or transferred to the county under the county's surplus policy. All leasing agreements for unused buildings after this consolidation should be terminated or left to expire.
- ❖ Establish a local written procedure that requires purchase, movement or relocation, or surplus of tangible personal property \$1,000 or greater in value, and all IT equipment be reported to the Property Specialist within a set time period from when the action takes

place. The policy should also mention how this reporting should take place, including any form number developed to document such activity.

- ❖ Develop local written procedures to be used by those responsible for tracking and maintaining tangible personal property. These procedures should provide a detailed, step-by-step instruction for how to carry out these responsibilities. This will provide an understanding to the responsible parties on how the process should work and is a great asset for anyone stepping into the position for the first time.
- ❖ Re-evaluate the need for the Property Specialist to conduct Pharmacy Audits.
- ❖ Implement a regular physical count of all DOH-Duval tangible personal property inventory, including IT equipment.

The OIG recommended the Department's Bureau of General Services:

- ❖ In consultation with Office of General Counsel, revise Department Policy 250-12-10, *Management and Operation of Vehicles*, to include provisions on when it is appropriate to use personal vehicles to transport Department clients, the risks and liabilities they assume and require employee affirmation of their understanding of these risks and liabilities when transporting Department clients in a personal vehicle.
- ❖ Review the feasibility of purchasing supplemental insurance to better protect the Department's employees.

REPORT # R-1213DOH-019

Review of Agreements with University of Florida at the Florida Department of Health in Duval County

Management requested that the OIG identify and review all contractual and other written agreements between DOH-Duval and the University of Florida (UF or Provider) to sufficiently understand the working relationships between the two entities, and the role played by DOH-Duval's Institute for Public Health and Informatics Research.

SUMMARY OF FINDINGS

- ❖ DOH-Duval's Institute for Public Health and Informatics Research does not appear to directly support the Department's core mission, costing a significant amount of General Revenue funds to complete the requirements of grants received from federal, local, and private sources.

- ❖ Some salaries related to the Institute for Public Health and Informatics Research were not appropriately charged to a federal grant.
- ❖ Grant expenditures were not reported for inclusion in the *Schedule of Expenditures of Federal Awards* (SEFA).
- ❖ The actual documentation process for DOH-Duval's contracted physicians to request leave and report time worked differed from contract requirements.
- ❖ Administrative hours worked by DOH-Duval's contracted physicians exceeded the number of hours allowed by the contract.
- ❖ DOH-Duval did not receive documentation of in-kind contributions stipulated in two Memorandums of Agreement (MOAs) with UF for placement of AmeriCorps Program members. A third MOA with UF for placement of AmeriCorps Program Members did not stipulate that in-kind contributions must be reported to DOH-Duval.
- ❖ DOH-Duval paid UF for physicians' hours that were not worked.

RECOMMENDATIONS

The OIG recommended DOH-Duval management re-examine the purpose and continued operation of the research department known as the Institute for Public Health and Informatics Research, in light of revenue streams that have consistently been insufficient to fully fund the program. Should management conclude to continue the Institute, there should be a defined purpose for the Institute that aligns with the mission of the Department and revenues should be sufficient to operate the program.

The OIG recommended DOH-Duval financial managers should:

- ❖ Ensure accurate accounting for all grants. Each grant should be individually tracked for reporting purposes in keeping with the terms and conditions of most grants.
- ❖ Verify the population of all federal awards and sub-awards received. Expenditures related to each award should be reported to Central Office for inclusion in the State of Florida's SEFA.

The OIG recommended DOH-Duval clinic operations management should require and implement a more formal, documented process of receiving planned leave requests and last-minute notifications of leave of physicians that is uniformly followed by all physicians and DOH-Duval staff related to each contract.

The OIG recommended DOH-Duval contract management should:

- ❖ Amend contract language to accurately reflect and explain DOH-Duval's requirements and expectations for its contracted physicians. The Provider's performance measures should be amended to include only those outcomes and outputs that are expected to be performed.
- ❖ Receive from the respective clinic director prior written notification of approval of administrative time worked in excess of limits set by the contract.
- ❖ Adjust a future contract payment to account for the time reporting and payment errors in Contract DV351 between October 3, 2012 and February 13, 2013.

The OIG recommended DOH-Duval program staff responsible for the AmeriCorps Program should obtain and maintain documentation of all contributions, including third party in-kind contributions. AmeriCorps Program MOAs should each specify the requirement to obtain such documentation.

REPORT # R-1213DOH-021

Review of Federal Time Keeping At the Florida Department of Health in Duval County

Management requested that the OIG review federal time keeping at the Department of Health in Duval County (DOH-Duval), and examine how employees account for their time when paid via a single federal grant to ensure time was being charged in accordance with federal and Department guidelines.

SUMMARY OF FINDING

Discrepancies were found between DOH-Duval time keeping systems for sampled employees charging 100% of their time to federal grants.

RECOMMENDATION

The OIG recommended DOH-Duval management strengthen controls to ensure all DOH-Duval employee time keeping systems reconcile each reporting period for employees charging time to federal grants.

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(7)(c), 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, 2014, the following corrective actions were still outstanding:

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

- ❖ 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.
- ❖ 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:

- ❖ 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.
- ❖ 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 2013-14 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 12-223

Alleged violations of Department Information Security Policy Division of Disease Control & Health Protection Bureau of Communicable Diseases

This investigation was initiated based upon the OIG receiving an *Incident Report* from the Office of Information Technology (Complainant) alleging multiple violations of Department Policies concerning Information Security. The Complainant identified the Subject as a contracted Operations and Management Consultant in the Division of Disease Control and Health Protection (DCHP), Bureau of Communicable Diseases (DCCD).

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

Allegation #1: The Complainant alleged the Subject attached a non-Department device to the Subject's assigned Department laptop computer. This allegation was **substantiated**. This action was found to violate Department Policy 50-10c-10, VII, A, 9, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement – Procedure - General (Only Department-owned or managed devices may be connected to the Department network)* and Department Policy 50-10c-10, VII, D, 10, *Information Security and Privacy Policy 4, Acceptable Use and Confidentiality Agreement - Procedure - Unacceptable Uses (Non-Department devices shall not be connected to the Department's systems)*.

Allegation #2: The Complainant alleged the Subject downloaded an illegal copy of Windows 7™ Operating System. This allegation was **unsubstantiated**.

Allegation #3: The Complainant alleged the Subject installed non-Department software on the Subject's assigned Department laptop computer. This allegation was **substantiated**. This action was found to violate Department Policy 50-10c-10, VII, A, 10, *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.)*; Department Policy 50-10c-10, VII, D, 5, a, *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's Information Technology Standards Workgroup.); and Department Policy 50-10c-10, VII, D, 5, b, *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 licensed to the Department or its affiliates).

Allegation #4: The Complainant alleged the Subject downloaded viruses to the Subject's assigned Department laptop computer. This allegation was **unsubstantiated**.

Allegation #5: The Complainant alleged the Subject configured the Subject's laptop computer to use unauthorized wireless connectivity on a non-Department wireless network. This allegation was **unsubstantiated**.

Allegation #6: The Complainant alleged the Subject had chat software installed on a Department laptop computer. This allegation was **unsubstantiated**.

Allegation #7: The Complainant alleged the Subject violated Department Policy 60-3-10, *Attendance and Leave*, by using a Department laptop on a weekend evening. This allegation was **unsubstantiated**.

Allegation #8: The Complainant alleged the Subject used anti-virus software to clean an infected storage device, but the Subject was not part of the IT workforce. This allegation was **unsubstantiated**.

Additional Findings

Finding #1: The OIG found that Department management in IT and DCHP did not provide required training and access to Department policies and procedures to the Subject in the Subject's capacity as a contract employee.

Finding #2: The OIG also found that, given the lack of training provided by the Department on matters of IT security policies, when the subject realized he connected a malware infected device to his assigned Department laptop computer, the Subject took reasonable steps to clean the device.

Finding #3: The OIG also found that the Subject's and DCCD management's focus on performing software development and conversion duties took precedence over security, resulting in potential threats to the Department's computer network. However, the OIG did not find the Subject's actions to be a result of malice or negligence.

RECOMMENDATIONS

- ❖ The OIG recommended management in the DCHP and DCCD ensure that all Department and contract employees receive annual training on all Department mandatory topics as per:
 - Department Policy 300-1-12, III, F, *Training*;
 - Department Policy 50-10b-10, VI, D, 8, g, h, i, j, *Information Security and Privacy Policy 3*; and
 - Department Policy 50-10d-10, VI, A, 1, 2, *Information Security and Privacy Policy 5*.
- ❖ The OIG recommended management in DCCD ensure that the subject is made aware of his responsibility to actively identify, attend, and complete "mandatory, required, annual training" as per Department Policy 300-1-12, VI, D, 2, b, *Training*.
- ❖ The OIG recommended that management in DCCD ensure that all Department and contract employees sign the Department's *Acceptable Use and Confidentiality Agreement* and that a copy of the signed agreement be maintained for each employee, as per Department Policy 50-10c-10, *Information Security and Privacy Policy 4*, *Acceptable Use and Confidentiality Agreement*.
- ❖ The OIG recommended that management in DCCD provide clear instruction to the Subject on the procedures required to request and acquire approved software and peripheral devices for use with the Department's IT equipment and networks.

