

**FLORIDA DEPARTMENT OF HEALTH  
OFFICE OF INSPECTOR GENERAL  
ANNUAL REPORT FY 2018-19**

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# INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- ❖ Inform the agency head of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Conduct periodic audits and evaluations of the agency's information technology security program for data, information, and information technology resources of the agency<sup>1</sup>;
- ❖ 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;

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

- ❖ 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), Office of Inspector General (OIG) for the 12-month period ending June 30, 2019.

# MISSION, VISION, AND VALUES

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

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

The **vision** of the Department is:

***“To be the Healthiest State in the Nation.”***

The **values** of the Department are:

- ❖ ***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

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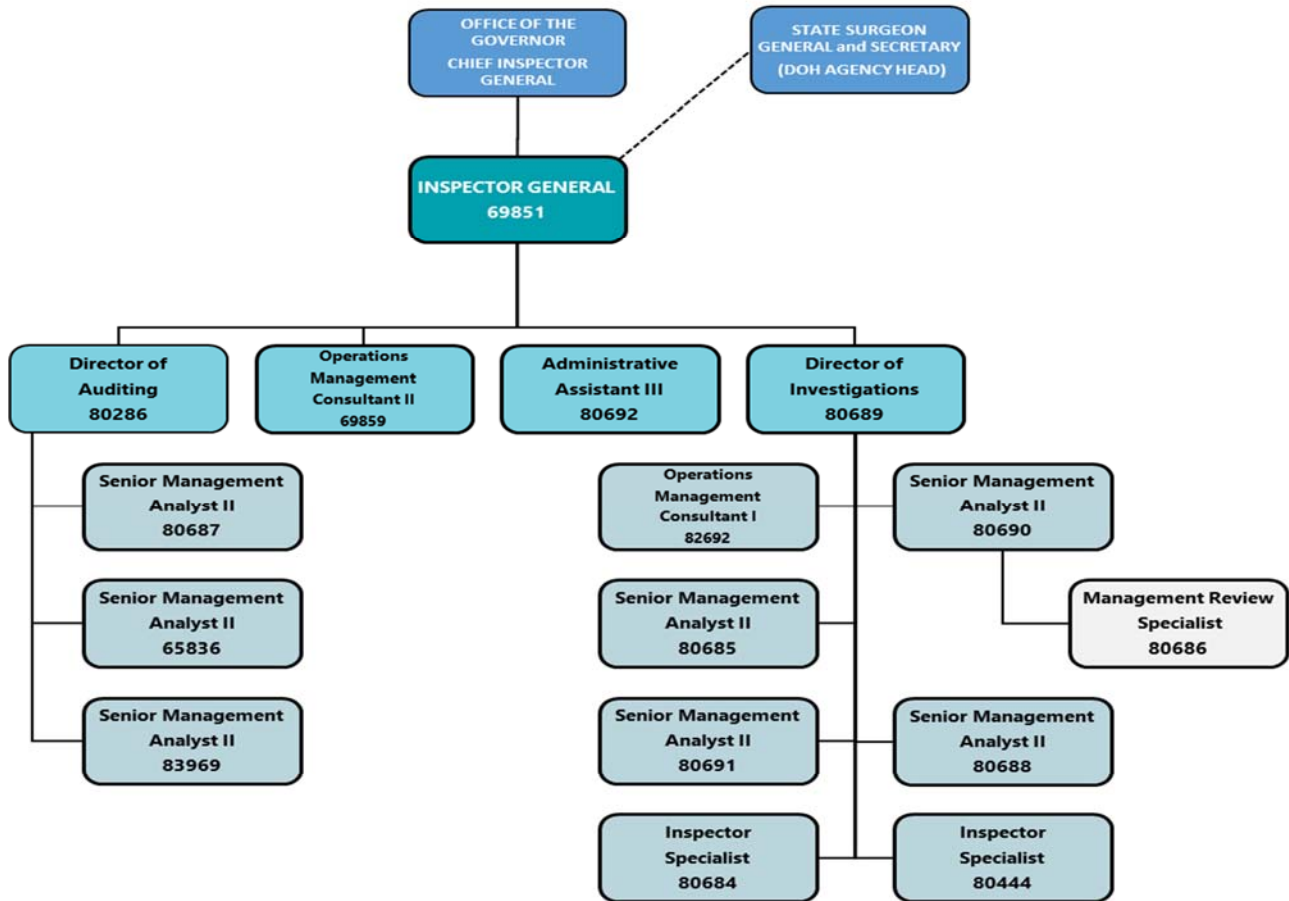
## Staff Qualifications

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

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, 2019, four positions are vacant. The following statistics represent the 12 occupied positions:

