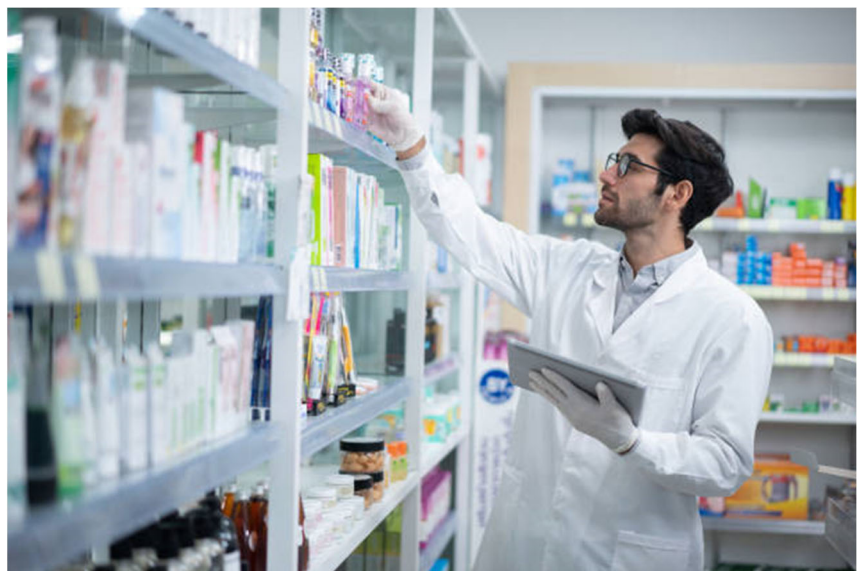




The **FLORIDA DEPARTMENT OF HEALTH**
Office of Inspector General

Annual Report

Fiscal Year ended June 30, 2023



Joseph A. Ladapo, MD, PhD, State Surgeon General
Michael J. Bennett, CIA, CGAP, CIG, Inspector General

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

September 29, 2023

Joseph A. Ladapo, MD, PhD
State Surgeon General
4052 Bald Cypress Way
Tallahassee, Florida 32399

Melinda M. Miguel, Chief Inspector General
Executive Office of the Governor
The Capitol
Tallahassee, Florida 32399-0001

Dear Dr. Ladapo and Chief Inspector General Miguel:

I am pleased to present the Annual Report of the Department of Health's (Department) Office of Inspector General, summarizing our activity for fiscal year ending June 30, 2023. The report was prepared in accordance with section 20.055(8), Florida Statutes.

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, CGAP, CIG
Inspector General

MJB/akm
Enclosure

**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT FY 2022-23**

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INTRODUCTION

Section 20.055, Florida Statutes, establishes an Office of Inspector General (OIG) 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 cybersecurity 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;

¹ Section 282.318(4)(g), Florida Statutes, Cybersecurity

- ❖ 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;
- ❖ 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) OIG for the 12-month period ending June 30, 2023.

MISSION, VISION, AND VALUES

The **mission** of the 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:

- ❖ ***I nnovation:*** We search for creative solutions and manage resources wisely.
- ❖ ***C ollaboration:*** We use teamwork to achieve common goals & solve problems.
- ❖ ***A ccountability:*** We perform with integrity & respect.
- ❖ ***R esponsiveness:*** We achieve our mission by serving our customers & engaging our partners.
- ❖ ***E xcellence:*** 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 17 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 within the Department.

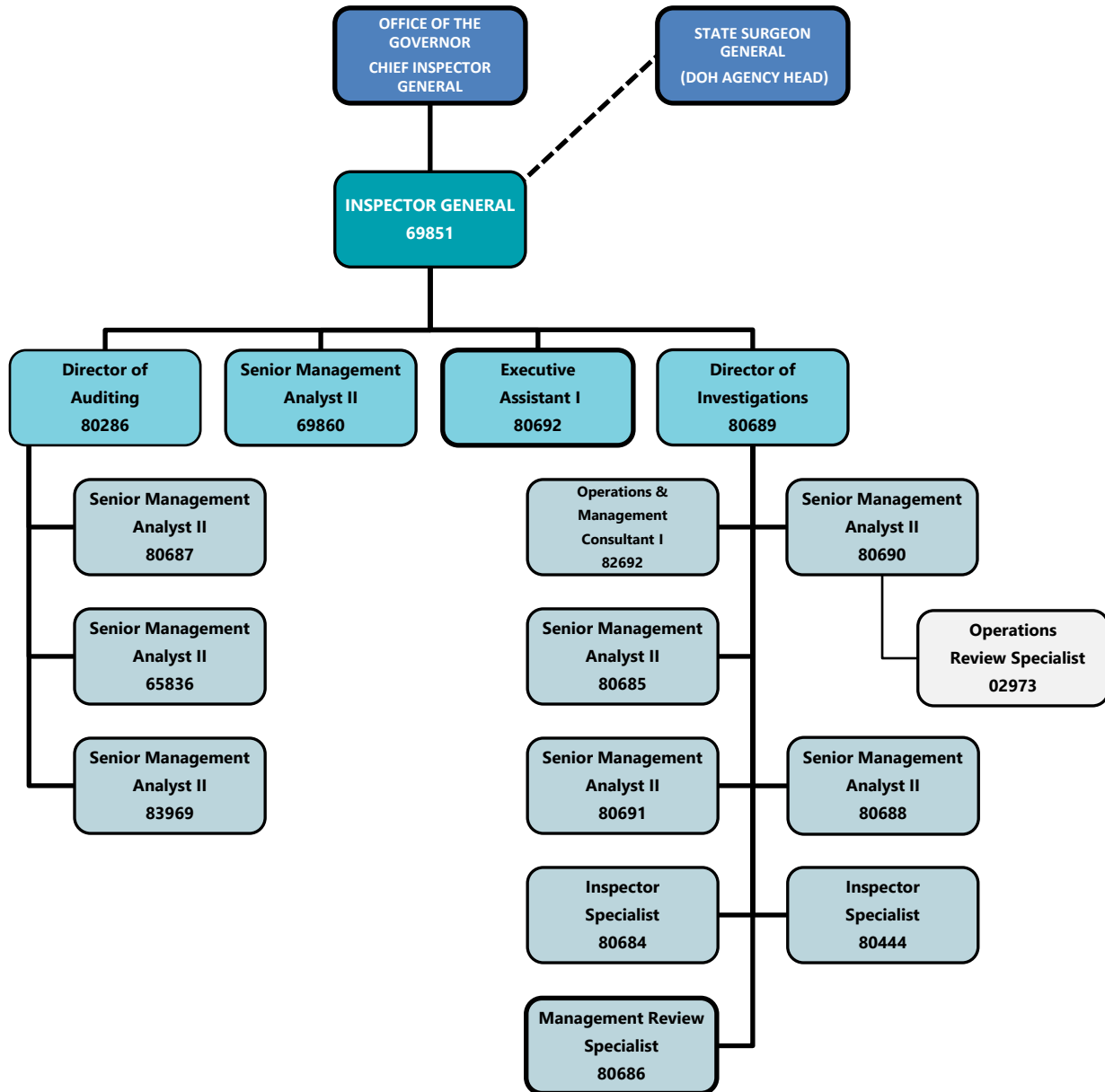
OIG staff are highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the OIG's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2023, three positions were vacant. The following statistics represent the 14 occupied positions:

- Many of the OIG staff members have specialty certifications that relate to specific job functions within the OIG. These certifications include:
 - ❖ 6 Certified Inspector General Investigators
 - ❖ 3 Florida Certified Contract Managers
 - ❖ 1 Certified Inspector General
 - ❖ 1 Certified Inspector General Auditor
 - ❖ 1 Certified Fraud Examiner
 - ❖ 1 Certified Internal Auditor
 - ❖ 1 Certified Public Accountant
 - ❖ 1 Certified Government Auditing Professional
 - ❖ 1 Certified Law Enforcement Officer (sworn)
 - ❖ 1 Certified Child Welfare Investigator

- The Inspector General serves as a board member of the Florida Audit Forum.