INVESTIGATION # 13-055

Alleged Violation of Law, Rules, and Information Security Breaches

Division of Medical Quality Assurance – Investigative Services Unit, Tampa

This investigation was initiated based the OIG receiving allegations from a Complainant that Subject #1 and Subject #2 of the Division of Medical Quality Assurance (MQA) Investigative Services Unit (ISU) violated law and agency rules, and performed information security breaches.

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

Allegation #1: The Complainant alleged Subject #1 obtained a copy of the Complainant's official university transcript without the Complainant's permission. The allegation was **substantiated**. Although Subject #1 obtained the Complainant's transcript without the Complainant's permission, Subject #1 was acting under Subject #2's instructions, who was Subject #1's superior. Subject #1 had no knowledge whether Subject #2 obtained permission from the Complainant to obtain the Complainant's transcript. However, Subject #1's actions did not violate law or agency rules. No violation was cited.

Allegation #2: The Complainant alleged Subject #1 disclosed the Complainant's social security number without the Complainant's authorization or knowledge. The allegation was **substantiated**. Although Subject #1 disclosed the Complainant's confidential social security number, Subject #1 did so with the knowledge of Subject #2, who was Subject #1's superior. Subject #2 did not object. Subject #1 had no way of knowing whether Subject #2 had authorization from the Complainant to disclose the Complainant's social security number. No violation was cited.

Allegation #3: The Complainant alleged Subject #2 instructed Subject #1 to obtain the Complainant's educational records and that Subject #2 instructed Subject #1 to disclose the Complainant's social security number outside the Department without the Complainant's authorization. This allegation was **substantiated**. Testimony and evidence shows Subject #2 disclosed the Complainant's social security number to Subject #1 knowing Subject #1 intended to disclose the social security number to someone outside the Department without the Complainant's authorization and against the Department's stated purpose for use of employee social security numbers. Subject #2's action was found to violate Department Policy 60-8-11, VII, D, 6, e, *Discipline* -Violation of Law or Agency Rules (Disclosure of Confidential Information) and Sections 119.071 (4)(a), and 119.071 (5)(a) 2.c., *Florida Statutes*.

RECOMMENDATION

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

INVESTIGATION # 13-111

Alleged Mismatched Medication Expiration Dates Department of Health in Duval County (DOH-Duval)

This investigation was initiated based on the OIG receiving a Category One *Incident Report* regarding a "Medication/Dispensing error - no adverse consequences" incident from Complainant #1. The incident was not required to be submitted to the OIG. Former DOH-Duval Chief Legal Counsel (Complainant #2) also reported the incident by telephone to the OIG, because of a discrepancy in the testimony between Complainant #1 and testimony by the various Subjects regarding the error.

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

Allegation #1: Complainant #1 alleged that a client explained to Complainant #1 that the client was not getting better because the client's Tuberculosis (TB) medications were expired. The allegation was **unsubstantiated**.

Allegation #2: Complainant #2 stated that the former DOH-Duval Pharmacy Director (Subject #1) and a DOH-Duval Senior Pharmacist (Subject #2) were aware for "several months" of a pharmacy computer "glitch" that printed an incorrect discard date on prescription labels. However, Subject #1 and Subject #2 both stated they were unaware of the issue. The allegation against Subject #1 was **unsubstantiated**. The allegation against Subject #2 was **substantiated**. Subject #2's action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline – Negligence*. Subject #2's action was found to also violate Department Policy 60-8-12, VII, D, 6, c, *Discipline - Inefficiency or inability to perform Assigned Duties*.

Additional Findings

Finding #1: The OIG found that Subject #2 approved and dispensed at least three prescriptions with incorrect discard dates. This action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline, Negligence*; Department Policy 60-8-12, VII, D, 6, c, *Discipline - Inefficiency or inability to perform Assigned Duties*; and Department Policy 60-8-12, VII, D, 6, e, 13, *Discipline, Violation of Law or Agency Rules*.

Finding #2: The OIG found that another former DOH-Duval Pharmacist (Subject #3) approved and dispensed at least nine prescriptions with incorrect discard dates. This action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline - Negligence*; Department Policy 60-8-12, VII, D, 6, c, *Discipline - Inefficiency or inability to perform Assigned Duties (Employees, at a minimum, shall be able to perform duties in a competent and adequate manner)*; and Department Policy 60-8-12, VII, D, 6, e, 13, *Discipline - Violation of Law or Agency Rules*.

Finding #3: The OIG found that another former DOH-Duval Pharmacist (Subject #4) approved and dispensed at least two prescriptions with incorrect discard dates. This action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline - Negligence (Employees shall exercise due care and diligence in the performance of job duties)*; Department Policy 60-8-12, VII, D, 6, c, *Discipline - Inefficiency or inability to perform Assigned Duties (Employees, at a minimum, shall be able to perform duties in a competent and adequate manner)*; and Department Policy 60-8-12, VII, D, 6, e, 13, *Discipline - Violation of Law or Agency Rules (An act that results in an unintentional violation of a rule, regulation, policy, or law)*.

Finding #4: The OIG found that DOH-Duval Pharmacy employees entered default discard dates ("10/99," "02/01," "1-2000," and "1/14/2002") for four TB medications on an unknown date rather than the standard discard date of one year from the dispense date. At least 14 prescription medication bottles dispensed with an outdated incorrect discard date were identified. These prescriptions were filled by DOH-Duval Pharmacy Technicians (Subject #5 and Subject #6) and approved by Subject #2, Subject #3 and Subject #4. Although the OIG only found 14 prescription medications labeled with an incorrect discard date were dispensed from the DOH-Duval Pharmacy between March 28, 2013 and April 26, 2013, the evidence supports that all of the prescription medication labels for NDC (National Drug Code) # 00555-0071-01,

NDC # 00185-0799-60, NDC # 61748-0012-05, and NDC # 61748-0013-30, were printed with an incorrect discard date and should have been caught by the approving Pharmacist.

The OIG found no evidence Subject #1 was aware prior to May 2, 2013, that prescription medication labels were printed with incorrect discard dates for several months. However, the testimony obtained indicated Subject #2 was aware prior to May 1, 2013, that some prescription medication labels were printing with an outdated incorrect discard date. Evidence supports that Subject #2 knew about the problem at least since the middle of April 2013 and most likely since October 2012. In addition, as the Senior Pharmacist, Subject #2 should have been aware of the problem from the very beginning.

The DOH-Duval Pharmacy subsequently contacted the software's product support department for assistance in removing the incorrect dates and correcting the default discard date to one year from the dispense date. What appeared to be a pharmacy software "glitch" was instead identified as "user error." A scan of the DOH-Duval Pharmacy software by the software company found no other incorrect discard dates. The OIG also concluded that Subjects #2, #3, and #4 were responsible for allowing prescription medications to be dispensed with incorrect discard dates.

RECOMMENDATIONS

- ❖ The OIG recommended DOH-Duval management take appropriate action against Subject #2 consistent with the findings and conclusions of the report as relates to statutory, rule, or policy violations.
- ❖ The OIG recommended DOH-Duval management monitor the software and printer(s) used in the DOH-Duval Pharmacy for a period deemed appropriate to ensure the software and printer(s) are working properly.
- ❖ The OIG recommended DOH-Duval management remind DOH-Duval Pharmacy employees of the importance of ensuring prescription medication labels are accurate and fully visible.

INVESTIGATION # 13-150

Alleged Inappropriate Use of Department resources Division of Community Health Promotion Bureau of Family Health Services

This investigation was initiated based on the OIG receiving a complaint from a Correctional Probation Supervisor (Complainant), Florida Department of Corrections (DC) alleging that the Subject, a Government Analyst I, Division of Community Health Promotion, at the Department used a Department fax number to transmit a request to the Complainant, requesting the DC

provide a church in Lee, Florida, with individuals who were doing community service, and capable of performing construction work on the church.

The Complainant also alleged that in October 2010, the Subject faxed documents to five Public Officials in Madison, Florida. The fax documents were related to the Subject's son, who at the time, was in the custody of the Madison County Sheriff's Department. The OIG requested a Blue Coat Web Review of the subject's computer usage for the month of May 2013. Upon analysis of the Blue Coat Web Review, the OIG found the subject had used a state computer for personal use.