- Many of the OIG staff members have specialty certifications that relate to specific job functions within the OIG. These certifications include:
  - ❖ 4 Certified Inspector General Investigator
  - ❖ 4 Certified Accreditation Manager
  - ❖ 3 Certified Accreditation Assessor
  - ❖ 2 Certified Inspector General
  - ❖ 2 Certified Inspector General Auditor
  - ❖ 1 Certified Active Shooter Trainer
  - ❖ 1 Certified Public Accountant
  - ❖ 1 Certified Internal Auditor
  - ❖ 1 Certified Fraud Examiner
  - ❖ 1 Certified Government Auditing Professional
  
- The Inspector General serves as a board member of the Florida Audit Forum.
  
- An OIG staff member serves as a board member of The Institute of Internal Auditors Tallahassee Chapter.
  
- Staff within the OIG collectively have:
  - ❖ 76 years of Audit experience
  - ❖ 109 years of Investigative experience

# Department of Health Office of Inspector General Organizational Chart (as of June 30, 2019)



## Training

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

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

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

Some of the recurring training throughout the year included attendance at meetings of the Florida Audit Forum, Department-sponsored employee training, and training programs sponsored by the Tallahassee Chapter of the Institute of Internal Auditors (IIA), the Florida Chapter of the Association of Inspectors General (AIG), Association of Certified Fraud Examiners (ACFE), and the Association of Government Accountants (AGA).

Some of the specific courses or conferences attended by staff during the 2018-19 fiscal year include:

- ❖ Florida Institute of Certified Public Accountants' Annual Accounting and Business Show
- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Preparing for Success ACFE/IIA's Annual Fraud Conference
- ❖ Emphasize the Basics, Elevate the Standards Training
- ❖ Exploring Ethical Situations for Internal Auditors
- ❖ Open Source Intelligence and Automation Tools for Social Media Awareness

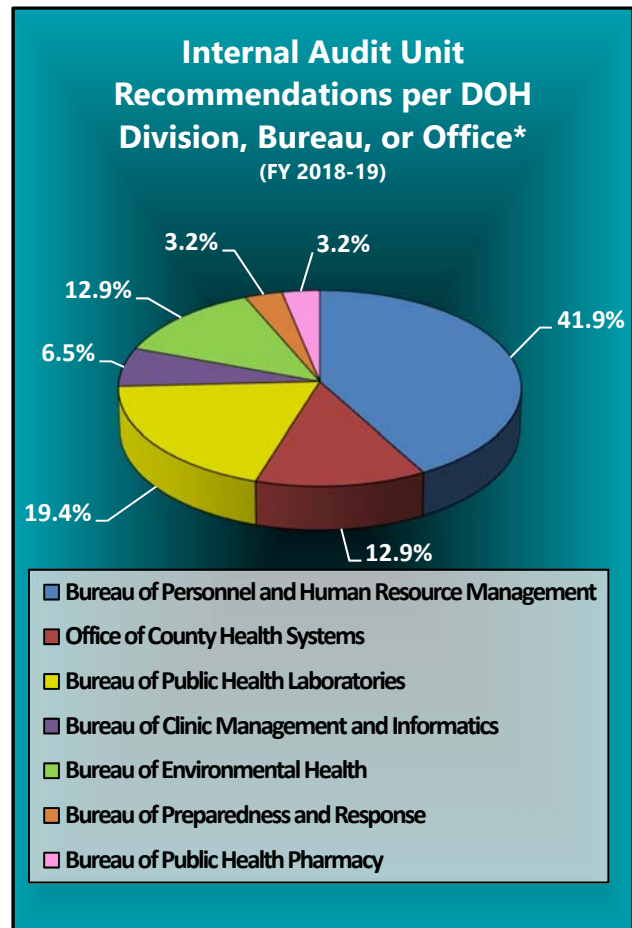
# OIG FUNCTIONS

## Internal Audit Unit

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

Identification of audit and review engagements is primarily based 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 provide independent advisory services to Department management for the administration of its programs, services, and contracting processes. The Unit also performs other limited-service engagements, such as special projects and investigative assists, which relate to specific needs and are typically more targeted in scope than an audit or review.



\*Based upon 12 published reports in FY 2018-19.



## 2018-19 Accomplishments

The OIG completed five audit engagements and seven review engagements during the 2018-19 fiscal year.

The OIG continues to monitor progress of management actions taken to correct significant deficiencies noted in audit and review engagements. A listing of all engagements completed during the 2018-19 fiscal year 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 two review projects during fiscal year 2018-19 that will culminate during fiscal year 2019-20.

