



**DEPARTMENT OF CHILDREN AND FAMILIES**

**OFFICE OF INSPECTOR GENERAL**

**ANNUAL REPORT**

**FISCAL YEAR 2022-2023**



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## EXECUTIVE SUMMARY

In accordance with § 20.055, Florida Statutes (F.S.), the Office of Inspector General (OIG) is “established in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government.” Additionally, by September 30, the OIG is required to complete an annual report summarizing activities of the office during the prior fiscal year. Consistent with these duties, the following accomplishments, highlights, and activities demonstrate significant efforts of the Department of Children and Families (Department) OIG staff during Fiscal Year (FY) 2022-2023:

- Received, reviewed, and processed 8,898 complaints or requests for assistance from citizens, clients, and Department managers and employees.
- Opened 61 cases and completed 77 cases that examined 140 allegations of violations of statute, rule, policy, or contract and tracked 65 corrective actions (125 recommendations) by management to ensure responses to recommendations for personnel action or policy clarification were appropriately addressed.
- Processed 5,309 Inspector General Reference Checks for current and former Department and provider employees.
- Responded to 95 public records requests under Chapter 119, F.S.
- Conducted 25 Outreach Training sessions for 1,068 Department and/or provider employees on the role of the OIG, when and how to report suspected employee wrongdoing, protection afforded under the Whistle-blower’s Act,<sup>1</sup> and how to recognize violations of statute, rule, policy, or contract.
- Maintained re-accreditation status through the Commission for Florida Law Enforcement Accreditation, Inc. (CFA).
- Completed a total of 14,968 hearing activities, to include 13,729 fair hearing requests, 1,099 administrative disqualification hearing requests, and 140 nursing facility discharge or transfer hearing requests.
- Published three (3) audit reports, which contained two (2) findings and recommendations for improvement of efficiency and effectiveness in Department programs and operations. Management agreed or concurred with both reported findings.
- Performed liaison activities for three (3) external audit projects from three (3) external organizations. Issued a corrective action status report for one (1) Auditor General (AG) Report.
- Reviewed and processed 152 Department financial reporting packages of state financial assistance as well as 78 certifications of “no audit required.”

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<sup>1</sup> The Whistle-blower’s Act, §§ 112.3187-112.31895, F.S., is intended to protect current employees, former employees, or applicants for employment with state agencies or independent contractors from retaliatory action. The whistle-blower’s identity is protected from release pursuant to § 112.3189, F.S.



## INTRODUCTION

The OIG worked diligently to meet its statutory mandates and fulfill its mission of “Enhancing Public Trust in Government.” This annual report summarizes the activities and accomplishments of the OIG for FY 2022-2023.

### Statutory Requirements

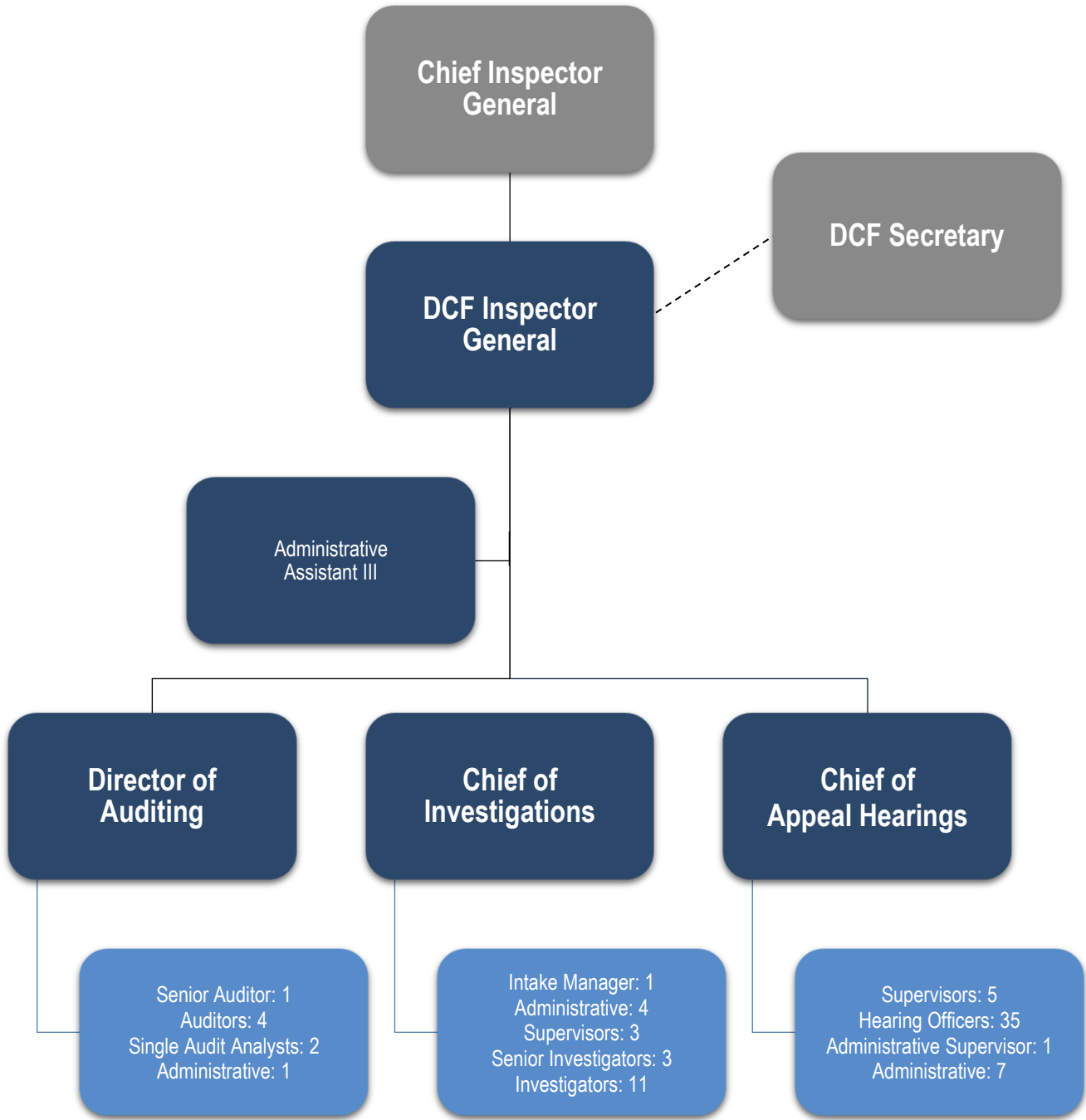
The OIG is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring accountability, integrity, and efficiency in government. In accordance with § 20.055, F.S., the Inspector General is appointed by and reports to the Chief Inspector General (CIG) and is under the general supervision of the agency head. As outlined in statute, the duties of the Inspector General include:

- Advising in the development of performance measures, standards, and procedures for the evaluation of state agency programs.
- Assessing the reliability and validity of information provided on performance measures and standards, and making recommendations as needed.
- Reviewing actions taken by the agency to improve operational and program performance and making recommendations for improvement.
- Providing direction for supervising and coordinating audits, investigations, and management reviews relating to the programs and operations of the agency.
- Conducting, supervising, and coordinating activities that promote economy and efficiency and prevent or detect fraud, waste, and abuse.
- Informing the CIG of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the agency; recommending corrective actions concerning fraud, abuses, and deficiencies; and reporting on the progress made in implementing corrective action.
- Ensuring effective coordination and cooperation between the AG, Office of Program Policy Analysis and Government Accountability (OPPAGA), federal auditors, and other governmental entities.
- Reviewing rules relating to programs and operations and making recommendations regarding their impact.
- Ensuring an appropriate balance between audit, investigative, and other accountability activities.
- Complying with the *General Principles and Standards for Offices of Inspector General* as published and revised by the Association of Inspectors General (AIG).