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

Allegation: The Subject used a Department fax number to fax personal documents to the Complainant, in May 2013; the Subject sent fax documents to five Public Officials in Madison, Florida in October 2010; and the Subject used the Subject's assigned State of Florida computer to access unauthorized websites for personal use. The allegation was **substantiated**. The OIG found there was sufficient evidence to show the Subject engaged in inappropriate use of Department resources. These actions were found to violate Department Policy 60-8-12, VII, D, 6, e, 8, *Discipline - Violation of Agency Law or Rules (Misuse of Computer Facilities or Equipment)*; and Department Policy 60-8-12, VII, D, 6, f, 4, h, *Discipline - Conduct Unbecoming a State Employee (Unauthorized Use of State Property, Equipment, Materials, or Personnel)*.

RECOMMENDATION

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

INVESTIGATION # 13-170

Alleged Contract Fraud

Division of Community Health Promotion

Bureau of Chronic Disease

This investigation was initiated based on the OIG receiving a complaint from the Department's Bureau of Chronic Disease, Division of Community Health Promotion (Complainant) concerning a contracted Provider providing insufficient, inadequate and inaccurate documentation in support of expenditures under a Department contract with the Provider. The Subject was the signatory authority for the Provider on the contract. A preliminary review of the documentation supplied by the Subject indicated some documentation was falsified.

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

Allegation: The Complainant alleged that between the dates of September 2012 and April 2013 the Subject invoiced the Department for services under the contract for which the Subject did not provide accurate supporting documents. Furthermore, when the Complainant made a request for the support documents, the Subject submitted documents which appeared to be false or fraudulent. The allegation was **substantiated**. The OIG reviewed documentation the Subject submitted to the Complainant in support of the Provider's invoices for salary to an employee. The documentation included copies of six checks totaling \$6,249 written on the Provider's bank account.

The OIG's review of the documentation concluded there was sufficient evidence to support the Subject did produce false and/or fictitious documents in support of invoicing the Department. The OIG also concluded the Subject's actions may possibly be in violation of Section 775.0844, *Florida Statutes*, White Collar Crime Victim Protection Act; Section 812.014(2)(c)1., *Florida Statutes*, Grand theft of the third degree, over \$300 and Section 817.034, *Florida Statutes*, Florida Communications Fraud Act; felonies in the first degree for victimizing the State of Florida in excess of \$50,000.

RECOMMENDATION

- ❖ The OIG concluded there was sufficient cause to refer the complaint to law enforcement. A *Criminal Referral* report with supporting exhibits was sent to the Department of Financial Services, Office of Fiscal Integrity (DFS/OFI) on August 28, 2013. DFS/OFI investigators accepted the referral for criminal investigation. The OIG recommended the administrative case file be closed as an active OIG administrative investigation with continued assistance to DFS/OFI, as may be required.

As a result of the OIG investigation, DFS/OFI arrested the Subject July 23, 2014 for contract fraud against the State of Florida, in excess of \$286,000.

INVESTIGATION # 13-197

Alleged Professional Misconduct

Department of Health in Bradford and Union Counties (DOH-Bradford) (DOH-Union)

This investigation was initiated based on the OIG receiving a complaint that included copies of emails from the Administrator of DOH-Bradford and DOH-Union (Complainant), in which the Complainant identified areas of concern about possible professional misconduct by the former DOH-Bradford/Union Financial Manager (Subject).

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

Allegation #1: The Subject was "scripting" how the employees coded time on their Employee Activity Record (EAR) by providing stickers with the codes that employees were instructed to use regardless of actual work activity. The allegation was **substantiated**. The action was found to violate Department Policy 60-8-12, VII, D, 6, f, (4), (d) *Discipline - Conduct Unbecoming a Public Employee-Falsification of Records or Statements: An intentional act of misrepresentation, falsification, or omission of any fact, whether verbal or written;* and Department Policy 60-8-12, VII, D, 6, e, *Discipline - Violation of Laws and Agency Rules: Section 154.02, Florida Statutes, County Health Department Trust Fund.*

Allegation #2: Florida Accounting Information Resource (FLAIR) data indicated the Subject paid DOH-Bradford/Union employees' salaries out of a \$34 million Primary Care Award, Low Income Project-New River (LIP) that the award was not intended to cover. The allegation was **substantiated**. The action was found to violate Department Policy 60-8-12, VII, D, 6, f, (4)(d), *Discipline - Conduct Unbecoming a Public Employee-Falsification of Records or Statements: An intentional act of misrepresentation, falsification, or omission of any fact, whether verbal or written.*

Allegation #3: The Subject was the second signatory on DOH-Bradford/Union checks. The Subject's name had been added to the DOH-Bradford/Union bank account signature cards but the Subject reportedly advised staff that the Subject did not have signature authority. This allegation was **substantiated**. The action was found to violate Department Policy 56-14-13, VII, A, 4, *Internal Control and Review - Segregation of Duties and Vacation/Rotation Policies: Segregation of duties involves the assignment of duties in a manner that requires different employees to handle different parts of the same process. For example, the employee who prepares the deposit or maintains the checkbook must not be authorized to sign checks.*

Additional Findings

It was alleged that the Subject hired the DOH-Bradford/Union maintenance company Suburban Carpet Cleaning, Inc., (Suburban) in violation of Department policy. The Subject was asked about this and explained that there was a "blanket" purchase order for Suburban that was "ongoing." The company was not only hired to do maintenance but was hired to paint and clean the roof. The Subject explained it was difficult in a small county to get companies to do this type work for the State of Florida. The Subject authorized the payment to Suburban by purchasing card which does not violate Department policy.

Section 287.012(8), *Florida Statutes*, defines maintenance as a "contractual service" and in this instance the services of Suburban were to be performed over an extended time and required monitoring, so it would have been better suited for a formal contract. However, the payment by purchase order was not a violation of Department policy.

Another situation that was examined was the payment of the maintenance man. The maintenance man was working for both Bradford and Union County. The OIG found no contract

or agreement with the maintenance man, who according to the Subject was on-call and could be contacted by Bradford or Union employees without prior notice or the Subject's approval. The OIG reviewed documents that indicate the maintenance man had been paid in excess of \$20,000 for the last fiscal year. The Complainant was made aware of the situation and took corrective action to comply with current Department policy.

The OIG found that the Subject was entering invoices into My Florida Market Place on behalf of the Subject's assistant. The Subject would make changes, and then direct the Subject's assistant to approve the purchase. The Subject's assistant explained there was a high limit on the Subject's assistant's purchasing card and was often instructed by the Subject to pay an invoice. The Subject's assistant did not question the Subject's instructions. The OIG established there was a lack of oversight on purchasing and an on-site review by Central Office financial professionals agreed.

The purchasing issues extended to the Subject's purchasing information technology (IT) equipment without documenting appropriate authorization. The OIG identified IT equipment purchases that were paid with the purchasing card; however, this is allowed. The Subject was asked about the purchasing and explained that when they made these purchases they would obtain what the Department refers to as a "Help ticket" with IT. This would allow someone from IT at DOH-Alachua to provide guidance on the needed equipment; however, the OIG could not find documentation to support this.

The on-site review also noted that invoices were being date stamped at the time the supporting documentation was processed for payment, not when they were received. The OIG confirmed with the Subject's assistant that the Subject had instructed the Subject's assistant to delay date stamping of invoices until they were forwarded for payment. The Subject's assistant said the Subject's assistant thought the Subject wanted it that way so they would "look good" on their accountability reports. The Subject's assistant was unaware of the Department's policy requiring the timely stamping of the invoices upon being received. The Subject confirmed that the Subject had directed the Subject's assistant to delay date stamping the invoices. The Subject explained this has been the Subject's practice for "years" "in order to keep the bills current."

INVESTIGATION # 13-207

Alleged Forced Overtime without Pay

Division of Administration – Bureau of General Services

This investigation was initiated based on the OIG being referred from the Office of the Chief Inspector General (CIG) a Whistle-blower Hotline complaint that included two allegations. The Complainant alleged falsification of attendance and leave in the Division of Administration, Bureau of General Services, Central Purchasing Office. After opening an administrative investigation, the Complainant withdrew the allegations. However, because the allegations involved a possible violation of the Fair Labor Standards Act (FLSA), the OIG determined cause

existed to continue the administrative investigation. According to the CIG, the Complainant was referred to the Florida Commission on Human Relations regarding a request for advice on "age and sex discrimination issues." The OIG does not have jurisdiction over and did not investigate allegations of discrimination.

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

Allegation #1: In a staff meeting the first week of June 2013, Subject #1 told Central Purchasing Office employees, "We need to do what we need to do to get the work done by the end of the year or we're all going to be let go." Subject #2 said "If they did not get all of their work done by the end of the fiscal year, they would be terminated." This allegation was **unsubstantiated**.

Allegation #2: Subject #2 told Subject #2's subordinate employees 1) they would not be paid for overtime worked in June 2013; 2) Central Purchasing Office employees should not log their June 2013 overtime hours into People First; and 3) Central Purchasing Office employees' overtime "would be kept manually by their supervisor." This allegation was **substantiated**. Subject #2's action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline - Negligence*, and Department Policy 60-8-12, VII, D, 6, e, (13), *Discipline - Violation of Law or Agency Rules*.