- Staff within the OIG collectively have:
 - ❖ 85 years of Audit experience
 - ❖ 93 years of Investigative experience

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2023)



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 also 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, Department-sponsored employee training, and training programs sponsored by the Tallahassee Chapter of the Institute of Internal Auditors, the Florida Chapter of the Association of Inspectors General, Association of Certified Fraud Examiners, the Association of Government Accountants, and the Information Systems Audit and Control Association.

Some of the specific courses or conferences attended by staff during fiscal year (FY) 2022-23 include:

- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Florida Institute of Certified Public Accountants' South Florida Accounting Conference
- ❖ Association of Inspectors General 2023 Winter Institute
- ❖ Identity & Access Management Training
- ❖ Introduction to Cloud Computing
- ❖ Forensic Document Examination Class
- ❖ Open-Source Intelligence Techniques
- ❖ A Guide to Cybersecurity for Internal Auditing

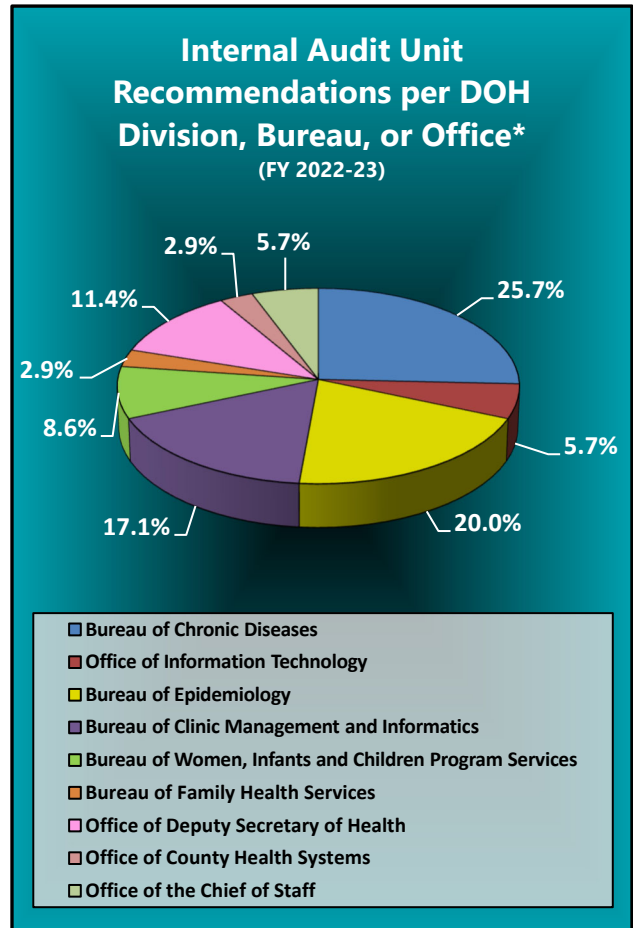
OIG FUNCTIONS

Internal Audit Unit

The Internal Audit 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 Internal Audit 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 on 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 may also be performed by the OIG on an as needed basis or may be included in the three-year audit plan. These engagements provide independent advisory services to Department management for the administration of its programs, services, and contracting processes. Furthermore, the Internal Audit Unit may also perform 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.



*Based upon eight published reports in FY 2022-23.

2022-23 Accomplishments

The OIG completed five audit engagements, two review engagements, and a consulting engagement during FY 2022-23.

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 FY 2022-23 can be found in Appendix A. Summaries of each engagement can be found starting on page 13 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 in Appendix B.

The OIG also initiated five engagements during FY 2022-23 that will culminate during FY 2023-24.

Performance Criteria

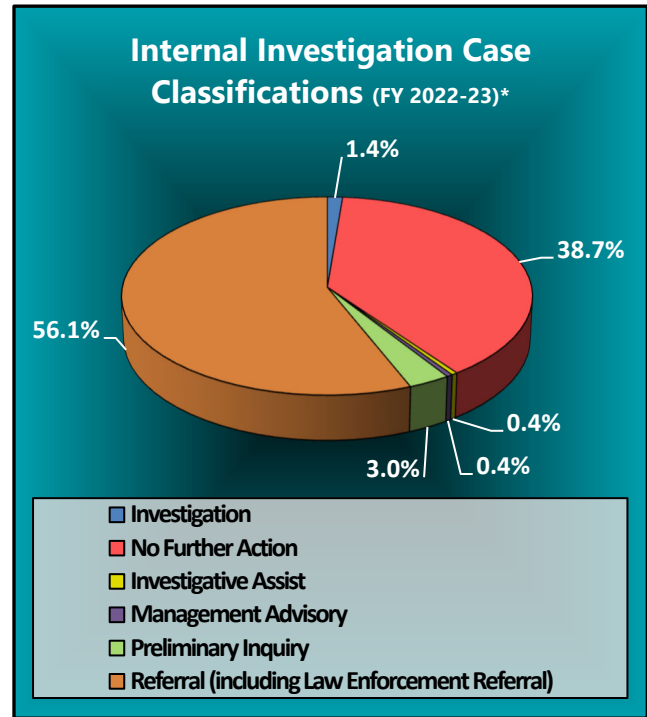
All audits and consulting engagements are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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 FY 2022-23:

- ❖ Investigation – the OIG conducts a formally planned investigation that will result in an investigative report.
- ❖ Whistle-blower Investigation – the OIG conducts a formally planned investigation that will result in an investigative report where the complaint met whistle-blower requirements.
- ❖ Management Advisory – complaints provided to county health department (CHD) or Program management to handle and report their findings to the OIG.
- ❖ Referral – a referral of a complaint to other Department entities (internal referrals) or another agency when the subject or other individuals involved are outside the jurisdiction of the Department (external referrals).
- ❖ Law Enforcement Referral – a referral to a relevant law enforcement agency when the OIG has reasonable grounds to believe there has been a violation of criminal law.
- ❖ Investigative Assist – the OIG provides assistance to law enforcement or another agency.
- ❖ 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.
- ❖ No Further Action – the complaint contains insufficient information for an investigation or referral.



*Based upon 230 complaints closed in FY 2022-23.

2022-23 Activity

The OIG closed 230 complaints during FY 2022-23. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during FY 2022-23 and their disposition can be found in Appendix C. Summaries of each investigation completed during FY 2022-23 can be found starting on page 22 of this report.

2022-23 Accomplishments

- Hired two new investigators and arranged for their attendance at the AIG Winter 2023 Institute, where both subsequently passed their examinations and were credentialed as Certified Inspector General Investigators.
- Updated the OIG Investigations Directives Manual, prepared required proofs and public notice, provided refresher training, and passed a mock reaccreditation reassessment in anticipation of the OIG's imminent reaccreditation through the Florida Commission for Law Enforcement Accreditation (CFA).
- Completed over 450 hours of training for current investigations staff members during FY 2022-23.

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 CFA. The accreditation process involved assessing the OIG's Internal Investigations Unit operations, determining compliance with the standards established by the CFA, and determining eligibility (based on review team recommendations) for receiving accredited status from the CFA.

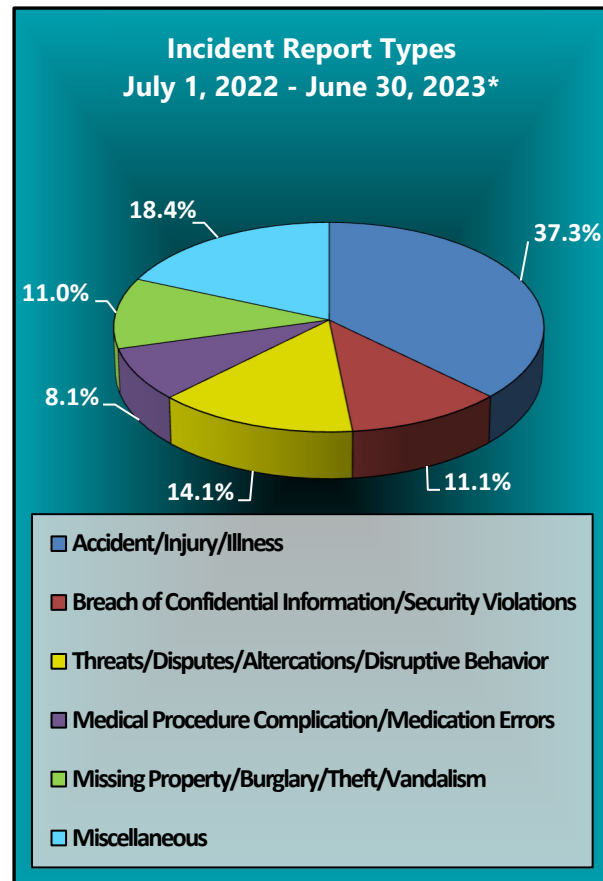
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the CFA, which in turn helps enhance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

The OIG was most recently reaccredited on October 15, 2020 and is one of 25 accredited state agency Offices of Inspector General as of June 30, 2023.