## Performance Criteria

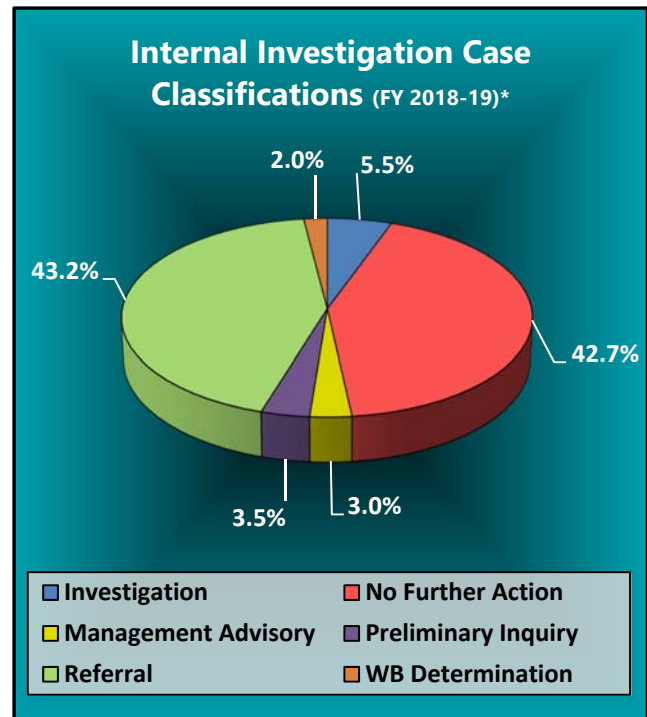
All audits and consulting engagements are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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 the 2018-19 fiscal year:

- ❖ Investigation – the OIG conducts a formally planned investigation that will result in an investigative finding report.
- ❖ Whistle-Blower Determination – the review of a complaint to determine whether it meets specific statutory requirements to rise to the level of a whistle-blower investigation.
- ❖ Whistle-blower Investigation – the OIG conducts a formally planned investigation following specific statutory requirements that will result in an investigative finding report.
- ❖ Management Advisory – complaints provided to county health department (CHD) or Program management to handle and report their findings to the OIG.
- ❖ Preliminary Inquiry – an analysis of a complaint to develop the allegation(s) and a determination of whether Florida laws, rules, Department policies or procedures may have been violated.
- ❖ Referral – a referral of a complaint to Department management (internal referrals) or another agency when the subject or other individuals involved are outside the jurisdiction of the Department (external referrals).
- ❖ Investigative Assist – provides assistance to law enforcement.
- ❖ No Further Action – insufficient information in the complaint for an investigation.



\*Based upon 199 investigative cases completed in FY 2018-19.

## 2018-19 Accomplishments

The OIG closed 199 complaints during the 2018-19 fiscal year. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2018-19 fiscal year and their disposition can be found in Appendix C. A sampling of various investigations completed during the 2018-19 fiscal year can be found starting on page 25 of this report.

## Performance Criteria

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

## Accreditation

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

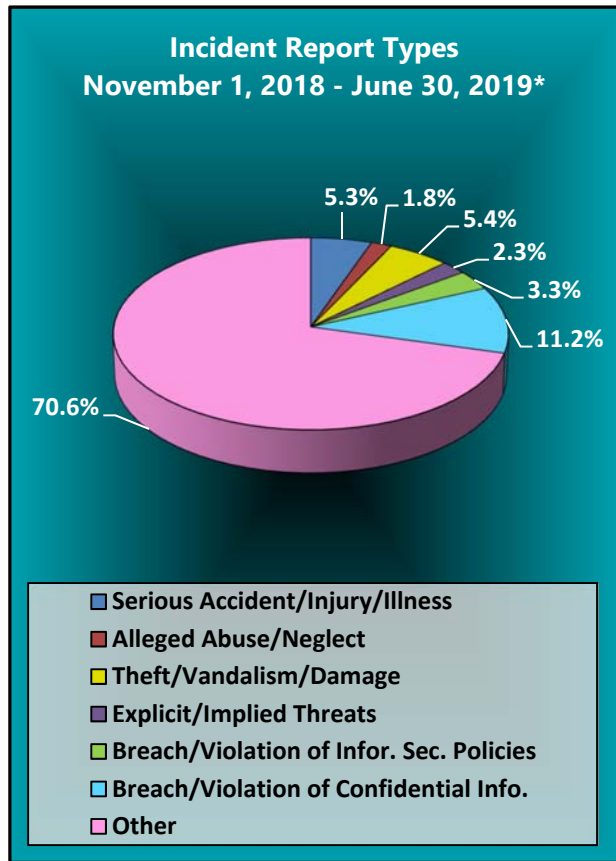
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

The Department’s OIG was reaccredited on November 1, 2017, and is one of 23 accredited state agency Offices of Inspector General as of June 30, 2019.

