



FLORIDA DEPARTMENT OF HEALTH

OFFICE OF INSPECTOR GENERAL

annual
report

2015

2016

For Fiscal Year Ending

JUNE 30, 2016

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 30, 2016

Celeste Philip, MD, MPH
State Surgeon General
4052 Bald Cypress Way, Bin #A00
Tallahassee, Florida 32399-1701

Dear Dr. Philip:

In accordance with Section 20.055(8), *Florida Statutes*, I am submitting the Office of Inspector General Annual Report for the fiscal year ending June 30, 2016. 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 2015-16**

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INTRODUCTION

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

Each Inspector General has broad authority, including the responsibility to:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise and coordinate audits, investigations and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations;
- ❖ Keep the agency head informed concerning fraud, abuses and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Conduct periodic audits and evaluations of the agency's information technology security program for data, information, and information technology resources of the agency¹;
- ❖ Ensure effective coordination and cooperation between the Auditor General, federal auditors and other governmental bodies with a view toward avoiding duplication;
- ❖ Monitor the implementation of the agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance;
- ❖ Review rules relating to the programs and operations of the state agency and make recommendations concerning their impact;
- ❖ Receive complaints and coordinate all activities of the agency as required by the Whistle-blower's Act;
- ❖ Receive and consider complaints which do not meet the criteria for an investigation under the Whistle-blower's Act and conduct, supervise, or coordinate such inquiries, investigations, or reviews as deemed appropriate;
- ❖ Initiate, conduct, supervise and coordinate investigations designed to detect, deter, prevent and eradicate fraud, waste, mismanagement, misconduct and other abuses in state government;

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

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

As a result of these responsibilities, Section 20.055, *Florida Statutes*, requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding fiscal year. This report summarizes the activities and accomplishments of the Florida Department of Health’s Office of Inspector General (OIG) for the twelve-month period beginning July 1, 2015 and ending June 30, 2016.

MISSION, VISION, AND VALUES

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

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

The **vision** of the Department is:

“To be the Healthiest State in the Nation.”

The **values** of the Department are:

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

The OIG fully promotes and supports the mission, vision and values of the Department by providing independent examinations of agency programs, activities and resources; conducting internal investigations of alleged violations of agency policies, procedures, rules or laws; and offering operational consulting services that assist Department management in their efforts to maximize effectiveness and efficiency.

ORGANIZATIONAL PROFILE

Staff Qualifications

The OIG consists of 16 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. The Inspector General has a dual reporting relationship to the Chief Inspector General within the Executive Office of the Governor and to the State Surgeon General and Secretary.

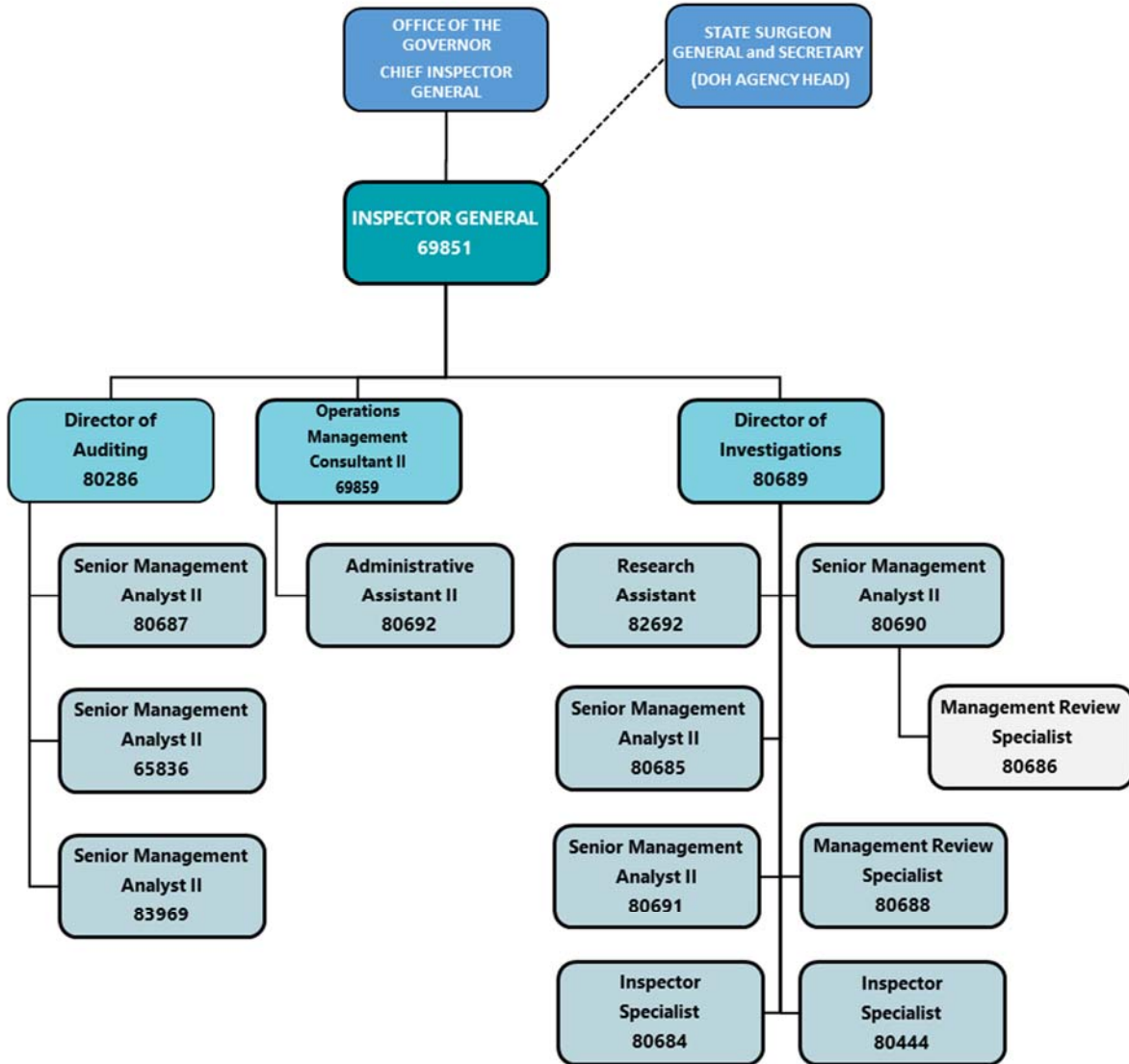
OIG staff is highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the Office's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2016, all positions were filled. The following 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:
 - ❖ 4 Certified Inspector Generals,
 - ❖ 3 Certified Public Accountants,
 - ❖ 3 Certified Accreditation Managers,
 - ❖ 3 Certified Accreditation Assessors,
 - ❖ 2 Certified Inspector General Investigators,
 - ❖ 2 Certified Internal Auditors,
 - ❖ 2 Certified Information Systems Auditors,
 - ❖ 1 Certified Law Enforcement Officer (Non-Sworn),
 - ❖ 1 Certified Government Auditing Professional,
 - ❖ 1 Certified Inspector General Auditor,
 - ❖ 1 Certified Active Shooter Trainer, and
 - ❖ 1 Certified Professional Secretary

- The Director of Investigations served as a Board Member and Treasurer of the Florida Audit Forum;

- Collectively, staff within the OIG have:
 - ❖ 114 years of Audit experience, and
 - ❖ 237 years of Investigative experience.

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2016)



Training

Professional standards require OIG staff to maintain their proficiency through continuing education and training. This is accomplished by attending and participating in various training courses and/or conferences throughout the year that have enhanced the knowledge, skills, and abilities of the OIG staff.

Section 20.055(2)(j), *Florida Statutes*, requires each Office of Inspector General to comply with the *Principles and Standards for Offices of Inspector General*, issued by the Association of Inspectors General. This document mandates all staff who perform investigations, inspections, evaluations, reviews, or audits complete at least 40 hours of continuing professional education every two years, with at least 12 hours focused on the staff member's area of responsibility.

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

Some of the recurring training throughout the year included attendance at meetings of the Florida Audit Forum, computer software training classes, Department-sponsored employee training, and training programs sponsored by the Tallahassee Chapter of the Institute of Internal Auditors (IIA), the Florida Chapter of the Association of Inspectors General (AIG), Association of Certified Fraud Examiners (ACFE) and the Association of Government Accountants (AGA). In addition, the Inspector General served as an instructor for the AIG Certification Program.

Some of the specific courses or conferences attended by staff during the 2015-16 fiscal year included:

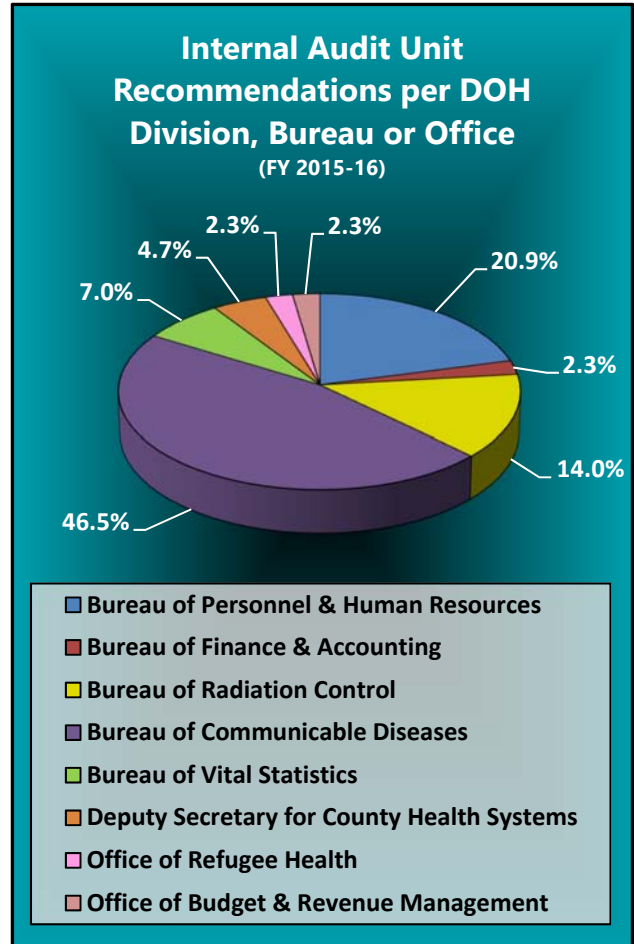
- ❖ Florida Institute of Certified Public Accountants' Annual Accounting Show
- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ AGA Government Accounting Conference
- ❖ Advanced Report Writing for Inspector General Investigators
- ❖ Building Security into Contractual Agreements
- ❖ IT Governance, Risk & Compliance: A view from the Government and Non-Profit Perspectives
- ❖ Auditing Cybersecurity in an Unsecure World
- ❖ ACFE Fraud Conference
- ❖ Florida Accounting and Information Resource (FLAIR) Fundamentals
- ❖ Conflicts of Interest in Government Programs
- ❖ Seizing Digital Evidence
- ❖ Protecting the Integrity of Florida's Certified Public Accountants

OIG FUNCTIONS

Internal Audit Unit

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

Identification of audit and review engagements is primarily based upon the results of a Department risk assessment where the overall risk of critical operations and/or functions is assessed by the OIG. This risk assessment, along with past auditor experience and discussions with the OIG Director of Investigations and the Inspector General, culminates in the development of a new three-year audit plan each year. The audit plan, which is approved by the State Surgeon General, lists the functions/operational areas of the Department that will be audited or reviewed during the upcoming fiscal year along with potential projects for the following two fiscal years.