# ORGANIZATIONAL CHART

As of June 30, 2023, there were 83<sup>2</sup> positions assigned to the OIG, which were distributed in the following three sections: Appeal Hearings, Internal Audit, and Investigations. Appeal Hearings Section and Investigations Section staff are located at headquarters and in field offices throughout the state.<sup>3</sup>



<sup>2</sup> It should be noted that 10 of the 83 are temporary Other Personal Services (OPS) positions assigned to the Appeal Hearings Section for purposes of the Medicaid Unwinding process.

<sup>3</sup> Offices: Investigations Section – Ft. Lauderdale, Miami, Orlando, Rockledge, Tallahassee, and Tampa.  
Appeal Hearings Section – Ft. Lauderdale, Ft. Myers, Jacksonville, Marianna, Miami, Orlando, Pensacola, Rockledge, Tallahassee, Tampa, and West Palm Beach.



## PROFESSIONAL CERTIFICATIONS AND LICENSES

In addition to the educational degrees and experience required for their respective positions, OIG staff members hold the following professional certifications and licenses:

Abuse Hotline Counselor (1)	Certified Public Accountant (1)
Accreditation Manager (3)	Certified Public Manager (4)
AIG Board Member (1)	Certified Welfare Fraud Investigator (1)
AIG Committee Chair (1)	CFA Assessor (3)
AIG Institute Instructor (1)	CFA Team Leader Assessor (1)
AIG Peer Review Team Leader (1)	CFA/Florida PAC <sup>4</sup> Instructor (2)
AIG Peer Review Team Member (3)	Child Welfare Protective Investigator (1)
Certified Accreditation Professional (1)	Department Certified Trainer (1)
Certified Fraud Examiner (1)	EEOC <sup>5</sup> Investigator (2)
Certified Hearing Official (1)	Florida Bar Member (4)
Certified Information Systems Auditor (1)	Florida Certified Contract Manager (14)
Certified Inspector General (4)	Florida Notary Public (27)
Certified Inspector General Auditor (10)	Florida Private Investigator (1)
Certified Inspector General Investigator (16)	Florida State Health and Insurance License (1)
Certified Internal Auditor (1)	Six Sigma Certified (5)
Certified Myers-Briggs Type Indicator Practitioner (1)	Sterling Project Manager and DMAIC (1)
	TCIIA <sup>6</sup> Board Member (2)

<sup>4</sup> Acronym for "Police Accreditation Coalition."

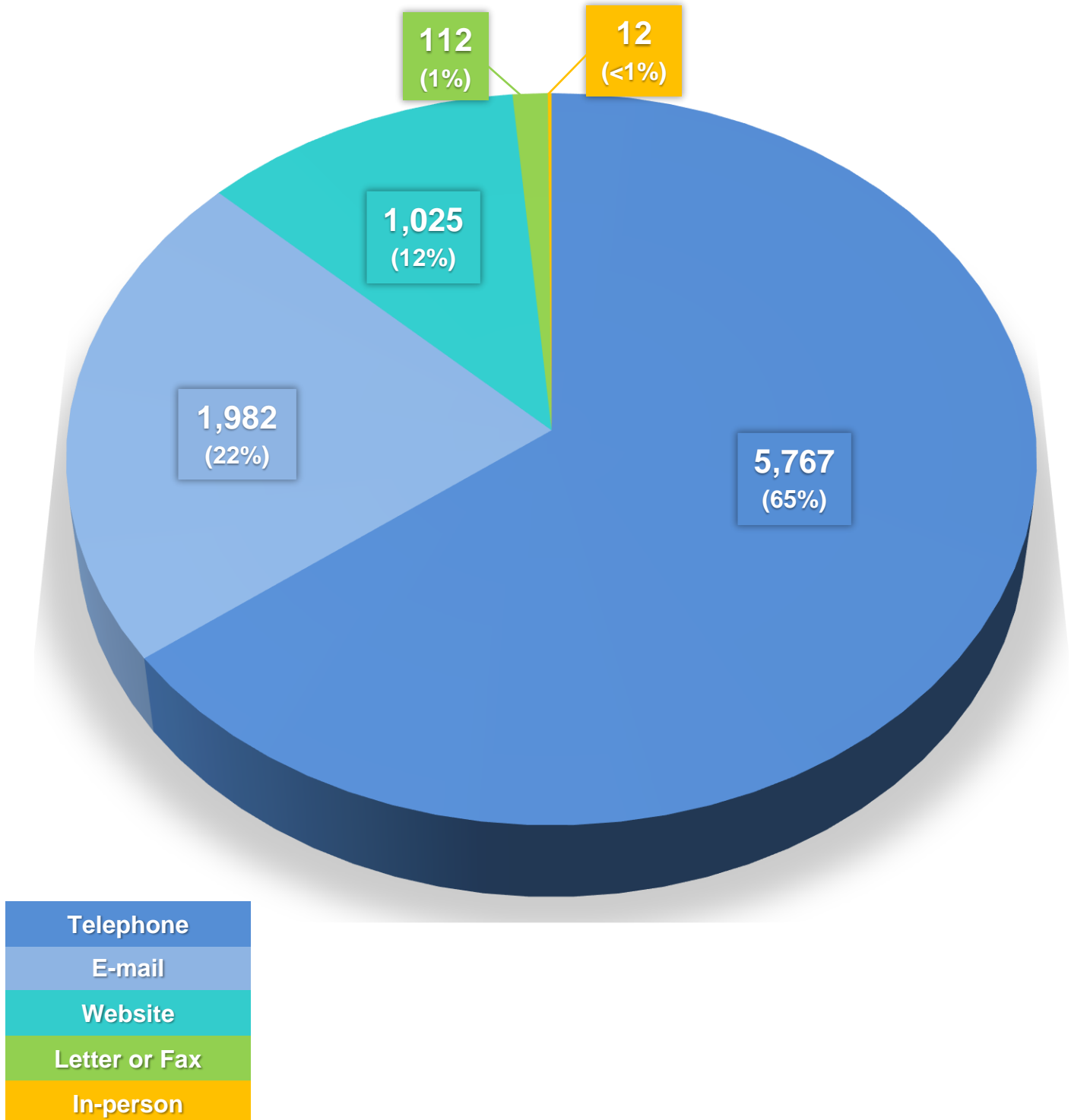
<sup>5</sup> Acronym for "Equal Employment Opportunity Commission."

<sup>6</sup> Acronym for "Tallahassee Chapter Institute of Internal Auditors."

## INVESTIGATIONS SECTION

### Intake Unit

The Intake Unit handles incoming calls and reviews all complaints or requests for assistance received by the Investigations Section via telephone, e-mail, website, letter, or in person. The Intake Unit reviewed a total of **8,898** complaints or requests for assistance, received in the following manner:







## Investigations Unit

The Investigations Unit initiates investigations or management reviews, including those filed under the Whistle-blower's Act or matters involving Sexual Harassment allegations, when violations of statute, rule, policy, and/or contract provisions are alleged. While investigations are administrative in nature, potential criminal violations may be discovered during the investigative process. When a determination is made that the subject of an investigation has potentially committed a criminal violation, the investigation is coordinated with the Florida Department of Law Enforcement (FDLE) or appropriate local law enforcement agency for criminal investigation.

## Investigations and Management Reviews

- 61** Cases were opened for investigation or management review
- 77** Cases were completed
- 140** Allegations were investigated or reviewed

## Whistle-blower Investigations

There were **four (4)** investigations completed in accordance with the Whistle-blower's Act.

## Sexual Harassment Investigations

There were **six (6)** investigations completed in accordance with Children and Families Operating Procedure (CFOP) 60-10, Chapter 5, *Unlawful Harassment and Unlawful Sexual Harassment*.

## Recommended Corrective Actions

Based on the investigation or management review, the Investigations Unit may make recommendations in the form of corrective actions. The recommendations are for the purpose of process improvement and are made to Department or provider management. Final reports, including recommendations, are sent to all appropriate parties and actions are tracked to completion. A total of **65** corrective actions, entailing **125** recommendations, were issued by the Investigations Unit.