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 including, but not limited to:

- ❖ Exposing Department employees or the public to unsafe or hazardous conditions or injury;
- ❖ Resulting in the destruction of state property;
- ❖ Disrupting the normal course of a workday;
- ❖ Projecting the Department in an unfavorable manner;
- ❖ Causing a loss to the Department;
- ❖ Potentially making the Department liable for compensation by an employee, client, or visitor; or
- ❖ Violating information security and privacy policies, protocols and procedures; suspected breach of privacy; or suspected breach of information security.



*The OIG received 2,371 Incident Reports during FY 2022-23. Because each Incident Report may identify more than one incident type, the chart above is reflective of 2,791 incident types identified during FY 2022-23.

While the Incident Report process is a Department-wide function, the Department’s current electronic Incident Report system has been maintained by the OIG since its inception in November 2018. Additionally, DOH Policy (DOHP) 5-6-18, governing the Incident Report process, is owned and maintained by the OIG.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of internal audits completed during FY 2022-2023.

REPORT # A-2122-005

Bureau of Chronic Disease's Epilepsy Contracts

The OIG examined contracts with two of six contracted providers that offer epilepsy services throughout the state of Florida.

We selected the contract with Epilepsy Florida, Inc. and Suncoast Epilepsy Association, Inc. (Suncoast), to determine whether selected deliverables and overall goals of the contracts were completed and whether the Department's contract manager (CM) for these contracts, and the providers followed select applicable laws and Department policies and procedures.

SUMMARY OF FINDINGS

- ❖ The Department's official contract performance record was not available for the full term of the contracts.
- ❖ Nonspecific contract language and inadequate CM training made it difficult to evaluate completion of deliverables.
- ❖ Contract monitoring was inadequate.
- ❖ Suncoast submitted invoices and Monthly Progress Reports late or not at all. Additionally, Department management was not timely notified of Suncoast's failure to submit required documentation in compliance with the contract.
- ❖ The CM's supervisor's review of the contract files was not sufficient.

RECOMMENDATIONS

The OIG recommended the Bureau of Chronic Disease:

- ❖ Ensure all provider contract files are maintained in compliance with requirements in DOHP 250-14-19, *Contractual Services*.
- ❖ Clearly define the deliverables to ensure the Department, CMs, and providers are of the same understanding and agree on the requirements of each contract.
- ❖ Continue to improve training of CMs, specifically regarding definition of terms used in standard contract language.
- ❖ Continue developing and enhancing processes to ensure all contract deliverables are appropriately evaluated and contract monitoring is adequate.
- ❖ Ensure financial consequences are assessed and collected in accordance with contract language.
- ❖ Make efforts to obtain required documentation and apply applicable financial consequences in instances where a provider does not submit the invoices and Monthly Progress Reports timely.
- ❖ Develop a process to notify Department management of contractor noncompliance after repeated failures of providers, to ensure additional actions are taken in a timely manner.
- ❖ Consider including language for termination of the contract if the deliverables are not adequately and timely met, should the Department renew the contract with Suncoast.
- ❖ Require contract file supervisory reviews to be adequately and timely reviewed in compliance with DOHP 250-14-19, *Contractual Services*.

REPORT # A-2122-007

Medicaid Family Planning Waiver Program's Security of Clients' Personally Identifiable Information and Protected Health Information

The Medicaid Family Planning Waiver Program (Waiver Program) transitioned from the Department to the Department of Children and Families in March 2022. Prior to the transition, the Department's Bureau of Family Health Services had responsibility over the operations of the Waiver Program. Despite the transition, the Department still maintains many client eligibility determination application files (Eligibility Files) related to the Waiver Program at all 67 CHDs. These files contain personally identifiable information and protected health information.

As a result, the OIG examined whether storage of clients' Eligibility Files were maintained in a secure manner; and whether Eligibility Files were being monitored by management.

SUMMARY OF FINDING

- ❖ Some Waiver Program records were not maintained in a secure and organized manner at CHDs.

RECOMMENDATION

The OIG recommended the Bureau of Family Health Services work with County Health Systems and the Department's Records Management Liaison Officer to ensure CHDs understand their responsibility to identify the location, and maintain the files in a consistent, secure, and organized manner.

REPORT # A-2223-001**The Department of Health's Cybersecurity Controls for Identity Management and Access Controls**

The OIG examined the Department's current identity management and access controls, policies, procedures, activities, and processes of select Department systems across various programs.

The report was classified as exempt from public disclosure in accordance with Chapter 119, Florida Statutes, and section 282.318(4)(g), Florida Statutes.

REPORT # A-2223-006A**Selected Contracts Funded by Member Projects, Including a Contract with Gadsden Community Health Council, Inc.**

The OIG examined Contract #CORHS with Gadsden Community Health Council, Inc. (Provider), which was executed on October 18, 2021, and ended June 30, 2022.

SUMMARY OF FINDINGS

- ❖ The Department reimbursed the Provider for a cost reimbursement deliverable prior to the Provider paying for and receiving the deliverable.
- ❖ The Provider did not complete a deliverable within the time and manner specified by the contract and was not assessed appropriate financial consequences.
- ❖ The Provider used the Department of Health in Gadsden County's Mobile Health Unit and employee to conduct mobile health events without a written agreement or reimbursement.

- ❖ The Provider submitted and the Department's CM approved invoices for payment without required information.

RECOMMENDATIONS

The OIG recommended the Office of Deputy Secretary of Health work with its Division Directors to ensure:

- ❖ Providers have paid for deliverables before the Department approves reimbursing the Provider for a cost reimbursement deliverable and where State and/or Federal financial assistance is involved, that deliverables are received and accepted prior to payment.
- ❖ Financial consequences are applied in accordance with contract requirements.
- ❖ Written agreements regarding indemnity, liability, and potential recoupment of costs are in place when Department equipment and employees are utilized by an outside provider.
- ❖ All invoices comply with contract requirements prior to approval.

The OIG also recommended the Department collect any overpayment from the Provider, in accordance with section 215.971(2)(c), Florida Statutes.

OTHER PROJECTS

The following is a summary of other projects completed during FY 2022-23.

REPORT # R-2122-002

Review of General Controls at County Health Departments - 2022

The OIG visited and reviewed 10 CHDs between April and September 2022 to analyze selected controls and requirements related to server room security and environmental controls; system access to information resources; information technology resource management; disaster recovery; cash controls; purchasing; pharmaceuticals; security of safety paper; client incentives; biomedical waste policy; patient privacy rights; retention, archiving, and disposition of records; building safety and physical security; storage buildings; and panic button(s).

SUMMARY OF FINDINGS

- ❖ Various general controls were found to be deficient or non-existent within the 10 CHDs visited. They included:
 - Two CHDs did not have designated secured areas documented in the local information security and privacy procedures.
 - Three CHDs did not have Access Control Lists (ACL) prominently placed at the entry way of each secured area.
 - Two CHDs did not require individuals granted temporary or occasional access to secure areas that are not listed on the ACL, to record their signature, date, time in and out, the purpose of entering the room, and the description of items taken from the secure area.
 - Three CHDs did not segregate to the greatest extent possible, duties for ordering, receiving, distributing, and inventorying drugs.
 - Five CHDs did not have a minimum of two personnel to verify shipment and certify receipt of pharmaceuticals.
 - Four CHDs did not have expired drugs returned to the Bureau of Public Health Pharmacy (BPHP) at least monthly.
 - Four CHDs did not have unclaimed client-specific filled prescriptions returned to BPHP within 90 days.
 - Six CHDs still had expired drugs available for dispensing to clients.
 - Two CHDs did not have a Notice of Privacy Practices prominently displayed in the waiting room/lobby.
 - Four CHDs used an outdated version of the Initiation of Services form (IOS). The current IOS version was dated February 2022. The four CHDs used versions from November 2008, May 2015, September 2019, and February 2020.