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.

2015-16 Accomplishments

The OIG completed a total of one audit engagement and seven review engagements during the 2015-16 fiscal year.

The OIG continues to monitor progress of management actions taken to correct significant deficiencies noted in audit and review engagements. A listing of all engagements completed during the 2015-16 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 37 of this report.

The OIG also initiated two additional audit/review projects during fiscal year 2015-16 that will culminate during fiscal year 2016-17.

Performance Criteria

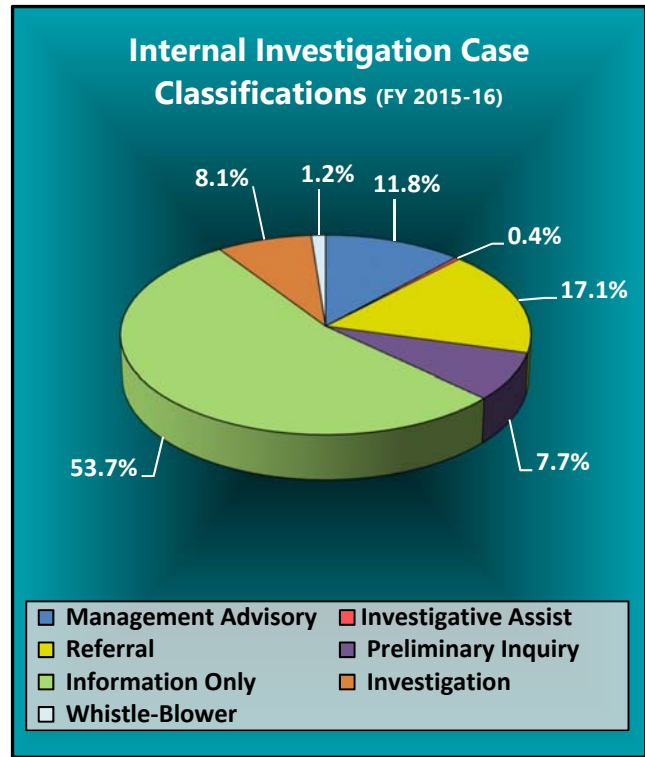
All audits and consulting engagements were performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

Audit and review engagements result in written reports of findings and recommendations, including responses by management. These reports are distributed internally to the State Surgeon General and affected program managers, the Executive Office of the Governor's Chief Inspector General and to the Office of the Auditor General.

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 2015-16 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 Florida Laws, Rules, Department policies or procedures may have been violated.
- ❖ Referral – a referral of a complaint to Department management (internal referrals) or another agency when the subject or other individuals involved are outside the jurisdiction of the Department (external referrals).
- ❖ Investigative Assist – providing assistance to law enforcement.
- ❖ Information Only – insufficient information in the complaint for an investigation.



2015-16 Accomplishments

The OIG closed 246 complaints during the 2015-16 fiscal year. The chart above provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2015-16 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2015-16 fiscal year can be found starting on page 22 of this report.

Performance Criteria

The OIG conducted all investigations in accordance with the Quality Standards for Investigations by Offices of Inspector General as found in the Association of Inspectors General *Principles and Standards for Offices of Inspector General* (i.e., "Green Book").

Accreditation

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

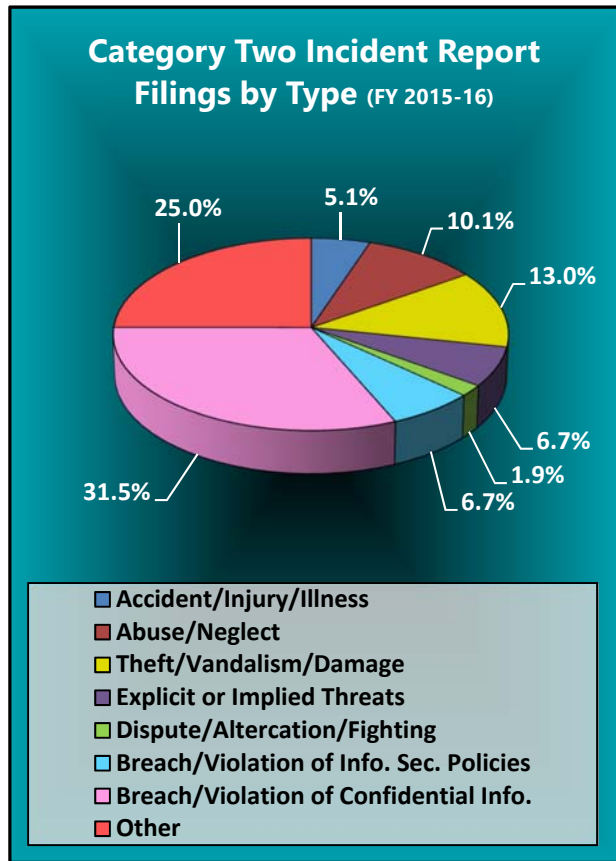
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

In the summer of 2014, the OIG was evaluated for re-accreditation purposes and on October 8, 2014 the OIG was formally approved for re-accreditation by the Commission. The DOH OIG was one of 17 state agency Offices of Inspector General that were accredited as of June 30, 2016.

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.

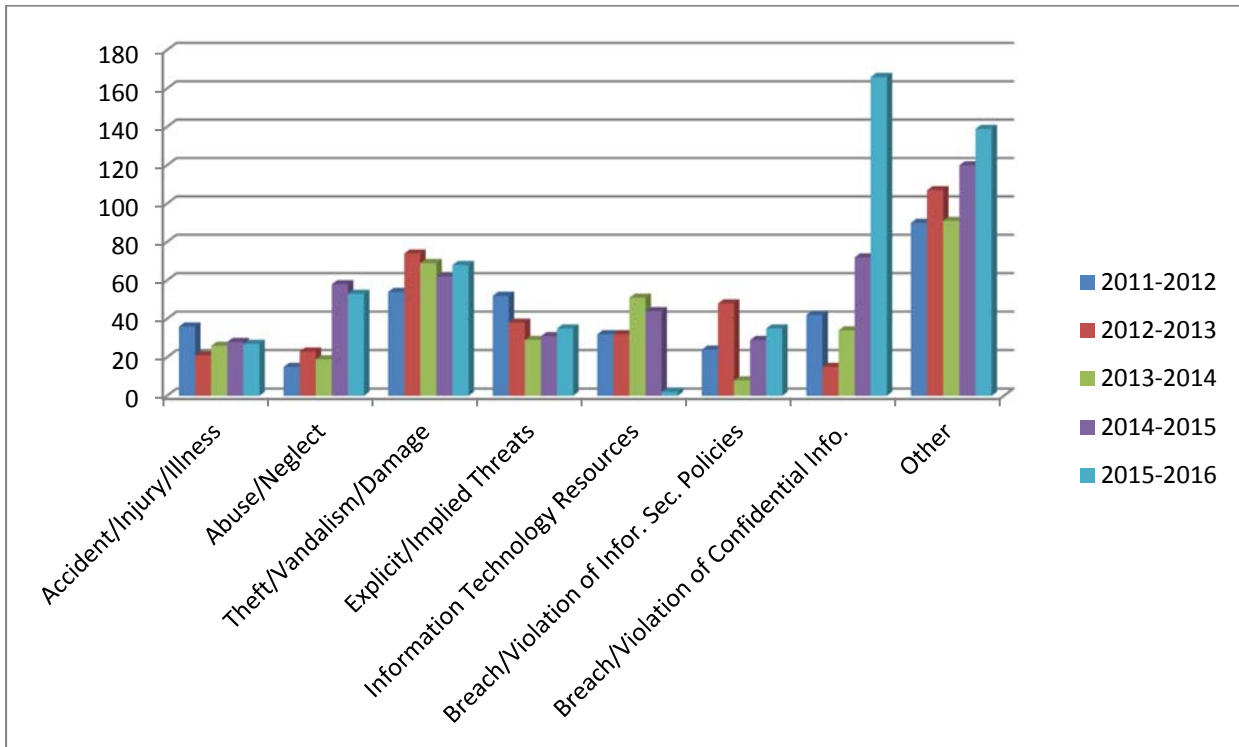
2015-16 Accomplishments

The Department's *Incident Reporting* policy (DOHP 5-6-14) requires the OIG be the recipient of any Category Two (serious) Incident Report (Category One or non-serious incidents are handled at the local level). Upon receipt of an Incident Report, OIG staff determine whether to perform an investigation based upon the nature of the incident and, if so, who best should perform the investigation.

The OIG received 525 Incident Reports during the 2015-16 fiscal year. This represents an **18% increase** over the previous fiscal year when 445 Incident Reports were received by the OIG. A major factor in this increase resulted from a recent change in policy which now requires all instances of confidentiality breach to be classified as a Category Two type incident, regardless of whether it was intentional or accidental. Previously, only intentional breaches were classified as Category Two.

The chart on the previous page provides a breakdown of the types of Incident Reports received by the OIG during the 2015-16 fiscal year. The chart below provides a comparison of the Category Two incidents received by the OIG over the last five fiscal years, by incident type.

Comparison of Reported Category Two Incident Reports over last five fiscal years ended June 30, 2016



SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of an internal audit completed during the 2015-16 fiscal year.

AUDIT REPORT # A-1415DOH-025 **Audit of the CAREWare Application**

The OIG examined the design and operation of the Bureau of HIV/AIDS' CAREWare application to assess efficiency and effectiveness, compliance with select regulatory requirements, and the presence and performance of select controls.

