



The **FLORIDA DEPARTMENT OF HEALTH**
OFFICE OF INSPECTOR GENERAL



Annual Report

Celeste Philip, MD, MPH
Surgeon General and Secretary

Michael J. Bennett, CIA
Inspector General

For the Fiscal Year Ending

June 30, 2017

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 21, 2017

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

Eric Miller, Chief Inspector General
Executive Office of the Governor
The Capitol
Tallahassee, FL 32399-0001

Dear Dr. Philip and Chief Inspector General Miller:

I am pleased to present the Annual Report of the Department of Health's (Department) Office of Inspector General. The report was prepared in accordance with Section 20.055(8), *Florida Statutes*, and summarizes the major work of the Office for the fiscal year ending June 30, 2017.

We look forward to continuing our work with you and all Department staff to protect, promote and improve 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,

Michael J. Bennett, CIA
Inspector General

MJB/akm
Enclosure

**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT FY 2016-17**

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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 which includes these responsibilities:

- ❖ 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 that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- ❖ Inform the agency head of 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;
- ❖ Report expeditiously to the appropriate law enforcement agency when there are reasonable grounds to believe there has been a violation of criminal law;

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

- ❖ 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.

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 because of these responsibilities. This report summarizes the activities and accomplishments of the Florida Department of Health’s (Department, DOH) Office of Inspector General (OIG) for the 12-month period ending June 30, 2017.

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

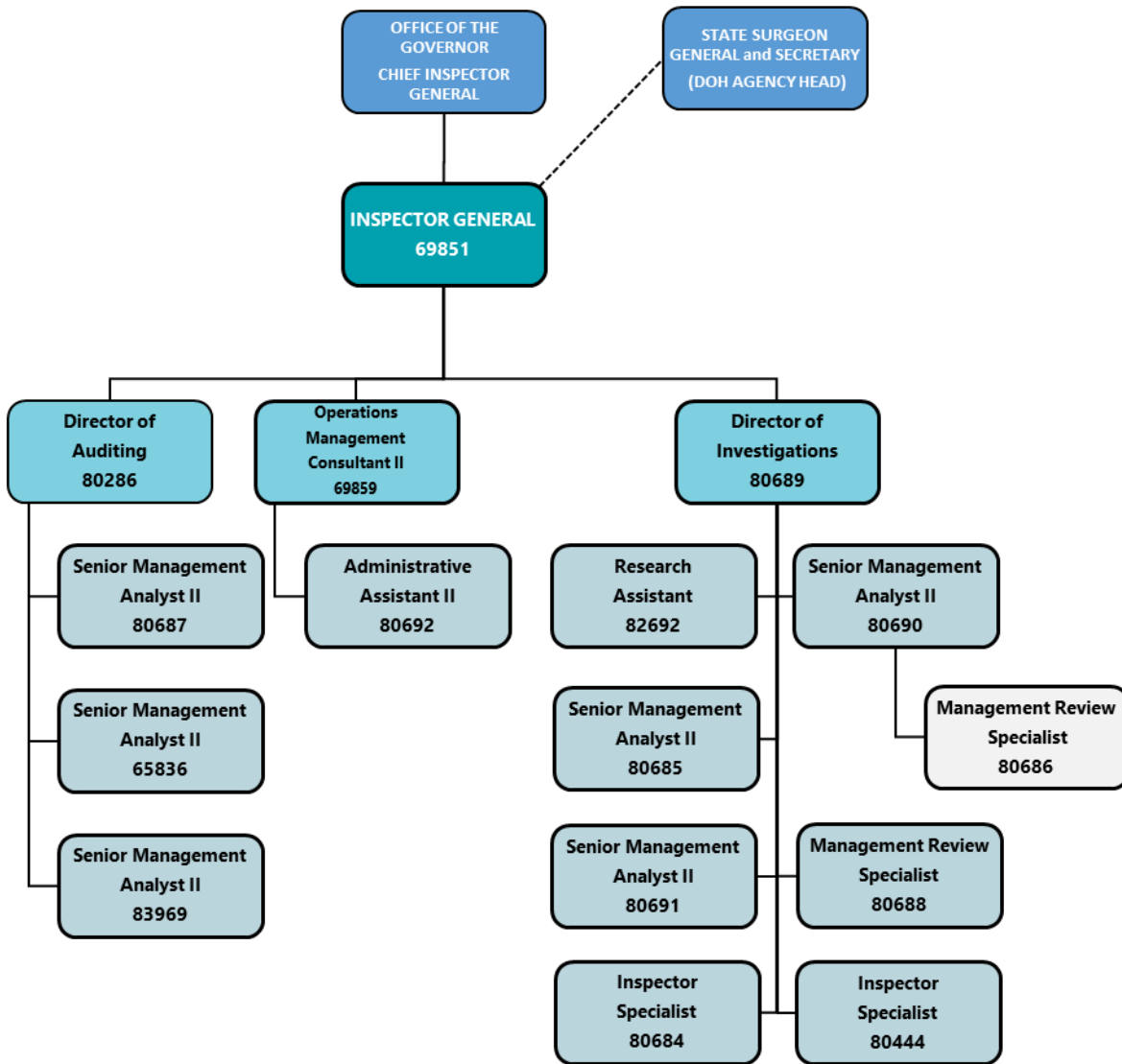
The OIG consists of 16 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. The Inspector General has a dual reporting relationship to the Chief Inspector General within the Executive Office of the Governor and to the State 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, 2017, two positions are vacant. The following statistics represent the 14 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 General Investigators,
 - ❖ 3 Certified Accreditation Managers,
 - ❖ 3 Certified Accreditation Assessors,
 - ❖ 2 Certified Active Shooter Trainer,
 - ❖ 2 Certified Inspector Generals,
 - ❖ 2 Certified Public Accountants,
 - ❖ 1 Certified Information Systems Auditors,
 - ❖ 1 Certified Law Enforcement Officer (Non-Sworn),
 - ❖ 1 Certified Inspector General Auditor, and
 - ❖ 1 Certified Professional Secretary

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

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2017)



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.

Many OIG staff members have individual licenses and certifications which require a certain amount of continuous education credits to be maintained.

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 2016-17 fiscal year included:

- ❖ Florida Institute of Certified Public Accountants' Annual Accounting Show
- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Detecting and Preventing Payroll Fraud
- ❖ Assessing Privacy and Security Controls
- ❖ Establishing a Code of Ethics for Investigators
- ❖ Best Practices for Conducting Sexual Harassment Investigations
- ❖ Inspectors General and The Media
- ❖ The Reid Technique of Interview and Interrogation,
- ❖ Joint Legislative Auditing Committee and 2017 Legislative Outlook
- ❖ Inspectors General, Trust and the Role of the OIG in Agencies
- ❖ Embracing the Commitment, Honoring Purpose & Values of the OIG

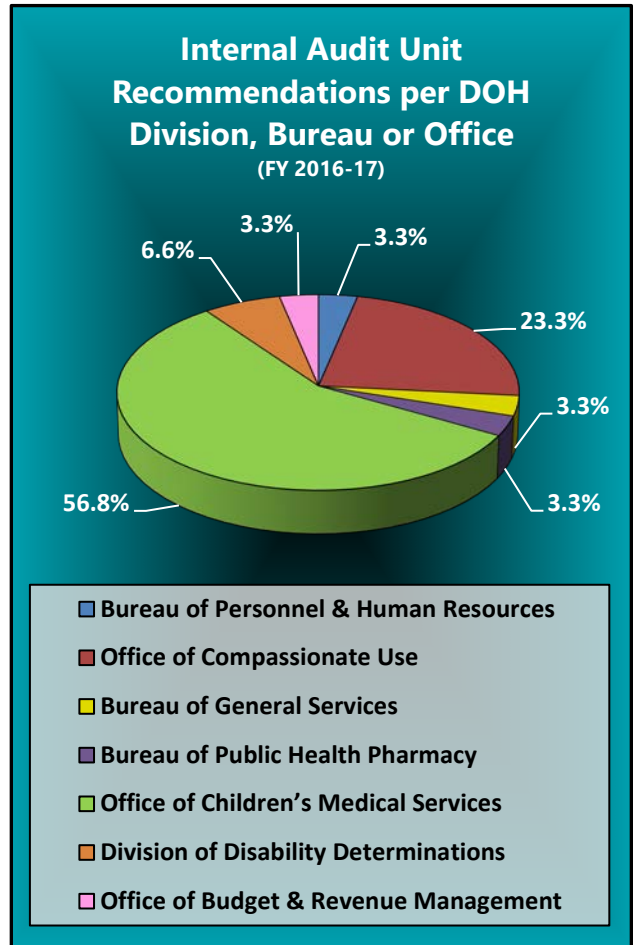
OIG FUNCTIONS

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.



2016-17 Accomplishments

The OIG completed one audit engagement and seven review engagements during the 2016-17 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 2016-17 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 38 of this report.

The OIG also initiated two additional audit/review projects during fiscal year 2016-17 that will culminate during fiscal year 2017-18.