## Incident Reports

Incident Reports are utilized within the Department to ensure that each incident as defined in Department policy is adequately documented, reported, and investigated. The types of incidents that should be reported are those that:

- ❖ Expose Department employees or the public to unsafe or hazardous conditions or injury;
- ❖ Result in the destruction of property;
- ❖ Disrupt the normal course of a workday;
- ❖ Project the Department in an unfavorable manner;
- ❖ Cause a loss to the Department;
- ❖ May hold the Department liable for compensation by an employee, client, or visitor; or
- ❖ Violate information security and privacy policies, protocols and procedures; suspected breach of privacy; or suspected breach of information security.



\*Based upon 1,945 Incident Reports submitted.

## 2018-19 Accomplishments

A new online electronic Incident Reporting System was instituted on November 1, 2018. The new system allows for all incidents and corrective actions to be reported online, improving management monitoring of incidents within their areas of responsibility and to identify and address issues in a timely manner.

This new system replaces the previously used paper system of reporting incidents, which separated incidents by severity, requiring only the more serious incidents to be reported to the OIG. Less serious incidents were maintained and resolved at the local level only.

# SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

## AUDIT SUMMARY

*The following is a summary of internal audits completed during the 2018-19 fiscal year.*

### **AUDIT REPORT # A-1718DOH-019**

#### **Verification of Completion of Employee Training Requirements**

TRAIN Florida is the Department's official learning system, which hosts and tracks all Department trainings. The OIG examined whether Department-required trainings for newly hired staff, newly hired or newly promoted supervisors, and the annual mandatory refresher training by all Department employees are monitored to ensure the trainings are completed.

#### **SUMMARY OF FINDING**

- ❖ The Department does not monitor the completion of employee training on an enterprise-wide basis.

#### **RECOMMENDATION**

- ❖ The OIG recommended the Bureau of Personnel and Human Resource Management (BPHRM) periodically compare TRAIN Florida data to People First hire and newly promoted supervisor data to ensure all Department employees receive required training. A necessary component of this will need to be that the TRAIN Florida Login Name is the same as the People First identification number.

### **AUDIT REPORT # A-1718DOH-020**

#### **County Health Departments' Ordering and Shipping of Clients' Lab Work**

Following a series of lost shipments of laboratory (lab) specimens from county health departments (CHDs) to the Department's labs, the OIG examined the ordering and shipping of clients' lab specimens due to the risk of Personally Identifiable Information (PII) and Protected Health Information (PHI) exposure when shipments are lost.

## SUMMARY OF FINDINGS

- ❖ CHDs included unnecessary PHI in shipments to the labs.
- ❖ Specimen container labels that were printed from e-Lab included clients' PHI.
- ❖ Policies and procedures for specimen submission have not been developed.
- ❖ Some packages of lab specimens were not properly identified with UN3373, *Biological Substance, Category B* labels.
- ❖ Lab specimens were not consistently shipped.
- ❖ CHD staff did not always appropriately affix labels so barcodes could be scanned at the labs.
- ❖ Requisitions and specimen container labels were completed by hand and submitted via mail.

## RECOMMENDATIONS

The OIG recommended the Office of County Health Systems:

- ❖ Require CHDs use only labels with barcodes when shipping specimens to the labs, except where paperwork, such as manifests and/or requisitions, is required.
- ❖ Develop requirements to help ensure CHDs properly label shipments of lab specimens, in accordance with 49 CFR 173.199.
- ❖ Require CHDs submit all lab requisitions using e-Lab, where CHDs submit lab specimens from community events.

The OIG recommended the Bureau of Public Health Laboratories (BPHL):

- ❖ Develop written uniform guidance regarding packaging and shipping in accordance with 42 CFR 493.1242(a). Additionally, we recommend BPHL and the Office of County Health Systems together develop a monitoring process, so CHD shipments not received by BPHL are timely identified and reported.
- ❖ Submit an Incident Report to notify Department management and the OIG each time a noncompliant shipment is received.
- ❖ Develop written procedures regarding packaging and shipping of specimens to comply with 49 CFR 173.199 requirements for Category B infectious disease specimens. We also recommend BPHL in collaboration with the Office of County Health Systems train all CHD

employees responsible for packaging and shipping of Category B infectious disease specimens to ensure consistency.

- ❖ Develop written procedures, which includes instructions regarding the agreed-upon minimum size and how to properly affix the label to the specimen container.