Additional Findings

Finding #1: Subject #1 and Subject #3 failed to understand the laws, rules, and policies regarding attendance and leave and misdirected subordinate employees not to record their overtime worked or their regular compensatory leave earned on their People First employee timesheet. Subject #1's and Subject #3's action was found to violate Department Policy 60-8-12, VII, D, 6, b, *Discipline - Negligence*, and Department Policy 60-8-12, VII, D, 6, e, (13), *Discipline - Violation of Law or Agency Rules*.

Finding #2: Central Purchasing Office employees worked an indeterminate amount of overtime, which was not accurately recorded on their People First employee timesheets. Some of the employees also failed to accurately record on their People First employee timesheet when they used regular compensatory leave. All of the employees were in excluded positions not subject to the FLSA. Although the employees' actions were at the direction and approval of Subject #1, all of the employees' actions were found to violate Department Policy 60-3-10, VII, A; VII, I, *Attendance and Leave*; Department Policy 60-3-13, I, A, 2, I, B, 5; VI, D, 3, b; VII, A; and VII, H, *Attendance and Leave*; the Department's May 2013 *Employee Handbook*, Compensation, A. and Attendance and Leave, C.; and Department Policy 60-8-12, VII, D, 6, e, (13), *Discipline - Violation of Law or Agency Rules (Regulations, Policies, or Laws Violated)*.

Finding #3: The OIG concluded that Subject #1, Subject #2, and Subject #3 failed to understand policies and procedures regarding attendance and leave, specifically the

requirement that 1) all state employees are expected to accurately record their attendance and leave on their People First employee timesheets, and 2) excluded Career Service employees may accrue up to 240 hours of regular compensatory leave, which can be used at any time with the supervisor's prior approval.

Finding #4: The OIG also concluded that Subject #1, Subject #2, and Subject #3 misdirected their subordinate employees not to record their overtime worked or their regular compensatory leave used on their People First employee timesheet. Central Purchasing Office employees submitted inaccurate People First employee timesheets.

Finding #5: The OIG concluded that Subject #1, Subject #2, and Subject #3 failed to take the Basic Supervisory Training Program (BSTP) - Human Resources Overview and the BSTP- Leadership Development training within six months of being hired into a supervisor position.

RECOMMENDATIONS

- ❖ The OIG recommended Department management take appropriate action against Subject #1, Subject #2, and Subject #3 consistent with the findings and conclusions of this report as they relate to statutory, policy, or rule violations. Although subordinate employees violated policy, they did so at their supervisors' direction. Supervisors are held to a higher standard and are expected to know and follow all applicable laws, rules, and policies.
- ❖ The OIG recommended the Department's Bureau of Personnel and Human Resource Management take appropriate action to conduct a manual leave and attendance audit and correct the People First employee timesheets for each employee who worked overtime or used regular compensatory leave, yet failed to record the overtime and leave on their People First employee timesheet.
- ❖ The OIG recommended Department management ensure that all Central Purchasing Office employees read and understand Department Policy 60-3-13, *Attendance and Leave*; and the Department's May 2013 *Employee Handbook*, Compensation (pp. 16-25) and Attendance and Leave.

INVESTIGATION # 13-223

Alleged Sexual Harassment

Department of Health in Broward County (DOH-Broward)

This investigation was initiated based on a written complaint received from Florida Department of Health in Broward County (DOH-Broward) management (Complainant). The Complainant provided statements from two female employees (Employee #1 and Employee #2) at DOH-Broward. The statements described various incidents of inappropriate behavior and comments directed towards them by the Subject, an employee of the Centers for Disease Control and

Prevention (CDC), Atlanta, Georgia, U.S. Department of Health and Human Services (HHS). The Subject was assigned to the Division of Disease Control and Health Protection, Bureau of Communicable Diseases in Tallahassee as a STD Field Advisor.

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

Allegation #1: Employee #1 alleged that during lunch one day (date unknown), the Subject told Employee #1 that the Subject had been approached in a bar by a patron and asked if the Subject wanted to participate in group sexual activity. This allegation was **substantiated**. The Subject said the Subject recalled telling Employee #1 about being approached in the bar about participating in group sexual activity. This action was found to violate Department Policy 60-8-12, VII, D, 6, f, (1), *Discipline* - Conduct Unbecoming a Public Employee (Failure to be courteous, considerate, respectful, and prompt in dealing with co-workers).

Allegation #2: Employee #1 alleged that while at lunch with the Subject, the Subject slid the Subject's hotel room key across the table towards Employee #1, causing the room key to fall into Employee #1's purse. Employee #1 considered the Subject's conduct was sexual in nature and made Employee #1 feel "discomfort and uneasiness" while in the presence of the Subject. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied the allegation.

Allegation #3: Employee #2 alleged that on several occasions the Subject requested that Employee #2 bring the Subject leftover food because the Subject was "broke." Employee #2 explained Employee #2 thought the Subject's actions were unprofessional; however, Employee #2 brought food. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied the allegation.

Allegation #4: Employee #2 alleged that on July 11, 2013, while Employee #2 was walking to the cafeteria the Subject approached Employee #2 from behind and forcefully took Employee #2's lunchbox. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied that the Subject forcefully removed a lunchbox from the hands of Employee #2.

Allegation #5: Employee #2 alleged that on July 2, 2013, the Subject walked up to Employee #2 and removed a protein bar from Employee #2's hands and put it in the Subject's mouth eating it. Employee #2 said the Subject's actions were unprofessional. Employee #2 said the incident was witnessed. This allegation was **substantiated**. The Subject grabbed a portion of the protein bar without asking and ate it. The incident was witnessed. The action was found to violate Department Policy 60-8-12, VII, D, 6, f, (1), *Discipline* - Conduct Unbecoming a Public Employee (Failure to be courteous, considerate, respectful, and prompt in dealing with co-workers).

Allegation #6: Employee #2 alleged that on July 1, 2013, the Subject made a "vulgar" statement to Employee #2. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied the allegation.

Allegation #7: Employee #2 alleged the Subject frequently made unwanted remarks to Employee #2 about how Employee #2 was dressed. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied the allegation.

Allegation #8: Employee #2 alleged that on July 2, 2013, the Subject made a "kissing gesture" towards Employee #2. The incident was witnessed. This allegation was **substantiated**. This action was found to violate Department Policy 60-8-12, VII, D, 6, f, (1), *Discipline - Conduct Unbecoming a Public Employee (Failure to be courteous, considerate, respectful, and prompt in dealing with co-workers)*.

Allegation #9: Employee #2 alleged that on July 10, 2013, the Subject requested to go into the field to work with Employee #2. Employee #2 alleged that instead of going to the field to work, the Subject took the Subject's personal car and drove Employee #2 to a restaurant to have coffee with Employee #2. Employee #2 explained when Employee #2 would not talk to the Subject or answer questions, they departed the restaurant and the Subject drove Employee #2 back to the office. This allegation was **substantiated**. The Subject acknowledged the event. This action was found to violate Department Policy 60-8-12, VII, D, 6, f, (1), *Discipline - Conduct Unbecoming a Public Employee (Failure to be courteous, considerate, respectful, and prompt in dealing with co-workers)*.

Allegation #10: Employee #2 alleged that as the Subject dropped Employee #2 off, the Subject rudely stated to Employee #2, "Now get out and make sure you do your job." This allegation was **unsubstantiated**. The OIG did not identify any witnesses to the incident. The Subject denied making rude statements to Employee #2.

Allegation #11: Employee #2 alleged that on July 16, 2013, Employee #2 called in sick and that the call was transferred to the Subject who answered and stated, "Get well soon because I want you to come back to me." The Subject continued stating, "Private Lady, can I break the walls of your privacy and call you while at home?" Employee #2 said Employee #2 did not answer the Subject. This allegation was **unsubstantiated**. The OIG did not identify any witnesses to this incident. The Subject denied talking to Employee #2 on July 16, 2013.

RECOMMENDATION

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

INVESTIGATION # 13-252**Alleged Inappropriate Use of Department Resources
Department of Health in Okaloosa County (DOH-Okaloosa)**

This investigation was initiated based on a telephone complaint submitted by a private citizen (Complainant), alleging a Department employee at DOH-Okaloosa (Subject) used the Department's resources to solicit a refund for a damaged item purchased online from the Complainant.