Performance Criteria

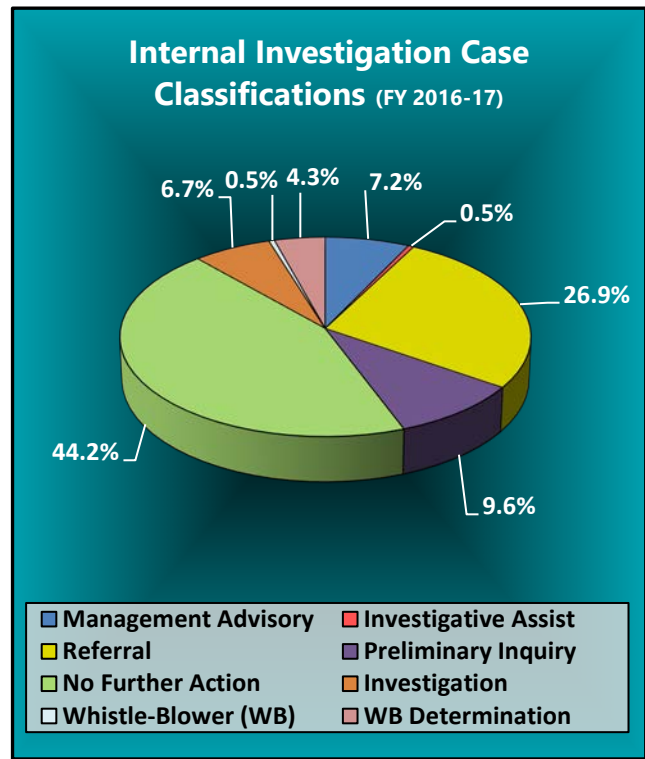
All audits and consulting engagements were performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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 to determine how the complaint should be handled. The following case classifications were utilized by the OIG during the 2016-17 fiscal year:

- ❖ Investigation – the OIG conducts a formally planned investigation that will result in an investigative finding report.
- ❖ Whistle-Blower Determination – the review of a complaint to determine whether it meets specific statutory requirements to rise to the level of a Whistle-blower investigation.
- ❖ Whistle-blower Investigation – the OIG conducts a formally planned investigation following specific statutory requirements that will result in an investigative finding 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 – provides assistance to law enforcement.
- ❖ No Further Action – insufficient information in the complaint for an investigation.



2016-17 Accomplishments

The OIG closed 208 complaints during the 2016-17 fiscal year. The chart above provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2016-17 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2016-17 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.

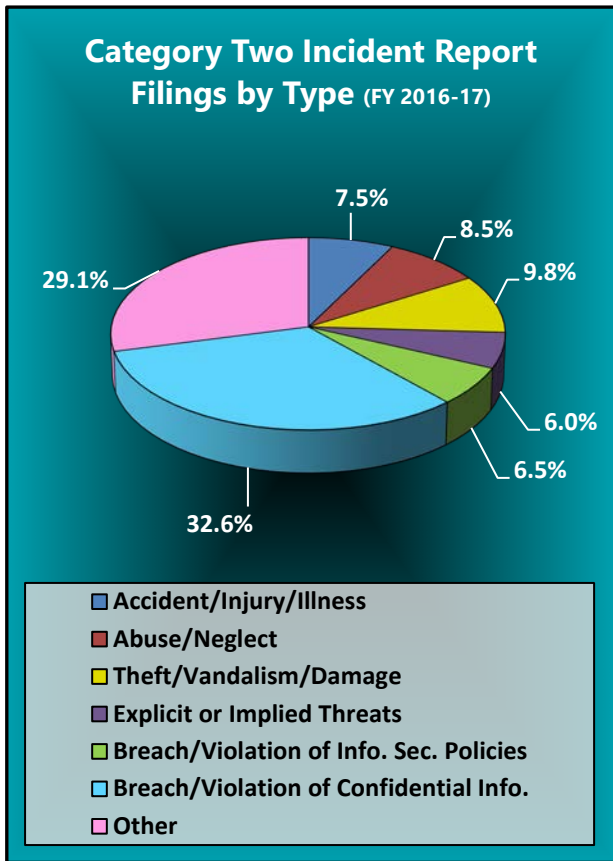
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

The Department's OIG was one of 21 accredited state agency Offices of Inspector General as of June 30, 2017.

Incident Reports

Incident Reports are utilized within the Department 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.

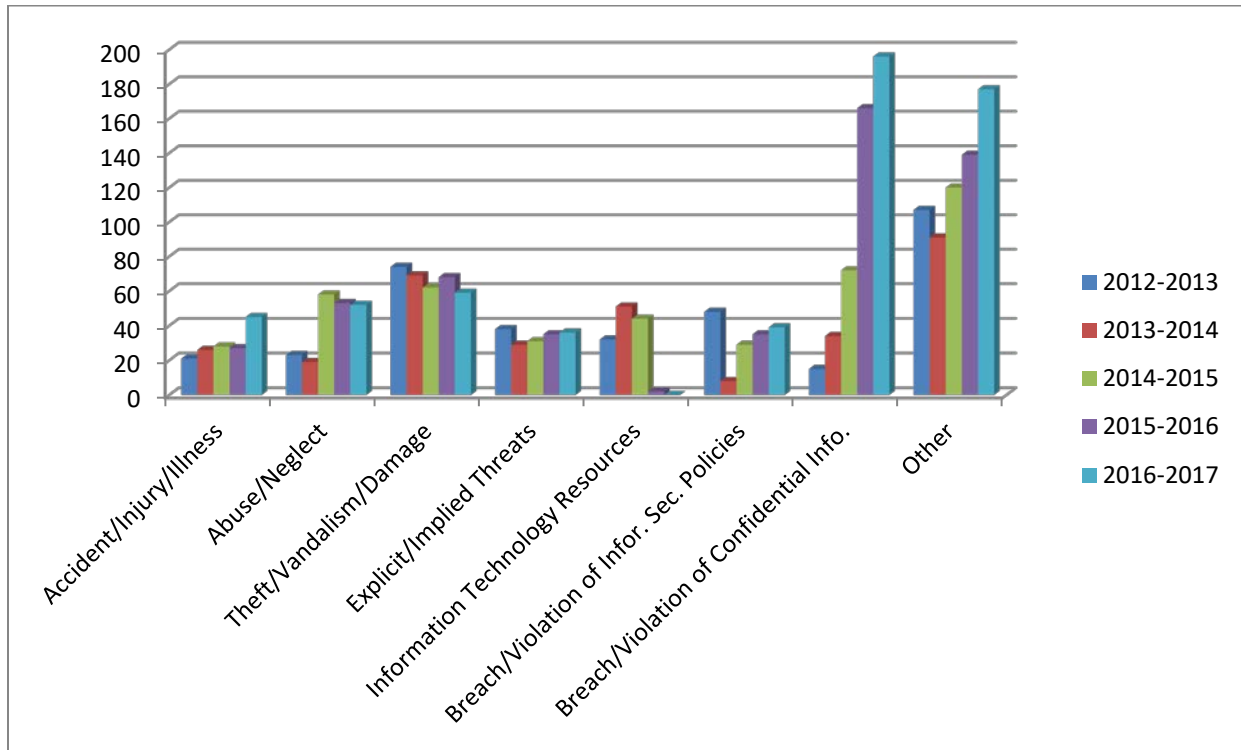
2016-17 Accomplishments

The Department’s *Incident Reporting* policy, Department of Health 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 604 Incident Reports during the 2016-17 fiscal year. This represents a **15% increase** over the previous fiscal year when 525 Incident Reports were received by the OIG.

The chart on the previous page provides a breakdown of the type of Incident Report received by the OIG during the 2016-17 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, 2017



A factor in the increase of Breach/Violations of Confidential Information resulted from a change in policy which now requires all instances of confidentially breach to be classified as a Category Two type incident, regardless of whether if it was intentional or accidental. Previously, only intentional breaches were classified as Category Two.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of an internal audit completed during the 2016-17 fiscal year.

AUDIT REPORT # A-1617DOH-023 **Pharmacy Inventory Controls**

The OIG examined the Bureau of Public Health Pharmacy's inventory controls. The OIG wanted to determine whether the Bureau uses and promotes acceptable controls during inventory counts. The OIG also wanted to determine whether the Bureau maintains complete and accurate records of pharmaceuticals returned from the county health departments (CHD).

SUMMARY OF FINDING

- ❖ Return merchandise authorizations were not always submitted.

RECOMMENDATION

The OIG recommended the Bureau work with CHD staff to use the Pharmaceutical Forms System to properly document the return of all prescription pharmaceuticals to the Central Pharmacy and Warehouse in accordance with established procedures. This recommendation was previously made in the Office of the Auditor General's Report No. 2016-087.

The OIG issued an additional report related to this audit, 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 2016-17 fiscal year.

REPORT # C-1617DOH-004

Women Infants & Children Electronic Benefits Transfer Settlement Process

The OIG conducted a consulting engagement to provide feedback on the Bureau of Women, Infants & Children Program Service's (WIC) effectiveness in establishing adequate controls related to the WIC Electronic Benefits Transfer (EBT) Settlement Process (Process).

Overall, the Process had adequate controls intended to mitigate identified risks.