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

OTHER PROJECTS

The following is a summary of other projects completed during the 2015-16 fiscal year.

REPORT # Q-1516DOH-011 **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.

There were no reportable issues noted in the report.

REPORT # R-1415DOH-019 **X-ray Machines Fees and Inspections**

The OIG reviewed the Bureau of Radiation Control's (Bureau) X-ray Machines Control Program (Program) to determine whether controls were in place to ensure inspections are conducted

timely, whether controls were in place to ensure fees are appropriately collected and deposited in the Radiation Protection Trust Fund, to evaluate efforts to identify unlicensed X-ray machines operating in the State of Florida, to validate the accuracy of the inspector's findings using calibrated Unfors test equipment, and to assess the validity and reliability of performance measures presented in the Department's *Long-Range Program Plan* (LRPP) dated September 30, 2014 related to the Program.

SUMMARY OF FINDINGS

- ❖ Inspections of X-ray tubes were not always completed or reported as completed by the scheduled due date.
- ❖ Some Registrants did not pay fees timely.
- ❖ The Program's Standard Operating Procedure that discusses the timely deposit of receipts did not agree with Department policy.
- ❖ The Bureau did not report uncollected registration/renewal fees at fiscal year-end to be recorded as Accounts Receivable in year-end financial statements.
- ❖ The Bureau's Performance Measure in the Department's LRPP was not based on performance.
- ❖ The Bureau last updated its procedure used to determine enforcement actions in 1996.

RECOMMENDATIONS

The OIG recommended the Bureau:

- ❖ Place emphasis on scheduled X-ray inspections that are past due and address staffing resource issues to ensure all X-ray inspections are completed within the required statutory deadlines.
- ❖ Obtain a final determination from the Bureau of Finance & Accounting or other appropriate source as to whether uncollected fees as of fiscal year-end should be recorded as Accounts Receivable. Should the final determination be that uncollected fees should be recorded, the balance at the end of each fiscal year should be reported in the online Year-end Forms Reporting System.
- ❖ Continue with efforts to replace the current performance measure with measures that are more valid for the Bureau.
- ❖ Publish updated procedures used to determine enforcement actions.

The OIG also recommended:

- ❖ The Program revise its Standard Operating Procedure titled, *Mail Opening, Receiving and Depositing Fees*, to agree with Department Policy 57-07-15.
- ❖ Program staff implement a process to improve more timely collection of renewal fees in addition to registration fees for new Registrants and additional tubes.

REPORT # R-1415DOH-021

Review of General Controls at County Health Departments - 2015

The OIG visited and reviewed 22 county health departments (CHDs) during March 2015 through May 2015 to analyze selected controls and requirements related to information technology (IT) security awareness, data systems access, cash, pharmaceuticals, security of safety paper, client incentives, inventory, records/documents destruction, environmental health fees, building security, and vehicles.

SUMMARY OF FINDINGS

- ❖ Various general controls were found to be deficient or non-existent within the 22 CHDs visited. They included:
 - Seven CHDs visited did not maintain a documented list of persons authorized to access the server room(s).
 - CHD management at 18 CHDs visited did not routinely review access rights of their employees to various systems to ensure all authorizations are current and appropriate.
 - Staff at eight CHDs visited had inappropriate or unauthorized access to at least one system.
 - Five CHDs visited did not ensure all cash boxes/drawers were sufficiently secured.
 - Individuals assigned cash drawers at four CHDs visited did not have their own secure cash drawer or locked cash bag.
 - Management at 13 CHDs visited had not changed the combination to the safe when staff with access to those devices left the CHD or changed roles where they no longer needed access.
 - Seven CHDs visited had more than a limited number of staff with knowledge of the combination to the safe where cash/checks were stored.
 - A panic button was available to cashiers at nine of the CHDs visited. However, for six CHDs where there was a panic button, it was not periodically tested. Further, for three of the seven CHDs visited where our audit staff tested whether the panic button worked and the response time was appropriate, the test failed.

- Nine of the CHDs visited did not have a sufficient process for receiving pharmaceuticals into the CHD and delivery into the drug closet.
- Eight of the CHDs visited did not ensure pharmaceutical storage areas were secure.
- Five CHDs visited did not maintain a documented list of persons authorized to have access to drug storage areas.
- Five CHDs visited allowed access to pharmaceutical storage areas by individuals whose access rights were not justified based upon job responsibilities.
- Five CHDs visited included expired pharmaceuticals in the drug storage area that were still available for dispensing to clients.
- Eight CHDs visited could not document they routinely conducted the required monthly and quarterly physical counts of pharmaceutical inventory.
- Seven of the 12 CHDs visited where client incentives (i.e. gift cards) were on hand did not perform independent reconciliations between the logs and the incentive inventory.
- Eleven of the CHDs visited had old IT assets that no longer exist still recorded in the *Asset Manager System (AMS)*, and
- Twelve of the CHDs visited had not updated AMS to include IT assets currently owned and used.

RECOMMENDATION

- ❖ The OIG recommended management from the Office of Deputy Secretary for County Health Systems discuss these deficiencies and areas of concern with all CHDs in an effort to improve operations statewide.

REPORT # R-1415DOH-027

Safety Paper at Florida Tax Collector Offices for Birth Certification

The OIG reviewed the Bureau of Vital Statistic's (Bureau) efforts to monitor accountability of safety paper at the Florida Tax Collector (TC) offices.

SUMMARY OF FINDINGS

- ❖ *Safety Paper Inventory Logs* did not always capture the required data fields.
- ❖ Two Chief Deputy Registrars were unable to provide *Letters of Authorizations* (letters which authorize individuals to receive safety paper) for each location.

RECOMMENDATIONS

The OIG recommended the Bureau:

- ❖ Continue to provide ongoing outreach and training to Local Registrars, Chief Deputy Registrars, and TCs regarding the importance of capturing all required data fields on the *Safety Paper Inventory Log*.
- ❖ Ensure the TCs submit a new *Letter of Authorization* upon implementing birth certificate issuance at a new location.
- ❖ Communicate with the Local Registrars, Chief Deputy Registrars, and the TCs the importance of submitting a new *Letter of Authorization* upon changes of staff authorized to receive and sign for safety paper.
- ❖ Consider incorporating a step within its various monitoring efforts to help ensure Chief Deputy Registrars only deliver safety paper to individuals authorized to receive safety paper for the TC location at the time of delivery.

REPORT # R-1516DOH-010

Collection of Interest on Medicaid HMO Claims Reimbursement

The OIG reviewed whether county health departments (CHDs) collected interest from contracted and subcontracted Medicaid Health Maintenance Organizations (HMOs) on reimbursement of claims past the allowed timeframe, and whether interest amounts were accurately calculated and recorded.

SUMMARY OF FINDINGS

- ❖ Medicaid HMOs generally did not include interest with reimbursement of past due claims.
- ❖ Department policy did not cite Chapter 641, Part I, *Florida Statutes*, which authorizes HMOs and stipulates different requirements from those of other Insurance carriers.

RECOMMENDATIONS

The OIG recommended:

- ❖ The Deputy Secretary for County Health Systems assist CHDs to improve billing efforts with Medicaid HMOs by encouraging more electronically filed claims with Medicaid HMOs.
- ❖ The Bureau of Finance & Accounting (Bureau) revise language that includes and agrees with Chapter 641, Part I, *Florida Statutes*, in its next revision to DOHP 56-66, *Accounts Receivable*. The Bureau should also develop interim guidance until the policy is updated.

REPORT # R-1516DOH-015

Refugee Health Program Expenditures

The OIG reviewed expenditures charged by Refugee Health Program (Program) staff at county health departments (CHDs) to the Other Cost Accumulator (OCA) SRS16 – *Refugee Health Screening Reimbursement* during October 1, 2015 through December 31, 2015 to determine whether such expenditures related to and were allowable.

SUMMARY OF FINDING

- ❖ There were inconsistencies between the Florida Accounting and Information Resource system and the Employee Activity Records for salaries and benefits costs charged to the Program.

RECOMMENDATIONS

The OIG recommended the:

- ❖ Office of Refugee Health continue its monitoring of time charged by CHD staff to Program Component (PC) 18 in the Employee Activity Module of the Health Management System. The monitoring should include continued training to CHD staff that charge time to PC 18.
- ❖ Office of Budget & Revenue Management staff in charge of the Financial & Information Reporting System (FIRS) request that fiscal management at CHDs analyze the Timekeeping Payroll Reallocation Sets in FIRS for all employees to ensure Primary Component Codes and OCAs are correct, not just for SRS16 but for all programs. This will improve the accuracy in reporting employee time.

REPORT # R-1516DOH-017

Contractor Background Screening and Employment Qualification Verification

The OIG reviewed the Department's background screening process for contracted employees and the verification of licensure, education or equivalent work experience (Employment Qualification Verification) process for all newly hired Department employees.

SUMMARY OF FINDINGS

- ❖ The Department did not have a process in place to efficiently identify and manage information related to all contracted employees.

- ❖ Contracted employees did not always undergo a background screening in accordance with applicable statutory, rule, Department policy and contractual requirements.
- ❖ Department policy did not require contracted employees in sensitive positions undergo five-year screenings for continued employment.
- ❖ The Department did not utilize a process to ensure the competencies listed on the job advertisement agree with those listed on the related position description.
- ❖ Department policy included vague language regarding documentation that should be maintained during the Employment Qualification Verification process.
- ❖ The Department did not ensure consistent implementation of the Employment Qualification Verification process.

RECOMMENDATIONS

The OIG recommended the Bureau of Personnel and Human Resource Management:

- ❖ Develop a process to efficiently identify and manage information related to all contracted employees.
- ❖ Be the sole responsible party to conduct level 2 background screenings to assure compliance with Section 110.1127(2)(a), *Florida Statutes*, for contracted employees hired into positions designated by the Department as sensitive positions.
- ❖ Develop a monitoring process to ensure all contracted employees are screened in accordance with Florida Law, Rule, Department policy and contractual requirements.
- ❖ Update DOHP 60-5-15, *Background Screening*, to reflect its position that contracted employees undergo a five-year screening for continued employment.
- ❖ Develop a monitoring process to ensure contracted employees undergo a five-year screening.
- ❖ Require the Region Recruitment Representative ensure the competencies on the advertisement agreed to those on the position description prior to approval of the advertisement.
- ❖ Update DOHP 60-21-13, *Recruitment and Selection*, to clarify the documentation that must be maintained if official copies of transcripts, degrees or licenses cannot be obtained.