## Personnel Actions Associated with Investigations and Management Reviews

Department personnel actions or measures taken by the Florida Certification Board (FCB) may occur as a result of allegations reported to the OIG, or investigations or management reviews completed by the OIG. The following actions occurred at the discretion of management, the employees, or the FCB:

### Personnel Actions

- 49** Terminations
- 31** Resignations
- 1** Demotion
- 1** Suspension
- 1** Written Counseling

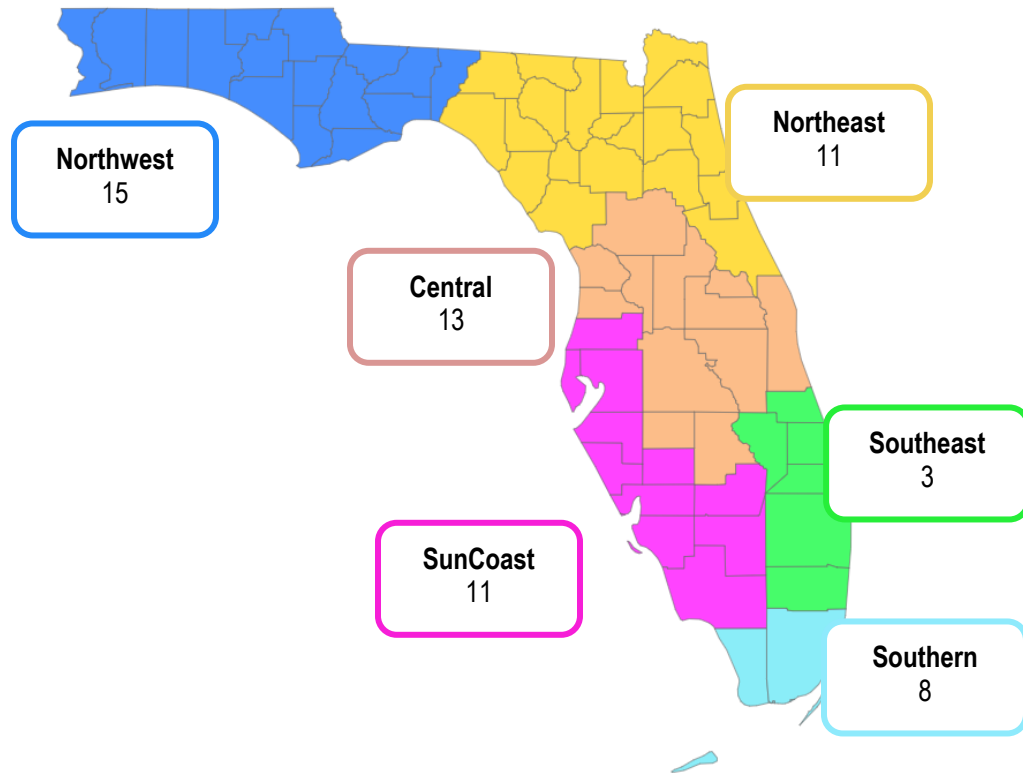
### FCB Actions

- 49** Revocations
- 4** Open Ethics Investigations
- 3** Suspensions
- 1** Cancelled



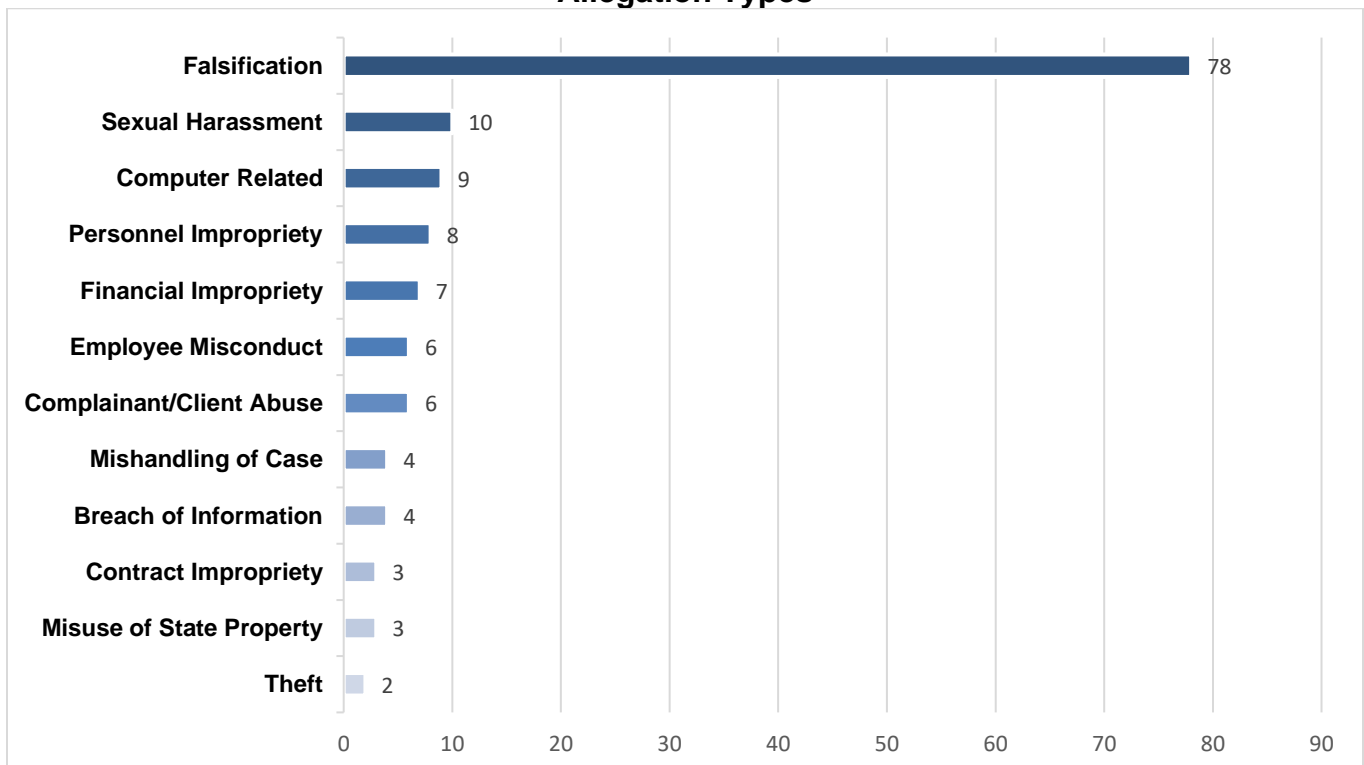
The following chart provides a comparative analysis of the **61** cases opened by Region:

### Cases Opened by Region



The allegation types and corresponding **140** allegations investigated for closed cases are as follows:

### Allegation Types





## Public Records Requests

Responded to **95** public records requests under Chapter 119, F.S.

## Inspector General Reference Checks / Database Checks for Prior Investigations

Current and former Department and provider employees being considered for rehire, transfer, promotion, or demotion are screened to determine whether they were the subject of an OIG investigation that resulted in supported findings. The OIG processed **5,309** such reference checks.

## Inspector General Outreach Program

The Investigations Unit offers an outreach program to educate management and staff of the Department and providers on the role of the OIG. The training sessions cover when and how to report suspected employee wrongdoing, protection afforded under the Whistle-blower's Act, and how to recognize violations of statute, rule, policy, or contract. The OIG completed **25** training sessions, involving **1,068** individuals, with Department employees and/or contracted and subcontracted providers.



## APPEAL HEARINGS SECTION

The Appeal Hearings Section conducts administrative fair hearings for applicants or recipients of public assistance programs when the Department's action, or failure to act, adversely affects an individual or family's eligibility for federally funded assistance. In addition, the Appeal Hearings Section conducts administrative disqualification hearings for instances when the Department alleges benefit recipients have committed an intentional program violation in the Cash Assistance Program and/or the Supplemental Nutrition Assistance Program (SNAP). Hearings are also conducted for applicants and recipients of the Medicaid Waiver Program for the Agency for Persons with Disabilities (APD). The Appeal Hearings Section further conducts administrative fair hearings on eligibility or amount of assistance for Office of Child and Family Well-Being programs funded through the Social Security Act, such as Independent Living Services, Maintenance Adoption Subsidy, and the Guardianship Assistance Program. In addition, the section conducts limited hearings for other state agencies as follows:

- Agency for Health Care Administration (AHCA) when there is a proposed discharge or transfer action from a nursing facility.
- Department of Revenue (DOR), when there is a dispute over distribution of child support payments to the custodial parent, a passport denial for the absent parent, or when DOR intercepts a federal payment to the absent parent to repay past due child support.
- Department of Health (DOH), when applicants or recipients of the Special Supplemental Food Program for Women, Infants, and Children (WIC) are adversely affected.
- Department of Elder Affairs (DOEA), when an individual is denied placement or is removed from the Statewide Medicaid Managed Care (SMMC) Long-Term Care (LTC) program wait list.