REPORT # R-1516DOH-025

Funding Sources Utilized to Serve Children's Medical Services Managed Care Plan Children

The OIG reviewed the Office of Children's Medical Services (CMS) Managed Care Plan & Specialty Programs to determine which services at CMS Managed Care Plan (CMS Plan) area offices (area offices) and related funding were to have moved under the CMS Plan; whether services currently provided at area offices were paid through the appropriate funding source; the appropriateness of expenditures related to nutritionist services; and, the appropriateness of personnel costs charged using Random Moment Sampling (RMS). The OIG also reviewed access in area offices to the Department's network and information technology (IT) resources.

SUMMARY OF FINDINGS

- ❖ Staff in the area offices did not report directly or indirectly to the CMS Plan.
- ❖ The methodology for reimbursing physicians for Specialty Clinics clouded the identity of Title XIX and other funding sources.
- ❖ There were no standard written criteria to identify the need for Specialty Clinics and no written agreement to identify the terms for physicians providing Specialty Clinics.
- ❖ The CMS Plan did not reimburse all providers of Specialty Clinics through its third-party administrator. Additionally, the area offices reimbursed providers for related travel. Travel-related data was not identifiable.
- ❖ CMS Plan management was unable to identify nutritionists in area offices, and related expenditures.

- ❖ Results from RMS were not always correct or timely updated.
- ❖ The Office of CMS Managed Care Plan did not have a single repository for Business Associate Agreements with its providers.
- ❖ Organizational codes for CMS Plan employees were not timely updated.

RECOMMENDATIONS

The OIG recommended the CMS Plan management:

- ❖ Consider reorganizing staff who work in area offices to report to full time equivalents positions (FTEs) that report directly to the CMS Plan management at Central Office. Such a reorganization would improve accountability over necessary controls.
- ❖ Reimburse all physicians for Title XIX enrolled children in Specialty Clinics at the applicable Title XIX Managed Care Plan rate.
- ❖ Reimburse all physicians, including Regional Medical Directors, who provide Specialty Clinics through MED3000.
- ❖ Develop written criteria establishing any need for a Specialty Clinic in area offices.
- ❖ Develop and execute a standard agreement with physicians and other providers for Specialty Clinics in area offices.
- ❖ Require all claims be billed and paid through MED3000.
- ❖ Develop a process in MED3000 and any subsequent system to identify travel reimbursed to providers, as approved on an exception basis, who hold Specialty Clinics. The identity of the funding source funds should also be discernable. Travel should not be reimbursed using Title XIX or XXI funds.
- ❖ Ensure MED3000 and any subsequent system identify all funding sources separately and the types of services provided, including nutritionists.
- ❖ Develop criteria for, and apply the percentage of time area office staff work on Safety Net cases to available Safety Net funds.
- ❖ Ensure the list of area office staff be timely updated so staff are sampled and reported under current positions.

- ❖ Pursue and complete a central repository for Business Associate Agreements with its providers.

The OIG recommended the Office of Budget and Revenue Management permanently discontinue the use of Purchased Client Services.

The OIG recommended the Bureau of Personnel and Human Resource Management complete the re-designation of CMS Managed Care Plan personnel to the correct Organizational Code.

The OIG issued an additional report related to this project, classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*.

REPORT # R-1617DOH-005

Compassionate Use Registry

The OIG assessed the efficiency and effectiveness of the design and operation of internal controls and operating procedures, as well as compliance with select regulatory requirements specific to the Office of Compassionate Use (OCU) and the Compassionate Use Registry (CUR) application. The OIG also wanted to identify material control weaknesses associated with the operation of the CUR, and work with management to document the application's strengths, weaknesses, opportunities, and threats (SWOT analysis).

SUMMARY OF FINDINGS

- ❖ The CUR did not have a query screen for the Department to build reports unique from the four standard pre-built reports.
- ❖ Monitoring efforts to identify fraud and abuse within the Compassionate Use Registry did not apply separation of duties.

RECOMMENDATIONS

The OIG recommended the OCU:

- ❖ Perform analysis to identify functional business requirements now and strategically into the future for operational, fraud, and abuse monitoring. Management should conduct a cost benefit analysis to determine whether a query screen or similar application function is a feasible solution to satisfy the identified requirements, using the documented requirements.
- ❖ Enforce separation of duties for the position monitoring for fraud and abuse within the CUR.

The OIG issued an additional report related to this project, classified as exempt from public disclosure in accordance with Chapter 119, *Florida Statutes*.

REPORT # R-1617DOH-008

Division of Disability Determinations' Controls over Acquisition, Accountability, and Distribution of Commodities

The OIG evaluated the Division of Disability Determinations' (DDD) controls related to the acquisition, accountability, and distribution of select commodities.

SUMMARY OF FINDING

- ❖ Controls over the acquisition and accountability of commodities were not sufficient.

RECOMMENDATIONS

The OIG recommended DDD:

- ❖ Enhance its controls over inventory of commodities to include segregation of duties so that the same person does not have control over the acquisition, receiving of, and inventory control records of commodities.
- ❖ Enhance its controls over inventory control records, sufficient that anomalies in inventory levels of toner are researched, quantities of inventory levels are mathematically accurate, and include all types of toner in inventory.

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, 2017, there were no corrective actions that were outstanding.

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*. Some corrective actions were still outstanding.

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 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.

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.
- ❖ Implement a process to improve more timely collection of renewal fees in addition to registration fees for new Registrants and additional tubes.

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 statutory, 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.
- ❖ 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 MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2016-17 investigation summaries. For a complete listing of all investigative activity refer to Appendix C.

INVESTIGATION # 15-230

Alleged Employee Misconduct

Department of Health in Santa Rosa County (DOH-Santa Rosa)

This investigation was initiated based on a complaint submitted by a DOH-Santa Rosa employee (Complainant) alleging employee misconduct by two DOH-Santa Rosa co-workers (Subject #1 and Subject #2).

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

Allegation #1: Subject #1 created a hostile work environment that disrupted the workplace and created dissension among employees. The allegation was **substantiated**. Based on witness testimony, Subject #1's written responses and sworn testimony, it was evident Subject #1 becomes easily frustrated, argumentative, and responds angrily or with vindictiveness. Subject #1's interactions with staff violated DOHP 60-8-14, *Discipline*, Sections VII. D. 6. f. (1) - Conduct Unbecoming A Public Employee (failure to be courteous, considerate, and respectful to subordinates); and VII. D. 6. f. (4)(b) and (c), Disruptive Conduct and Dissension.

Allegation #2: Subject #1 engaged in abusive behavior toward pediatric patients. The allegation was **unsubstantiated**. Although some testimony was received that Subject #1 was rough and verbally harsh with pediatric patients, the OIG did not believe there was sufficient information to substantiate the allegation of abusive behavior. Testimony however indicated Subject #1 becomes easily frustrated, may have a "poor chair-side manner," and demonstrates little tolerance for pediatric patients. This allegation was referred to Division of Medical Quality Assurance for review.

Allegation #3: Subject #2 engaged in abusive behavior toward pediatric patients. The allegation was **unsubstantiated**. It was concluded, based on witness testimony and labor relations documentation, Subject #2 had a history of verbally abusive behavior toward pediatric patients for which Subject 2# received counseling and was reprimanded. Although there appeared to be limited testimony that the behavior by Subject #2 continued, that evidence was insufficient to support the allegation. No other evidence was found to support the allegation.

RECOMMENDATION

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

INVESTIGATION # 16-045**Alleged Theft, Timesheet Fraud and Accepting Money from Vendors
Department of Health in Miami-Dade County (DOH-Miami-Dade)**

This investigation was initiated based on a complaint from a DOH-Miami-Dade employee (Complainant) alleging multiple violations of Department policies. The Complainant named four DOH-Miami-Dade employees as subjects (Subject #1; Subject #2; Subject #3; and Subject #4).

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

Allegation #1: Subject #1 misappropriated for personal use painting materials and tools from the DOH-Miami-Dade Facilities Maintenance department. The allegation was **substantiated**. This action violated Sections VII. I. 6. e. and f., DOHP 30-2-13, *Code of Ethics* – Outside Employment; and DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (20) - Theft, Stealing, or Unauthorized Taking, and VII. D. 6. f. (4)(h) - Unauthorized Use of State Property, Equipment, Materials, or Personnel.

Allegation #2: Subject #1 was observed painting personal “Buddha statues” in the DOH-Miami-Dade Facilities Maintenance department during work hours. The allegation was **unsubstantiated**.

Allegation #3: Subject #1 and Subject #2 knowingly violated Department policies by allowing Subject #4 to file official time and attendance records using Subject #1 and Subject #2’s login credentials. The allegation was **substantiated**. This action violated DOHP 60-8-16, *Discipline*, Sections VII. D. 6. f. (4)(d) – Falsification of Records or Statements; and VII. D. 6. e. (6) – Failure by Subject #1 and Subject #2 to Respond or Provide Truthful Information during an Internal Investigation.

Allegation #4: Subject #1 and Subject #3 accepted money from vendors. The allegation was **unsubstantiated**.

Allegation #5: Subject #1, Subject #2, and Subject #3 removed fencing from a Department storage compound for personal use. The allegation was **unsubstantiated**.

Allegation #6: Subject #1 and Subject #2 refused to turn their Department issued mobile phones on to avoid being tracked during the workday. The allegation was **substantiated**. This action violated Section VII. D. 6. d. (2), DOHP 60-8-16, *Discipline* – Insubordination.