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

Allegation: The Complainant alleged that the Subject used the Subject's Department email account and computer to communicate the Subject's displeasure and solicit a refund for a damaged item purchased online from the Complainant. One of the emails contained the subject line "Refund". A second email contained the subject line "Facebook". The Complainant said the Subject "threatened and intimidated" the Complainant with posting adverse seller ratings on eBay, Craigslist and Facebook if the Complainant did not refund the Subject. The Complainant's allegation was **substantiated**. The Subject acknowledged that the Subject received Department computer policy training and should not have used the Department's computer to send emails that were not work-related. The actions were found to violate Department Policy 50-10c-10, VII, D, 3, *Information Security and Privacy Policy 4* – The Department's Information Technology (IT) resources must not be used for personal profit, benefit, or gain; Department Policy 60-8-12, VII, D, 6, e, (8), *Discipline - Misuse of Computer Facilities or Equipment- The use of the Internet or email for purpose or times not authorized by Department policy*. The actions were also found to violate Department Policy 60-8-12, VII, D, 6, f, *Discipline - Conduct Unbecoming a Public Employee*.

RECOMMENDATION

- ❖ The OIG recommended that management take appropriate action based on the findings and conclusions of this report.

INVESTIGATION # 13-326**Alleged Hiring of Unqualified Candidate
Department of Health in Orange County (DOH-Orange)**

This investigation was initiated based on the OIG being referred from the Office of the Chief Inspector General (CIG) a Whistle-blower Hotline complaint. In consultation with the CIG, the OIG conducted an investigation of the complaint absent the whistle-blower designation. The Complainant, a Department employee in Orange County (DOH-Orange) alleged DOH-Orange

improperly hired an unqualified candidate (Employee). The Complainant was not certain who was responsible for the improper hire, but named two suspects.

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

Allegation: The Complainant alleged a Department Employee was hired to fill a DOH-Orange position for which the Employee was not qualified. The Employee was not "bilingual" and did not have the required certification as required by the *Position Description* and People First advertisement. The Complainant's allegation was **substantiated**. The Subject advertised on People First that the incumbent for the position "must be bilingual/fluent in Spanish and English," have HIV/AIDS 501 certification, and be able to "provide HIV Pre and Post-test counseling." The Subject decided to interview candidates who were not bilingual. When the Subject selected the Employee, the Subject believed the Employee held an HIV/AIDS 501 certification. The Subject subsequently discovered the Employee attended HIV/AIDS 501 training, but never obtained certification. However, the Subject hired the Employee anyway. To work around the problem that the Candidate was not certified to conduct HIV/AIDS counseling and testing, the Subject informally revised the Employee's job duties so that the Employee conducted STD counseling and testing instead of HIV/AIDS counseling and testing; however, the Employee's *Position Description* was never changed. The Subject who hired the Employee was found to violate Department Policy 60-21-13, VII, D, 13, b, *Recruitment and Selection*, which requires the hiring supervisor to complete verification of required certifications prior to offering the position; Department Policy 60-21-13, I, B, *Recruitment and Selection*, which requires that the selected candidate meet the "certification requirements" for the position; 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, b, *Discipline - Negligence*.

RECOMMENDATIONS

- ❖ The OIG recommended DOH-Orange management take appropriate action to ensure all hiring supervisors are aware of Department Policy 60-21-13, *Recruitment and Selection*.
- ❖ The OIG recommended DOH-Orange management ensure that hiring supervisors review People First advertisements prior to being published so that prescreening questions accurately reflect the requirements of the incumbent as indicated in the official position description.
- ❖ The OIG recommended DOH-Orange management take appropriate action to ensure all hiring supervisors complete verification of licensure, certification, or registration for individuals selected for a position requiring licensure, certification, or registration prior to offering employment.

- ❖ The OIG recommended that 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 # 13-347

Alleged Hostile Work Environment

Division of Community Health Promotion

This investigation was initiated based upon a complaint from an employee in the Public Health Research Unit, Division of Community Health Promotion.

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

Allegation #1: The Complainant alleged the Subject "bullied" the Complainant and created a non-discriminatory "hostile work environment." This allegation was **unsubstantiated**.

Allegation #2: As part of the creation of the "hostile work environment," the Complainant felt that the Subject's failure to update the Complainant's *Position Description* caused the Complainant undue stress and violated the Department policy. This allegation was **substantiated**. The action was found to violate Department Policy 60-7-13, VII, C, *Personnel and Human Resource Management Classification*, for failing to update the Complainant's *Position Description*. The OIG further determined that the Subject's management style and communication skills caused problems within the Department's Division of Community Health Promotion.

RECOMMENDATION

- ❖ The OIG recommended that management continue to work with the Subject on his interpersonal skills and that the Subject should seek training that would enhance the Subject's ability to work with others.

INVESTIGATION # 14-024

Alleged Inappropriate Use of Department Resources

Department of Health in Lake County (DOH-Lake)

This investigation was initiated based upon a telephone complaint from a private citizen living in Cambridge, Massachusetts alleging a Department employee (Subject) at the Department of Health in Lake County (DOH-Lake) used the Subject's computer and network access to the Complainant's Yahoo Internet and email accounts, without authorization.

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

Allegation: The Complainant alleged that the Subject used the Subject's Department computer and network privileges to access the complainant's personal email and Internet account without permission. This allegation was **substantiated**. These actions were found to violate Department Policy 50-10c-10, VII, B, 5, *Information Security and Privacy Policy 4 - Access to the Department's information technology resources is reserved for business purposes*; Department Policy 50-10c-10, VII, D, 2, *Information Security and Privacy Policy 4 – The Department's workforce must not use the Department's IT resources for any purpose which violates state or federal laws or rules*; Department Policy 50-10c, VII, D, 12, *Information Security and Privacy Policy 4 –The Department's workforce must not use the Department's IT resources for any activity which adversely affects the availability, confidentiality, or integrity of the Department or state information technology resources*. In addition, the Subject's actions were found to violate Department Policy 60-8-12, VII, D, 6, e, (14), *Discipline - Rules Regulations, Policies or Laws Willfully Violated*; Department Policy 60-8-12, VII, D, 6, f, (2), *Discipline - Conduct Unbecoming a Public Employee - Employees shall maintain high standards of honesty, integrity, and impartiality*; Department Policy 60-8-12, VII, D, 6, f, (4), (f), *Discipline - Inappropriate Conduct*; and Department Policy 60-8-12, VII, D, 6, f, (4), (h), *Discipline - Unauthorized use of State Property, Equipment, Materials or Personnel*. Furthermore, the subject's actions may have been in violation of Section 815.06(1)(a), *Florida Statutes - Offenses against computer users*.

RECOMMENDATION

- ❖ The OIG recommended that management at DOH-Lake take appropriate actions against the Subject consistent with the findings of this 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 49 for a list of external audits and reviews that were coordinated by the OIG during the 2013-14 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.

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2013-14

Number	Audit Engagements	Date Issued
A-1314DOH-005	Central Office's Monitoring of County Health Departments	3/25/2014

Number	Other Engagements	Date Issued
Q-1213DOH-008	Internal Audit Quality Assurance Review	3/12/2014
R-1011DOH-029	Review of Select Mobile Device Security Controls	11/12/2013
R-1112DOH-010	Review of Information System Backups and Disaster Recovery Processes	9/30/2013
R-1213DOH-010	Data Disclosure Risks Still Associated with the Health Management System	6/9/2014
R-1213DOH-014	Review of General Controls at CHDs and CMS Area Offices	4/9/2014
R-1213DOH-017	Review of the Florida Department of Health in Duval County	7/31/2013
R-1213DOH-019	Review of Agreements with University of Florida at the Florida Department of Health in Duval County	10/31/2013
R-1213DOH-021	Review of Federal Time Keeping At the Florida Department of Health in Duval County	12/30/2013
2013-15 ²	Enterprise Assessment of the State of Florida's Background Screening Process	11/6/2013

² DOH OIG was the lead agency on this Enterprise Project and was responsible for authoring the report. The report was issued by the Office of the Chief Inspector General, Office of the Governor.