The OIG recommended the Bureau of Clinic Management and Informatics:

- ❖ In collaboration with BPHL, evaluate the information included on the e-Lab labels. Information on the label should be minimized to the greatest extent possible, to protect the client's PII and PHI from improper disclosure.
- ❖ Collaborate with the vendor to specify a minimum size for printing of barcodes to be scanned.

## **AUDIT REPORT # A-1718DOH-021**

### **County Health Department Dental Clinics' Billing for Dental Services**

The OIG examined the appropriateness of the Department's county health department dental hygienists and dental assistants billing under a non-attending dentist.

No major efficiency or effectiveness issues for billing were identified during the engagement.

## **AUDIT REPORT # A-1819-007**

### **County Health Departments' Onsite Sewage Treatment and Disposal Systems Inspections**

The OIG examined Onsite Sewage Treatment and Disposal Systems (OSTDS) data in the *Environmental Health Database* (EHD) to determine whether the data is supported by accurate documentation at the county health department (CHD) level. It was necessary to also review relevant data in the *Health Management System* (HMS).

The OIG also wanted to assess the validity and reliability of performance measures presented in the Department's *Long-Range Program Plan* (LRPP) dated October 1, 2018, related to CHDs' OSTDS inspections.

## **SUMMARY OF FINDINGS**

- ❖ Inspections and re-inspections were miscoded or not coded in HMS.
- ❖ The Bureau of Environmental Health's (Bureau) performance measure in the Department's LRPP was not valid or reliable.

## RECOMMENDATIONS

The OIG recommended the Bureau:

- ❖ In conjunction with the Office of County Health Systems, provide CHD Environmental Health inspectors with periodic, continuous training related to coding OSTDS inspections in HMS.
- ❖ Ensure CHD Environmental Health directors (or a delegate) regularly review and approve inspections and re-inspections data coded into HMS and provide instruction to inspectors with errors.
- ❖ As it migrates to a new solution to replace EHD, currently in process, include a function to capture time and services data that links to HMS. This will eliminate the need for CHD staff to code data into two separate systems, adding efficiencies in time.
- ❖ Identify a valid performance measure, replacing the current performance measure with one that is valid, and ensuring reliable data is reported for the new performance measure.

## AUDIT REPORT # A-1819-008

### The Regionalization of Personnel & Human Resources and Follow-Up

The OIG examined the Bureau of Personnel and Human Resource Management (BPHRM), as well as the regional Human Resources (HR) offices, to evaluate the Department's current policies, procedures, and processes used to verify and document qualifications required of applicable positions; determine if Department full-time equivalent (FTE) positions have a written, approved *Position Description* (PD); determine if employees, contracted staff, interns, and volunteers timely undergo background screens and rescreens; examine duties assigned to individuals whose background results identified prior histories, and whether such duties are appropriate for these individuals; evaluate the regionalization of personnel and human resource services and determine if BPHRM management processes were consistently implemented statewide; and evaluate management's corrective actions to OIG Report No. R-1516DOH-017, *Review of Contractor Background Screening and Employment Qualification Verification*, dated April 14, 2016, to determine if identified weaknesses were corrected.

## SUMMARY OF FINDINGS

- ❖ Department staff and contracted employees did not always undergo a background screening in accordance with Florida law, rules, Department policy and contractual requirements.
- ❖ DOHP 60-5-15, *Background Screening* (*Background Screening* policy) did not require contracted employees in sensitive positions to undergo five-year screening for continued employment.



- ❖ Screening dates were not accurate or timely updated in People First.
- ❖ The *Background Screening* policy and DOHP 60-4-13, *Classification (Classification policy)* were not timely reviewed and updated.
- ❖ Criminal history results during the background screenings process were inconsistently reviewed.
- ❖ PDs did not properly designate positions as “sensitive.”
- ❖ Completion of PDs was inconsistent.
- ❖ There were inconsistencies in regionalization costs.

## RECOMMENDATIONS

The OIG recommended BPHRM:

- ❖ Ensure Department employees and contracted employees undergo background screenings in accordance with Florida law, Department policy and contractual requirements.
- ❖ Develop a review process to ensure Servicing county health departments (CHDs) process background screenings in accordance with Florida law, Department policy and contractual requirements.
- ❖ Continue to consider additional methods for researching background information on employees and candidates for employment, because level 2 screenings may not always be all inclusive.
- ❖ Update the *Background Screening*, to reflect the position that contracted employees must undergo a five-year screening for continued employment. This was previously recommended in OIG Report No. R-1516DOH-017.
- ❖ Develop a monitoring process to ensure all contracted employees undergo a five-year screening. This was previously recommended in OIG Report No. R-1516DOH-017.
- ❖ Conduct periodic reviews to ensure the Servicing CHDs accurately and timely update screening dates in People First.
- ❖ Update the *Background Screening* policy and the *Classification* policy to reflect the Department’s current processes.