- Four CHDs had computers with displayed unsecured client Personally Identifiable Information and/or Protected Health Information on computer screens visible to the public.
- Three CHDs did not deposit monetary collections by the close of business the next business day.
- Two CHDs had not conducted semi-annual safety inspections.

RECOMMENDATION

- ❖ The OIG recommended the Office of Deputy Secretary for County Health Systems management discuss these areas of concerns with all CHDs and take actions deemed appropriate to improve statewide operations.

REPORT # R-2223-002

Section 4 Attestation to Executive Order 20-044 – May 31, 2022

The Executive Office of the Governor issued Executive Order Number 20-044 in February 2020, explaining that each executive agency shall require from entities that meet certain requirements, an annual report, including the most recent Internal Revenue Service Form 990, Return of Organization Exempt From Income Tax, detailing the total compensation for the entities' executive leadership team. This was followed by Executive Memo Number 21-025 in March 2021, providing instructions that by May 31 each year, each agency head is to provide an attestation to the agency's OIG.

The OIG reviewed the Department's attestation and related information and verified the information for compliance with the Executive Order and Executive Memo.

REPORT # R-2223-003

Implementation and Revisions of Department Policies and Procedures

The OIG reviewed governing directives and processes used to update, distribute, and maintain Department policies and procedures; processes used to notify Department employees of policy changes; compliance with DOHP 5-2-16, *Policies and Procedures Management*; and compliance with the General Records Schedule GS1-SL for State and Local Government Agencies.

SUMMARY OF FINDING

- ❖ Improvements can be made to update, distribute, and maintain the Department's policies and procedures.

RECOMMENDATIONS

The OIG recommended the Office of the Chief of Staff:

- ❖ Implement additional controls to improve its process to monitor policies and procedures maintained on the InsideFLHealth intranet site to ensure all Department policies and procedures have been timely reviewed, updated, distributed, and maintained.
- ❖ Develop a centralized, organized manner to maintain outdated policies and procedures.

REPORT # R-2223-004

Review of Florida State Health Online Tracking System Access

The OIG reviewed the *Florida State Health Online Tracking System* for a potential security breach.

The report was classified as exempt from public disclosure in accordance with Chapter 119, Florida Statutes, and section 282.318(4)(g), Florida Statutes.

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, 2023, the following corrective actions were still outstanding:

REPORT # A-2122-001

The Department of Health's Cybersecurity Continuous Monitoring

The OIG examined the Department's current cybersecurity continuous monitoring policies, procedures, activities, and processes of select Department systems across various programs.

The report was classified as exempt from public disclosure in accordance with Chapter 119, Florida Statutes, and section 282.318(4)(g), Florida Statutes.

REPORT # A-2122-002

Bureau of Emergency Medical Oversight's Inspections of Emergency Medical Services

The OIG examined the Bureau of Emergency Medical Oversight's (BEMO) inspection processes and procedures for Emergency Medical Services (EMS) inspections and selected completed inspections for services.

SUMMARY OF FINDING

- ❖ Inconsistencies in the inspection process may have resulted from not having an internal standard operating manual during the scope of our audit.

RECOMMENDATION

The OIG recommended BEMO ensure inspections are conducted consistently and in accordance with the recently developed *EMS Inspection Manual*.

REPORT # A-2122-003

Compliance Audit of the Department of Health's Contracts

The OIG examined the Department's standard two-party agreements, three or more party agreements, revenue agreements, and master agreements for FY 2018-19, FY 2019-20, and FY 2020-21 to determine whether required Department contract information was timely and accurately posted in the *Florida Accountability Contract Tracking System* (FACTS) as required by

section 215.985(14)(a), Florida Statutes; compliance with contract procurement rules; and examine vendor selections during contract acquisitions to identify trends in vendor preference.

SUMMARY OF FINDINGS

- ❖ Contract information was not always posted in FACTS timely.
- ❖ Contract information was not always posted in FACTS accurately.

RECOMMENDATIONS

The OIG recommended the Department's Contract Administration and Oversight Section continue to improve its contract tracking methodology to ensure:

- ❖ All required contract information is posted in FACTS within 30 days after contract execution.
- ❖ Accurate contract information is posted in FACTS within 30 days after contract execution.

REPORT # R-2021-007

User Access to Health Management Systems at the Department of Health in Charlotte County

The OIG examined user accounts for Department of Health in Charlotte County to determine if users with access to Health Management System information were current Department employees, contractors, or interns with access that is appropriate to job responsibilities.

The report was classified as exempt from public disclosure in accordance with Chapter 119, Florida Statutes, and section 282.318(4)(g), Florida Statutes.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2022-23 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.

INVESTIGATION # 17-096

Alleged Violation of Laws, Rules, and/or Department Policies Department of Health in Osceola County (DOH-Osceola)

This investigation was initiated based on the OIG receiving a complaint from a DOH-Osceola employee (Complainant) alleging a former DOH-Osceola employee (Subject) violated laws, rules, and/or Department policies.

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

Allegation #1: While employed at DOH-Osceola, the Subject purchased \$246,270.32 worth of information technology equipment for a Federally Qualified Health Center (FQHC), a private entity, using DOH-Osceola funds. The allegation was **substantiated**. Based on an analysis of the available evidence, case materials support a conclusion the alleged conduct, as described by the Complainant, likely occurred.

Allegation #2: While employed at DOH-Osceola, the Subject instructed DOH-Osceola fiscal staff not to invoice the Osceola County Government for their contribution pursuant to the Core Contract for contract year 2016-2017 and arranged to divert those funds to the FQHC, a private entity. The allegation was **substantiated**. Based on an analysis of the available evidence, case materials support a conclusion the alleged conduct, as described by the Complainant, likely occurred.

Additional Finding

Finding #1: While employed at DOH-Osceola, the Subject signed a contract between DOH-Osceola and the FQHC, an entity with whom the Subject knowingly was soon to assume the chief executive officer position, potentially placing them in a conflicting relationship with Florida ethics laws and Department policy.

RECOMMENDATION

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

INVESTIGATION # 21-105

Alleged Violation of Laws, Rules, and/or Department Policy, Negligence, and Conduct Unbecoming a Public Employee Department of Health in Pinellas County (DOH-Pinellas)

This investigation was initiated based on the OIG receiving complaints from a private citizen (Complainant #1) and a DOH-Pinellas employee (Complainant #2) related to a DOH-Pinellas employee (Subject). Complainant #1 alleged the Subject knowingly allowed a former DOH-Pinellas employee to work a second job during DOH business hours. Complainant #2 alleged the Subject provided inaccurate information to law enforcement and on a DOH Incident Report; and selectively disciplined one of three individuals involved in an incident exposing the Subject's personally identifiable information (PII).

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

Allegation #1: Subject was negligent in their duties by knowingly allowing a former DOH-Pinellas employee to work a second, outside job during DOH work hours. The allegation was **substantiated**. Based on testimonial and documentary evidence, the OIG finds that there is sufficient evidence to conclude that the Subject may have been negligent in allowing an employee to work a second, outside job during DOH work hours.

Allegation #2: Subject provided inaccurate information to management, law enforcement, and on a DOH Incident Report. The allegation was **substantiated**. Based on testimonial and documentary evidence, the OIG finds that there is sufficient evidence to conclude that the Subject did create and submit information that they either knew, or reasonably believed to be false to law enforcement through the initiation of a second police report and to DOH through the initiation of an Incident Report. Therefore, Subject may have violated DOH policies through the creation and submission of false reports.

Allegation #3: Subject disciplined Complainant #2 after they informed the Subject of a PII breach but failed to discipline two other employees who were also involved in the incident. The allegation was **exonerated**. Based on testimonial evidence, the OIG found no violation of policy.