- ❖ Update DOHP 60-21-13, *Recruitment and Selection*, to clarify the documentation that must be maintained to evidence a candidate possessed the equivalent work experience required for the position, where applicable.
- ❖ Finalize and implement the monitoring process currently under development to ensure consistent implementation of Employment Qualification Verification by the Region Recruitment Representatives.

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(8)(c)4, Florida Statutes, requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2016, there were no corrective actions that were outstanding.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2015-16 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 14-263

Alleged Violation of Law or Agency Rule, Conduct Unbecoming a Public Employee Department of Health in Osceola County (DOH-Osceola)

This investigation was initiated based upon the OIG receiving an anonymous complaint, alleging “so many things wrong” with the Dental Program at the DOH in Osceola County (DOH-Osceola). This complaint was one of five received from May 2014 to October 2014 regarding the DOH-Osceola Dental Program.

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

Allegation #1: More children are booked for dental services in order to produce more revenue while adults are not able to be seen. The allegation was **unfounded**. The OIG did not find that adults were not being provided dental care. However, there appears to be a practice wherein adults who have no health insurance coverage or ability to pay are placed on a waiting list for long periods of time.

Allegation #2: DOH-Osceola employee (Subject #1) exceeded their authority. The allegation was **substantiated**. The OIG found that Subject #1 interfered with the professional judgement of licensed dentists, and imposed unrealistic time limitations within which dental procedures are performed. The subject violated Department policy 60-8-14, VII, D, 6, e, *Discipline – Violation of Law or Agency Rules (Chapter 466, Florida Statutes (F.S.) Interfering in the Practice of Dentistry;* and Technical Assistance Guidelines (TAGs) 325-10-13 and 325-02-13, Failure to Consult Licensed Dentists Regarding Patient Appointment Scheduling).

Allegation #3: Subject #1 engaged in bad behavior and threatened staff. The allegation was **substantiated**. Testimony from dental staff indicates Subject #1 engaged in behavior that is often hostile, threatening, intimidating, and vindictive towards subordinates. The subject violated Department policy 60-8-14, VII, D, 6, f, 4, c, *Discipline – Conduct Unbecoming a Public Employee: (Dissenting, Uncooperative or Antagonistic Behavior that is Disruptive to the*

Workplace, Caused Dissention Among Fellow Employees, or Adversely Affects Service to the Public).

Allegation #4: Subject #1 “mixed up” with subordinates after work hours and the Administrator is aware and does nothing. The allegation was **unfounded**.

Allegation #5: Subject #1 had patients take pictures of dental X-rays with their cell phones when referred to outside dentists because the X-ray duplicator is broken. The allegation was **substantiated** but did not appear to be a violation of Department policy, rule, or law. Subject #1 acknowledged using their secure Department issued cell phone to take pictures of patient X-rays in lieu of using an X-ray duplicator and on one occasion allowing a patient to use a personal cell phone to duplicate the patient’s own X-ray.

Allegation #6: The St. Cloud clinic did not offer advertised services. The allegation was **substantiated**, but was not a violation of Department policy, rule, or law. The OIG found that some advertised services for the St. Cloud clinic were not being provided due to budget cuts.

Allegation #7: A DOH-Osceola employee (Subject #2), spent hours each day in their office personally grooming which lead to offensive smells and patient complaints. The allegation was **unsubstantiated**. Subject #2 is no longer employed by DOH-Osceola.

Allegation #8: Patient information was being put into a computer database by nurses and clerks rather than the doctor as required. The allegation was **unsubstantiated**

Additional Findings

Finding#1: When writing Subject #1’s Position Description, a supervisor (Subject #3) gave Subject #1 more authority than permitted under DOH Dental TAGs.

Finding #2: Some testimony given to us under oath by Subject #3 was not truthful or was misleading regarding their knowledge about whether Subject #1 told a Registered Dental Hygienists (RDH) to perform a dental procedure in violation of the Dental Practice Act.

RECOMMENDATIONS

- ❖ The OIG recommended management consider the potential benefits from the following recommendations.
 - Revise position descriptions in which non-dentists have direct supervision over dentists, dental hygienists, and dental assistants in the clinic. The OIG also recommends the position descriptions reference TAGs 325-10-13 and 325-02-13, and that non-dentist managers be limited to “administrative oversight” for the dental program and staff as outlined in the TAGs.

- Appoint a Dental Director who will “oversee and supervise” the dental practice and make decisions regarding the scope of practice of the DOH-Osceola Dental Program and scheduling issues, in consultant with DOH-Osceola management. The Dental Director should work closely with the non-licensed Dental Manager regarding clinic flow and the Dental Manager should consult with the Dental Director on all administrative issues affecting the dental program.
- Place RDHs and Dental Assistants under the direction and control of a licensed dentist in the clinical setting and that only licensed dentists evaluate and determine the level of clinical performance, competency, and need for training of RDHs and Dental Assistants.
- Daily schedules for on-duty dentists be set by trained and competent scheduling staff in full consultation with the on-duty dentist, and that on-duty dentists have autonomy to use their professional judgement to adjust schedules and reschedule patients as needed.
- Dental schedules should be set as much possible to fit within the normal daily work hours of 8 a.m. to 5 p.m. with exceptions for emergencies and other unforeseen circumstances.

INVESTIGATION # 14-295

Alleged Violation of Department Policies on Information Security Department of Health in Manatee County (DOH-Manatee)

This investigation was initiated based upon the OIG receiving an *Incident Report* alleging two employees (Subjects) at the DOH in Manatee County (DOH-Manatee) violated Information Technology (IT) Security policies by allowing a non-DOH vendor access to the DOH-Manatee IT server room without an IT authorized escort.

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

Allegation #1: The Subjects failed to follow local policy by accessing the secure IT server room absent the presence of an authorized member of the IT staff. The allegation was **substantiated**. This action was found to violate Department policy 50-10e-10, *Information Security*. The OIG concluded this matter was a result of a misunderstanding by the Subjects, management at DOH-Manatee and the Complainant. The OIG further concluded that Subject #1 acted at the direction of their supervisor (Subject #2) who made a business decision they felt best supported the immediate need to accomplish a security project with a contractor. The OIG concluded the actions by the Subjects were not malicious, reckless, or in violation of documented DOH-Manatee management guidelines. The actions of the Subjects neither resulted in harm to IT security nor risked unauthorized disclosure of confidential information.

Additional Finding

Finding #1: A lack of documented, comprehensive local policy on access to the secure IT server room contributed to a miscommunication between management, the Subjects and the Complainant, resulting in the filing of the complaint.

RECOMMENDATIONS

- ❖ The OIG recommended management at DOH-Manatee formulate, approve and disseminate a policy concerning routine and emergency access to the IT server room. The OIG also recommended the policy include a specific reporting structure for after hour access to the IT server room.
- ❖ The OIG recommended management in DOH-Manatee ensure all employees with access to the IT server room understand the dangers and risks associated with entering the server room in the event of a fire or during or immediately after the emergency fire suppression system has been activated.

INVESTIGATION # 15-025

Alleged Violation of State Statutes and Employee Misconduct Department of Health in Leon County (DOH-Leon)

This investigation was initiated based upon the OIG receiving a complaint from a vendor (Complainant), alleging employee misconduct by an employee (Subject) at the DOH in Leon County (DOH-Leon).

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

Allegation #1: The Subject continued to violate Section 215.422, *F.S.*, by not processing invoices in a timely manner. The allegation was **substantiated**. The Subject confirmed this allegation and stated they self-reported missing at least one deadline due to involvement with their primary duties at DOH-Leon.

Allegation #2: The Subject did not manage contracts in a manner consistent with efficient delivery of services to clients. The allegation was **substantiated**.

Allegation #3: The Subject and DOH retaliated against the Complainant by reducing the Complainant's company's renewal contract by \$21,603. The Complainant alleged the reduction in the renewed contract was in retribution for filing a previous OIG complaint. The allegation was **unfounded**.

Allegation #4: The Subject tried to impose a financial penalty against the Complainant’s company. The allegation was **unfounded**.

Allegation #5: The Subject provided unfair and disparate treatment to the Complainant, compared to that of a competing company. The allegation was **unfounded**. The OIG found the complaint of unfair treatment by disclosing information to a competitor is without merit because the information provided was pursuant to a subpoena served on the Subject by the lawyer of a former employee of the competitor, and was related to a civil suit the former employee had against the Complainant. There was no evidence that any information of a confidential or exempt nature was disclosed without authorization. Therefore, the OIG does not find the Subject’s actions to be result of malice or negligence.

RECOMMENDATION

- ❖ The OIG recommended management at DOH-Leon continue to seek the requisite training for the new contract manager to ensure compliance with state statutes and Department policy.

INVESTIGATION # 15-069

Alleged Misuse of Department Resources Department of Health in Jackson County (DOH-Jackson)

This investigation was initiated based upon the OIG receiving an anonymous letter alleging an employee (Subject #1) at the DOH in Jackson County (DOH-Jackson) allowed a state-owned thirty-four-foot Hornet travel trailer (Hornet trailer) to be parked at Arrowhead Campsites in Marianna, Florida for seven years. It was alleged the Hornet trailer was used by DOH-Jackson employees for personal use.

The anonymous complaint also alleged that during construction of the new DOH-Jackson complex, the homes of Subject #1 and a former DOH-Jackson employee were being worked on using the same construction company, and some of the same materials used for the complex. It was alleged the work on the homes was done by a DOH-Jackson Other Personal Services (OPS) employee (Subject #2), and the work on the two homes continues by Subject #2.

It was further alleged Subject #2 obtained gasoline for their personal vehicle from the Jackson County Maintenance fuel station.

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

Allegation #1: Subject #1 allowed a state-owned Hornet trailer to be parked at Arrowhead Campsites, Marianna, Florida for a period of seven years. The allegation was **substantiated**. The OIG found that Subject #1 had knowledge of the Hornet trailer being set up at Arrowhead

Campsites and left there unattended and unsecured for a period of seven years. Subject #1 made the arrangement with Arrowhead Campsites to have the Hornet trailer set up at no cost to the State of Florida. Besides free lot rent for seven years, the Hornet trailer also received free electricity, water and sewage. Reasonable justification as to why the Hornet trailer was parked at Arrowhead Campsites and left unattended and unsecured for the seven-year period was not provided. The OIG also concluded Subject #1's testimony regarding the Hornet trailer at the campsite was misleading and untruthful. These actions may be a violation of Department policy 60-8-14, VII, D, f, 3, *Discipline* – Conduct Unbecoming a Public Employee (Failure to protect state property from loss or abuse, and use of state property, equipment, and personnel not beneficial to the agency.); Department policy 60-8-14, VII, D, f, 4, i, *Discipline* – Conduct Unbecoming a Public Employee (Failure to protect and safeguard property, equipment, and materials of the department, its clients, members of the public, and other employees.); and Department policy 60-8-14, VII, D, e, 6, *Discipline* – Violation of Law or Agency Rules (Failure to provide truthful information during an Internal Investigation.).