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2013-14 ³

(includes initial audits and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
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
2014-014	Central Pharmacy, Selected Administrative Activities, and Prior Audit Follow-Up – Operational Audit	9/26/2013
2014-025	Department of Health Florida Biomedical Research Program – Operational Audit	10/14/2013
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

Office of Program Policy Analysis and Government Accountability		
Number	Subject	Report Date
14-03	Florida’s Nursing Education Programs Continued to Expand in 2013, While Licensure Exams Passage Rates of New Programs Declined	2/24/2014

Other External Projects		
Entity	Subject	Report Date
Department of Financial Services, Division of Risk Management	Report from an Evaluation of the Department of Health Loss Prevention Program Report Number SFLPP-6-12/13-DOH	08/19/2013

³ 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 2013-14

Number	Type	Alleged Subject	Disposition
11-106	WB	Alleged possible inappropriate conduct/retaliatory acts	5-Unsubstantiated 2-Substantiated 2-Unfounded
12-217	IN	Alleged disclosure of confidential information	1-Unfounded 2-Substantiated
12-223	IN	Alleged violation of Information Technology policies, abused use of computer, unauthorized software	2-Substantiated 3-Unsubstantiated 3-Unsubstantiated with no violation
13-046	IN	Alleged hostile work environment	Unsubstantiated
13-047	IN	Alleged conduct unbecoming a public employee; violation of law or agency rules	Summary Investigative Report 2-Unfounded
13-049	PI	Alleged violation of law or agency rules; conduct unbecoming a public employee; ethics violations	Complainant resigned prior to conclusion of investigation
13-055	IN	Alleged misconduct, violation of law or agency rules	3-Substantiated
13-095	INA	Alleged immigration employment fraud	Investigative Assist
13-099	PI	Alleged negligence, falsifying documents	Complaint withdrawal
13-103	PI	Alleged unauthorized dissemination of personal data	Insufficient evidence/information
13-108	IN	Alleged contractor fraud	Summary Investigative Report - Unsubstantiated
13-110	IN	Alleged negligence, HIPAA violation	Criminal Referral - Substantiated
13-111	IN	Alleged incorrect expiration dates printed	2-Unsubstantiated 1-Substantiated
13-118	IN	Alleged conduct unbecoming/timesheets falsification	Summary Investigative Report - Unsubstantiated
13-124	MA	Alleged contract fraud	Referred to Management
13-147	PI	Alleged conduct unbecoming a public employee; hostile work environment	Insufficient evidence/information
13-148	MA	Alleged failure to use correct address	Referred to Management
13-149	MA	Alleged conduct unbecoming; retaliation	Referred to Management
13-150	IN	Alleged misuse of state resources	Substantiated
13-151	MA	Alleged conduct unbecoming; workplace violence	Referred to Management
13-162	MA	Alleged unauthorized access of the Department's network by non-Department employee	Referred to Management
13-163	INA	Alleged theft	Investigative Assist
13-170	IN	Alleged contract fraud	Criminal Referral - Substantiated
13-171	PI	Alleged medication shipment lost	No determination made
13-173	MA	Alleged hostile work environment	Referred to Management
13-179	IN	Alleged firearm reportedly brought into a Department facility	Unsubstantiated
13-180	MA	Alleged circumvention of Information Technology security policies	Referred to Management
13-181	PI	Alleged criminal charge and arrest	No policy violation
13-182	MA	Alleged fraud at Women, Infants, and Children and Vital Statistics	Referred to Management
13-183	NF	Alleged retaliation for Office of Inspector General complaint	Information Only
13-184	PI	Alleged disruptive conduct	Substantiated
13-185	PI	Alleged disclosure of confidential or privileged information	Unfounded
13-186	MA	Alleged disparate treatment, harassment and retaliation	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
13-187	IN	Alleged conduct unbecoming	3-Unsubstantiated 1-Substantiated
13-188	NF	Alleged general displeasure with closing county health department offices	Information Only
13-189	NF	Alleged general displeasure with closing county health department offices	Information Only
13-190	NF	Alleged general displeasure with closing county health department offices	Information Only
13-191	MA	Alleged general displeasure with closing county health department offices	Referred to Management
13-192	RF	Alleged possible fraud	Referred to Med. Quality Assurance
13-193	MA	Alleged improper inspection of septic & drain field	Referred to Management
13-194	MA	Alleged possible violation of Family Medical Leave Act	Referred to Management
13-195	PI	Alleged conduct unbecoming	Failure to respond or provide truthful information
13-196	MA	Alleged potential breach of confidential information	Referred to Management
13-197	IN	Alleged misconduct, negligence, falsification of records	3-Substantiated
13-198	RF	Alleged concerns about regulation of the medical field	Referred to Med. Quality Assurance
13-199	RF	Alleged concerns about vendor	Referred to Med. Quality Assurance
13-200	RF	Alleged misuse of State vehicle	Referred to DOH-Polk - Chief Legal Counsel
13-201	NF	Alleged concerns regarding mental healthcare provider	Information Only
13-202	RF	Alleged failure to update death certificate records	Referred to Vital Statistics
13-203	NF	Alleged wrongdoing	Information Only
13-204	RF	Alleged discrimination	Referred to Office of Equal Opp.
13-205	RF	Alleged uncertified staff performing physicals	Referred to Med. Quality Assurance
13-206	NF	Alleged favoritism	Information Only
13-207	IN	Alleged violation of Fair Labor and Standards Act	1-Substantiated 1-Unsubstantiated
13-208	NF	Alleged retaliation	Information Only
13-209	IN	Alleged misconduct, fraudulent Medicaid billing	Unsubstantiated
13-210	MA	Alleged misconduct	Referred to Management
13-211	NF	Alleged concerns about the waste of Women, Infants, and Children funds	Information Only
13-212	RF	Alleged request for medical assistance	Referred to DOH-Orange Director
13-213	NF	Alleged unsatisfactory medical treatment	Information Only
13-214	NF	Alleged consuming alcohol during work hours	Information Only
13-215	NF	Alleged back pay issue for a promotion	Information Only
13-216	NF	Alleged unprofessional leadership	Information Only
13-217	NF	Alleged breach for personal identity theft	Information Only
13-218	RF	Alleged racial discriminatory practices	Referred to Office of Equal Opp.
13-219	NF	Alleged rebuttal for written reprimand	Information Only
13-220	RF	Alleged actions/inactions of Emergency Medical Technician	Referred to Med. Quality Assurance
13-221	RF	Alleged reckless endangerment and grievous bodily harm	Referred to Med. Quality Assurance & Bureau of Emergency Medical Oversight
13-222	PI	Alleged misconduct, conduct unbecoming	Unfounded
13-223	IN	Alleged misconduct, sexual harassment	4-Substantiated 7-Unsubstantiated
13-224	MA	Alleged potential employee misconduct	Referred to Management
13-225	RF	Alleged employee misconduct/potential Ethics violations	Referred to General Counsel & DOH Ethics Officer
13-226	RF	Alleged inaction by doctors	Referred to Med. Quality Assurance
13-227	RF	Alleged unlicensed medical assistant performing duties	Referred to Med. Quality Assurance
13-228	RF	Alleged fraudulent activities	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
13-229	RF	Alleged harassing and nuisance calls to the Department	Referred to Hallandale Beach Police Department
13-230	NF	Alleged dissatisfaction with outcome	Information Only
13-231	RF	Alleged unlicensed activities	Referred to US Health & Human Services-OIG
13-232	RF	Alleged medication policy & procedures not being followed	Referred to Med. Quality Assurance
13-233	NF	Alleged solution to complaint regarding Performance Evaluation	Information Only
13-234	PI	Alleged employee misconduct, abuse of authority, retaliation	Unsubstantiated
13-235	MA	Alleged staffing shortage	Referred to Management
13-236	MA	Alleged retaliation, undeserved negative referral	Referred to Management
13-237	NF	Alleged misconduct, retaliation, contract fraud	Information Only
13-238	MA	Alleged misconduct, theft, timesheet fraud	Referred to Management
13-240	NF	Alleged theft of State warrant	Information Only
13-241	NF	Alleged misconduct, potential violation of patient confidentiality, etc.	Information Only
13-242	RF	Alleged fraudulent billing practices	Referred to AHCA-OIG
13-243	RF	Alleged fraud	Referred to Med. Quality Assurance
13-244	RF	Alleged racial discrimination in hiring process	Referred to Office of Equal Opp.
13-245	PI	Alleged potential violation of patient confidentiality, misconduct	No misconduct noted
13-246	PI	Alleged falsifications of timesheets & fraudulent travel related reimbursements	No misconduct noted
13-247	RF	Alleged denial of career advancement/promotion	Referred to Office of Equal Opp.
13-249	NF	Alleged unfair promotions and salary increases	Information Only
13-250	NF	Alleged improper dissemination of information	Information Only
13-251	MA	Alleged mismanagement and favoritism	Referred to Management
13-252	IN	Alleged misuse of Information Technology resources, conduct unbecoming	Substantiated
13-253	NF	Alleged retaliation	Information Only
13-254	NF	Alleged poor performance by Medical Quality Assurance	Information Only
13-255	MA	Alleged harassment and disparate treatment	Referred to Management
13-256	RF	Alleged wrongdoing by a pharmacist	Referred to Med. Quality Assurance
13-257	RF	Alleged gender discrimination	Referred to Office of Equal Opp.
13-258	PI	Alleged potential employee misconduct/conduct unbecoming	Unfounded
13-259	RF	Alleged issues at pain & wellness clinic	Referred to Med. Quality Assurance
13-260	MA	Alleged misconduct by physician	Referred to Management
13-261	RF	Alleged concerns regarding tobacco funds & grants	Referred to Community Health Promotion
13-262	NF	Alleged concerns regarding billing practices	Information Only
13-263	INA	Alleged possible unauthorized breach of confidential information	Investigative Assist
13-264	NF	Alleged employee misconduct/dereliction of duty	Information Only
13-265	NF	Alleged mismanagement regarding discipline	Information Only
13-266	NF	Alleged unfair treatment with salaries and promotions	Information Only
13-267	PI	Alleged conduct unbecoming, ethics violation	Unfounded
13-268	MA	Alleged failure to receive annual performance evaluation	Referred to Management
13-269	RF	Alleged abuse/neglect	Referred to Med. Quality Assurance
13-270	MA	Alleged improper demotion	Referred to Management
13-271	NF	Alleged using state funds for lobbying activities	Information Only
13-272	NF	Alleged issues with smart meters	Information Only
13-273	NF	Alleged matters concerning a private college	Information Only