RECOMMENDATION

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

INVESTIGATION # 20-150**Alleged Violation of Laws, Rules, and/or Department Policy
Office of Medical Marijuana Use (OMMU)**

This investigation was initiated based on the DOH Equal Opportunity Section notifying the OIG of a complaint from a Department employee (Complainant). The Complainant alleged violation of laws, rules, and/or Department Policy by five OMMU employees.

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

Allegation #1: For approximately two years Subject #1 stole DOH time by going to school and taking their dog to the veterinarian every week and not making up the time. The allegation was **unsubstantiated**. Based on an analysis of the available evidence, the OIG determined that case materials were unable to prove or disprove the alleged conduct occurred, as described by the Complainant.

Allegation #2: Subject #2 took frequent smoke breaks, exceeding their allotted break time and may not have used leave or made up their time while they were attending school. The allegation was **unsubstantiated**. Based on an analysis of the available evidence, the OIG determined that case materials were unable to prove or disprove the alleged conduct occurred, as described by the Complainant.

Allegation #3: Subject #3 approved an Other Personnel Services (OPS) employee to telework in California, in violation of DOH telework policies. The allegation was **exonerated**. Based on an analysis of the available evidence, the OIG determined that case materials were able to prove that the alleged conduct likely occurred but was not found to be a violation of any governing directive.

Allegation #4: Subjects #3 and #4 failed to follow the DOH Travel Policy when approving reimbursement to an OPS employee for their travel expenses from their home in California to DOH. This was a **policy failure**. Based on an analysis of the available evidence, the OIG determined that case materials were able to prove the alleged conduct likely occurred but was not adequately addressed by any governing directive.

Allegation #5: Subjects #3, #4, and #5 failed to follow DOH hiring policies when filling certain positions. The allegation was **unfounded**. Based on an analysis of the available evidence, the OIG determined that case materials were able to prove the alleged conduct did not occur.

Additional Findings

Finding #1: Purchasing Cards assigned to Subject #5 and an additional OMMU employee were used to pay for a OMMU employee's travel in September 2019 and November 2019 without prior approval of the Purchasing Card Administration section, contrary to DOH policy.

Finding #2: Subject #3 approved initial salaries for two employees outside the broadband level of their positions, contrary to DOH policy.

RECOMMENDATIONS

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

The OIG also recommended the following specific actions:

- DOH Bureau of Finance and Accounting Management review the DOH Travel Policy to determine if further clarity is necessary regarding the establishment of a new “headquarters” when an employee is stationed away from their originally established headquarters for 30 or more consecutive days while on approved telework status.
- DOH Bureau of Personnel and Human Resource Management (HR) review the process of HR ticket submissions by executive leadership to address concerns identified as part of this investigation and make modifications as deemed appropriate. Furthermore, the OIG recommends DOH HR review the internal processes for a Personnel Action Request form (PAR) creation and determine if any additional level of review is needed prior to the approval of a PAR.
- DOH HR review all OPS positions to ensure employees are being paid within the broadband range for their positions, and ensure controls are implemented to review all future PARs to ensure compliance with DOH policies going forward.

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 may also 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 FY 2022-23.

APPENDICES

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2022-23

Number	Audit Engagements	Date Issued
A-2122-005	<i>Bureau of Chronic Disease' Epilepsy Contracts</i>	August 19, 2022
A-2122-007	<i>Medicaid Family Planning Waiver Program's Security of Clients' Personally Identifiable Information and Protected Health Information</i>	November 18, 2022
A-2223-001	<i>The Department of Health's Cybersecurity Controls for Identity Management and Access Controls</i>	June 29, 2023
A-2223-006A	<i>Selected Contracts Funded by Member Projects, Including a Contract with Gadsden Community Health Council, Inc.</i>	March 28, 2023

Number	Other Engagements	Date Issued
R-2122-002	<i>Review of General Controls at County Health Departments - 2022</i>	January 6, 2023
R-2223-002	<i>Section 4 Attestation to Executive Order 20-044 – May 31, 2022</i>	July 20, 2022
R-2223-003	<i>Implementation and Revisions of Department Policies and Procedures</i>	January 6, 2023
R-2223-004	<i>Review of Florida State Health Online Tracking System Access</i>	January 31, 2023

APPENDIX B
Department of Health
Office of Inspector General
External Projects Coordinated by the OIG for FY 2022-23 ²
(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2023-174	<i>Statewide Federal Awards – June 30, 2022</i>	April 3, 2023

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 2022-23

Number	Type	Allegation/Concern	Disposition
17-096	IN	Alleged violation of laws, rules, and/or policies concerning ethics, purchasing, and management of state property by a Department of Health (DOH) manager	2-Substantiated
18-002	PI	Alleged improper suspension of license and imposition of fines by DOH employees	Not Investigated - No Authority; Insufficient Evidence
20-150	IN	Alleged improper reporting of time, improper hiring practices, and improper telework/travel arrangements by DOH employees and supervisors	2-Unsubstantiated 1-Exonerated 1-Policy Failure 1-Unfounded
21-092	INA	Alleged unauthorized use of mass notification software by a DOH employee	Not Investigated - Investigated by Florida Department of Law Enforcement (FDLE)
21-105	IN	Alleged misconduct and negligence by DOH managers	2-Substantiated 1-Exonerated
22-127	NF	Alleged theft of state property during destruction process by DOH employees	Not Investigated - Deferred to Management
22-180	PI	Alleged mishandling of background screening information by DOH management	Not Investigated - No identified violation of law, rule, or policy
22-249	MA	Alleged harassment and falsification of data on internal forms by DOH employees	Referred to Management
22-253	RF	Alleged fraudulent orders of tobacco cessation products by unknown individuals	Referred to FDLE
22-265	PI	Alleged time and attendance issues and use of unauthorized equipment by DOH employees	Not Investigated - Insufficient Information
22-281	RF	Alleged failure to reimburse for deployment, negligence, retaliation, and hostile work environment by DOH managers	Referred to Management
22-290	RF	Alleged hostile work environment by a DOH manager	Referred to Management
22-291	NF	Alleged deceitful and discriminatory hiring practices by DOH	Not Investigated - Insufficient Information
22-296	NF	Alleged falsification of a report by a DOH employee	Not Investigated - Insufficient Information
22-297	NF	Alleged age-related hostile work environment by a DOH supervisor	Not Investigated - Filed with Equal Opportunity Section (EOS)
23-001	RF	Alleged age and race discrimination by a DOH manager	Referred to EOS
23-002	RF	Alleged Health Insurance Portability and Accountability Act (HIPAA) violations, health and safety concerns, and false and misleading medication information given to clients by employees of a non-DOH entity	Referred to the Agency for Health Care Administration (AHCA); Information Provided
23-003	NF	Alleged maintaining an unsafe workplace, bullying, HIPAA violations, and unprofessional actions by DOH supervisors	Not Investigated - No Jurisdiction; Information Provided
23-005	RF	Alleged failure to properly communicate by DOH employees	Referred to Management
23-006	NF	Alleged misuse of state resources, conduct unbecoming, and creation of a hostile work environment by DOH employees	Not Investigated - Insufficient Information
23-007	RF	Alleged failure to follow standard nursing practices by a DOH supervisor	Referred to Management
23-008	NF	Alleged unsafe practices and lack of training by a DOH employee	Not Investigated - Complaint Withdrawn
23-010	NF	Alleged discrepancy in enforcement of public pool regulations by DOH employees	Not Investigated - No identified violation of law, rule, or policy; Information Provided
23-011	RF	Alleged inappropriate supervision of non-DOH school physical therapy assistants by an out-of-state physical therapist	Referred to the Division of Medical Quality Assurance (MQA)
23-012	RF	Alleged mistreatment, harassment, micromanagement, and lack of communication by a DOH manager	Referred to Management
23-013	NF	Alleged difficulty getting approval for medications by a DOH Program	Not Investigated - Insufficient Information
23-014	RF	Alleged questionable denial of disability benefits by DOH employees and other government entities	Referred to the Division of Disability Determination (DDD)