The Appeal Hearings Section reports directly to the Inspector General. This ensures independence and complies with federal regulations requiring a hearing officer to be a headquarters-level employee. Hearings are funded with 50% federal funds and 50% state general revenue.

### Hearings Authority

The section operates pursuant to the following authorities:

- § 409.285, F.S., *Opportunity for hearing and appeal*
- § 120.80, F.S., *Exceptions and special requirements*
- § 400.0255, F.S., *Resident transfer or discharge; requirements and procedures; hearings*
- § 393.125, F.S., *Hearing rights*
- Rule 65-2.042, et seq., Florida Administrative Code (F.A.C.), *Applicant/Recipient Fair Hearings*

The major controlling federal regulations are as follows:

- Public Law (P.L.), 104-193, *Temporary Assistance to Needy Families (TANF) Personal Responsibility and Work Reconciliation Act of 1996*
- 42 Code of Federal Regulations (CFR) § 431.200, *Medicaid Fair Hearings for Applicants and Recipients*
- 7 CFR § 273.15, *SNAP, Fair Hearings*
- 7 CFR § 273.16, *SNAP, Disqualification for Intentional Program Violation*



## Hearings Jurisdiction

The section conducts hearings for the following programs:

### Office of Economic Self-Sufficiency

- Cash Assistance Program or TANF
- SNAP
- Disaster SNAP (D-SNAP)
- Medicaid Eligibility for all programs, including Waivers and Institutional Care Program (ICP)
- Refugee Assistance Program (RAP)
- Optional State Supplementation (OSS)

### Office of Child and Family Well-Being

- Independent Living Services (Post-Secondary Education Services and Support, Extended Foster Care, and Aftercare Services)
- Maintenance Adoption Subsidy
- Guardianship Assistance Program

### AHCA

- Nursing Facility Discharge or Transfer Hearings

### APD

- Developmental Disabilities Individual Budget (iBudget) Medicaid Waiver Program

### Others

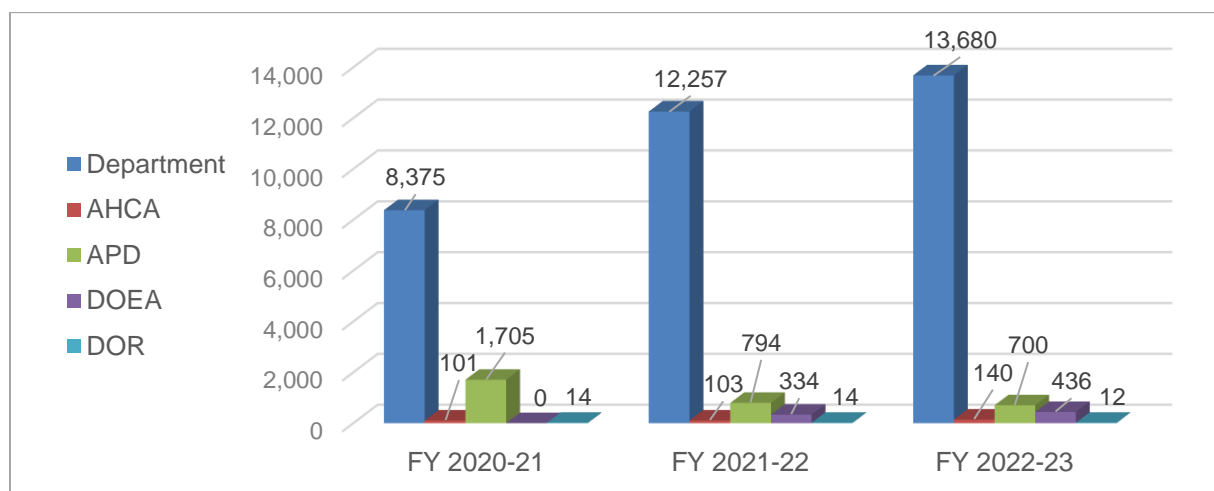
- DOH WIC
- Limited Child Support Enforcement issues for DOR
- DOEA SMMC LTC program waitlist

## Completed Hearing Activities

There were a total of **14,968** hearing activities completed, as follows:

- 13,729** Fair hearing requests
- 1,099** Administrative disqualification hearings for Cash or SNAP benefits
- 140** Nursing facility discharge or transfer hearing requests

### Fair Hearings Completed by Agency<sup>7</sup>



<sup>7</sup> Department hearings include fair and administrative disqualification hearings. AHCA hearings include only nursing home discharge or transfer hearings. APD, DOEA, and DOR hearings include only fair hearings.



## INTERNAL AUDIT SECTION

### Internal Audit Unit

The Internal Audit Unit conducts audits and consulting projects related to programs, operations, and contracts to promote efficient and effective use of Department resources and ensure compliance with regulations, laws, rules, policies, procedures, and contractual requirements. The scope of internal auditing includes evaluating the adequacy and effectiveness of internal controls, assessing the Department governance process, and evaluating risk exposures, including the potential for fraud. Acting as a liaison between external auditors and the Department, the unit monitors implementation of Department responses to reports issued by the AG, OPPAGA, and other external government entities.

The unit published **three (3)** audits, consisting of **two (2)** findings and recommendations for improvement. Department management concurred or agreed with all the findings.

The unit conducted liaison activities for **three (3)** external audit projects from the AG, OPPAGA, and the Department of Health and Human Services. These projects consisted of a federal awards audit, an annual report on the commercial sexual exploitation of children, and an audit of medications prescribed for children in foster care. The unit also tracked and reported Department implementation of corrective action for the AG *Summary Schedule of Prior Audit Findings*.

### Single Audit Unit

The Single Audit Unit reviews single audit reporting packages and related documentation of state and federal funding and expenditures. The activity is mandated by 2 CFR § 200.501, *Federal Uniform Grant Guidance*, and § 215.97, F.S., *Florida Single Audit Act*.

Independent certified public accountants perform single audits of Department contractor and provider financial records statements and expenditures of state and federal financial assistance. Single audits are required by contract and considered a critical accountability component for state and federally funded initiatives. Single audit analysts conduct desk reviews and examine single audit reporting packages.

At the completion of each desk review, single audit analysts prepare an Audit Review Status Report for the Department contract manager and contract administrator. If a report contains findings, Contracted Client Services is included in the notification. Many desk reviews require no follow-up action. Desk review issues that require further attention from contract managers range from review of report findings communicated for informational purposes to significant issues requiring corrective action by the recipient. The unit also provides feedback to external auditors when clarification of an existing audit is required. For the fiscal year, the unit analyzed and reviewed **152** Department financial reporting packages of state financial assistance as well as **78** certifications of "no audit required."



## **Florida Inspectors General Expertise System (FIGES)**

Functioning as an expertise reference tool, FIGES is a public, online database of Florida state and local government Offices of Inspector General and is accessible through the Internet at <https://eds.myflfamilies.com/FIGES/Default.aspx>. It contains, among other data, contact information, areas of expertise, and professional certifications for staff members of state and local government Offices of Inspector General. The Internal Audit Section served as the site administrator for FIGES, which maintained information for approximately **395** personnel from **44** Offices of Inspector General, as of the end of the fiscal year.