The complaint also alleged the Hornet trailer was used for personal use by DOH-Jackson employees. The allegation was **unsubstantiated**.

Allegation #2: During construction of the new DOH-Jackson complex, the homes of Subject #1 and a former employee were being worked on using the same construction company, and the same materials used for the DOH-Jackson complex. The work on the homes was done by Subject #2 and work currently continues on the homes by Subject #2. The allegation was **unfounded**.

Allegation #3: Subject #2 obtained gasoline for their personal vehicle from the Jackson County Maintenance fuel station. The allegation was **unfounded**.

Additional Findings

Finding #1: Subject #2 was not supervised or monitored by management and allowed to record holiday hours on People First time records. Subject #2 stated they worked on multiple weekends, state holidays, and used inmate labor from the Jackson County Correctional Facility to perform various tasks at the DOH-Jackson. However, the OIG found Subject #2 did not check out inmates on the holiday dates provided. As a result, no evidence could be found that Subject #2 worked on the stated holidays. This finding was **substantiated**. The OIG found that DOH-Jackson management failed to provide supervision to Subject #2, allowing Subject #2 to work many weekends and holidays without supervision. There were no written procedures established to monitor the OPS position to which Subject #2 was assigned.

Finding #2: A second travel trailer, a thirty-eight-foot Wildwood owned by DOH-Jackson was taken to Emerald Coast RV Beach resort by the former employee for personal use. This finding was **unsubstantiated**.

Finding #3: Subject #2 used their personal vehicle to do their daily work for DOH-Jackson, and used their personal vehicle to transport inmates. This finding was **substantiated**. The OIG found Subject #2 used their personal vehicle on a daily basis to conduct DOH-Jackson work projects and transport inmates and did not claim mileage. This action was a violation of Department policy 60-8-14, VII, D, 6, b, *Discipline* – Negligence.

Finding #4: Subject #2 and their spouse owned two companies and as a DOH-Jackson employee, Subject #2 and their spouse provided full-time services to DOH-Jackson from 2006 through 2013. The OIG found Subject #2 did not have approved outside employment documents authorizing them to provide services to DOH-Jackson. This finding was **substantiated**. The OIG found no formal contracts or agreements were prepared or exist for the services provided by Subject #2. These actions are a violation of Department policy 30-2-13, VII, D, 6, *Code of Ethics* – Employee Relationship with Regulated Entities or Doing Business with One’s Agency (No employee of the department acting in his or her capacity, shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for this department from any business entity of which he or she, or his or her spouse or child, is an officer, partner, director, or proprietor, or has a material interest. The employee shall not act in a private capacity, rent, lease, or sell any realty, goods, or services to the department.). The OIG also found neglect of duty by Subject #1 who was aware and allowed Subject #2 to perform conflicting duties.

RECOMMENDATION

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

INVESTIGATION # 15-078

Alleged Negligence

Department of Health in Charlotte County (DOH-Charlotte)

This investigation was initiated based upon the OIG receiving a complaint from a citizen (Complainant) alleging a former Environmental Specialist II (Subject) at the DOH in Charlotte County (DOH-Charlotte) was negligent when they approved the installation of an Aerobic Treatment Unit (ATU) septic system at a residence in Port Charlotte in 2001 that was installed backwards by a licensed septic tank contractor. The Complainant alleged that the Subject was again negligent when they approved an illegal repair/modification to the system in 2010 after it was discovered the system was installed backwards. The system went into failure in 2014.

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

Allegation #1: The Subject was negligent in approving the improper installation of the ATU septic system at a residence in Port Charlotte in 2001. The allegation was **substantiated**. The OIG found that during the ATU septic system installation inspection, the Subject did not follow

standard environmental health inspection procedures and did not ensure the ATU system was installed in compliance with Section 381.0065, F.S. and Chapter 64E-6, *Florida Administrative Code*. The Subject was negligent and did not exercise due care and diligence in the performance of job duties while conducting the inspection and approval of the ATU septic system installation. The violation occurred 14 years ago and the Subject is no longer employed with the DOH.

Allegation #2: The Subject was negligent when they approved unpermitted repair/modification of the ATU septic system in 2010 that voided the National Sanitation Foundation (NSF) certification of the system and that ultimately caused the system to fail in 2014. The allegation was **substantiated**. The violation occurred more than five years ago and the subject is no longer employed with the DOH.

Additional Conclusion

The DOH-Charlotte Environmental Health Unit (CEHU) was aware in April 2010, that an ATU septic system was installed backwards and it did not conform to Florida Law, Rule, or construction permit specifications. CEHU did not take appropriate enforcement action against the contractor. Further, CEHU was aware in May 2010 that the contractor performed an unpermitted repair/modification to the ATU that was illegal and voided the NSF certification and the system no longer conformed to Florida Law or Rule. The CEHU did not seek appropriate enforcement action against the contractor and did not follow-up to ensure the non-compliant ATU was removed and replaced. As a result, the non-compliant ATU remained operational for four years before enforcement action was initiated. The DOH subsequently took administrative action against the contractor on May 1, 2015, requiring the contractor to make restitution to the Complainant in the amount of twenty-five hundred dollars in lieu of fines and revocation. The Complainant had a new septic system installed and it was approved July 1, 2015.

RECOMMENDATION

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

INVESTIGATION # 15-101

Alleged Ethics Violation

Department of Health in Holmes County (DOH-Holmes)

This investigation was initiated based upon the OIG receiving a complaint from the Bureau of General Services, Chief (Complainant), regarding potential ethics violations associated with the Tobacco Program sponsorship of events and organizations.

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

Allegation #1: The Complainant alleged an employee (Subject) at the DOH in Holmes County was a Contract Manager for the DOH-Holmes and the President-Elect of a civic organization. The allegation was **substantiated**, however this was not a violation of Florida Law, Rule, or Department policy.

Allegation #2: The Subject approved applications for the civic organization memberships for DOH-Holmes. The allegation was **substantiated**, however this was not a violation of Florida Law, Rule, or Department policy.

Allegation #3: The Subject approved Tobacco Program funding for the DOH-Holmes to sponsor events sponsored by the civic organization. The allegation was **substantiated**, however this was not a violation of Florida Law, Rule, or Department policy.

Allegation #4: The Subject submitted requisitions for the Panhandle Patriotic Celebration events that are held every year in Holmes County. This community event is produced by an association in which the treasurer is the Subject's family member. The allegation was **substantiated**.

The above allegations were substantiated. However, the allegations did not provide a clear violation of Florida Law, Rule, or Department policy. It did however, give the perception of a Conflict of Interest, as stated in Department policy 30-2-13, V.A., *Code of Ethics* – Definition (Conflict of Interest). Therefore, the OIG determined, the Subject should not have any decision making authority in transactions related to the civic organization, due to the Subject being on the board, or the association in which the Subject's family member was on the board.

RECOMMENDATION

- ❖ The OIG recommended management take appropriate actions based on the findings and conclusions of this report in regards to future sponsorships of any organization and establish a requirement for review and approval by the DOH Ethics Officer.

INVESTIGATION # 15-107

Alleged Conduct Unbecoming a Public Employee

Department of Health in Hernando County (DOH-Hernando)

This investigation was initiated based upon the OIG receiving an Incident Report, alleging misconduct by an employee (Subject) of the DOH in Hernando County (DOH-Hernando).

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

Allegation #1: The Subject prescribed medication for someone other than a client of DOH-Hernando. The allegation was **substantiated**. At the time the Subject wrote prescriptions for a family member. The family member had not established a formal clinical/medical relationship with the DOH-Hernando.

Additional Findings

Finding #1: The Subject prescribed non-controlled substances using DOH-Hernando resources for multiple family members who are not established clients.

Finding #2: The Subject prescribed medication for themselves but was a client of DOH-Hernando at the time.

Finding #3: Neither DOH-Hernando nor the DOH has a written policy regarding treatment of non-clients, family members, or oneself.

Conclusion

Although the OIG could not find any written policies regarding this issue, it was established internal practice that a person should be a client of DOH-Hernando before medical treatment is rendered. In this instance, the Subject did not follow established DOH-Hernando practice when they wrote prescriptions using DOH resources for persons who were not established clients of DOH-Hernando. The subject violated Department policy 60-8-14, VII, D, 6, f, 4, h, *Discipline – Conduct Unbecoming a Public Employee (Unauthorized use of State Property, and Resources for Personal Benefit)*.

The Subject also did not follow established DOH-Hernando practice and procedures when they failed to document into a medical record at DOH-Hernando a medical history for treatment rendered and/or prescriptions written. The Subject violated Department policy 60-8-14, VII, D, 6, b, *Discipline – Negligence (Neglect of Duty)*.

RECOMMENDATIONS

- ❖ The OIG recommended management take appropriate action consistent with the findings and conclusions of this report.
- ❖ The OIG recommended DOH develop written policies regarding intake of new clients that clearly state when a person is a client and when medical services can be rendered.
- ❖ The OIG recommended management develop written policies regarding treatment and self-prescribing, and treatment and prescribing for family members.

INVESTIGATION # 15-142**Alleged Violation of Department Policies and Misuse of Position
Division of Children’s Medical Services (CMS)**

This investigation was initiated based upon the OIG receiving an anonymous complaint alleging multiple violations of Department policies concerning misuse of position and violation of Information Security Policies. The complaint stated, “It came to my attention that an employee (Subject) of the Florida Department of Health Newborn Screening Program has been using their Florida Medicaid and Florida SHOTS access for other than work purposes.”

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

Allegation #1: The Subject used their authorized access for personal business to obtain information from confidential databases, including Florida SHOTS, and Florida Medicaid Management Information System. The allegation was **substantiated**. The OIG found the Subject did access confidential databases without valid business reason for personal gain in identifying the location of their former spouse to attempt to collect child support. This action was found to violate Department policy 50-10c-10, VII, D, 3, *Information Security and Privacy* (Unacceptable Uses); Department policy 60-8-14, VII, D, 6, e, *Discipline* (Violation of Law or Agency Rules); and Department policy 30-2-13, VII, B, 2, *Code of Ethics* (Misuse of Position).