Allegation #7: Subject #1 and Subject #2 used assigned vehicles to conduct personal errands during work hours. The allegation was **unsubstantiated**.

Additional Findings

Finding #1: At the time of the OIG interviews, the Director of Environmental Health (Director) was also temporarily serving in the role of a vacant mid-level management position in the Facilities Maintenance department, which was Subject #4's supervisor. In addition to the Director's primary duties in the Environment Health department, the Director's span of control included the Facilities Maintenance employees, property leasing, and safety and security. Furthermore, the Director's physical office was in a different part of the county, reducing the Director's ability to provide close oversight of operations and expenditures.

Finding #2: The Facilities Maintenance department had no organized process for inventorying supplies and tools, or excess material from approved projects.

Finding #3: The assignment of the Facilities Maintenance department supervisor was primarily based upon convenience and success as a maintenance mechanic, rather than knowledge, skills, training or abilities to manage personnel or business operations.

RECOMMENDATIONS

The OIG recommended DOH-Miami-Dade management:

- ❖ Re-evaluate the organizational structure for supervision and oversight of the Facilities Maintenance department and consider a fulltime facilities manager to oversee maintenance, leasing, operations and safety and security;
- ❖ Review the work order and purchasing process to ensure original work orders can be amended should the scope of work change or additional material be required. The receipts for purchase of material for facilities maintenance should receive independent review to ensure the items and quantities purchased are specifically relevant to the required task as documented on the associated work order;
- ❖ Consider taking appropriate action commensurate with the findings of this investigation as related to Subject #1's questionable purchases of paint, paint tools and supplies not supported by approved work orders. Management should also consider taking appropriate action against Subject #1 for failure to obtain authorization to engage in outside employment;
- ❖ Consider taking appropriate action commensurate with the findings of this investigation as related to Subject #1 and Subject #2's use of Subject #3 to enter Subject #1 and Subject #2's time entries in People First and failure to provide truthful information;

- ❖ Institute an organized acquisition, usage and inventory control system for the purchase and use of all Facilities Maintenance and janitorial department's tools and supplies;
- ❖ Review the need for issuing mobile phones to field maintenance workers. If the review concludes the efficacy of maintenance workers carrying mobile phones, supervision of the use and accountability of the mobile phones should be enforced;
- ❖ Consider taking appropriate action commensurate with the findings of this investigation as related to Subject #1 and Subject #2 refusing direct orders to use state issued mobile phones;
- ❖ Consider installing vehicular Global Positioning System devices on state or county vehicles assigned to couriers and maintenance staff to assist in identifying risk management issues and usage as related to work order assignments;
- ❖ Evaluate the merits of contracting cleaning services via state term contract, to reduce the number of Department employees reporting to the Facilities Maintenance supervisor.

INVESTIGATION # 16-047

Alleged Employee Misconduct

Department of Health in Jackson County (DOH-Jackson)

This investigation was initiated based on a complaint received from a DOH-Jackson employee (Complainant) alleging other DOH-Jackson employees were unprofessional, did not sufficiently document dental procedures, and did not report dental emergencies.

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

Allegation #1: The Complainant alleged dental staff were unprofessional, attend to personal matters while patients wait to receive care, and had the attitude patients can wait because the patients receive "free" care. The allegation was **unsubstantiated**. Insufficient evidence was found to support the allegation.

Allegation #2: Subject #1 and Subject #2 did not document services in patient charts as required by Department policies. The allegation was **substantiated**. It appeared however, the cause was poor training regarding medical record entries rather than deliberate or negligent actions.

Allegation #3: Subject #3 donated toothbrushes from the DOH-Jackson Dental Clinic supply room to a local high school. The allegation was **substantiated**. However, the OIG found no law, rule, or policy prohibiting dissemination of toothbrushes to the community to encourage dental health.

The OIG concurred with actions being taken by the Interim Administrator to restore order and procedural integrity to DOH-Jackson and made no recommendations.

INVESTIGATION # 16-063

Alleged Employee Misconduct

Department of Health in Orange County (DOH-Orange)

This investigation was initiated based on the OIG receiving a complaint alleging a DOH-Orange employee (Subject) made false statements and accusations against the Complainant to the Department's Division of Medical Quality Assurance (MQA), then interfered with the Complainant's efforts to obtain public records regarding the accusations to MQA.

The allegation that the Subject made false statements and accusations against the Complainant was previously investigated by the OIG and was not addressed in this investigation.

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

Allegation #1: Subject instructed DOH-Orange Environmental Health Office (OEH) staff to not give public records to the Complainant. The allegation was **unsubstantiated**. No evidence was found that the Subject instructed staff to not provide the Complainant with requested public records. Instead, it appeared the Subject took responsibility for responding to the records request. Department policy establishes that a single person in each office should be responsible for responding to public record requests with legal support from the local legal section.

Allegation #2: Subject did not timely respond to the Complainant's public records request and did not provide all public records to the Complainant. The allegation was **substantiated**. As of the date the complaint was received, the Subject had not provided all the requested public records to the Complainant. The findings show that while the Subject provided some emails related to a 2015 complaint against the Complainant, the Subject did not provide other emails that showed the Subject knew or should have known the information in the MQA complaint was factually inaccurate and misleading.

Allegation #3: The Subject improperly redacted public records provided to the Complainant. The allegation was **substantiated**. The Subject improperly redacted information from the public records that were provided to the Complainant. No legal authority for redacting information from the documents provided was found. The Subject also improperly cited an incorrect exemption in *Florida Statute* that did not provide a basis for the redactions.

The Subject's actions violated Section VII. D. 6. b., DOHP, *Discipline* - Negligence (Failure to use ordinary or reasonable care in the performance of assigned duties).

RECOMMENDATION

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

INVESTIGATION # 16-082

Alleged Employee Misconduct

Division of Disability Determinations

This investigation was initiated based on the OIG receiving an anonymous complaint (Complainant) from the Office of the Chief Inspector General alleging violations of Department policies by two DDD retired and current employees, Subject #1 and Subject #2.

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

Allegation #1: Subject #1 continued to direct employees' work, held staff meetings, and accessed and reviewed protected health information of DDD clients Subject #1 was not authorized to view after retiring from DDD. The allegation was **unsubstantiated**.

Allegation #2: Subject #2 rented a vehicle and drove from Tallahassee to Orlando for state business after Subject #2's driver's license was suspended. The allegation was **substantiated**. Witnesses who accompanied Subject #2 on the trip confirmed Subject #2 drove the rented vehicle. This action violated Section VII. D. 6. e., DOHP 60-8-16, *Discipline – Violation of Law or Agency Rules* (Section 322.34, *Florida Statutes*, Driving while license suspended, revoked, canceled, or disqualified), and DOHP 250-12-13, *Management and Operation of Vehicles*, Sections I. F. 1. and VI. A.

Allegation #3: Subject #1 approved Subject #2's travel forms, allowing Subject #2 to be paid while traveling on state business on a suspended license. The allegation was **unsubstantiated**.

RECOMMENDATION

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

INVESTIGATION # 16-116**Alleged Violations of Department Policies and Internal Operating Procedures
Department of Health in Leon County (DOH-Leon)**

This investigation was initiated based on the OIG receiving an *Incident Report* (Complainant) alleging violations of Department policies and internal operation procedures by two employees (Subject #1 and Subject #2) at DOH-Leon's Environmental Health (EH) section. Subject #1 was terminated and Subject #2 resigned in lieu of termination in July 2016.

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

Allegation #1: Subject #1 submitted a fraudulent Soil Site Evaluation as part of an Onsite Sewage Treatment and Disposal System (OSTDS) permit application, by entering the name of a private evaluator in the signature block, even though Subject #1 completed the evaluation. The allegation was **substantiated**. This action violated DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (14) – Violation of Law or Agency Rules, Willfully Violated; VII. D. 6. f. (4)(d) – Conduct Unbecoming a Public Employee, Falsification of Records; VII. D. 6. f. (4)(e) – Conduct Unbecoming a Public Employee, Fraudulent Activity; and VII. D. 6. f. (4)(g) – Conduct Unbecoming a Public Employee, Misuse or Abuse of Power.

Allegation #2: Subject #1 submitted two OSTDS permit applications to the EH section on behalf of two applicants, and accepted additional payment for services. The allegation was **substantiated**. This action violated DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (14) – Violation of Law or Agency Rules, Willfully Violated; VII. D. 6. f. (4) (f) – Conduct Unbecoming a Public Employee, Inappropriate Conduct; and VII. D. 6. f. (4) (g) – Conduct Unbecoming a Public Employee, Misuse or Abuse of Power.

Allegation #3: Subject #1 failed to remit \$800 in fees for two OSTDS permit applications Subject # 1 accepted outside the office. The allegation was **unsubstantiated**.

Allegation #4: Subject #1 worked in a private capacity while on state time and in violation of Subject #1's approved Outside Employment Form. The allegation was **substantiated**. This action violated DOHP 30-2-13, *Code of Ethics*, Sections VII. I. 3. – Secondary Employment and VII. I. 6. e. – Outside Employment; and DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (14) – Violation of Law or Agency Rules, Willfully Violated; VII. D. 6. f. (4)(d) – Conduct Unbecoming a Public Employee, Falsification of Records; VII. D. 6. f. (4)(e) – Conduct Unbecoming of Public Employee, Fraudulent Activity; and VII. D. 6. f. (4)(g) – Conduct Unbecoming a Public Employee, Misuse or Abuse of Power.