## **Integrated Internal Audit Management System (IIAMS)**

IIAMS is a Department-developed web application that manages and documents all aspects of the audit process including planning, fieldwork, reporting, and follow-up. It simplifies and centralizes working paper documentation in multiple formats and enables reviewing, storing, and sharing of work performed by Internal Audit Section staff. Furthermore, IIAMS provides an effective process for tracking audit hours and documenting required continuing professional education and other training. As of the end of the fiscal year, IIAMS entailed approximately **55** users from **15** state agencies, including the Department.



## APPENDIX

### Summary of Internal Audit Projects Issued

#### **Project #L-2223DCF-056: Internal Quality Assessment Review (QAR)**

The objectives of this audit included:

- Reviewing compliance by the Office of Inspector General (OIG) with the Institute of Internal Auditors (IIA) Standards and Code of Ethics.

The scope of the internal QAR was during Fiscal Year (FY) 2021-2022.

The review disclosed the following:

- The activities of the OIG are generally conducted in conformance with the IIA Standards and Code of Ethics. However, we did observe that OIG policies and procedures for its audit process should be updated and formalized.

Management concurred with the observation and is taking action to revise internal policies and procedures.

#### **Project #A-2223DCF-066: Internal Control and Data Security Human Resources Memorandum of Understanding (MOU) #HSMV-0512-22**

The objectives of this audit included:

- Evaluating whether the Department has adequate controls in place to safeguard driver license and motor vehicle information from unauthorized access, distribution, use, modification, or disclosure in compliance with the requirements of MOU #HSMV-0512-22 and applicable laws.
- Certifying that data security procedures and policies have been approved by a Risk Management Information Technology (IT) Security Professional.
- Certifying that all deficiencies and/or issues found during the audit have been corrected and measures enacted to prevent recurrence.

The scope of this audit included the review of policies, procedures, and practices in effect during the period of December 10, 2021 through the end of audit fieldwork.

The audit disclosed:

- The Office of Human Resources did not fully comply with the requirement of Children and Families Operating Procedure (CFOP) 50-1 to conduct internal Quarterly Control Reviews of logical access to the Department network drive where Department of Highway Safety and Motor Vehicles (DHSMV) data is stored.

Management concurred with the results of the audit.





## **Project #A-2223DCF-079: Internal Control and Data Security Economic Self-Sufficiency Memorandum of Understanding (MOU) #HSMV-0826-22**

The objectives of this audit included:

- Evaluating whether the Department has adequate controls in place to safeguard driver license and motor vehicle information from unauthorized access, distribution, use, modification, or disclosure in compliance with the requirements of MOU #HSMV-0826-22 and applicable laws.
- Certifying that data security procedures and policies have been approved by a Risk Management IT Security Professional.
- Certifying that all deficiencies and/or issues found during the audit have been corrected and measures enacted to prevent recurrence.

The scope of this audit included the review of policies, procedures, and practices in effect during the period of March 8, 2022 through the end of audit fieldwork.

The audit disclosed:

- In general, internal controls were adequate to safeguard personal data from unauthorized access, distribution, use, modification, or disclosure.

Management concurred with the results of the audit.

### **Summary of Internal Audit Projects Initiated and Terminated**

#### **Project #C-1819DCF-112: Big Bend Community-Based Care Property Transactions**

The objective of this project was to identify potential issues related to the property transactions that were the subject of an operational audit report by the Auditor General (AG).

The project was terminated due to the Department deciding not to seek repayment of the funds paid to Big Bend Community Base Care, Inc. (BBCBC) and the fact that they expressed satisfaction with the documentation BBCBC provided.

### **External Audit Reports Issued**

#### **Florida Auditor General**

2023-174 State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards

#### **Office of Program Policy Analysis and Government Accountability**

22-05 Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2023

#### **Health and Human Services**

A-05-22-00009 Florida Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care



## Follow-up to Prior External Audit Reports Issued

### Florida Auditor General

2022-189 State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Funds



## Summary of Investigations and Corrective Actions Completed

### Headquarters

- 2019-0068 A Staff Director used his Department-issued cellular telephone for personal use without authorization. **Investigation Terminated.** The Staff Director violated public law by deleting text messages from his Department-issued cellular telephone. **Investigation Terminated.**
- Corrective Action:** The employee resigned. The investigation was terminated based on information that the facts and circumstances did not support that a violation occurred and that the time and effort to continue the investigation would not produce recommendations that would make state government more efficient and effective.
- 2023-0011 SH A Background Screening Coordinator sexually harassed a Department employee. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.

### Circuit 1

- 2020-0055 A Child Protective Investigator (CPI) falsified child protective investigation records in the Florida Safe Families Network (FSFN). **Investigation Terminated.**
- Corrective Action:** The employee resigned. The Florida Certification Board (FCB) was notified and revoked the employee's Provisional Child Welfare Protective Investigator certification. The investigation was terminated based on information that there would be no value in completing an investigative report due to the lack of worthwhile records to either prove or disprove the allegation.
- 2021-0003 A Child Welfare Case Manager of a contracted provider falsified child protective supervision records in FSFN Case ID #101394985. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager certification. Based on the additional information that the employee filed a false claim for reimbursement of travel, finance reversed out the travel charge from DCF contract funds and changed it to an unallowable cost. The decision was made not to attempt to recoup the funds from the employee.
- 2021-0016 A Care Coordinator accessed the Fidelity National Information Services (FIS) Electronic Benefits Transfer (EBT) system records for Florida On-line Recipient Integrated Data Access (FLORIDA) Cases #1343753414, #1430735694, #1180647637, and #1324106727; FLORIDA records for FLORIDA Cases #1343753414 and #1430735694; and ACCESS Management System (AMS) records for FLORIDA Cases #1430735694 and #1324106727, all of which were cases of personal interest, without a legitimate business reason. **Supported.** The Care



Coordinator processed a benefits application for a case of personal interest and documented false information in AMS and FLORIDA for FLORIDA Case #1430735694. **Supported.** The Care Coordinator accessed FLORIDA Cases #1180647637 and #1324106727, both of which were cases of personal interest, without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that the employee's assigned FLORIDA role was not timely updated, in 2022, the Office of Information Technology Services (OITS) began configuration and knowledge transfer for a newly acquired Identity and Access Governance (IAG) tool, SAILPoint. OITS plans to kick off the initial IAG campaign with the Office of Economic Self-Sufficiency (OES). The IAG campaign to validate FLORIDA system users is a four-phase process that requires supervisory staff to validate that the system user's account is appropriate. OITS and OES teams have identified the total number of FLORIDA system users and established a communication plan that includes an escalation process and plans to complete the validation of OES staff by October 30, 2023. As OITS enhances the IAG features in SAILPoint, the validation campaigns can include specific details like profiles and multiple systems.

2022-0008 A Case Manager of a contracted provider falsified child protective supervision records in FSFN Case IDs #102275167, #102298380, #102395571, and #102400747. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager, Provisional Child Welfare Case Manager, and Provisional Child Welfare Protective Investigator certifications.

2023-0003 A Child Care Caseworker of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100832581. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that, due to diminished cognitive capacity, the employee could not be interviewed regarding the allegation and would not be returning to work.

## **Circuit 2**

2020-0048 A Vice President of a contracted provider falsified that positions were filled and failed to reimburse the Department for funds budgeted for those positions. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that the facts and circumstances did not support that a violation occurred and that the time and effort to continue the investigation would not produce recommendations that would make state government more efficient and effective.



2020-0059 A Dependency Case Manager (DCM) of a subcontracted provider accessed FSFN Case ID #101803671, a case of personal interest, without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager, Provisional Child Welfare Case Manager, and Certified Behavioral Health Case Manager certifications.

### **Circuit 3**

2020-0015 A Recovery Specialist of a subcontracted provider shared logon credentials with another employee. **Investigation Terminated.** The Recovery Specialist was sleeping while on duty. **Investigation Terminated.** Another Recovery Specialist utilized another employee's logon credentials to enter Residential Shift Notes into a computer database. **Investigation Terminated.** The other Recovery Specialist falsified client monitoring safety checks. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that the subcontracted provider conducted an internal review and both employees were terminated. As such, continuing investigative activities and producing a report would have provided no value.