RECOMMENDATION

- ❖ The Subject voluntarily separated from the Department on August 28, 2015. No further action required.

INVESTIGATION # 15-160**Alleged Misuse of DOH Position for Personal Gain
Department of Health in Manatee County (DOH-Manatee)**

This investigation was initiated based upon the OIG receiving a complaint from a private citizen (Complainant), alleging an employee (Subject) at the DOH in Manatee County (DOH-Manatee) came to their home, presented a DOH-Manatee business card and asked to see the Complainant’s spouse about selling products.

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

Allegation #1: The Complainant alleged the Subject misused their position with the DOH for personal gain. The allegation was **substantiated**. The OIG found that the Subject did, on a non-work related matter, present their DOH business card to the private citizen in an attempt to promote a health product which was neither endorsed or approved by DOH, nor specifically

requested by the citizen. This action was found to violate Department policy 60-8-14, VII, D, 6, f, 2, *Discipline – Inappropriate Conduct*; Department policy 60-8-14, VII, D, 6, f, 4, g, *Discipline – Misuse or Abuse of Power or Authority*; and Department policy 30-2-13, VII, B, 1, *Code of Ethics – Misuse of Position*.

Additional Finding

Finding #1: The OIG found the Subject failed to obtain the proper approvals for Secondary Employment. This action was found to violate Department policy 30-2-13, VII, I, 6, f, *Code of Ethics – Outside Employment*; and Department policy 60-8-14, VII, D, 6, e, 13, *Discipline – Rules, Regulations, Policies or Laws Violated*.

RECOMMENDATIONS

- ❖ The OIG recommended management in DOH-Manatee take appropriate action commensurate with the findings of this investigation.
- ❖ The OIG recommended management in DOH-Manatee ensure that the Subject and all staff in the Human Resource Management office are made aware of the responsibilities required for approval of outside employment, as per the current DOH *Code of Ethics*.
- ❖ The OIG recommended management in DOH-Manatee ensure that the Subject is familiar with the DOH *Code of Ethics*, in regards to use of DOH credentials in their personal business outside of DOH employment.

INVESTIGATION # 15-184

Alleged Misuse of Property

Department of Health in Volusia County (DOH-Volusia)

This investigation was initiated based upon the OIG receiving two anonymous complaints (Complainants), alleging an employee at the DOH in Volusia County (DOH-Volusia), was abusing and misusing state property (Subject #1). The Complainants also alleged two additional employees (Subject #2 and Subject #3) were misusing state or county owned vehicles, to transport Subject #1's relative from school.

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

Allegation #1: Subject #1 used DOH staff, during business hours, to transport their relative from school. The allegation was **substantiated**. Subject #1 denied requesting or directing Subject #2 or Subject #3 to pick up their relative from school. Subject #1 stated Subject #2 volunteered to pick up their relative and take him either to the health department or home when the relative's other parent was available. Subject #1 stated that directing Subject #2 to do

so “would be abuse of my power and I do not abuse my power.” However, during an interview Subject #2 stated Subject #1 asked them to pick up their relative. Subject #2 stated “Had I never been asked, I never would do it [sic].” This action was found to violate Department policy 60-8-14, VII, D, 6, f, 2, *Discipline – Conduct Unbecoming a Public Employee (Failure to maintain high standards of honesty, integrity, and impartiality.)*; Department policy 60-8-14, VII, D, 6, f, 4, g, *Discipline – Conduct Unbecoming a Public Employee (Misuse or Abuse of Power or Authority)*; Department policy 60-8-14, VII, D, 6, b, *Discipline – Negligence*; Department policy 250-12-13 I, D, *Management and Operation of Vehicles (The state prohibits anyone who is not a DOH employee or client from riding in state vehicles.)*; and Department policy 250-12-13 I, F, 2, *Management and Operation of Vehicles (Failure to use all state-owned, county-owned, rented, or leased vehicles only for official business. DOH prohibits personal use of such vehicles, including commuting to and from home).*

Allegation #2: Subject #1 was “forcing employees to hold hands and pray during staff meetings.” The allegation was **unsubstantiated**. The Complainants did not provide sufficient detail to this allegation or witnesses in support of the allegation. The witnesses and managers for whom the OIG spoke with complimented Subject #1 for their management style.

Allegation #3: Subject #1 “only hires their church members and anyone from Seminole County so they can help with all of their dirty work.” The allegation was **unsubstantiated**. The Complainants did not provide sufficient detail to this allegation or witnesses in support of the allegation.

Allegation #4: Subject #1 is “vindictive and makes any staff member who questions them miserable.” The allegation was **unsubstantiated**. The Complainants did not provide sufficient detail to this allegation or witnesses in support of the allegation. The witnesses and managers for whom the OIG spoke with complimented Subject #1 for their management style.

Allegation #5: Subject #2 misused county and or state vehicles for personal gain of Subject #1. The allegation was **substantiated**. The vehicles identified by the Complainants were equipped with Global Positioning System (GPS) satellite receiver data loggers. A review of the GPS data revealed six stops in the vicinity of Subject #1’s relative’s school, it was determined there was no legitimate business purpose for the vehicle to stop at the school. Subject #2 acknowledged using their assigned Volusia County vehicle to pick up Subject #1’s relative from school. When asked how many times this happened Subject #2 stated “...anytime Subject #1 asked me.” From Subject #2’s assigned location to the school is approximately twenty-three miles and it is approximately twenty-three miles from the school to the DOH-Volusia facilities. This action was found to violate Department policy 60-8-14, VII, D, 6, f, 3, *Discipline – Conduct Unbecoming a Public Employee (Failure to use state property, equipment, and personnel only in a manner beneficial to the agency.)*; Department policy 250-12-13 I, D, *Management and Operation of Vehicles (The state prohibits anyone who is not a DOH employee or client from riding in state vehicles.)*; and Department policy 250-12-13 I, D, F, 2, *Management and Operation of Vehicles*

(Failure to use all state-owned, county-owned, rented, or leased vehicles only for official business.).

Allegation #6: Subject #3 misused county and or state vehicles for person gain of Subject #1. The allegation was **unsubstantiated**. A review of the Volusia County vehicle records during the period of August 1, 2015 through September 28, 2015, did not reveal any evidence that county vehicles used by Subject #3 made stops at the school. Subject #3 denied ever being asked by Subject #1 or any manager or supervisor to transport non-DOH persons in a state or county vehicle.

Additional Finding

Finding #1: Subject #1 failed to provide truthful information during an Internal Investigation, a violation of Department policy 60-8-14, VII, D, 6, e, *Discipline – Violation of Law or Agency Rules* (Failure to Respond or Provide Truthful Information during an Internal Investigation: Refusing to answer a question asked during an internal investigation. This includes, but is not limited to, making an oral or written statement that is inaccurate, incorrect, incomplete, or misleading, or making an omission or misstatement of material fact.) Subject #1 was evasive and provided inaccurate, incorrect, incomplete, or misleading statements of material fact.

RECOMMENDATIONS

- ❖ The OIG recommended management in DOH-Volusia take appropriate actions consistent with the findings of this report.
- ❖ The OIG recommended management in DOH-Volusia periodically review county vehicle logs for DOH employees assigned to use official Volusia County vehicles.

INVESTIGATION # 15-200

Healthcare Provider Allegedly Allowed to Work While License Expired Department of Health in Pasco County (DOH-Pasco)

This investigation was initiated based upon the OIG receiving a referral from the DOH Division of Medical Quality Assurance (MQA) alleging that a Licensed Practical Nurse (Subject) at the DOH in Pasco County (DOH-Pasco) continued to provide nursing care for approximately two and a half weeks while their nursing license was inactive.

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

Allegation #1: The Subject did not renew their Florida Nursing License for the position of Licensed Practical Nurse. The allegation was **substantiated**. The Subject received three notices from the Department regarding the impending license expiration and one notice after the

license had expired. The Subject did not respond to the notices. This action was found to be a possible violation of Department policy 60-8-14, VII, D, 6, c, 1, *Discipline – Inefficiency or Inability to Perform Assigned Duties*. (Employees inability to perform the essential functions of his or her job because of physical or mental reasons. This includes an employee’s failure to obtain or retain a license or other credential required for his or her position.)

Allegation #2: The Subject provided nursing duties for approximately two and half weeks and administered immunization injections while their nursing license was expired. The Subject made no notification to management of their license being expired. The allegation was **substantiated**. The OIG found that the Subject administered vaccinations with the knowledge their nursing license was expired. The Subject was involved in back to school visits giving immunizations as an LPN during the period in which the Subject’s license was expired. This action was found to be a possible violation of Section 464.016(1)(a), *F.S.*, practicing advanced or specialized, professional, or practical nursing, as defined in this part, unless holding an active license or certificate to do so.

RECOMMENDATION

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

When required, the OIG assigns any P&T findings to the appropriate persons within the Department for written response and preliminary corrective action plans. The Department’s response is compiled and provided to the auditors with a cover letter signed by the State Surgeon General, usually for inclusion in their published audit. Subsequently, the OIG tracks progress on corrective action at six month intervals until corrective actions are completed. The OIG also may perform follow-up audits to determine adequacy of corrective actions taken by management.

See Appendix B for a list of external audits and reviews that were coordinated by the OIG during the 2015-16 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 federal and state Laws, Rules, Department policies, and best practices. The goal of the Bulletin is to keep employees better informed and to seek a reduction in fraud, waste, abuse, and irregularities within the Department.

PRESENTATIONS

During the 2015-16 fiscal year, staff from the OIG made several presentations that served to educate and inform those in attendance. The presentations included:

- ❖ **CHD Business Manager's Meeting** - (August 18, 2015) – the DOH Director of Auditing and audit staff made a presentation to CHD Business Managers, highlighting the more prevalent control weaknesses found during our annual site visits to review general business controls at CHDs.
- ❖ **Certified Inspector General Auditor Training** (July 28- August 1, 2015 and March 21-25, 2016) – the DOH Inspector General participated by presenting separate segments on the Institute of Internal Auditors' *Red Book* Standards and Governmental Accounting for State & Local Governments.
- ❖ **DOH Basic Supervisory Training** – occurring quarterly throughout the fiscal year, the OIG Director of Investigations participated in this training to educate new Department supervisors on the role and responsibilities of the OIG; the basics of the audit and investigative process; and the Incident Report process, including examples of incidents that frequently get reported to the OIG.
- ❖ **DOH General Counsel Training Session** – (May 12, 2016) – The Deputy Director of Investigations made a presentation to Department attorneys on the role and responsibilities of the OIG; the basics of the audit and investigative process; and the Incident Report process, including examples of incidents that frequently get reported to the OIG.