- ❖ Periodically, and continually, update policies and procedures in accordance with DOHP 5-2-16, *Policies and Procedures Management*.
- ❖ Detail in the *Background Screening* policy the specific process for reviewing background screenings resulting in criminal histories and require its use statewide.
- ❖ Review and update all PDs to ensure sensitive duties are appropriately designated.
- ❖ Review and update PDs to ensure all applicable information is correct and current.
- ❖ Evaluate the benefits of continuing with the regionalization of HR services. If the regionalization of HR services is maintained, BPHRM management should develop a monitoring process to ensure Servicing CHDs are consistently reporting expenditures.
- ❖ Furthermore, OIG will address with Executive Management the reporting structure prevalent throughout the Department which hinders the enforcement of compliance when field staff are tasked with providing a program service while not reporting directly to the program.

## OTHER PROJECTS

*The following is a summary of other projects completed during the 2018-19 fiscal year.*

### **REPORT # Q-1819DOH-005** **Self-Assessment Quality Assurance Review**

The OIG conducted a self-assessment quality assurance review (QAR) of the Internal Audit Unit (IA) to evaluate the IA's conformance with the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF), which includes the IA charter, the IIA's Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing*.

There were no reportable issues noted in the report.

### **REPORT # R-1718DOH-015** **Review of General Controls at County Health Departments - 2018**

The OIG visited and reviewed 32 county health departments (CHDs) during March thru June 2018 to analyze selected controls and requirements related to server room security; server room environmental controls; pharmaceuticals; dental clinic controls; disaster recovery & business continuity; patient privacy rights; records retention, archiving, and disposition; information technology resources; building safety and physical security; storage buildings; security of safety paper; cash handling; and client incentives.

#### **SUMMARY OF FINDINGS**

- ❖ Various general controls were found to be deficient or non-existent within the 32 CHDs visited. They included:
  - Eight CHDs did not document the designated secured server room and 12 CHDs did not document the designated secured pharmaceutical storage area(s) in the local information security and privacy procedures.
  - Five of 21 CHDs that had power redundancy (generator) did not have a system to notify management and/or other designated personnel should there be a power interruption. Additionally, four CHDs did not have a thermometer in each server room.
  - Four of 23 CHDs we tested had not developed its own local Information Technology Disaster Plan.
  - Five of 30 CHDs tested had not segregated the ordering, receiving, distribution of, and inventorying of pharmaceuticals duties to the greatest extent possible.
  - Four of 31 CHDs tested did not maintain its own written policy and procedures for its pharmaceutical operations and services.

- Four of 32 CHDs tested did not rotate pharmaceuticals on a first-in, first-out basis.
- Six of 32 CHDs tested held expired pharmaceuticals still available for dispensing to clients.
- Six of 32 CHDs tested did not have a "Notice of Privacy Practices" prominently displayed in the waiting room/lobby.
- Eight of 29 CHDs visited that collect clients' Social Security numbers (SSNs) did not provide a written statement to the client to explain whether federal or state law authorizes its collection.
- At 10 of 22 CHDs tested, CHD Directors/Administrators did not have documentation to support quarterly reviews are conducted to review users' access to Department systems and applications which store SSNs.
- Twenty-six of 31 CHDs tested stored old computer equipment. The stored equipment was not labeled as sanitized at five of the 26 CHDs.
- Five of 32 CHDs tested did not provide a unique cash box to each individual cashier that was inaccessible to other cashiers.
- At six of 24 CHDs tested, one key opened multiple cash boxes. Also, at one CHD where multiple cashiers worked simultaneously, we discovered the unique cabinet drawers assigned to each cashier to store their cash box during working hours were all keyed the same.
- At four of 32 CHDs tested, we observed keys to cash drawers were unattended and/or accessible to others.
- At five of 32 CHDs tested, cash boxes were not stored in a secure place when not in use.
- At nine of 32 CHDs tested, the mail opener was not independent of the cash collection process.
- Eleven of 30 CHDs tested did not have a written local policy describing the segregation of duties between employees who authorize refunds versus those who disburse funds to complete refunds to appropriate payers.
- Five of nine CHDs we visited that directly applied for and/or received grants had not developed a written policy to ensure compliance with IOP 57-01-16, *Grants Management*.
- None of the nine CHDs that directly applied for grants were aware they should forward all grantor audit inquiries to the Department's Federal Compliance and Audit Management Section, and notify the OIG before arranging any onsite visit from auditors.