Allegation #5: Subject #2 created two fraudulent receipts in the Health Management System (HMS) for two OSTDS permit applications, after accepting the applications from Subject #1 instead of the applicants. The allegation was **substantiated**. This action was a violation of DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (8) – Violation of Law or Agency Rules, Misuse of

Computer Facilities or Equipment; VII. D. 6. f. (4) (d) – Conduct Unbecoming a Public Employee, Falsification of Records; and VII. D. 6. f. (4)(e) – Conduct Unbecoming a Public Employee, Fraudulent Activity.

Allegation #6: Subject #2 failed to remit \$800 in fees for two OSTDS permit applications accepted from Subject #1. The allegation was **unsubstantiated**.

Additional Findings

Finding #1: Subject #2 was granted security permission in HMS to refund and delete financial transactions, which was not appropriate for Subject #2's position and duties, in violation of Internal Operating Procedures (IOP) 56-14-16, *Internal Controls and Review*, Section VII. A. 1. – Internal Controls and Section VII. B. 4. – Segregation of Duties.

Finding #2: Subject #2 failed to remit permit and private well testing fees Subject #2 collected from applicants, for deposit by DOH-Leon. This was a violation of Section VII. D. 6. e. (20), DOHP 60-8-16, *Discipline – Violation of Law or Agency Rules, Theft, Stealing, or Unauthorized Taking*; Chapter 112.3173, *Florida Statutes – Felonies involving breach of public trust*; and Chapter 815, *Florida Statutes – The Florida Computer Crimes Act*.

Finding #3: Subject #2 accepted applications and money outside the office from a tattoo artist applicant, and failed to process the applications or remit the money, in violation of Section VII. D. 6. e. (20), DOHP 60-8-16, *Discipline, - Violation of Law or Agency Rules, Theft, Stealing, or Unauthorized Taking*; Chapter 112.3173, *Florida Statutes – Felonies involving breach of public trust*; and Chapter 815, *Florida Statutes– The Florida Computer Crimes Act*.

Finding #4: Subject #2 worked for a funeral home without an approved Outside Employment Form while employed at DOH-Leon. This was a violation of DOHP 30-2-13, *Code of Ethics*, Sections VII. I. 6. e. and f., – Outside Employment.

Finding #5: DOH-Leon did not adequately account for private well testing transactions.

Finding #6: DOH-Leon did not maintain adequate internal auditing capabilities and sound internal control procedures to safeguard assets and the integrity of financial records, in violation of IOP 56-14-16, *Internal Controls and Review*.

RECOMMENDATIONS

The OIG recommended management at DOH-Leon take appropriate action consistent with the findings and conclusions of this report. Additionally, management should consider the following recommendations:

- ❖ Thoroughly review financial transaction procedures in the EH section. This evaluation should ensure each permit fee collected is directly associated with the applicant’s file in EHD. If HMS is to be used for financial transactions and reconciliations, additional information should be entered when performing “one-time encounters.”
- ❖ Enter each EH financial transaction separately in HMS to create an individual receipt for each permit, under the appropriate name, with additional identifying information, such as a permit number or tracking number.
- ❖ Enter all EH section fees, including OSTDS permits and private well testing requests, in the EHD and reconcile daily deposits with the daily transaction reports from both HMS and EHD. Also, consider entering private well testing requests and results in a ledger and determine if these records are required to be stored at DOH-Leon per Section 119.021, *Florida Statutes*.
- ❖ Conduct periodic audits of permit files to ensure appropriate documentation is contained in the file and the permit information is correct. The OIG recommended using the audits to compare the fee transaction entries in HMS and EHD to ensure consistency.
- ❖ Date stamp incoming documentation and include the fee amount when entering OSTDS permit information in the logbook.
- ❖ Review the security permissions in HMS and EHD of all employees and ensure there is a complete segregation of duties.

INVESTIGATION # 16-156

Alleged Violations of Department Policies and Procedures Department of Health in Orange County (DOH-Orange)

This investigation was initiated based on the OIG receiving a complaint from a Department Health Financial Manager (Complainant) alleging violations of Department policies and internal operating procedures concerning purchasing and procurement at DOH-Orange. The Complainant named two employees, Subject #1 and Subject #2.

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

Allegation #1: Subject #1 used a vendor exclusively for handyman type services without using the appropriate solicitation method. The allegation was **unsubstantiated**.

Allegation #2: Subject #1 had a personal relationship with the vendor, giving the appearance of favoritism and possible enticements. The allegation was **unsubstantiated**.

Allegation #3: Subject #1 obtained a “quick” blanket Purchase Order (PO) in May 2014 without using the eQuote system in MyFloridaMarketPlace (MFMP). Subject #1 obtained a second PO in July 2014 that did not appear to be properly procured. The allegation was **unsubstantiated**.

Allegation #4: Subject #1 circumvented purchasing policies by breaking down larger projects to stay under the \$2,500 discretionary purchase threshold. The allegation was **substantiated**. This action violated Section VII. D. 6. e. (13), DOHP 60-8-16, *Discipline - Violation of Agency Rule or Law, by failing to adhere to Section J. 1., IOP 250-01-14, Methods of Procurement*.

Allegation #5: Subject #2 split payment for a \$15,800 invoice into two transactions on Subject #2’s Department purchasing card (P-card) to avoid exceeding a \$10,000 transaction limit. The allegation was **substantiated**. This action violated Section VII. D. 6. e. (13), DOHP 60-8-16, *Discipline - Violation of Agency Rule or Law, by failing to adhere to Section VII. B. 7. c., IOP 56-44-16, Purchasing Card Guidelines*.

Additional Findings

Finding #1: The vendor possessed no professional licenses or certifications, yet was hired to perform specialized services including plumbing, air conditioning, electrical, and automotive repairs.

Finding #2: The vendor possessed no occupational or business license, therefore may not have complied with the licensure requirements of DOHP 250-9-16, *Purchasing*, or the Department PO Terms and Conditions, which require a vendor to maintain appropriate insurance and Worker’s Compensation coverage as required by law. During the investigation, Subject #1’s supervisor, advised the vendor will no longer be used until the vendor complies with licensure, liability and Worker’s Compensation insurance requirements.

Finding #3: DOH-Orange paid the vendor twice for Invoice #2873042 and #2876954. This accounting error was reported to the Complainant for review.

Finding #4: DOH-Orange continued to use the vendor for monthly cleaning services after the vendor’s PO for janitorial services expired.

RECOMMENDATIONS

The OIG recommend DOH-Orange management:

- ❖ Conduct stricter oversight of purchasing requests from Facilities Management;
- ❖ Use licensed, insured, and bonded vendors for skilled services which must be performed by a vendor;
- ❖ Identify and use the appropriate solicitation method for projects to ensure fair and open competition;
- ❖ View ongoing maintenance services as a commodity and consider contracting these services with a vendor following appropriate procurement policies; and,
- ❖ Consider having purchasing staff obtain additional procurement training by attending the Division of Administration's statewide training in April 2017 or subsequent offerings.

INVESTIGATION # 16-168

Alleged Contract Violations

This investigation was initiated based on the OIG receiving a complaint from a former Chief Operating Officer (Complainant) of a Department contracted provider, alleging the provider's Executive Director (Subject) created a culture of mismanagement and forced members of the Board of Directors to resign should they disagree with the Subject's decisions. Additionally, the Complainant alleged the Subject's mismanagement of funds may have resulted in unauthorized charges to Department contracts.

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

Allegation #1: Subject misappropriated Child Protection Team contract funds for use in paying bonuses which were not authorized pursuant to the Department's contract terms. The allegation was **unsubstantiated**. The OIG was unable to sustain or refute the allegations because the Subject refused to provide the requested contract financial documents that were required per the Department's contract terms.

Conclusion

Through the termination of existing contracts with the provider and the failure of the Subject and the provider's Chief Financial Officer to produce the financial documents requested pursuant to contract monitoring requirements, no further investigative efforts were warranted.

INVESTIGATION # 16-169

Alleged Discrimination and Potential Violations of Information Security Policies Division of Disability Determinations

This investigation was initiated based on the OIG receiving a complaint from a DDD employee (Complainant) alleging discrimination within DDD. The Complainant alleged a retired DDD Director (Subject #1) was allowed unescorted access within DDD's offices by the Interim DDD Director (Interim Director) (Subject #2), including areas containing potential confidential information. The Complainant also alleged Subject #1 continued to hold meetings, direct staff, and access protected health information. The Complainant explained the discrimination allegations were being investigated by the Office of the General Counsel's Equal Opportunity Section (EOS), but the EOS was not acting expeditiously.