Legend			
PI – Preliminary Inquiry	LE - Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-015	NF	Alleged shortages and failure to provide certain treatments by a non-DOH medical facility	Not Investigated - Information Provided
23-016	NF	Alleged illegal signature requirement by a DOH employee	Not Investigated - No identified violation of law, rule, or policy
23-017	NF	Alleged forgery of a patient signature by a non-DOH nurse	Not Investigated - Matter previously investigated by MQA; No Authority over Board Decisions
23-018	RF	Alleged mistreatment of staff, inappropriate fees, HIPAA violations, and failure to comply with the Americans with Disabilities Act (ADA) by a non-DOH physician	Referred to MQA
23-019	RF	Alleged maltreatment of patient by a non-DOH physician	Referred to MQA
23-020	NF	Concerns regarding improper closure of MQA complaint	Not Investigated - No identified violation of law, rule, or policy
23-021	NF	Alleged failure to maintain a fence around a pool by a private property owner	Not Investigated - No Jurisdiction; Information Provided
23-022	NF	Alleged health violations by staff at a restaurant and various allegations pertaining to other private entities	Not Investigated - No Jurisdiction; Information Provided
23-023	NF	Alleged failure to provide public records by DOH employees	Not Investigated - Information Provided
23-024	RF	Alleged hostile workplace and harassment by a DOH supervisor	Referred to Management
23-025	NF	Alleged failure to provide proper access to a DOH building	Not Investigated - Insufficient Information
23-026	NF	Alleged improper removal of older model homes from a private recreational vehicle park	Not Investigated - No Jurisdiction
23-027	NF	Alleged improper vaccine requirement by a private business	Not Investigated - No Jurisdiction; Information Provided
23-028	RF	Alleged failure to properly clean up sewage by a private recreational vehicle park	Referred to county health department (CHD)
23-029	RF	Alleged inappropriate comments by a DOH employee	Referred to Management
23-030	RF	Alleged unprofessional conduct by a non-DOH physician	Referred to MQA
23-031	RF	Alleged inappropriate conduct and use of social media by a DOH employee	Referred to Management
23-032	NF	Alleged excessive time to deny a permit and failure to communicate by DOH employees	Not Investigated - No identified violation of law, rule, or policy
23-033	NF	Alleged false reporting of time and attendance, improper disclosure of personal health information (PHI) and improper hiring by DOH employees	Not Investigated - Insufficient Information
23-034	RF	Alleged failure to properly maintain rental property by a landlord	Referred to the Department of Business and Professional Regulation (DBPR); Information Provided
23-035	RF	Alleged misuse of a CHD vehicle for personal reasons by a DOH employee	Referred to the Office of County Health Systems (CHS)
23-036	RF	Alleged failure to obtain permit and maintain septic system by a private homeowner	Referred to CHD
23-037	NF	Alleged improper DOH involvement in a community transportation service and preventing recertification of an individual	Not Investigated - No Jurisdiction
23-038	RF	Alleged hostile work environment, salary repression/inequity, modification of records to cover up mistakes, and vaccine storage and handling issues by a DOH supervisor	Referred to MQA and Management
23-039	RF	Alleged refusal to issue septic permit without citing a regulatory violation by a CHD	Referred to Department of Environmental Protection
23-040	RF	Alleged falsification of inspection reports by a DOH employee	Referred to Management
23-041	RF	Alleged failure to properly communicate and schedule appointments by DOH employees	Referred to Management
23-042	RF	Alleged medical maltreatment by a non-DOH facility and medical providers	Referred to MQA
23-043	RF	Concerns regarding unsanitary conditions in a restaurant kitchen	Referred to DBPR
23-044	NF	Alleged HIPAA and Privacy Rights violations by a non-DOH physician and facility	Not Investigated - No Jurisdiction; Information Provided
23-045	NF	Alleged delay in providing medical services by a non-DOH healthcare company	Not Investigated - Information Provided
23-046	NF	Alleged hostile working environment by a DOH manager	Not Investigated - Insufficient Information
23-047	NF	Alleged failure to properly provide medical services or an ADA accommodation by a DOH nurse	Not Investigated - No identified violation of law, rule, or policy

Legend			
PI – Preliminary Inquiry	LE - Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-048	RF	Alleged improper disciplinary action, hostile work environment, and favoritism by a DOH manager	Referred to Management
23-049	RF	Alleged improper operation of medical centers without licensure by a non-DOH company	Referred to MQA and AHCA
23-050	RF	Alleged mismanaged medical care by a non-DOH medical facility	Referred to MQA and AHCA
23-051	NF	Alleged insurance fraud by a non-DOH optical practice	Not Investigated - No Jurisdiction
23-052	NF	Alleged failure to obtain consent and fraudulent paperwork by a non-DOH therapist	Not Investigated - Complaint already filed with MQA
23-053	RF	Alleged potential environmental and medical practice act violations by a non-DOH physician and abuse of power by county commissioners	Referred to MQA (environmental and medical practice act violations); Not Investigated - No Jurisdiction (abuse of power issues)
23-054	RF	Alleged retaliation, toxic and hostile work environment by a DOH manager	Referred to Management
23-055	RF	Alleged inadequate care provided by nursing staff at a non-DOH facility	Referred to MQA
23-056	RF	Alleged improper medical care for an inmate at a non-DOH facility	Referred to MQA and the Department of Corrections (DOC) Office of Inspector General (OIG)
23-057	RF	Alleged mishandling of a practitioner complaint and failure to communicate by DOH employees	Referred to Management
23-058	RF	Alleged medical neglect of an inmate at a non-DOH facility	Referred to MQA
23-059	NF	Alleged mishandling of a practitioner complaint by a DOH employee	Not Investigated - Information Provided
23-060	RF	Alleged failure to properly conduct pool inspection and inconsistent issuance of citations by a DOH employee	Referred to CHD
23-061	RF	Alleged false information provided by a DOH employee	Referred to Management
23-062	RF	Alleged neglect and unprofessional service provided by a non-DOH physician	Referred to MQA
23-063	NF	Alleged inappropriate conduct and failure to provide services by a DOH supervisor	Not Investigated - Insufficient Information
23-064	RF	Alleged inappropriate conduct and bullying by DOH managers	Referred to Management
23-065	NF	Alleged mishandling of medical complaint by DOH employees	Not Investigated - Information Provided
23-066	NF	Alleged discrimination, harassment, bullying, HIPAA and rule violations by non-DOH employees	Not Investigated - No Jurisdiction
23-067	RF	Alleged spreading of falsehoods by a DOH manager	Referred to Management
23-068	RF	Alleged discrimination and inappropriate behavior by a DOH manager	Referred to EOS
23-069	RF	Alleged failure to provide notice of a sexually transmitted disease by a citizen and testing entity	Referred to CHD
23-070	RF	Alleged hostile work environment, harassment, bullying, and discrimination by DOH managers	Referred to EOS
23-071	NF	Alleged harassment by a non-DOH health care worker	Not Investigated - No Jurisdiction; Information Provided
23-072	RF	Alleged violation of a plea agreement by a non-DOH employee	Referred to AHCA
23-073	PI	Alleged disclosure of confidential health information by a DOH employee	Not Investigated - Insufficient Information
23-074	RF	Alleged hostile work environment by a DOH supervisor	Referred to Management
23-075	PI	Alleged unprofessional conduct by a DOH supervisor	Referred to Management
23-076	RF	Alleged medical malpractice by a non-DOH physician	Referred to MQA
23-077	RF	Alleged refusal to properly enforce vaccine mandate ban by an unknown DOH employee	Referred to Florida Attorney General OIG
23-078	NF	Alleged unlawful employment practices by a CHD	Not Investigated - Insufficient Information
23-079	NF	Alleged failure to provide timely background screening results to applicant by DOH and other entities	Not Investigated - Insufficient Information; Alternative administrative remedies taken
23-080	RF	Alleged hostile work environment and bullying by a DOH supervisor	Referred to Management
23-081	NF	Alleged fraud and manipulation of COVID-19 data by DOH management	Not Investigated - Insufficient Information
23-082	RF	Alleged inappropriate alteration of time records by a DOH supervisor	Referred to Management
23-083	PI	Alleged inappropriate behavior and denial of promotional opportunity by a DOH manager	Not Investigated - Insufficient Information
23-084	RF	Alleged unprofessional behavior by a DOH employee toward other employees	Referred to Management