**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-1819DOH-002****Readiness, Security, and Inventory Controls of the Department's Mobile Medical Treatment Centers**

The OIG reviewed the Department's Mobile Medical Treatment Centers (Trailers) to determine whether responders are ready for immediate activation and deployment, and mobile equipment and related inventory are appropriately secured.

**SUMMARY OF FINDING**

- ❖ The Bureau of Preparedness and Response (Bureau) had not developed written procedures specific to the maintenance and deployment of the Trailers.

**RECOMMENDATION**

- ❖ The OIG recommended the Bureau complete written procedures that address topics related to maintenance and deployment of the Trailers and their inventory stock. The procedures should also address requirements for documenting routine maintenance, i.e., maintenance logs.

**REPORT # R-1819DOH-004****Grant Applications made by the Department of Health in Charlotte County**

Department management requested the OIG to review the accuracy of any statements made and data included in grant applications submitted by the Department of Health in Charlotte County during the period August, 2016 through March, 2018.

The OIG selected three grant applications to review. No issues were identified during the engagement.

**REPORT # R-1819DOH-006****Pharmaceutical Shipments and Returns**

The OIG published an audit report June 12, 2017, of the Bureau of Public Health Pharmacy's (Bureau) *Pharmacy Inventory Controls*. During follow-up of an open corrective action plan, the OIG became aware of a couple of possible extenuating issues related to quarantined (i.e.,

expired or contaminated) pharmaceuticals the OIG considered important and necessary to verify. It appeared staff at some county health departments (CHDs) were completing Return Merchandise Authorizations (RMAs) in the Pharmaceutical Forms System (PFS) to remove quarantined pharmaceuticals from inventory even though they did not plan to immediately ship them back to the Bureau. The effect was to show in PFS that the drugs were out of the CHD's inventory. It also appeared some CHDs were not always recording pharmaceuticals in PFS as "received" at the point shipments were received from the Bureau.

During the review of shipments and returns of pharmaceuticals between January 1, 2018 through June 30, 2018, the OIG found the concerns to be accurate.

## SUMMARY OF FINDINGS

- ❖ Six RMAs created between January 4, 2018 and May 16, 2018 in PFS to document the return of pharmaceuticals to the Bureau, were still outstanding as of June 18, 2018. Of these:
  - One RMA was created by staff at the Department of Health (DOH) in Highlands County to remove pharmaceuticals from inventory. However, the pharmaceuticals were not immediately shipped to the Bureau. The pharmaceuticals were held until a significant number of pharmaceuticals were collected, with an objective of saving shipping costs.
  - Staff at DOH-Duval erroneously created three RMAs when preparing to dispose of the pharmaceuticals. DOH-Duval uses a contracted reverse distributor to dispose of quarantined pharmaceuticals, lacking the required permits to return pharmaceuticals to the Bureau.
  - One RMA at DOH-Palm Beach was created January 4, 2018. DOH-Palm Beach was not able to determine why the RMA was created, or whether the shipment was made, but lost.
  - One RMA at DOH-Miami-Dade was associated with a shipment that was received, but misplaced by Bureau staff.
- ❖ DOH-Miami-Dade provided information on another outstanding RMA that was associated with a shipment that was received, but misplaced by Bureau staff.
- ❖ CHD staff did not timely record in PFS as "received," nine shipments of new pharmaceuticals from the Bureau to CHDs (Lake, Marion, and Monroe), as of the test date of August 21, 2018.

## RECOMMENDATION

- ❖ The OIG recommended the Bureau conduct monthly reconciliations of PFS data and notify CHDs of pending action items related to RMAs or pharmaceuticals shipments.

**REPORT # R-1819-007****After-hours Use of Department of Health Internet Resources**

The OIG reviewed the Department's network internet traffic (traffic) to see if there was a significant increase in traffic by Department employees and other approved users (users) during nonstandard business hours. Increased traffic could be an indicator of possible misuse of the Department's internet resources for personal, personal business-related, or other inappropriate purposes.

**SUMMARY OF FINDING**

- ❖ Of 11 users identified having unusual activity at least four times during nonstandard business hours:
  - Four users' title and duties were related to information technology.
  - Four users' manager confirmed the user's duties required access to Department internet resources during nonstandard business hours.
  - Three users' manager was unable to confirm a need for the user to access Department internet resources during nonstandard business hours. We identified these users to their respective manager and recommended the manager ensure the employee receives additional training on the use of the Department's internet resources and review DOHP 50-10.2-16, Information Technology Information Security and Privacy Policy 2, *Acceptable Use and Confidentiality Agreement*.