### **Circuit 4**

2020-0025 WB A Family Safety Operations Manager, Program Administrator, Child Protective Investigator Supervisor (CPIS), and Family Services Specialist (FSS) failed to report the death of a child receiving services to the Florida Abuse Hotline (Hotline). **Not Supported.** The Family Safety Operations Manager directed the Program Administrator, CPIS, and FSS not to report a child death to the Hotline. **Not Supported.**

**Corrective Action:** The Family Safety Operations Manager was terminated. Based on information that the Hotline generates intake reports for investigation of child deaths despite the reporter expressing no concerns for abuse or neglect, CFOP 170-6, Child Fatality Response, is in development to include specific process-related details in response to child fatalities. The Department has existing practice that requires child welfare deaths to be staffed to further assess and determine the need for a Hotline report. A review of current policy revealed no additional needs to revise or modify CFOP or Florida Administrative Code (F.A.C.). A review of existing training determined that training currently exists for external partners that addresses a comprehensive response to behavioral health. The Department is currently developing training around Child Fatality Response as a specialty track within the CPI career ladder. The training will be available to all CPI staff. Additional training will be provided following the release of the updated CFOP 170-6. Based on the fact that the mother in the case was not drug screened on the date of the child's death as required, training around requirements for drug screening is now provided during pre-service and routine in-service training.



- 2021-0066 A Senior Child Protective Investigator (SCPI) falsified child protective investigation records in FSFN Investigations #2021-287949 and #2021-307262. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that the provider hired the employee without conducting an OIG reference check, the provider has received additional information concerning OIG reference check requirements that will be included during the hiring process. Based on information that the FCB notification initially completed contained insufficient information for the FCB to take action, it was determined that there is no additional training needed for staff, as the FCB was formally notified but the individual making the notification did not have all the information. The FCB was notified and opened ethics investigations into the employee's Provisional Child Welfare Protective Investigator, Child Welfare Protective Investigator, and Child Welfare Case Manager certifications.
- 2022-0009 A CPI falsified child protective investigation records in FSFN Investigations #2022-006546, #2022-024658, and #2022-025301. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and cancelled the employees Provisional Child Welfare Protective Investigator certification. Based on the employee holding a Registered Mental Health Counselor license, the Department of Health Division of Medical Quality Assurance was notified.
- 2022-0026 A Family Services Counselor of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #2161233 and #102717026. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager certification.
- 2022-0029 A CPI shared confidential information with a person not entitled to that information. **Investigation Terminated.**
- Corrective Action:** The investigation was terminated based on information that the facts and circumstances did not support that a violation occurred and that the time and effort to continue the investigation would not produce recommendations that would make state government more efficient and effective.
- 2022-0052 A Case Manager of a subcontracted provider falsified Individual Service Notes and mileage reimbursement. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and opened an ethics investigation into the employee's Certified Behavioral Health Case Manager certification.





## Circuit 5

- 2021-0006 A CPI accessed FSFN Investigation #2020-282984 without a legitimate business reason. **Supported**. The CPI revealed confidential information to an unauthorized individual. **Not Supported**.
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. All CPI service centers in Circuit 5 were advised of appropriate system access protocols and directed not to access information outside of business purposes. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.
- 2021-0077 WB A CPI falsified child protective investigation records in FSFN Investigation #2021-311571. **Supported**. A Program Administrator and an Operations Manager failed to take appropriate action regarding an allegation of suspected falsification of child protective investigation records. **Not Supported**. The CPI falsified child protective investigation records in FSFN Investigation #2021-292535. **Supported**.
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified regarding the employee's Child Welfare Protective Investigator and Provisional Child Welfare Protective Investigator certifications.
- 2022-0011 A Family Care Manager Supervisor of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101068183 and #102509446. **Supported**. The Family Care Manager Supervisor falsified child protective supervision records in FSFN Case ID #102268854. **Neither Supported Nor Refuted**.
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager Supervisor certification.
- 2022-0018 An Adoption Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #2670517. **Supported**.
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.
- 2022-0020 The CPI disclosed confidential information to an unauthorized individual regarding FSFN Investigation #2022-139383, an investigation of personal interest. **Neither Supported Nor Refuted**. A CPI alerted a criminal suspect to a criminal investigation, thereby interfering in the criminal investigation. **Supported**.
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified regarding the employee's Child Welfare Protective Investigator and Provisional Child Welfare Protective Investigator certifications.





2022-0025 A CPI falsified child protective investigation records in FSFN Investigations #2022-128006 and #2022-133244. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.

2022-0032 A CPIS falsified child protective investigation records in FSFN Investigations #2022-139312, #2022-149668, and #2022-150318. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Protective Investigator and Child Welfare Provisional certifications.

### **Circuit 6**

2022-0038 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101197289, #102728257, and #102795894. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager certification. The provider determined that action to recoup the \$13.61 in falsified travel would not be fiscally responsible.

2022-0046 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100354760, #100704407, and #102259217. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The contracted provider and subcontracted provider met to discuss whether a Home Visit Form should be implemented and it was determined that the provider's use of Mindshare as part of the home visit process is supported by the contracted provider. The FCB was notified and revoked the employee's Child Welfare Case Manager and Provisional Child Welfare Case Manager certifications.

### **Circuit 7**

2021-0011 A DCM of a contracted provider falsified child protective supervision records in FSFN Case IDs #101745676 and #101772061. **Supported.** The DCM falsified travel documentation by claiming mileage to home visits she did not conduct in FSFN Case IDs #101745676 and #101772061. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager certification.



## Circuit 8

2020-0069

A Recovery Specialist of a subcontracted provider falsified client monitoring sheets. ***Investigation Terminated.***

**Corrective Action:** The investigation was terminated based on information that an internal risk review was immediately conducted and the employee was terminated with no right to re-employment.

2021-0002

A Family Program Case Manager of a subcontracted provider falsified progress note reports in the AVATAR system for Client IDs #183533 and #194771. ***Supported.*** The Family Program Case Manager falsified progress note reports in the AVATAR system for Client ID #114665. ***Neither Supported Nor Refuted.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. A certified letter was sent to the employee in an effort to recoup \$66.25 paid in mileage for visits that did not occur. The FCB was notified regarding the employee's Provisional Child Welfare certification.

## Circuit 9

2021-0015

A CPI accessed FSFN Investigation #2020-322520 without a legitimate business reason. ***Supported.*** The CPI falsified child protective investigation records in FSFN Investigation #2021-007387. ***Supported.*** The CPI falsified child protective investigation records in FSFN Investigation #2020-377192. ***Neither Supported Nor Refuted.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Protective Investigator certification.

2021-0047

A Family Case Manager Supervisor of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100139600, #100319827, and #101667287. ***Supported.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager certification.

2021-0061

A Children's Legal Services (CLS) Managing Attorney instructed staff to falsify draft order completion dates in FSFN. ***Investigation Terminated.***

**Corrective Action:** The employee resigned. The investigation was terminated based on information that paralegals were instructed not to enter the order submitted dates unless they had verification from the attorney or received a copy of the draft order. CLS management runs case reports to view outstanding orders so they can immediately address any issues with the attorneys. In addition, CLS is creating a new case tracking system that will go into effect during 2023.



2021-0063 An Eligibility Specialist of a contracted provider submitted duplicate assistance applications for rental and utility assistance. **Investigation Terminated.** The Eligibility Specialist worked on and approved her own rental and utility assistance case. **Investigation Terminated.** Another Eligibility Specialist worked on and approved her own rental and utility assistance case. **Investigation Terminated.** A third Eligibility Specialist worked on her own rental and utility assistance case. **Investigation Terminated.**

**Corrective Action:** The employees were terminated. The investigation was terminated based on information that the assistance program ended and information would be difficult, if not impossible, to obtain for purposes of analysis.

2022-0016 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101218824. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager certification.

2022-0050 A Therapist of a subcontracted provider falsified client case notes. **Investigation Terminated.**

**Corrective Action:** The employee was terminated. The investigation was terminated based on information that the employee worked under a subcontract for another agency; therefore, the OIG had no jurisdiction.

### **Circuit 10**

2022-0022 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100837584. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.