Legend			
PI – Preliminary Inquiry	LE – Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-085	RF	Alleged alteration of processes without justification or notice by a CHD	Referred to Management
23-086	RF	Alleged aggressive and inappropriate conduct by a DOH employee toward a private citizen	Referred to Management
23-087	RF	Alleged toxic work environment and unprofessional conduct by a DOH supervisor	Referred to Management
23-088	RF	Alleged improper access to PHI and threats by a DOH employee	Referred to Management
23-089	RF	Alleged unsanitary conditions at an apartment complex	Referred to CHD
23-090	RF	Alleged improper conduct by an unknown health inspector	Referred to DBPR OIG
23-091	RF	Alleged violations of laboratory rules, practices, and techniques by a DOH administrator	Referred to Management
23-092	RF	Alleged illegal medical acts by a non-DOH nurse	Referred to MQA
23-093	RF	Alleged failure to properly provide services by a Children's Medical Services (CMS) case manager	Referred to CMS Management
23-094	RF	Alleged medical negligence by a non-DOH dentist	Referred to MQA
23-095	RF	Alleged improper delay in the processing of a disability claim by DOH employees	Referred to Management; Information Provided
23-096	PI	Alleged extortion of local community organizations by a DOH employee	Not Investigated - Insufficient Information; Employee Separation
23-097	NF	Alleged substandard care by non-DOH physicians	Not Investigated - Insufficient Information
23-098	RF	Alleged unlicensed practice of a mental health practitioner	Referred to MQA
23-099	RF	Alleged inappropriate conduct and mishandling a complaint by a DOH employee	Referred to Management
23-101	NF	Alleged unfair treatment in the workplace and wrongful termination by DOH employees and managers	Not Investigated - No Jurisdiction; Insufficient Information
23-102	NF	Alleged bullying, harassment, and retaliation by a DOH supervisor	Not Investigated - No identified violation of law, rule, or policy
23-103	NF	Alleged fraudulent behavior and improper installation of a septic system by city employees	Not Investigated - Previously addressed by CHD
23-104	RF	Alleged inappropriate distribution of PHI by a pharmacist	Referred to MQA
23-105	RF	Alleged improprieties in the administration and delivery of services by a health/social service agency	Referred to CHD
23-106	RF	Alleged insect infestation at a hotel	Referred to DBPR
23-107	NF	Alleged inappropriate audits and requests for reimbursement of funds by a non-DOH entity	Not Investigated - No Jurisdiction
23-108	NF	Alleged failure to train staff and providing false information by a DOH supervisor	Not Investigated - Insufficient Information
23-109	NF	Alleged failure to follow State Surgeon General (SSG) guidance by employees of a federal entity	Not Investigated - No Jurisdiction; Information Provided
23-110	NF	Alleged improper promotion of a specific entity over competition by unspecified individuals	Not Investigated - Insufficient Information
23-112	RF	Alleged technical error in DOH system causing delay in renewal of medical marijuana card	Referred to the Office of Medical Marijuana Use Management
23-113	NF	Alleged failure of DOH to notify complainant of sexually transmitted disease exposure	Not Investigated - Insufficient Information
23-114	NF	Alleged falsification of documentation by vendor employee of a non-DOH state agency	Not Investigated - No Jurisdiction
23-115	RF	Alleged nepotism, bullying, belittling, hostile environment, and violation of HIPAA by a DOH supervisor	Referred to Management
23-116	NF	Alleged constitutional violations by a DOH manager	Not Investigated - Information Provided
23-117	RF	Alleged unprofessional and unhelpful conduct by an unidentified DOH employee	Referred to Management
23-118	RF	Alleged discrimination, false allegations, and defamation by DOH employees	Referred to EOS
23-119	NF	Alleged improper disclosure of information by an unidentified DOH employee	Not Investigated - Insufficient Information
23-120	RF	Alleged inappropriate statements on social media by a DOH employee	Referred to Management; Insufficient Supporting Documentation
23-121	RF	Alleged fraudulent billing, inappropriate medical practices, and HIPAA violations by a non-DOH medical entity	Referred to MQA; Information Provided
23-122	RF	Concerns regarding a DDD case by DOH	Referred to Management

Legend			
PI – Preliminary Inquiry	LE - Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-123	RF	Alleged intimidation, harassment, and threats by DOH unlicensed activity investigators	Referred to Management
23-124	RF	Alleged unsanitary conditions and labor law violations at two tanning facilities	Referred to CHD; Information Provided
23-125	RF	Alleged fraudulent billing by a non-DOH medical practice	Referred to Florida Department of Veterans Affairs and AHCA OIGs
23-126	RF	Alleged failure to pay accrued leave and failure to act on safety concerns by DOH managers	Referred to Management and the Bureau of Personnel and Human Resource Management (HR)
23-127	NF	Alleged false statements by private citizens and negligence by non-DOH attorney	Not Investigated - No Jurisdiction
23-128	RF	Alleged discrimination and harassment by DOH employees	Referred to Management
23-129	RF	Alleged falsification of timesheets by DOH employee	Referred to Management
23-130	NF	Alleged mistreatment by an emergency medical services provider and a hospital	Not Investigated - MQA previously notified; Information Provided
23-131	NF	Alleged falsification of medical records by a non-DOH physician and failure to investigate by MQA	Not Investigated - No identified violation of law, rule, or policy
23-132	RF	Alleged negligence by a DOH nurse	Referred to MQA
23-133	RF	Alleged inappropriate behavior by medical staff at a non-DOH facility	Referred to MQA
23-134	NF	Alleged violation of rights by a DOH manager	Not Investigated - Deferred to Management
23-135	RF	Alleged neglect in foster care system and by the Department of Children and Families (DCF)	Referred to DCF OIG; Information Provided
23-136	RF	Alleged inappropriate conduct by a DOH employee and supervisor	Referred to Management
23-137	NF	Alleged excessive use of social media by a DOH employee	Not Investigated - Insufficient Information
23-138	NF	Alleged hostile work environment by a DOH supervisor	Not Investigated - Complaint Withdrawn
23-139	NF	Alleged inappropriate conduct and improper hiring practices by DOH managers	Not Investigated - Complaint Withdrawn
23-140	NF	Concerns regarding applicant scoring for a CHD Administrator position	Not Investigated - No identified violation of law, rule, or policy
23-141	RF	Alleged mishandling of a massage therapist investigation by DOH employees	Referred to Office of General Counsel (OGC)
23-142	RF	Alleged failure to provide information and inappropriate conduct by DOH employees	Referred to Management
23-143	RF	Alleged unlicensed activity, HIPAA violations, and other inappropriate activity by a non-DOH practitioner	Referred to MQA
23-145	RF	Alleged poor medical treatment by employees of a non-DOH facility	Referred to MQA
23-146	NF	Alleged unlicensed medical activity by a non-DOH nurse	Not Investigated - MQA previously notified
23-147	NF	Alleged failure by DOH personnel to process withdrawal of licensure application resulting in a denial of licensure report to the National Practitioner Data Bank	Not Investigated - No identified violation of law, rule, or policy
23-148	NF	Alleged slander, abuse of power, and non-standard practices by a DOH employee	Not Investigated - Management Aware/Addressed
23-149	RF	Alleged failure to provide medical treatment and inappropriate referral by a non-DOH medical facility	Referred to MQA
23-151	NF	Alleged unauthorized access and disclosure of medical information by unidentified individuals	Not Investigated - Insufficient Information
23-152	NF	Alleged fraud, misinformation, and accepting bribery by SSG	Not Investigated - Insufficient Information
23-153	RF	Alleged unlicensed medical activity by a non-DOH medical practitioner and medical facility	Referred to MQA
23-154	NF	Alleged fraud by an insurance broker and private insurance companies	Not Investigated - No Jurisdiction; Information Provided
23-155	RF	Alleged mishandling of prescriptions and billing by pharmacy and insurer	Referred to MQA; Information Provided
23-156	RF	Concerns regarding the decisions of a child protective services investigation based upon a previous case outcome	Referred to DCF OIG
23-157	NF	Alleged insect infestation and unhealthy conditions at an apartment complex	Not Investigated - No Jurisdiction; Information Provided
23-158	RF	Alleged inappropriate conduct and disclosure of PHI by a DOH manager	Referred to CHS
23-159	RF	Alleged conflict of interest and mishandling of sanitary nuisance complaint by a DOH manager	Referred to Management