Legend	IN - Investigation	NF – Information Only	RF – Referral
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Number	Type	Alleged Subject	Disposition
13-274	RF	Alleged concerns regarding medical treatment	Referred to Med. Quality Assurance
13-275	RF	Alleged questionable management conduct	Referred to Orange County - Division of Building Safety
13-276	RF	Alleged unprofessional conduct by state employee	Referred to Med. Quality Assurance
13-277	NF	Alleged negligence; potential violation of patient confidentiality; retaliation	Information Only
13-278	INA	Alleged employee misconduct; criminal fraud	Investigative Assist
13-279	PI	Alleged employee misconduct	Unfounded
13-280	MA	Alleged unjust reprimand	Referred to Management
13-281	MA	Alleged employee misconduct	Referred to Management
13-282	NF	Alleged violation of patient confidentiality	Information Only
13-283	MA	Alleged misconduct	Referred to Management
13-284	NF	Alleged retaliation	Information Only
13-287	MA	Alleged disruptive/orally combative county health department clients	Referred to Management
13-288	MA	Alleged employee misconduct/dereliction of duty	Referred to Management
13-289	MA	Alleged employee misconduct/cheating of test for promotion	Referred to Management
13-290	RF	Alleged concerns about nursing program in private college	Referred to Med. Quality Assurance
13-291	RF	Alleged concerns regarding dental treatment at clinic	Referred to Med. Quality Assurance
13-292	NF	Alleged unsanitary conditions at Ministries	Information Only
13-293	PI	Alleged conduct unbecoming	Closed due to lack of evidence
13-294	PI	Alleged conduct unbecoming	Insufficient information to initiate investigation
13-295	PI	Alleged overbilling by a Department contractor	1-Unfounded 1-Substantiated
13-296	MA	Alleged conduct unbecoming	Referred to Management
13-297	RF	Alleged unlicensed health professionals	Referred to Med. Quality Assurance
13-298	RF	Alleged racial discrimination	Referred to Office of Equal Opp.
13-299	NF	Alleged dissatisfaction with Med. Quality Assurance decision	Information Only
13-300	NF	Alleged concerns with Shred-It	Information Only
13-301	RF	Alleged failure to provide appropriate treatment	Referred to Med. Quality Assurance
13-302	RF	Alleged missing/stolen Department property	Closed due to lack of evidence
13-303	NF	Alleged hostile work environment	Information Only
13-304	PI	Alleged misuse, abuse of position; misuse, abuse of resources	Unfounded
13-305	NF	Alleged violation of confidential information	Information Only
13-306	NF	Alleged failing to advertise/post meetings	Information Only
13-307	RF	Alleged potential insurance fraud	Referred to Division of Insurance Fraud
13-308	RF	Alleged serious accident/injury/illness	Referred to Med. Quality Assurance
13-309	RF	Alleged sexual harassment	Referred to Office of Equal Opp.
13-310	MA	Alleged sexual harassment, conduct unbecoming, timesheet fraud, etc.	Referred to Management
13-311	PI	Alleged fraud, misuse of position	Unfounded
13-312	RF	Alleged misconduct by a physician	Referred to Med. Quality Assurance
13-313	NF	Alleged receiving Department unauthorized calls	Information Only
13-314	RF	Alleged fraudulent use of Medicaid authorization numbers	Referred to Med. Quality Assurance
13-315	RF	Alleged Medicaid fraud	Referred to Med. Quality Assurance
13-316	NF	Alleged concerns regarding water quality at correctional facility	Information Only
13-317	RF	Alleged stealing prescription drugs	Referred to Med. Quality Assurance
13-318	RF	Alleged concerns about nursing programs	Referred to Med. Quality Assurance

Legend	IN - Investigation	NF – Information Only	RF – Referral
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Number	Type	Alleged Subject	Disposition
13-319	NF	Alleged waste of funds by the Department	Information Only
13-320	NF	Alleged wrongful termination, improper control substance handling, etc.	Information Only
13-321	PI	Alleged fraudulent reporting by a Department contractor	Insufficient evidence/information
13-322	NF	Alleged retaliation by firing for reporting violations of policy or statute	Information Only
13-323	MA	Alleged sharing Department Information Technology login credentials	Referred to Management
13-324	MA	Alleged verbal threats	Referred to Management
13-325	MA	Alleged timesheet fraud	Referred to Management
13-326	IN	Alleged improper awarding of promotion/position	Substantiated
13-327	NF	Alleged improper hiring/promotion	Information Only
13-328	NF	Alleged no receiving test result on time	Information Only
13-329	NF	Alleged concerns regarding apartment and Human Rights	Information Only
13-330	RF	Allegations regarding dental hygienist	Referred to AHCA-OIG
13-331	NF	Alleged failure to follow data security policy	Information Only
13-332	NF	Alleged request to run for political officer	Information Only
13-333	NF	Alleged possibly creating safety, health & environmental hazards	Information Only
13-334	RF	Alleged concerns about Winn-Dixie	Referred to DACS
13-335	RF	Alleged unprofessional behavior of employee	Referred to FCHR & Office of Equal Opp.
13-336	NF	Alleged failure by the Department to enforce the law	Information Only
13-337	IN	Alleged employee misconduct	Summary Investigative Report - Unfounded
13-338	PI	Alleged employee misconduct, potential violation of patient confidentiality	Unfounded
13-339	MA	Alleged employee misconduct	Referred to Management
13-340	NF	Alleged counterfeit letter	Information Only
13-341	PI	Alleged mismanagement	Unfounded
13-342	RF	Alleged conduct unbecoming, retaliation & disparate treatment	Referred to Office of Equal Opp.
13-343	RF	Alleged fraud waste and abuse	Referred to Med. Quality Assurance
13-344	PI	Alleged possible violation of Information Technology security	Unfounded
13-345	NF	Alleged violation of security policy	Information Only
13-347	IN	Alleged bullying/misconduct	1-Unsubstantiated 1-Substantiated
13-348	RF	Alleged potential violation of patient confidentiality	Referred to Med. Quality Assurance
13-349	PI	Alleged bullying/misconduct	Unfounded
13-350	RF	Alleged displeasure with service	Referred to Management
13-351	NF	No specific concerns/complaint mentioned	Information Only
14-001	MA	Alleged misconduct and possible retaliation	Referred to Management
14-002	PI	Alleged theft/loss of state issued phone	Negligence
14-003	NF	Alleged hiring policy violations	Information Only
14-004	MA	Alleged potential violation of patient confidentiality	Referred to Management
14-005	PI	Alleged misconduct by Medical Quality Assurance staff	Unfounded
14-006	RF	Alleged misconduct by a licensed psychiatrist	Referred to Med. Quality Assurance
14-007	PI	Alleged employee misconduct; conduct unbecoming	Unfounded
14-008	NF	Alleged misconduct/poor performance	Information Only
14-009	IN	Alleged potential misconduct	Criminal Investigative Report
14-010	RF	Alleged misconduct by a licensed health professional	Referred to Med. Quality Assurance
14-011	NF	Alleged potential breach of patient confidentiality	Information Only