2022-0030 A CPI falsified child protective investigation records in FSFN Investigation #2021-351993. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2021-354017. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.

### **Circuit 11**

2020-0021 A Mental Health Specialist I of a subcontracted provider falsified client visits for three clients from June 2019 until October 2019. **Supported.**



**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2020-0073

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101902997. ***Neither Supported Nor Refuted.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.

2021-0032

An Adult Protective Investigator (API) falsified adult protective investigation records in FSFN Investigations #2021-130036, #2021-147126, #2021-147179, and #2021-147184. ***Supported.***

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.

2021-0056

An Adult Mental Health Therapist of a subcontracted provider falsified client visits in the Electronic Clinical Record (ECR). ***Supported.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2021-0067

A Clinical Counselor of a subcontracted provider falsified client records in the Children's Home Society of Florida (CHS) electronic records system. ***Supported.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2022-0041

Two Mental Health Technicians (MHTs) of a contracted provider falsified Face Check Lists and Patient Activity Monitoring and Management (PAMM) scans. ***Supported.***

**Corrective Action:** The employees were terminated and the employees' personnel files were updated to reflect the findings of the investigation.

2022-0044

A CPI falsified child protective investigation records in FSFN Investigations #2022-224150, #2022-239774, and #2022-240592. ***Supported.***

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator certification. The Southern Region implemented a falsification training with an employee acknowledgment form, which was provided to all Southern Region employees and included in the onboarding process.

2023-0005

An MHT of a contracted provider falsified PAMM scans. ***Supported.***

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.



## **Circuit 12**

- 2021-0037 A Chief Executive Officer of a subcontracted provider created a conflict of interest and unduly influenced a Request for Proposal (RFP) for Drop-In Center services. **Not Supported.**
- Corrective Action:** No action required.
- 2022-0033 SH A Field Support Analyst (FSA) sexually harassed a Department employee by making inappropriate sexual comments. **Neither Supported Nor Refuted.** The FSA sexually harassed a second Department employee by making inappropriate sexual comments. **Supported.** The FSA sexually harassed a third Department employee by making inappropriate sexual comments. **Neither Supported Nor Refuted.** The FSA made an inappropriate comment to another Department employee. **Supported.** The FSA sexually harassed a fourth Department employee by making inappropriate sexual comments. **Neither Supported Nor Refuted.** The FSA sexually harassed Department employees by sending topless photographs of one Department employee to another Department employee. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. After a review of the FCB code of ethics, it was determined that a referral to the FCB was not warranted. Circuit 12 employees received additional training on sexual harassment. Based on information that Circuit 12 staff used Department-issued cellular telephones to send non-work-related text messages, including text messages that contained profanity and/or inappropriate language, employees were reminded that inappropriate use of information technology resources could result in disciplinary action.

## **Circuit 13**

- 2021-0072 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #107677, #2261530, and #101194428. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager certification.
- 2021-0078 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100413076 and #101074670. **Supported.** The Case Manager directed another employee to falsify child protective supervision records in FSFN Case IDs #100413076 and #101074670. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.





- 2022-0005 An Operations and Management Consultant accessed Driver and Vehicle Information Database (DAVID) and FLORIDA records without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2022-0017 An API falsified adult protective investigation records in FSFN Investigations #2022-046087 and #2022-090066. **Supported.** The API falsified adult protective investigation records in FSFN Investigation #2022-060209. **Neither Supported Nor Refuted.** The API falsified adult protective investigation records in FSFN Investigation #2021-130196. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.
- 2022-0047 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100909386, #102231439, and #102624851. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager and Provisional Child Welfare Protective Investigator certifications.
- 2022-0051 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101075337, #100953268, and #102329016. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Case Manager and Provisional Child Welfare Protective Investigator certifications.
- Circuit 14** There were no cases closed in Circuit 14 during FY 2022-2023.
- Circuit 15**
- 2021-0049 A CPI falsified child protective investigation records in FSFN Investigations #2021-179536, #2021-186170, and #2021-186338. **Supported.** The CPI falsified timesheet records. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Protective Investigator certification. Based on information that the employee worked uncompensated hours in violation of the Fair Labor Standards Act of 1938 (FLSA), it was recommended that Office of Child and Family Well-Being (OCFW) consider reminding staff of their obligation to accurately document work hours; however, because this appeared to be an isolated incident, no reminder was provided to staff.



2021-0052 A CPI falsified child protective investigation records in FSFN Investigations #2021-010767, #2021-146327, and #2021-176043. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on additional information that the incident was not reported to the OIG within two business days, an e-mail was sent to regional leadership reminding them of the reporting requirements in CFOP 180-4. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.

### **Circuit 16**

2021-0074 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101564741. **Supported.** The Case Manager falsified child protective supervision records in FSFN Case ID #102571911. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on testimony that the employee worked on "personal time" and was contacted to work on days off without documenting that work time, the provider addressed FLSA requirements with staff. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.

### **Circuit 17**

2020-0072 A General Services Specialist requested kickbacks from a Department vendor. **Supported.** The General Services Specialist engaged in bid rigging with a Department Vendor. **Supported.** A vendor engaged in bid rigging. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Pending the outcome of the Florida Department of Law Enforcement (FDLE) investigation, the vendor could be subject to being placed on the Convicted Vendor List.

### **Circuit 18**

2020-0010 A Family Support Worker (FSW) of a subcontracted provider falsified Healthy Families Florida Home Visit Records (HVRs). **Supported.** Another FSW falsified Healthy Families Florida Home Visit Records (HVRs). **Not Supported.** A Family Support Worker Supervisor (FSWS) failed to take appropriate action after becoming aware of allegations of falsification. **Supported.** A Program Director failed to take appropriate action after becoming aware of allegations of falsification. **Not Supported.** A Family Assessment Worker (FAW) asked staff members to falsify records. **Not Supported.** The Program Director destroyed records. **Not Supported.** The FAW destroyed records. **Not Supported.**





**Corrective Action:** The two FSWs resigned and the FSWS was terminated. The personnel files of the FSW and FSWS were updated to reflect the findings of the investigation.

2020-0049 An SCPI falsified child protective investigation records in FSFN Investigations #2020-135323, #2020-160748, and #2020-166292. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Protective Investigator certification.

2021-0069 A Targeted Case Manager (TCM) of a subcontracted provider falsified client Progress Note ID #00052763. **Supported.** The TCM falsified client Progress Note IDs #00048946 and #00053669. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and suspended the employee's Provisional Child Welfare, Child Welfare Case Manager, and CBHCM certifications.

2022-0012 A Care Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #102303837 and #102347571. **Supported.** The Care Manager falsified child protective supervision records in FSFN Case ID #101450535. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications. Based on information that FSFN documentation was not uploaded as indicated, case management staff were reminded of all requirements surrounding documentation of home visits and supervisor review.

**Circuit 19** There were no cases closed in Circuit 19 during FY 2022-2023.

### **Circuit 20**

2022-0001 A Relicensing Specialist of a subcontracted provider falsified a Unified Home Study in FSFN Provider ID #100217587. **Not Supported.** A Program Director of the subcontracted provider misused United Way grant funds by loaning money to an employee. **Not Supported.** A Regional Executive Director of the subcontracted provider transported clients while her driver license was suspended. **Not Supported.**

**Corrective Action:** The Relicensing Specialist was terminated. Based on additional information that employees failed to report suspected wrongdoing to the OIG in accordance with CFOP 180-4, failed to make a mandatory report to the Hotline, and did not report ethics violations to the FCB, the provider ensured that employees received e-mail reminders and training with respect to their obligations to timely report to the Hotline and the OIG. The provider will timely report ethics violations to the FCB.



The provider amended the policy prohibiting use of petty cash for personal reasons to apply to all agency funds.

2022-0003 A CPI falsified child protective investigation records in FSFN Investigations #2021-352646, #2021-356368, and #2021-357715. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator certification.

2022-0039 A CPI falsified child protective investigation records in FSFN Investigation #2022-235071. **Not Supported.**

**Corrective Action:** The employee resigned. The FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator certification.