Legend			
PI – Preliminary Inquiry	LE - Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-160	NF	Alleged neglect of patient and breach of duty at an assisted living facility and mishandling of concerns by another state agency	Not Investigated - Information Provided
23-162	RF	Alleged unlicensed medical activity by a non-DOH dentist	Referred to MQA; Information Provided
23-163	NF	Alleged bullying by a non-DOH nurse	Not Investigated - No Jurisdiction; Information Provided
23-164	RF	Alleged unlicensed activity and inappropriate care by non-DOH medical personnel	Referred to MQA
23-165	RF	Alleged inappropriate hiring practices, mischaracterization of statements, and careless use of state property by a DOH manager	Referred to Management and HR
23-166	NF	Alleged inappropriate conduct and disclosure of PHI by a DOH manager	Not Investigated - Deferred to CHS
23-167	NF	Alleged unauthorized dental treatment and billing by DOH personnel	Not Investigated - Insufficient Information
23-168	NF	Alleged operation without proper permitting, retaliation, contract fraud, and use of expired medication by a non-DOH medical facility	Not Investigated - Information Provided
23-169	RF	Alleged inappropriate tolls charged to a DOH employee by managers	Referred to Management
23-170	RF	Alleged disruptive behavior and failure to wear proper protective equipment by DOH employees	Referred to CHS
23-171	RF	Alleged mishandling of an investigation into a non-DOH medical center by DOH and other government entities	Referred to OGC
23-172	RF	Alleged unprofessional behavior, deception, and lack of communication by a DOH contracted entity	Referred to Management
23-173	RF	Alleged unsanitary conditions, lack of proper care, and missing medication at a nursing home	Referred to AHCA
23-174	RF	Alleged inconsistent inspection enforcement of tanning facilities by a DOH employee	Referred to the Bureau of Environmental Health
23-175	RF	Alleged mistreatment of inmates by employees of non-DOH entities	Referred to DOC OIG
23-176	RF	Alleged unlicensed activity by a nursing school	Referred to MQA
23-177	RF	Alleged inappropriate conduct and improper hiring practices by a DOH supervisor	Referred to Management
23-178	NF	Alleged failure to investigate physician Medicaid fraud and failure to assist obtaining medical care by DOH	Not Investigated - Information Provided
23-179	RF	Alleged inappropriate conduct by a DOH employee	Referred to Management
23-180	RF	Alleged toxic and chaotic work environment caused by DOH supervisors	Referred to Management
23-181	NF	Alleged mishandling of environmental health inspection by DOH office and failure to follow law by other government entity	Not Investigated - No identified violation of law, rule, or policy (inspection); No Jurisdiction (other government entity)
23-182	RF	Alleged discrimination, harassment, and hostile treatment by a DOH manager	Referred to Management; EOS Information Provided
23-183	RF	Alleged unsanitary conditions and lack of care by an assisted living facility	Referred to CHD; Information Provided
23-184	NF	Alleged unsanitary conditions and lack of adequate supplies and services at a non-DOH government facility	Not Investigated - No Jurisdiction
23-185	NF	Alleged hostile work environment and discrimination by DOH employees and managers	Not Investigated - Deferred to EOS
23-186	NF	Alleged HIPAA violations by non-DOH facility and physician	Not Investigated - No Jurisdiction; Information Provided
23-187	NF	Alleged failure to provide public records by DOH	Not Investigated - Deferred to OGC
23-188	RF	Alleged failure to provide ADA accommodation for exam by medical board	Referred to EOS
23-189	NF	Alleged inappropriate disciplinary process by a medical board	Not Investigated - Information Provided
23-190	RF	Alleged drug activity and mistreatment of inmates by non-DOH entities	Referred to DOC OIG
23-192	NF	Alleged inappropriate conduct and communication by non-DOH nurse and lack of action by non-DOH government entity	Not Investigated - No Jurisdiction
23-193	NF	Alleged failure to follow regulations, false information, and insurance fraud by non-DOH medical entities	Not Investigated - No Jurisdiction; Information Provided
23-194	RF	Alleged fraud by an online nursing school	Referred to MQA
23-195	RF	Alleged discrimination and harassment by a DOH supervisor and employees	Referred to EOS
23-196	RF	Alleged personally identifiable information breach by DOH manager	Referred to Management
23-197	NF	Alleged failure to communicate by DOH employees	Not Investigated - Matter Resolved

Legend			
PI – Preliminary Inquiry	LE – Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Number	Type	Allegation/Concern	Disposition
23-198	RF	Alleged mismanagement, inappropriate conduct, and unfair treatment by a DOH supervisor	Referred to Management
23-200	RF	Alleged falsification of information by non-DOH individual	Referred to the Bureau of Vital Statistics
23-201	RF	Alleged abusive behavior by a non-DOH government entity employee	Referred to DOC OIG
23-202	RF	Alleged abuse by inmates and failure to provide assistance by non-DOH government entity	Referred to DOC OIG
23-203	RF	Alleged Medicare fraud and illegal self-referrals by medical personnel and employees at non-DOH medical facility	Referred to MQA
23-204	NF	Alleged conflict of interest and failure to properly perform duties by DOH manager	Not Investigated - Insufficient Information
23-205	RF	Alleged unsanitary conditions at an unnamed residential community	Referred to CHD
23-206	NF	Alleged Medicaid fraud, client neglect, verbal abuse, and inappropriate conduct at a non-DOH medical facility	Not Investigated - Information Provided
23-207	RF	Alleged unsanitary conditions and elder abuse at an assisted living facility	Referred to CHD; Information Provided
23-208	NF	Alleged theft of gift cards, falsification of information and disclosure of PHI by an employee of a contracted entity	Not Investigated - Insufficient Information
23-209	RF	Alleged nepotism and work interference by DOH managers	Referred to Management
23-210	RF	Alleged abusive behavior, retaliation and inadequate care by staff at transition home	Referred to MQA, AHCA, and DCF
23-211	NF	Alleged failure to address unsanitary conditions by management of an apartment complex	Not Investigated - No Jurisdiction; Information Provided
23-212	RF	Alleged abuse of inmate at non-DOH facility	Referred to DOC OIG
23-213	NF	Alleged inappropriate contract decision by DOH staff	Not Investigated - Insufficient Information
23-214	NF	Alleged abuse of power and unfair treatment of employee related to resignation by DOH managers	Not Investigated - Insufficient Information
23-215	NF	Alleged imposition of additional requirements for septic approval not found in law by DOH employee and manager	Not Investigated - Insufficient Information
23-216	NF	Alleged mistreatment and illegal activity by non-DOH entity and non-DOH contracted entity	Not Investigated - No Jurisdiction
23-217	RF	Alleged medical malpractice by non-DOH physician and cover-up by medical board	Referred to OGC
23-218	NF	Alleged inconsistent information provided by DOH for license renewal	Not Investigated - No identified violation of law, rule, or policy
23-219	RF	Alleged delays, failure to communicate, and negligence by employee of medical board	Referred to Management
23-221	RF	Alleged failure of DOH assigned doctor to submit medical information timely	Referred to Management
23-222	RF	Alleged failure to provide medical records by non-DOH physician	Referred to MQA
23-223	NF	Alleged attempted bribery by employees of a non-DOH entity	Not Investigated - No Jurisdiction; Information Provided
23-227	NF	Alleged theft of property by non-DOH employee	Not Investigated - No Jurisdiction
23-229	RF	Alleged failure to communicate by DOH employees	Referred to Management; Information Provided

Legend			
PI – Preliminary Inquiry	LE - Law Enforcement Referral	IN – Investigation	NF – No Further Action
RF – Referral to Others	WB – WB Investigation	MA – Management Advisory	INA – Investigative Assist

Florida HEALTH

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*

By Mail

By Phone

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