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2015-16

Number	Audit Engagements	Date Issued
A-1415DOH-025	Audit of the CAREWare Application	6/8/2016

Number	Other Engagements	Date Issued
Q-1516DOH-011	Internal Audit Quality Assurance Review	12/3/2015
R-1415DOH-027	Safety Paper at Florida Tax Collector Offices for Birth Certification	12/9/2015
R-1415DOH-021	Review of General Controls at County Health Departments – 2015	12/18/2015
R-1415DOH-019	X-ray Machines Fees and Inspections	1/6/2016
R-1516DOH-010	Collection of Interest on Medicaid HMO Claims Reimbursement	2/17/2016
R-1516DOH-015	Refugee Health Program Expenditures	4/6/2016
R-1516DOH-017	Contractor Background Screening and Employment Qualification Verification	4/14/2016

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2015-16 ²

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2014-184	Payroll and Personnel Processes at Selected State Agencies – Operational Audit	4/10/2014
2015-119	Department of Health Regulation of Health Care Professions – Operational Audit	3/5/2015
2015-166	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2014	3/30/2015
2016-014	Follow-Up to Biomedical Research Program – Operational Audit	9/3/2015
2016-087	Pharmacy Services and Selected Administrative Activities Prior Audit Follow-Up – Operational Audit	2/11/2016
2016-159	State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards, June 30, 2015	3/29/2016

Office of Program Policy Analysis and Government Accountability		
Number	Subject	Report Date
15-07	Over One-Third of Nursing Programs Had Licensure Exam Passage Rates Below the Required Legislative Standard in 2014	7/31/2015
N/A	Early Steps	11/3/2015
N/A	Veterans' Credentialing Programs	11/5/2015
16-02	Florida's Nursing Education Programs Continued to Expand in 2015	1/29/2016
N/A	Health and Human Services Contact Centers/Hotlines	5/9/2016

Other External Projects		
External Entity	Subject	Report Date
Department of Financial Services	Review of Selected Contract and Grant Agreements and Related Management Activities	2/24/2015
United States Department of Health and Human Services	Federal Title X – Family Planning Program Review	8/26/2015
Mead Johnson Nutrition	Review of Women, Infants and Children Infant Formula Rebate Process	1/12/2016
Florida Department of Law Enforcement (FDLE)	Division of Medical Quality Assurance Board of Nursing Compliance with Criminal Justice User Agreement & Federal Bureau of Investigations Criminal Justice Information Security Policy	2/17/2016

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

APPENDIX C

Department of Health Office of Inspector General Closed Complaints for FY 2015-16

Number	Type	Alleged Subject	Disposition
14-090	WB	Alleged employee misconduct	1-Unsubstantiated 1- Substantiated
14-109	WB	Alleged retaliation and racial discrimination	3-Unsubstantiated
14-263	IN	Alleged misconduct	2-Unfounded 4-Substantiated 2-Unsubstantiated
14-282	PI	Alleged misconduct/potential violation of patient confidentiality	No evidence found
14-284	WB	Alleged employee misconduct	Substantiated
14-287	IN	Alleged employee misconduct	Allegations addressed in OIG 14-263
14-289	IN	Alleged employee misconduct	One allegation referred to Medical Quality Assurance 2-Substantiated 1-Unsubstantiated
14-295	IN	Alleged violation of IT security	Substantiated
14-304	IN	Alleged violation of patient confidentiality	Unsubstantiated
14-310	IN	Alleged employee misconduct	1-Substantiated 1-Unsubstantiated
15-025	IN	Alleged employee misconduct; retaliation	2-Substantiated 3-Undounded
15-037	MA	Alleged misuse of State rental vehicle for personal use	Referred to Management
15-042	IN	Alleged timesheet fraud; IT misuse; favoritism & sexual harassment	6-Unsubstantiated
15-069	IN	Alleged timesheet fraud, theft, misuse of department resources	1-Substantiated 1-Unsubstantiated 2-Unfounded
15-071	MA	Alleged employee misconduct	Referred to Management
15-072	INA	Alleged falsification citizenship on employment application	Investigative Assist
15-078	IN	Alleged misconduct/faulty septic inspections	2-Substantiated
15-080	MA	Alleged employee misconduct	No policy violations
15-086	MA	Alleged faulty drain field & unresponsive EH staff	No policy violations
15-088	IN	Alleged employee misconduct	Allegations not supported
15-090	MA	Alleged displeasure with septic permitting/inspection	Referred to Management
15-101	IN	Alleged potential ethics violation(s)	4-Substantiated
15-102	MA	Alleged contract fraud	Partially Substantiated and Partially Inconclusive
15-107	IN	Alleged falsification of records	Substantiated
15-111	MA	Alleged directing subordinate to violate FL Statute 39.201	Referred to Management
15-120	PI	Alleged retaliation; conduct unbecoming & violation of confidentiality	Addressed by DOH-Orange HR & DOH EO
15-124	MA	Alleged violation of information security & privacy policy	Referred to Management
15-126	MA	Alleged implied threat of physical violence	Referred to Management
15-127	NF	Alleged discrimination and retaliation	Information Only
15-135	PI	Alleged illegal use of handicapped parking permit	Substantiated
15-136	RF	Alleged falsification of daily activities/patient records	Referred to Medical Quality Assurance
15-137	RF	Concerns about Refugee Health Assessment Program	Referred to Div. of Community Health Promotion
15-138	RF	Alleged sexual harassment	Referred to Equal Opportunity
15-139	NF	Alleged displeasure with dentures	Information Only
15-140	RF	Alleged medication error by pharmacy	Referred to Medical Quality Assurance

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

Number	Type	Alleged Subject	Disposition
15-141	PI	Alleged misrepresenting licensure	No evidence found
15-142	IN	Alleged misuse of position and information technology resources	Substantiated
15-143	PI	Alleged employee misconduct	2-Unfounded 10-Unsubstantiated
15-144	PI	Alleged employee misconduct, hostile work environment & favoritism	Cross reference to OIG 15-143
15-145	MA	Alleged unwanted physical contact	No policy violations
15-146	NF	Alleged nepotism	Information Only
15-147	RF	Alleged hostile work environment	Referred to Equal Opportunity
15-148	MA	Alleged employee misconduct	Referred to Management
15-149	PI	Alleged misconduct	Unfounded
15-150	NF	Alleged ethnic and sexual charged statements	Handled by DOH-Palm Beach
15-151	MA	Alleged misconduct/negligence	No policy violations
15-152	RF	Alleged fraud	Referred to Florida Dept. of Law Enforcement
15-153	RF	Alleged concerns about availability of pediatric vaccinations	Referred to DOH-Escambia
15-154	NF	Alleged concerns at healthcare facility	Information Only
15-155	NF	Leased facility in DOH-Lee	Information Only
15-156	NF	Alleged dispute/altercation	Information Only
15-157	NF	Alleged retaliation	Information Only
15-158	NF	Alleged complaint against license health professionals	Information Only
15-159	RF	Refund for transcripts	Referred to Medical Quality Assurance
15-160	IN	Alleged misconduct, misuse/abuse of position	Substantiated
15-161	RF	Alleged complaint against license health professional/medical facility	Referred to Medical Quality Assurance
15-162	RF	Alleged concern of contamination of water supply	Referred to DOH-Hillsborough
15-163	NF	Alleged falsification of paperwork	Information Only
15-164	NF	Alleged concerns about AIDS Association/West Coast AIDS Foundation	Information Only
15-165	RF	Alleged incomplete inspection of facility	Referred to Medical Quality Assurance
15-166	NF	Alleged ethical violations	Information Only
15-167	NF	Alleged employee misconduct	Information Only
15-168	NF	Alleged retaliation	Information Only
15-169	RF	Alleged concerns about medical treatment	Referred to Medical Quality Assurance
15-170	PI	Alleged violation of DOH policy	Unsubstantiated
15-171	NF	Alleged sexual misconduct	Information Only
15-172	RF	Alleged mishandling of a licensed health professional complaint	Referred to Medical Quality Assurance
15-173	NF	Alleged concerns about medical treatment received	Information Only
15-174	RF	Response to written reprimand	Referred to HR/Labor Relations
15-175	NF	Alleged retaliation	Information Only
15-176	PI	Alleges misuse of position & FL Medicaid Management Info. System	No policy violations
15-177	MA	Alleged employee misconduct	No policy violations
15-178	NF	Alleged unlicensed practical nurse performing duties	Medical Quality Assurance jurisdiction
15-179	NF	Alleged negligence	Information Only
15-180	NF	Alleged breach of personal identifiable info./violation of regulations	Information Only
15-181	PI	Alleged employee misconduct	Handled by Medical Quality Assurance
15-182	PI	Alleged misuse of position/IT resources	No policy violations
15-183	NF	Alleged issues regarding a licensed health professional	Information Only
15-184	IN	Alleged misuse of DOH resources	3-Substantiated 4-Unsubstantiated