The OIG conducted an evaluation on the nature of the allegations raised, upon the Complainant's request for "whistleblower status," so a determination could be made regarding appropriate handling of the complaint. It was determined the complaint "[did] not demonstrate reasonable cause to suspect that an employee or agent of an agency or independent contractor has violated any federal, state, or local law, rule or regulation thereby creating and presenting a substantial and specific danger to the public's health, safety, or welfare or has committed an act of gross mismanagement, malfeasance, misfeasance, gross waster of public funds, or gross neglect of duty" as required under Sections 112.3187-112.31895, *Florida Statutes*, also known as the "Whistle-blower's Act." The OIG investigated the issues of breach of confidentiality and misconduct, absent the designation as a whistle-blower.

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

Allegation #1: The Complainant alleged the EOS was not acting expeditiously on a complaint regarding race discrimination. The OIG found the allegation was being investigated by the EOS and was an active case. **No conclusion reached.**

Allegation #2: Subject #2 permitted Subject #1 to routinely come to DDD's offices after retirement, wear a visitor's badge, and roam the facility without an escort. The allegation was **substantiated**. Subject #2 exceeded Subject #2's authority by allowing Subject #1 to be unescorted and unsupervised in a secure facility. This action violated DOHP 50-10-16, *Information Security and Privacy*, (Policy 1 – Information Security and Privacy; and Policy 3 – Secured Areas and Physical Security); and DOHP 60-8-16, *Discipline*, Sections VII. D. e. (14) – Violation of Law or Agency Rules, and VII. D. 6. f. (4) (g). – Misuse or Abuse of Power or Authority.

Allegation #3: Subject #1 continued after retirement to hold meetings with staff, direct staff, and had access to protected health information of DDD clients Subject #1 no longer had clearance to review. The allegation was **substantiated**. A review of the Visitor Log found Subject #1 visited DDD on 21 occasions between December 2015 and May 2016. All visits except three were an hour or more in length. Only two visits reflected the reason for the visit. This action is a violation of DOHP 50-10-16, *Information Security and Privacy* (Policy 1 – Information Security and Privacy; and Policy 5 – Patient Privacy Rights).

The evidence from DDD employee interviews indicated many felt intimidated by Subject #1 and in fear of Subject #1's return to DDD after retirement.

RECOMMENDATION

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

INVESTIGATION # 16-195 Alleged Employee Misconduct Division of Medical Quality Assurance

This investigation was initiated based on an anonymous complaint (Complainant) alleging a MQA employee (Subject) was conducting a personal for-profit business during state work hours and on state property.

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

Allegation #1: The Subject conducted a personal for-profit business during state work hours and on state property. The allegation was **substantiated**. The Subject spent considerable time during state work hours conducting personal business such as discussing business opportunities, recruiting associates, and setting up and attending luncheon socials according to the Subject's and witness testimony. Testimony and evidence supported the allegation the Subject conducted personal business on state property from May 2016 through December 2016, at which time the Subject ceased activity after learning of the investigation. No actual conflict of interest between the mission of the business and the mission of MQA was found. However, the Subject's business activity on state property and time interfered with and was in conflict with state business. This action violated DOHP 60-8-6, *Discipline*, Sections VII. D. 6. b. – Negligence; and VII. D. 6. g. – Conduct Unbecoming a Public Employee, Misconduct.

Allegation #2: The Subject violated the Department's Ethics Policy by recruiting direct reports and subordinate employees to join the Subject's business as associates. The allegation was **substantiated**. Sworn statements and evidence show the Subject recruited three subordinates as associates and garnered profits from the associates' sales of merchandise. The Subject also

recruited other MQA staff who were not under the Subject's line of supervision. The action of recruiting direct reports and other subordinate employees on state time to become private business associates created a real or apparent conflict of interest in violation of Section VII. I. 6. e., DOHP 30-2-13 *Code of Ethics* - Conflicts of Interest; and Section VII. D. 6. g., DOHP 60-8-16, *Discipline* - Conduct Unbecoming a Public Employee, Misconduct.

Additional Findings

Finding #1: The Subject used the Subject's state issued computer and the Department network to conduct a personal for-profit business. The Subject, according to testimony and evidence, used the Subject's state computer and the Department network for the purposes of logging onto the Subject's business web account to look up merchandise, place orders, make payments, track shipments, set up socials and monitor the Subject's downline activity, all for personal profit, benefit and gain. This action violated Section VII. D. 6. f. (4)(h), DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee, Unauthorized Use of State Equipment; and Section D. 1. B., DOHP 50-10.2-16, Unacceptable use of Department Information Technology Resources for personal profit, benefit, and gain.

Finding #2: The Subject did not comply with the terms of the Subject's approved Outside Employment Request signed by the Subject's supervisor and the Department's Ethics Officer. This action violated of Section VII. I. 6. f., DOHP 30-2-13, *Code of Ethics* - Failure to comply with the approved Outside Employment Request.

Finding #3: The Subject provided false or misleading information on the Outside Employment Request when the Subject stated the Subject would limit outside employment during the work week to between 6 p.m. and 8 a.m. This action violated Section VII. I. 6. f., DOHP 30-2-13, *Code of Ethics* – Failure to comply with approved Outside Employment Request; and Section VII. D. 6. f. (4)(d), DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee, Falsification of Records or Statements.

Finding #4: The Subject was already conducting personal business on state time, on state property, and using state equipment and resources at the time the Subject submitted the Outside Employment Request. This action violated Sections VII. I. 6. f., DOHP 30-2-13, *Code of Ethics* - Beginning outside employment without approval.

Finding #5: The Subject connected a non-approved device (Fitbit) to the Department computer network. This action violated of Section I. A .4., DOHP 50-10.2-16, *Information Security and Privacy* – Unacceptable Use.

Finding #6: The Subject knowingly and intentionally violated laws and agency rules. This action violated Section VII. D. 6. e. (14), DOHP 6-8-16, *Discipline*, Willful Violations of Laws or Agency Rules.

Finding #7: The Subject’s sworn statements to the OIG were evasive and misleading regarding the extent of the Subject’s involvement in personal business on state time and using state equipment and the Department network. This action violated Section VII. D. 6. e. (6), DOHP 60-8-16, *Discipline* – Violation of Law or Agency Rules, Providing evasive and misleading information during an internal investigation.

RECOMMENDATION

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

INVESTIGATION # 17-034

Alleged Potential Malware Infection of Department Computer Department of Health in Palm Beach County (DOH-Palm Beach)

This investigation was initiated based on the OIG receiving an *Incident Report* from a Complainant concerning a virus alert activated on a DOH-Palm Beach Health Support Technician’s (Subject) Department assigned computer. The computer was disconnected from the Department Network and taken to the DOH-Palm Beach Information Technology (IT) Office to wait further instruction from the Department’s Central IT Office. An updated *Incident Report* indicated the Subject denied visiting unauthorized websites and when asked did not acknowledge connecting any unauthorized devices to the computer.

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

Allegation #1: The Subject attached a non-Department device to the Subject’s assigned Department computer. The allegation was **substantiated**. The investigation revealed the Subject connected an unapproved USB thumb drive to the computer and inadvertently downloaded a malware virus on the day of the alert activation. This action violated DOHP 50-10.2-16, *Information Security and Privacy Policy 2*, Sections I. A. 4., and I. D. 7.

Additional Finding

The Subject provided false information during an internal investigation of the incident. This action violated Section VII. D. 6. e. (6), DOHP 60-8-16, *Discipline*, - Violation of Law or Agency Rules, Providing False or Misleading Information During an Internal Investigation.

RECOMMENDATION

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

INVESTIGATION # 17-035**Alleged Misuse of Position****Department of Health in Miami-Dade County (DOH-Miami-Dade)**

This investigation was initiated based on the OIG receiving an anonymous complaint (Complainant) alleging a DOH-Miami-Dade employee (Subject) utilized Department equipment since mid-2014 to conduct personal business during work hours.

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

Allegation #1: The Subject was conducting personal business during work hours since approximately mid-2014. The allegation was **substantiated**. This action violated Section VII. D. 6. f., DOHP 60-8-16, *Discipline* - Conduct Unbecoming a Public Employee, Conducting Personal Business During Work Hours.

Allegation #2: The Subject used state resources to conduct personal business. The allegation was **substantiated**. This action violated Section VII. D. 6. f. (3), DOHP 60-8-16, *Discipline*, - Conduct Unbecoming a Public Employee, Using State Resources to Conduct Personal Business.

Additional Finding

The Subject provided false or misleading information during a sworn interview stating the business belonged to the Subject's spouse and that the Subject's spouse added the Subject as an assistant, as well as giving conflicting information regarding why a business check was sent to DOH-Miami-Dade. This action violated DOHP 60-8-16, *Discipline*, Sections VII. D. 6. f. (4) (d) – Conduct Unbecoming a Public Employee, False or Misleading Statement during an Internal Investigation; and VII. D. 6. e. - Violation of Law or Agency Rules, Failure to Submit an Outside Employment Request Form and Obtain Authorization to Engage in Outside Employment

RECOMMENDATION

- ❖ The OIG recommended management take appropriate action consistent with 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. The OIG coordinates the exit conference between the auditors and Department management at the conclusion of the audit/review, 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 2016-17 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

OIG staff made several presentations during the 2016-17 fiscal year that served to educate and inform those in attendance. The presentations included:

- ❖ **Division of Community Health Promotion’s Meeting** - (January 11, 2017) – The former Inspector General and audit staff made a presentation to the Division of Community Health Promotion’s Bureau Chiefs on the role, mission, and values of the OIG’s internal audit unit.
- ❖ **DOH Basic Supervisory Training** – The OIG Director of Investigations participated in quarterly training during the fiscal year to facilitate educating new Department supervisors on the role and responsibilities of the OIG; the basics of the audit and investigations processes; and the Incident Report process including examples of incidents frequently reported to the OIG.