### **Institutions**

2019-0032 WB A Florida State Hospital (FSH) Operations and Management Consultant (OMC) I and FSH Senior Attorney (Customer Relations) failed to report a resident's death to the Agency for Health Care Administration (AHCA) as required. **Not Supported.** FSH staff failed to adhere to existing policy; specifically, policy requiring the securing of a shower spray hose, which was found and used by an FSH resident to commit suicide. **Not Supported.** Staff of a contracted provider falsely marked maintenance orders in the electronic work order system as completed when the work had not been completed. **Neither Supported Nor Refuted.** Staff of a contracted provider submitted fraudulent claims for Hurricane Michael damage to the Department and the Federal Emergency Management Agency (FEMA). **Not Supported.**

**Corrective Action:** The OMC I resigned. Based on Additional Information that an employee returned to work at FSH as a volunteer and was re-hired within one year following participation in the Deferred Retirement Option Program (DROP), the employee's re-employment has been reported to the Florida Retirement System to determine if any re-employment restrictions were violated. Human Resources provided guidance to all Department staff, outlining re-employment restrictions for all retirees. Following the suicide event, the shower hose policy was revised and the shower hose location is accounted for at the change of each shift. Training on the policy is now completed during new hire orientation and annually for all staff. Based on Additional Information that 15-minute breaks are abused and staff were consuming alcohol while on call, FSH developed an "Hours of work/record keeping" policy that covers 15-minute breaks and the use of alcohol while on call. Based on Additional Information regarding provider maintenance of grounds, the FSH Hospital Administrator met with provider administration, updated the requirements in the new contract, and held the provider accountable for the failure to maintain the physical plant and grounds of FSH. The provider terminated the employment of the provider facilities directors. AHCA surveys FSH annually and confirms that all AHCA policies are followed concerning adverse events. AHCA reviewed the reporting form and had no feedback; they agreed that the conditions did not meet the criteria for reporting as



a Code 15. The FSH policy now follows the AHCA guidelines for notification and the One Hospital Operating Procedure (OHOP) was reviewed by the CHA, and it was determined that no revisions were necessary. A quality review of the FSFN investigation was completed and determined that the information in the FSFN file does not support a verified finding; therefore, FSFN was updated to reflect appropriate findings.

2019-0092 Four FSH Institutional Security Specialist (ISS) Is abused and/or used excessive force on a resident. **Neither Supported Nor Refuted**. A FSH ISS I abused and/or used excessive force on a resident. **Supported**.

**Corrective Action:** The employee was terminated and one of the other ISS Is resigned. The employee's personnel file was updated to reflect the findings of the investigation. Based on Additional Information that the resident was prevented from making calls during non-therapeutic hours, resident telephone access was discussed and resolved with Resident Advocacy and unit management. Based on Additional Information that FSH Security informed a Chattahoochee Police Department (CPD) investigator that the resident did not want to press charges, all security officers were instructed to contact CPD whenever requested and not question the validity of the request. Based on Additional Information that FSH Security Officers provided statements that were identical to the Incident Report (Form 229), the process was changed so that each individual will provide their individual statements to Risk Management. Based on Additional Information that there is no specific Department, One Hospital Operating Procedure, or FSH Use of Force policy, FSH Security Officer Use of Force Policy and Training is now taught annually in MANDT classes, which teaches individuals to use the least amount of force needed during an incident, and Use of Force is part of correctional officer basic training.

2020-0060 SH An FSH Rehabilitation Therapist Supervisor-F/C sexually harassed a subordinate employee. **Supported**.

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Employees are currently required to take annual training regarding sexual harassment and hostile work environment. Based on Additional Information that there were concerns of a hostile work environment, the Office of Civil Rights reviewed the report and determined that an investigation into a hostile work environment and/or discrimination was not warranted.

2020-0061 SH A Northeast Florida State Hospital (NEFSH) Unit Treatment and Rehabilitation Senior Supervisor (UTRSS) I sexually harassed an employee. **Supported**.

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2021-0026 A North Florida Evaluation and Treatment Center (NFETC) UTRSS I and NFETC Human Services Worker (HSW) II falsified pod checks for NFETC residents. **Supported**.



**Corrective Action:** The UTRSS I was demoted, the HSW II received a five-day suspension, and the employees' personnel files were updated to reflect the findings of the investigation. Guidelines for documenting pod checks have been reviewed multiple times with direct care staff, formally via in-person training and informally via e-mail reminders, since this incident. All direct care staff were re-educated on the pod check process and documentation. All new hires since this time are educated on the importance of this process and the accompanying documentation during orientation. Regular video audits are completed to validate pod checks. At the beginning of each shift, the Nursing Team communicates with building staff to ensure each patient with a close observation order has the appropriate staff to cover their watch. Regular video audits are completed to validate close observations. While the staffing vacancy numbers have dropped, competency training of additional staff from Rehab and Security has occurred so they can assist with coverage. Leadership closely monitors staffing levels daily and escalation procedures are in place when needed.

2021-0040 An FSH ISS I physically assaulted a resident. *Investigation Terminated.*

**Corrective Action:** The employee was terminated. The investigation was terminated based on information that appropriate personnel action had been taken and the time and effort to continue the investigation would not produce recommendations that would make state government more efficient and effective.

2021-0055 SH A NEFSH Senior Physician - Primary Care sexually harassed an employee. *Neither Supported Nor Refuted.*

**Corrective Action:** The employee resigned.

2021-0075 A NEFSH HSW I falsified a Location Verification Check form. *Supported.* The HSW I falsified a Location Verification Check form. *Supported.*

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that two incidents of alleged falsification were not timely reported to the OIG, all staff were reminded of the CFOP 180-4 requirement during an Executive Leadership Team meeting and subsequent management follow up in their divisional and departmental meetings.

2022-0006 SH An NFETC UTRSS I sexually harassed a subordinate employee. *Neither Supported Nor Refuted.*

**Corrective Action:** No action required.

2022-0013 WB A NEFSH Senior Attorney requested that NEFSH staff divulge information discussed in their OIG interviews. *Neither Supported Nor Refuted.*

**Corrective Action:** The General Counsel reminded all staff that OIG investigations are confidential and it is inappropriate for management or their representatives to inquire of staff as to testimony provided to the OIG.



- 2022-0014 An FSH Mental Health Security Specialist (MHSS) disclosed confidential client information to an unauthorized individual. **Supported.** The MHSS accessed confidential client information without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that there were frequent mass e-mail distributions of residents' Protected Health Information and Personal Identifiable Information to unauthorized FSH personnel and contractors, all FSH employees now complete mandatory annual HIPAA training. Based on information that the Office of Civil Rights reporting form was incorrectly completed, all employees now complete mandatory Civil Rights training on an annual basis. As the employee was FDLE Criminal Justice Standards and Training Commission (CJSTC) certified, the separation and investigation of the employee was reported to FDLE to determine whether decertification was warranted or appropriate; however, the CJSTC took no action.
- 2022-0023 An FSH Operations and Management Consultant Manager (OMCM) and a General Manager of a contracted provider misappropriated equipment, supplies, and personnel for personal use. **Investigation Terminated.**
- Corrective Action:** The OMCM resigned and the General Manager was terminated. The investigation was terminated based on information that there was insufficient detail in the anonymous complaint to identify when the alleged incidents occurred, the equipment utilized, or any other individuals involved.
- 2022-0024 A NEFSH HSW II and an HSW I of a contracted provider falsified a Location Verification Check form. **Investigation Terminated.**
- Corrective Action:** The HSW II was issued a Written Counseling and the HSW I was terminated. The investigation was terminated based on information that this was a single incident of falsification and the two staff involved were appropriately disciplined.
- 2022-0027 Two NFETC HSW IIs and an NFETC Unit Treatment and Rehabilitation Specialist (UTRS) falsified Pod Check Logs. **Supported.**
- Corrective Action:** One HSW II was terminated, one HSW II resigned, the UTRS was terminated, and the employees' personnel files were updated to reflect the findings of the investigation.

## Summary of Management Reviews and Corrective Actions Completed

There were no Management Reviews closed during FY 2022-2023.





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