Legend	IN - Investigation	NF – Information Only	RF – Referral
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Number	Type	Alleged Subject	Disposition
14-012	PI	Alleged employee misconduct; misallocation of grant funds	No misconduct noted
14-014	MA	Alleged employee misconduct	Referred to Management
14-015	INA	Contractor Arrested by Tallahassee Police Department	Investigative Assist
14-016	MA	Alleged retaliation; misconduct	Referred to Management
14-017	MA	Alleged employee misconduct	Referred to Management
14-018	MA	Alleged employee misconduct	Referred to Management
14-020	MA	Alleged employee misconduct	Referred to Management
14-021	RF	Alleged causes of action against the Department	Referred to General Counsel
14-022	NF	Alleged breach of confidential information	Information Only
14-023	NF	Concerns about housing and public assistance matters	Information Only
14-024	IN	Alleged unauthorized use of state property/misconduct	Substantiated
14-025	RF	Alleged medication/dispensing error	Referred to Med. Quality Assurance
14-026	RF	Alleged failure to accommodate	Referred to Office of Equal Opp.
14-027	NF	Alleged scam phone calls	Information Only
14-028	NF	Alleged violations of Chapter 119, <i>Florida Statutes</i> , Public Records	Information Only
14-029	NF	Alleged potential retaliation	Information Only
14-030	RF	Alleged sexual harassment	Referred to Office of Equal Opp.
14-031	MA	Alleged potential violation of patient confidentiality	Referred to Management
14-032	MA	Alleged employee misconduct	Referred to Management
14-033	RF	Alleged denial of information	Referred to General Counsel
14-034	RF	Alleged improper action by a doctor	Referred to Med. Quality Assurance
14-035	RF	Alleged concerns regarding quality of medical care	Referred to Med. Quality Assurance
14-036	PI	Alleged employee misconduct	Concluded with no violation
14-038	PI	Alleged potential breach of Information Technology security	Failure to follow policies
14-039	PI	Alleged hostile work environment/unpacified retaliation	Substantiated
14-040	NF	Alleged concerns about a treatment facility	Information Only
14-041	PI	Alleged missing patient medications	Concluded without action
14-042	MA	Alleged employee misconduct	Referred to Management
14-044	NF	Alleged employee misconduct	Information Only
14-045	NF	Alleged missing/unaccounted Vital Statistics official document paper	Information Only
14-046	MA	Alleged employee misconduct	Referred to Management
14-047	MA	Alleged employee misconduct	Referred to Management
14-048	MA	Alleged employee misconduct	Referred to Management
14-049	RF	Alleged "Not meeting Department or Board of Dentistry Standard of Care"	Referred to Med. Quality Assurance
14-050	RF	Alleged unprofessional service/care	Referred to Med. Quality Assurance
14-051	RF	Alleged concerns about a Aventura Hospital	Referred to Med. Quality Assurance
14-052	MA	Alleged Med. Quality Assurance/Prosecution Services Unit did not follow procedure	Referred to Management
14-053	NF	Alleged unaccounted for Vital Statistics safety paper	Information Only
14-054	MA	Alleged employee misconduct/retaliation	Referred to Management
14-056	MA	Alleged potential purchasing conflict of interest	Referred to Management
14-057	RF	Alleged inappropriate medical care	Referred to Med. Quality Assurance
14-058	NF	Alleged house mold	Information Only
14-059	RF	Alleged age discrimination	Referred to Office of Equal Opp.
14-060	RF	Alleged medication/dispensing error	Referred to Med. Quality Assurance

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Number	Type	Alleged Subject	Disposition
14-061	NF	Alleged release of confidential information	Information Only
14-062	NF	Alleged stolen laptop	Employee terminated
14-063	RF	Alleged inappropriate conduct by a physician	Referred to Med. Quality Assurance
14-064	RF	Alleged concerns about HIV testing procedures	Referred to Division of Disease Control
14-065	PI	Alleged potential theft of medical supplies	Concluded without action
14-066	RF	Alleged failure to consider additional evidence/facts	Referred to Med. Quality Assurance
14-067	PI	Alleged employee misconduct; discrepancies in dismissal procedure	Unsubstantiated
14-068	IN	Alleged employee misconduct	Summary Investigative Report - Unsubstantiated
14-069	MA	Alleged employee misconduct/Dual Employment	Referred to Management
14-070	NF	Alleged violation of confidential patient info	Information Only
14-071	NF	Alleged retaliation after filing complaint	Information Only
14-072	PI	Alleged loss of Sexually Transmitted Disease client files	Substantiated
14-073	NF	Alleged misconduct by a physician	Information Only
14-074	NF	Alleged Medicare & Medicaid fraud by a physician	Information Only
14-075	RF	Alleged misconduct by licensed health professionals	Referred to Med. Quality Assurance
14-076	RF	Alleged mismanagement	Referred to Med. Quality Assurance
14-077	RF	Mental Health Counselors complaint	Referred to Med. Quality Assurance
14-078	NF	Alleged suspicious request for Birth Certificates	Information Only
14-079	NF	Alleged confidential information being released	Information Only
14-080	NF	Alleged misconduct	Information Only
14-081	RF	Alleged discrimination	Referred to Office of Equal Opp.
14-083	MA	Alleged poor building air quality, bullying & racism	Referred to Management
14-085	PI	Alleged misrepresentation of income to received WIC benefits	Concluded without action
14-086	MA	Alleged employee misconduct	Referred to Management
14-087	NF	Alleged intimidation	Information Only
14-088	RF	Alleged sexual harassment	Referred to Office of Equal Opp.
14-089	PI	Alleged employee misconduct	Complaint withdrawn
14-091	NF	Alleged displeasure with the Department's services	Information Only
14-092	MA	Alleged employee misconduct	Referred to Management
14-094	NF	Allegation of malware on Department hard drive	Information Only
14-095	PI	Alleged misconduct	No policy violation
14-097	RF	Alleged concerns with medical professionals	Referred to Med. Quality Assurance
14-098	NF	Martin County Utilities complaint	Information Only
14-100	RF	Alleged employee misconduct	Referred to Management
14-101	NF	Alleged employee misconduct	Information Only
14-102	RF	Alleged misconduct by a physician	Referred to Med. Quality Assurance
14-103	MA	Alleged employee misconduct	Referred to Management
14-104	NF	Alleged employee misconduct	Information Only
14-105	RF	Alleged fraudulent activities	Referred to Med. Quality Assurance
14-106	NF	Alleged performance evaluation disputes	Information Only
14-107	NF	Alleged misconduct	Information Only
14-111	RF	Alleged employee misconduct	Referred to Med. Quality Assurance

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Number	Type	Alleged Subject	Disposition
14-112	RF	Arrest of DOH-Polk employee	Referred to Med. Quality Assurance - Investigative Assist to Law Enforcement
14-114	NF	Allegations regarding Children's Medical Services	Information Only
14-115	NF	Allegations concerning Medicaid	Information Only
14-117	NF	Alleged unlicensed pharmacy activities	Information Only
14-118	NF	Alleged employee misconduct	Information Only
14-119	PI	Alleged employee misconduct	Concluded without action
14-120	RF	Alleged suspected elder abuse	Referred to Med. Quality Assurance
14-121	NF	Alleged dispute of wrongful termination	Information Only
14-122	NF	Alleged improper hiring practices	Information Only
14-123	INA	Alleged possible identity theft	Investigative Assist
14-124	PI	Alleged employee misconduct	Complaint withdrawn
14-129	RF	Alleged misconduct by paramedics and Emergency Medical Technicians	Referred to Med. Quality Assurance
14-130	RF	Alleged abuse/neglect	Referred to Med. Quality Assurance
14-131	RF	Alleged medication/dispensing error	Referred to Med. Quality Assurance
14-132	RF	Alleged employee misconduct	Referred to Office of Equal Opp.
14-134	RF	Alleged concerns regarding internship with the Department	Referred to Med. Quality Assurance
14-138	PI	Alleged employee negligence	No policy violation
14-139	MA	Alleged employee misconduct	Referred to Management
14-140	NF	Alleged concerns regarding administrative leave	Information Only
14-141	PI	Alleged employee misconduct	Insufficient evidence/information
14-144	RF	Alleged employee misconduct/negligence	Referred to Deputy Secretary for Health
14-146	NF	Alleged violation of Social Security policy	Information Only
14-147	RF	Medication/Dispensing error	Referred to Med. Quality Assurance
14-148	RF	Alleged racial and ethnic discrimination	Referred to Office of Equal Opp.
14-150	RF	Alleged breach/violation of confidential information	Referred to Med. Quality Assurance & Department Privacy Officer
14-153	NF	Scam addressed to the Department	Information Only
14-154	RF	Alleged conduct unbecoming a public employee	Referred to Division of Disease Control
14-155	RF	Alleged harassment, conduct unbecoming	Referred to Office of Equal Opp.
14-156	NF	Alleged negligence	Information Only
14-157	NF	Alleged dental patient assaulted by dental supervisor	Information Only
14-158	NF	Mishandling of case	Information Only
14-159	NF	Request for assistance	Information Only
14-160	NF	Displeasure with handling of complaint	Information Only
14-161	NF	Displeasure with handling of complaint	Information Only
14-162	NF	Allegation of contractors no following standard protocols	Information Only
14-163	NF	Alleged possible falsification of student records	Information Only
14-164	NF	Termination from employment	Information Only
14-165	RF	Scheduling medical appointment	Referred to Department of Corrections
14-166	RF	Alleged hostile work environment	Referred to Office of Equal Opp.
14-167	RF	Alleged violation of Equal Opportunity policies	Referred to Office of Equal Opp.
14-169	RF	Alleged Lab error	Referred to Med. Quality Assurance
14-170	RF	Alleged Lab issues	Referred to Med. Quality Assurance

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Number	Type	Alleged Subject	Disposition
14-172	RF	Displeasure with AIDS Drug Assistance Program	Referred to DOH-Palm Beach & Statewide Services
14-176	RF	Displeasure with handling of complaint by Medical Quality Assurance	Referred to Med. Quality Assurance

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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 misconduct:**

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

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