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

Number	Type	Alleged Subject	Disposition
15-185	NF	Alleged retaliation/wrongful termination	Information Only
15-186	MA	Alleged unequal treatment/wrongful treatment	4-Unsubstantiated
15-187	MA	Alleged employee misconduct	No policy violations
15-188	RF	Alleged misconduct by a dentist	Referred to Medical Quality Assurance
15-189	MA	Displeasure with septic permitting personnel/process	3-Unfounded
15-190	RF	Issues regarding DCF	Referred to Department of Children and Families
15-191	NF	No jurisdiction	Information Only
15-192	NF	Chlorine in the City of Apopka's Water Treatment Facilities	Information Only
15-193	RF	Alleged inappropriately receiving WIC funds	Referred to DOH-Volusia
15-194	PI	Alleged dereliction of duty	4-Unfounded 3-Unsubstantiated
15-195	MA	Alleged employee misconduct	1-Unfounded 4-Unsubstantiated
15-196	NF	Possible Medicaid and Medicare fraud at local pharmacies	Information Only
15-197	RF	Alleged violation of confidential information	Referred to Medical Quality Assurance
15-198	NF	No jurisdiction (Agency for Health Care Administration)	Information Only
15-199	NF	No jurisdiction (Department of Children & Families)	Information Only
15-200	IN	Healthcare provider allegedly allowed to work while license expired	2-Substantiated
15-201	RF	Possible falsification of client records	Referred to DOH-Hendry
15-202	MA	Alleged deficiencies wit professional licensure	Referred to Management
15-203	NF	Alleged employee misconduct	Information Only
15-204	NF	Alleged did not received a WIC benefit payment	No violation
15-205	NF	Concerns regarding job duties & promotions; employee misconduct	Information Only
15-206	NF	No jurisdiction	Violation of DOH policy
15-207	MA	Alleged employee misconduct	Referred to Management
15-208	NF	Alleged misuse of grant funds	Information Only
15-209	NF	Alleged mishandling of practitioner complaint	Information Only
15-210	NF	Alleged failure to enforce the correction action plan	Information Only
15-211	NF	Authorization for Release of Patient Information	Information Only
15-212	RF	Alleged misconduct by a licensed health professional	Referred to MQA & Department of Corrections
15-213	NF	Alleged questionable management conduct	Information Only
15-214	IN	Alleged employee misconduct	3-Substantiated 1-Unfounded
15-215	NF	Dissatisfaction with son's medical treatment	Information Only
15-216	PI	Alleged employee misconduct	No policy violations
15-217	MA	Alleged employee misconduct/hostile work environment	Referred to Management
15-218	PI	Alleged billing for services not provided	Corrective Action taken by Management
15-219	IN	Alleged falsification of records and violation of laws & rules	2-Substantiated
15-220	NF	Alleged employee misconduct	Information Only
15-221	NF	Alleged inappropriate conduct	Information Only
15-222	NF	Alleged unprofessionalism in the workplace	Information Only
15-223	NF	Alleged "poor" treatment at facility/fraudulent billing practices, etc.	Information Only
15-224	NF	Alleged breach of protected health information	Information Only
15-225	NF	Alleged potential timecard fraud	Information Only
15-226	MA	Alleged battery and unbecoming conduct	Subject terminated/No policy violations
15-227	MA	Alleged misuse of position/IT resources & violation of confidentiality	No policy violations
15-228	RF	Alleged employee misconduct	Referred to Medical Quality Assurance

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

Number	Type	Alleged Subject	Disposition
15-229	MA	Alleged retaliation via wrongful termination	Complainant dismissed/No policy violations
15-231	RF	Alleged medical practitioner misconduct	Referred to Medical Quality Assurance
15-232	NF	Alleged discrimination	Information Only
15-233	NF	Alleged harassment	Information Only
15-234	NF	Alleged theft of safety paper by employee	Probationary termination
15-235	NF	Alleged client database sent to vendor	Information Only
15-236	NF	Alleged employee misconduct	Information Only
15-237	NF	Alleged HIPAA violation/discrimination	Information Only
15-238	NF	Alleged abuse of time	Information Only
15-239	NF	Alleged drug use	Information Only
15-240	NF	Alleged fraudulent practices	Information Only
15-241	RF	Alleged concern about the handling of an investigation	Referred to Medical Quality Assurance
15-242	RF	No jurisdiction	Referred to Department of Children & Families
15-243	NF	Alleged incorrect closing procedures	Information Only
15-244	RF	Alleged potential insurance fraud	Referred to Dept. of Financial Services & MQA
15-245	MA	Alleged conduct unbecoming by department employee	Written reprimand given to subject
15-246	MA	Alleged failure to update laboratory protocols	No violations found
15-247	RF	Alleged medication errors	Referred to Medical Quality Assurance
15-248	NF	Alleged Medicaid fraud & licensed health professionals	Information Only
15-249	NF	Alleged fraud	Information Only
15-250	PI	Alleged gross mismanagement; retaliation, etc.	Insufficient evidence to support allegations
15-251	NF	No jurisdiction	Information Only
16-001	NF	Alleged retaliation	Information Only
16-002	MA	Alleged potential violation of patient privacy	Referred to Management
16-003	NF	Alleged wrongful termination	Information Only
16-004	NF	Alleged mismanagement	Information Only
16-005	NF	No jurisdiction	Information Only
16-006	NF	Alleged retaliation	Information Only
16-007	NF	Missing equipment	Information Only
16-008	NF	No jurisdiction	Information Only
16-009	NF	Alleged ethic issues	Information Only
16-011	PI	Alleged employee misconduct; practicing medicine without a license	No evidence found
16-012	PI	Alleged violation of Federal overtime law & various scheduling issues	No disciplinary policy violations
16-013	NF	Alleged employee misconduct	Information Only
16-014	NF	Alleged misuse of vehicle	Information Only
16-016	NF	Alleged hostile work environment	Information Only
16-017	RF	Alleged misuse of funds on CMS Early Steps contracts	Referred to Children's Medical Services
16-018	RF	Potential violation of statute or policy	Referred to Management
16-019	NF	Alleged misuse of DOH resource	Information Only
16-020	NF	Alleged potential employee misconduct	Information Only
16-021	NF	Alleged potential fraud	Information Only
16-022	NF	Alleged "bullying"	Information Only
16-023	NF	Alleged criticism by supervisor	Information Only
16-024	NF	No jurisdiction	Information Only

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

Number	Type	Alleged Subject	Disposition
16-025	NF	Alleged travel reimbursement fraud	Unfounded
16-026	MA	Alleged employee misconduct	Documented Counseling Memo issued
16-027	NF	Medical treatment at Correctional Institution	Information Only
16-028	NF	No jurisdiction	Information Only
16-029	NF	No jurisdiction	Information Only
16-030	NF	No jurisdiction	Information Only
16-031	NF	No specifics	Information Only
16-032	RF	Alleged theft	Referred to Department of Children and Families
16-033	NF	Alleged employee misconduct	Information Only
16-034	NF	Pension options	Information Only
16-035	NF	No jurisdiction	Information Only
16-036	NF	No jurisdiction	Information Only
16-037	NF	Alleged inappropriate actions by persons	Information Only
16-038	NF	No jurisdiction	Information Only
16-039	NF	Code violations by a spa	Information Only
16-040	NF	Alleged retaliation	Information Only
16-041	NF	Alleged improper audio recording of DOH meeting	Information Only
16-042	NF	Alleged harassment by a co-worker	Information Only
16-044	MA	Alleged employee misconduct	Referred to Management
16-046	RF	No jurisdiction	Referred to Department of Corrections
16-048	NF	No jurisdiction	Information Only
16-049	NF	Issues with online licensure renewal for psychologists & CE Broker	Information Only
16-050	NF	Allegation of wrongdoing	Information Only
16-051	NF	Alleged retaliation	Information Only
16-052	RF	Alleged misconduct	Referred to DOH-Miami-Dade
16-053	NF	Alleged concerns about management	Information Only
16-054	RF	Alleged misconduct by DOH employee	Referred to Medical Quality Assurance
16-056	RF	Alleged potential medical negligence	Referred to Medical Quality Assurance
16-057	NF	No jurisdiction	Information Only
16-058	NF	Jackson County School Board employees	Information Only
16-059	MA	Alleged violations of State and Federal requirements regarding treatment of biohazards materials	Referred to Management
16-060	NF	Alleged retaliation and employee misconduct	Information Only
16-064	NF	No jurisdiction	Information Only
16-065	RF	Alleged wrongdoing	Referred to Equal Opportunity
16-066	NF	Renewal of Speech-Language Pathology license	Information Only
16-067	NF	Unrestricted Medical License Application	Information Only
16-068	NF	Alleged dissatisfaction with management	Information Only
16-069	NF	No jurisdiction	Information Only
16-070	RF	Alleged employee misconduct	Referred to Equal Opportunity
16-071	NF	Alleged discrimination/retaliation	Information Only
16-072	NF	Alleged improper dental care received	Information Only
16-073	IN	Alleged theft of DOH recycling funds	Unfounded
16-074	NF	Pool Inspections	Information Only
16-075	NF	Requesting investigation regarding government employees	Information Only

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

Number	Type	Alleged Subject	Disposition
16-076	NF	Concerns regarding Medical Quality Assurance complaint	Information only
16-077	RF	Florida plasma center (no jurisdiction)	Referred to Agency of Health Care Administration
16-078	NF	Alleged lack of management and office procedures	Information Only
16-079	NF	Risk containment	Information Only
16-080	NF	Compensation for extra caseload	Information Only
16-081	NF	Billing out of network for rabies treatment	Information Only
16-083	NF	Alleged misconduct	Information Only
16-084	NF	No jurisdiction	Information Only
16-085	NF	Alleged interference of Dentistry by non-licensed staff & retaliation	Information Only
16-086	NF	Private medical facilities or providers	Information Only
16-087	NF	Alleged harassment	Information Only/Cross Reference to OIG 16-047
16-088	NF	Alleged Medicaid, Medicare or insurance fraud at private hospital	Information Only
16-089	PI	Alleged unearned compensation, nepotism & dual employment	No supported allegations
16-090	NF	Displeasure with pool permitting processes	Information Only
16-091	RF	Alleged protected health information improperly handled	Referred to DOH-Volusia
16-092	NF	Alleged employee misconduct and misused of FMLA	Information Only
16-093	RF	Alleged health care practitioner licensure fraud	Referred to Medical Quality Assurance
16-094	RF	Alleged consumer safety	Referred to Medical Quality Assurance
16-095	NF	Issues within Medical Quality Assurance	Information Only
16-096	RF	Services at the ADAP office	Referred to DOH-Miami-Dade
16-097	NF	No jurisdiction (Premiere Center for Cosmetic Surgery)	Information Only
16-099	NF	Alleged wrongful termination	Information Only
16-101	NF	Alleged retaliation and practicing dentistry absent a license	Information Only
16-104	NF	Alleged misconduct	Information Only
16-105	PI	Alleged employee misconduct	No policy violations
16-106	RF	Alleged unlicensed activity	Referred to Medical Quality Assurance
16-107	NF	Public Records Request	Information Only
16-108	NF	Potential attempted fraud	Information Only
16-109	RF	Complaint against Registered Nurse	Referred to Medical Quality Assurance
16-110	NF	Missing family planning medication	Information Only
16-111	NF	Alleged retaliation	Information Only (Cross reference OIG 14-054)
16-113	NF	Alleged discrimination	Information Only
16-114	NF	Alleged displeasure with investigation	Information Only
16-115	NF	Solicitation to buy private insurance while at work	Information Only
16-118	NF	Malfunctioning of hearing aid	Information Only

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



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

MAIL

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

PHONE

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