APPENDICES

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2016-17

Number	Audit Engagements	Date Issued
A-1617DOH-023	Pharmacy Inventory Controls	6/12/2017

Number	Other Engagements	Date Issued
C-1617DOH-004	Women Infants & Children Electronic Benefits Transfer Settlement Process	11/3/2016
R-1617DOH-008	Division of Disability Determinations' Controls over Acquisition, Accountability, and Distribution of Commodities	11/30/2016
R-1617DOH-005	Compassionate Use Registry	12/15/2016
R-1516DOH-025	Funding Sources Utilized to Serve Children's Medical Services Managed Care Plan Children	6/9/2017

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2016-17 ²

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2015-119	Regulation of Health Care Professions	3/5/2015
2016-087	Pharmacy Services and Selected Administrative Activities Prior Audit Follow-up	2/11/2016
2017-051	IT Operational Audit of AIDS Information Management System (AIMS)	11/22/2016
2017-075	Operational Audit of Prescription Drug Monitoring	12/16/2016
2017-180	Statewide Federal Awards – June 30, 2016	3/28/2017
2017-203	IT Operational Audit of FL WiSE System	5/10/2017

Other External Projects		
External Entity	Subject	Report Date
United States Department of Health and Human Services	Federal Title X – Family Planning Program Review	8/26/2015
United States Department of Health and Human Services	Financial Management Review of Child Nutrition Programs – 2017	12/16/2016
United States Department of Health and Human Services	Financial Management Review of Women, Infants and Children Program Services	2/15/2017

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 2016-17

Number	Type	Subject	Disposition
14-145	WB	Alleged employee misconduct	5-Unsubstantiated 2-Unfounded 3-No Policy Violation
15-230	IN	Alleged employee misconduct	1-Substantiated 2-Unsubstantiated
16-010	IN	Alleged vandalism of IT equipment & potential unauthorized access	Referred to Riviera Beach Police Department
16-045	IN	Alleged theft, timesheet fraud, & accepting money from vendor(s)	3-Substantiated 4-Unsubstantiated
16-047	IN	Alleged employee misconduct	2-Substantiated 1-Unsubstantiated
16-061	PI	Alleged violation of HR Policy & Discrimination	No violations found
16-062	PI	Alleged employee misconduct	No violations found
16-063	IN	Alleged employee misconduct	1-Substantiated 1-Unsubstantiated
16-082	IN	Alleged employee misconduct	2-Substantiated 1-Unsubstantiated
16-098	PI	Alleged failure to follow procedures	No violations found
16-102	PI	Alleged misuse/unacceptable use of IT resources	1- Substantiated 1-Unsubstantiated
16-103	MA	Alleged falsifications of timesheets	Referred to Management
16-112	MA	Alleged violation of HR policy/Discrimination	Referred to Management
16-116	IN	Alleged misuse of position, fraud, & acceptance of bribe	4-Substantiated 2-Unsubstantiated
16-117	MA	Alleged failure to perform duties	Referred to Management
16-119	NF	Alleged displeasure with investigation	Information Only
16-120	PI	Alleged falsification of client visitation records	1-Insufficient Evidence to Support Allegations 1- No policy violation
16-121	NF	Alleged mismanagement	Information Only
16-122	NF	Concerns related to employee termination	Information Only
16-123	NF	No jurisdiction	Information Only
16-124	PI	Alleged violation of Department Policy	1-Unsubstantiated 1- Unfounded 1- Finding
16-125	RF	No Jurisdiction	Referred to MQA
16-126	NF	Concerns related to rehiring dentist who resigned	Information Only
16-127	RF	Alleged theft and/or diversion of narcotics	Referred to MQA
16-128	NF	Alleged Medicare fraud	Information Only
16-129	RF	Alleged misconduct by a physician	Referred to MQA
16-130	NF	Alleged misconduct	Information Only
16-131	NF	Alleged mishandling of MQA case	Information Only
16-132	RF	Alleged lack of medical care	Referred to Brain & Spinal Cord Injury Program
16-133	NF	Vague complaint/Lack of specific allegation	Information Only
16-134	NF	Alleged misconduct and mistreatment	Information Only
16-135	MA	Alleged misuse of grant funds	Referred to Management
16-136	RF	Concerns related to death records	Referred to Bureau of Vital Statistics
16-137	RF	Alleged inappropriate care provided by a licensed professional	Referred to MQA
16-138	NF	Alleged displeasure with investigation	Information Only
16-139	NF	Alleged misconduct by Department employee	Information Only

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry

Number	Type	Subject	Disposition
16-140	NF	Alleged misconduct	Information Only
16-141	NF	Receipt of medical records/Lack of specific allegation	Information Only
16-142	MA	Alleged employee misconduct	Referred to Management
16-143	NF	No Jurisdiction	Information Only
16-144	MA	Alleged insubordination & management inaction	Referred to Management
16-145	NF	Alleged high drug use frequency	Information Only
16-146	NF	Alleged possible missing medications	Information Only
16-147	NF	Alleged employee misconduct	Information Only
16-148	NF	No Jurisdiction	Information Only
16-149	NF	Alleged poor air quality in apartment	Information Only
16-150	RF	Alleged discrimination	Referred to the Office of the General Counsel's Equal Opportunity Section (EOS)
16-151	RF	Alleged misconduct	Referred to Deputy Secretary for County Health Systems & DOH-Sarasota Health Officer
16-152	MA	Alleged violation(s) of Septic Permitting Statutes & Administrative Code	Referred to Management
16-153	NF	Alleged unauthorized access to computer	Information Only
16-154	NF	No Jurisdiction	Information Only
16-155	NF	Alleged violation of WIC policies/guidelines	Information Only
16-156	IN	Alleged violations of Department policy	2-Substantiated 3-Unsubstantiated
16-157	PI	Alleged theft and resale of Department property	No evidence found
16-158	INA	Alleged Department employee involved in theft and insurance fraud	Investigative Assist
16-159	NF	Alleged Fall	Information Only
16-160	NF	Notification of shooting incidents	Information Only
16-161	NF	Alleged displeasure with MQA investigation	Information Only
16-162	RF	Alleged misconduct by Department contractor	Referred to Department of Education
16-163	NF	Alleged misconduct	Information Only
16-164	NF	Alleged violations of policy or law	Information Only
16-165	WBD	Alleged violation of Florida Law (Not a WB)	No violations found
16-166	IN	Alleged violations of Purchasing Card policies	4-Substantiated; 1-Policy failure
16-167	MA	Alleged timesheet & grant fraud	Referred to Management
16-168	IN	Alleged contract violations	Unsubstantiated
16-169	IN	Alleged discrimination & violations of Department policy	1- Addressed by EOS 2-Substantiated
16-170	NF	Alleged harassment	Information Only
16-171	RF	Alleged issue related to X-ray Technician	Referred to MQA
16-172	NF	Notification of employee voluntarily retiring after insubordination reprimands	Information Only
16-173	NF	Alleged inappropriate letters to dental staff	Information Only
16-174	NF	No Jurisdiction	Information Only
16-175	NF	Alleged threats	Information Only
16-176	MA	Alleged misconduct & failure to follow inspection protocol	Referred to Management
16-177	NF	Alleged contract violation	Information Only
16-178	NF	Alleged drugs missing from school dispensary/clinic	Information Only
16-179	NF	Alleged hostile work environment	Information Only
16-180	PI	Alleged violation of health care provider & patient confidentiality	Insufficient evidence
16-181	NF	Concerns related to public swimming pool inspections	Information Only
16-182	NF	Alleged inconsistent treatment of employees	Information Only

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry

Number	Type	Subject	Disposition
16-183	WBD	Alleged patient abuse & Medicaid fraud by a non-Department employee in a non-Department facility (Not a WB)	Addressed by MQA
16-184	ND	Alleged violation of hospital regulations	Information Only
16-185	ND	Concerns related to recruitment and selection process	Information Only
16-186	WBD	Alleged displeasure with EOS investigation (Not a WB)	Addressed by EOS
16-187	RF	Alleged mistreatment of patient	Referred to MQA
16-188	RF	Alleged misconduct	Referred to MQA
16-189	RF	No Jurisdiction	Referred to MQA and the Agency for Health Care Administration (AHCA)
16-190	NF	Demand for payment for time worked during Hurricane Matthew	Information Only
16-191	NF	Alleged theft	Information Only
16-192	WBD	Alleged wrongful termination (Not a WB)	Addressed by EOS
16-193	NF	Alleged retaliation for reporting “contract irregularities” on Department of Financial Services procurements for workers’ compensation	Information Only
16-194	RF	Alleged misconduct	Referred to MQA
16-195	IN	Alleged employee misconduct	2-Substantiated
16-196	RF	Concerns related to water filtration system	Referred to Environmental Health – DOH-Miami
16-197	RF	Alleged violations of the Americans with Disabilities Act	Referred to EOS
16-198	NF	Notification of resignation (No Complaint)	Information Only
16-199	NF	Concerns related to costs of dental procedures	Information Only
16-200	PI	Alleged employee misconduct	Insufficient Evidence to Support Allegations
16-201	NF	Concerns about handling of investigations	Information Only
16-202	PI	Alleged violations of Department policies	Insufficient Evidence to Support Allegations
16-203	RF	Concerns related to dental care	Referred to MQA
16-204	WBD	Alleged retaliation via wrongful termination (Not a WB)	Addressed by EOS
16-205	PI	Alleged conduct unbecoming a public employee	2-Unfounded 2-Unsubstantiated
16-206	MA	Alleged retaliation via wrongful dismissal	Referred to Management
16-207	MA	Alleged misconduct at Central Pharmacy	Referred to Management
16-208	PI	Alleged employee misconduct at Central Pharmacy	Insufficient Evidence to Support Allegations
16-209	NF	Alleged violation of personal mail theft	Information Only
16-210	NF	Alleged disruptive & threatening behavior	Information Only
16-211	MA	Alleged employee misconduct	1-Unsubstantiated; 1-Unfounded
16-212	RF	Concerns related to staff conduct	Referred to MQA
16-213	NF	Alleged complaint related to a preschool	Information Only
16-214	NF	Concerns related to HMS Business Analyst vendor	Information Only
16-215	RF	Concerns related to medical treatment	Referred to MQA
16-216	RF	Alleged inappropriate conduct by a contract health care provider	Referred to MQA
16-217	NF	Concerns related to actions of the Child Protection Team	Information Only
17-001	PI	Arrest of Department employee	No supporting evidence found
17-002	NF	No Jurisdiction	Information Only
17-003	NF	Notification of an employee being placed on administrative leave during sexual harassment investigation	Information Only
17-004	NF	Concerns related to regulation and inspection of health care facilities	Information Only
17-005	NF	Concerns related to dismissal as a Department contractor	Information Only
17-006	NF	Dispute between employee and supervisor	Information Only
17-007	RF	Concerns related to MQA service	Referred to MQA
17-008	PI	Alleged fraudulent charge on Department purchasing card	No supporting evidence found

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry

Number	Type	Subject	Disposition
17-009	RF	Concerns related to health care facility/ No Jurisdiction	Referred to AHCA
17-010	PI	Alleged inappropriate use of Department email	No supporting evidence found
17-011	NF	No Jurisdiction	Information Only
17-012	RF	Concerns related to charges for health care at Correctional Institution	Referred to Department of Corrections- OIG
17-013	RF	Concerns related to handling of medical records	Referred to MQA
17-014	NF	Alleged complaint against a Mental Health Counselor	Information Only
17-015	NF	Alleged misconduct	Information Only
17-016	RF	Alleged sexual harassment	Referred to EOS
17-017	RF	Concerns related to massage parlors/ No Jurisdiction	Referred to MQA
17-018	RF	Concerns related to dental care	Referred to MQA
17-019	NF	Concerns related to dental care	Information Only
17-020	RF	Concerns related to difficulty receiving medications from AIDS Drug Assistance Program	Referred to Division of Disease Control
17-021	NF	Alleged non-payment for work performed	Information Only
17-022	MA	Alleged misconduct & fraud	Referred to Management
17-023	NF	Concerns related to an organization which supports awareness for the minority community	Information Only
17-024	RF	No Jurisdiction	Referred to Department of Business and Professional Regulation
17-025	RF	Concerns related to services provided	Referred to DOH-Palm Beach Management
17-026	WBD	Alleged retaliation via wrongful termination for reporting policy violation (Not a WB)	Addressed by EOS
17-027	RF	Alleged Medicaid fraud	Referred to CMS
17-028	MA	Alleged "Gross Mismanagement" and retaliation	Referred to Management
17-030	PI	Alleged unequal treatment by management	No supporting evidence found
17-031	RF	Alleged criminal violations & immigration fraud	Referred to MQA
17-032	NF	Concerns related to termination	Information Only
17-033	RF	Concerns related to tuberculosis testing and treatment	Referred to Division of Disease Control
17-034	IN	Alleged malware infection of Department computer	Substantiated
17-035	IN	Alleged misuse of position	2-Substantiated
17-036	WBD	Alleged retaliation (Not a WB)	Addressed by EOS
17-038	MA	Alleged medical neglect	Referred to Management
17-039	WBD	Alleged retaliation via termination (Not a WB)	Addressed by EOS
17-040	PI	Alleged misuse of position	No violations found
17-041	NF	Concerns related to performance of DOH-Escambia director	Information Only
17-042	NF	Alleged CHDs cutting primary care	Information Only
17-043	RF	Request for death certificate information	Referred to Vital Statistics
17-044	NF	Alleged complaints against MQA investigator	Information Only
17-045	RF	Revisit of July 2016 complaint (New Case)	Referred to the Office of the Chief Inspector General
17-046	NF	Alleged favoritism/disparate treatment/retaliation, etc.	Information Only
17-047	RF	Concerns related to a licensing	Referred to MQA
17-048	NF	Alleged malpractice, organ theft or identity theft, etc.	Information Only
17-049	NF	Concerns related to City of Pembroke Pines	Information Only
17-050	NF	Concerns related to not receiving a complaint closure report	Information Only
17-052	RF	No Jurisdiction	Referred to Division of Disease Control
17-053	RF	Alleged email scam	Referred to Security Administration Team
17-054	NF	Alleged potential misconduct by a Department employee	Information Only

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry

Number	Type	Subject	Disposition
17-055	PI	Alleged employee misconduct	Employee terminated
17-056	NF	No Jurisdiction	Information Only
17-057	NF	Alleged refusal to honor court order	Information Only
17-058	NF	Alleged Medicare fraud	Information Only
17-059	NF	Alleged misuse of Florida Safe Families Network	Information Only
17-060	NF	Alleged misrepresentation	Information Only
17-061	NF	Alleged improper training	Information Only
17-062	RF	Concerns related to opioid crisis	Referred to DOH-Palm Beach Management
17-063	PI	Alleged inappropriate public Internet post	Insufficient evidence provided
17-064	WBD	Alleged favoritism (Not a WB)	Insufficient evidence found
17-065	RF	Alleged misuse of prescription narcotics at a health care facility	Referred to AHCA-Complaint Administration Unit
17-066	NF	Concerns related to a business being unable to fix Wastewater Treatment Systems they installed over previous years	Information Only
17-067	RF	No Jurisdiction	Referred to Division of Disease Control
17-068	NF	Concerns related to the decisions of the independent Board of Massage Therapy	Information Only
17-069	RF	Concerns related to Compassionate Use System login	Referred to Division of Disease Control
17-070	NF	Alleged suspicious purchases	Information Only
17-071	NF	No Jurisdiction	Information Only
17-072	RF	Concerns related to previous employment at DOH-Bay	Referred to DOH-Bay Management
17-075	PI	Alleged violation of Public Records law	No violations found
17-076	RF	Concerns related to a Girl Scout camp's swimming pool and "onsite sewage treatment system"	Referred to Environmental Manager DOH-Clay
17-077	NF	Concerns related to management actions	Information Only
17-078	NF	Alleged violation of policy by upper level management	Information Only
17-079	RF	Alleged disclosure of confidential or privileged information	Referred to DOH-Miami-Dade Management
17-080	RF	Concerns related to indoor air quality for condominium with water tower	Referred to Environmental Health & Engineering Services DOH- Miami-Dade
17-081	RF	Concerns related to medical marijuana card	Referred to Division of Disease Control
17-082	RF	Concerns related to application process with Office of Compassionate Use	Referred to Division of Disease Control
17-083	NF	Concerns related to work environment	Information Only
17-084	NF	Alleged employee misconduct	Information Only
17-085	NF	Alleged retaliation against DOH employee	Information Only
17-087	RF	Concerns related to Compassionate Use registry approval	Referred to Division of Disease Control
17-088	RF	Concerns related to identification card from Office of Compassionate Use	Referred to Division of Disease Control
17-089	RF	Concerns related to nursing licensing process	Referred to MQA
17-090	RF	Alleged failure to provide medical records	Referred to MQA
17-093	NF	Request for the OIG to intervene with decisions reached by the independent Florida Board of Medicine	Information Only
17-094	RF	Concerns related to a Intervention Project for Nurses (PN) Program's case	Referred to MQA
17-095	NF	Concerns related to mold exposure	Information Only
17-101	RF	Concerns related to failure to respond to complaints	Referred to MQA
17-102	RF	Concerns related to Office of Compassionate Use	Referred to Office of Compassionate Use
17-103	RF	Alleged insurance, Medicaid and Medicare fraud	Referred to MQA, Department of Financial Services and AHCA
17-104	NF	Alleged employee misconduct	Information Only
17-105	NF	Concerns related to meningitis	Information Only

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
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Number	Type	Subject	Disposition
17-106	NF	Alleged employee misconduct	Information Only
17-107	NF	Alleged employee misconduct	Information Only

Legend			
WB – Whistle-blower	IN – Investigation	NF – No Further Action	RF – Referral to Others
WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry



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

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

Mail

Call

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