The OIG did not make an overall recommendation to Department management.

**REPORT # R-1819-008****User Access to Systems with Confidential Information**

The OIG reviewed selected systems to determine whether they are periodically monitored for user access privileges; terminated users were timely removed; and users' job functions and *Position Description*, if applicable, required access to Personally Identifiable Information and Protected Health Information.

The report was classified as exempt from public disclosure in accordance with 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, 2019, the following corrective actions were still outstanding:*

### **AUDIT REPORT # A-1718DOH-004** **Environmental Health Fees in the Health Management System**

The Department's *Environmental Health Database* (EHD) is the mandated statewide system to be used by county health departments (CHDs) for all information related to environmental health (EH) programs, including related fees.

Some EH fees were identified in the Department's *Health Management System* (HMS), including one-time encounters. The OIG audited whether such fees were accurately collected and recorded in HMS; reconciled, deposited, and recorded in the Florida Accounting Information Resource; and reflected in EHD. The OIG also wanted to determine the reason CHDs continue to use HMS for EH transactions.

#### **SUMMARY OF FINDINGS**

- ❖ EH customers' receipts did not always include required information.
- ❖ Users were granted inappropriate access and abilities in HMS.

#### **RECOMMENDATIONS**

The OIG recommended the Office of County Health Systems:

- ❖ Ensure the Department in all counties prepare receipts in accordance with IOP 56-66-17, *Accounts Receivable*. Additionally, the OIG recommended unannounced periodic reviews of receipts to ensure compliance with policies and procedures.
- ❖ Ensure the Department in all counties, in collaboration with the Bureau of Clinic Management & Informatics, evaluate and update user access for all systems which store social security numbers. Subsequent to the initial evaluation, the OIG recommended the Department in all counties conduct quarterly reviews as required in DOHP 20-19-15, *Access Control of Social Security Numbers*.
- ❖ Ensure user accounts are unique to a specific employee and can be traced for accountability purposes.



# SUMMARY OF MAJOR ACTIVITIES:

## INTERNAL INVESTIGATIONS UNIT

*The following is a sampling of various FY 2018-19 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.*

### **INVESTIGATION # 17-143**

#### **Alleged Abuse of Authority**

#### **Department of Health in Palm Beach County (DOH-Palm Beach)**

This investigation was initiated based on a complaint made on behalf of a private business owner (Complainant) alleging a DOH-Palm Beach employee (Subject) abused their authority.

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

**Allegation #1:** Subject threatened that the Complainant would be hit with criminal charges if the Complainant filmed the Subject's inspection of the facility. The allegation was **unsubstantiated**. The OIG found insufficient evidence to either prove or disprove the allegation.

**Allegation #2:** Subject wrongfully escalated numerous violations from a Class II to a Class I, causing the Complainant to lose funding. The allegation was **unsubstantiated**. The OIG found insufficient evidence to either prove or disprove the allegation.

**Allegation #3:** Individuals in charge refused to speak to the Complainant in person and failed to return phone calls and/or emails. The allegation was **unsubstantiated**. The OIG found insufficient evidence to either prove or disprove the allegation.

### **INVESTIGATION # 17-250**

#### **Alleged Falsification of State of Florida Employment Application**

#### **Department of Health in Duval County (DOH-Duval)**

This investigation was initiated based on a complaint from a former DOH-Duval employee (Complainant) alleging a separate DOH-Duval employee (Subject) falsified their State of Florida employment application.

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

**Allegation #1:** Subject failed to completely and accurately answer the criminal background questions on their application for employment. The allegation was **substantiated**. The OIG obtained evidence confirming the Subject failed to answer all the questions regarding their criminal background on their State of Florida employment application. The Subject omitted a first-degree misdemeanor charge in which they pled Nolo Contendere. This action violated Section VII. D. 6. f. (4)(d), DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee, Falsification of Records or Statements.

### Additional Findings

**Finding #1:** Former DOH-Duval management was negligent in approving the Subject’s Outside Employment Request form which listed the days and hours of the Subject’s outside employment as the same as their work hours at DOH-Duval. This action violated Section VII. D. 6. b., DOHP 60-8-16, *Discipline* – Negligence.

**Finding #2:** Subject performed outside employment tasks during Department work hours and using Department resources. This action violated Sections VII. I. 6. c. & e., DOHP 30-2-13, *Code of Ethics* – Outside Employment; Section VII. D. 6. f. (4)(h), DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee, Unauthorized Use of State Property; and the Department’s Employee Handbook Sections G. – Internet/E-mail and L. – Personal Use of State or Department Resources.

**Finding #3:** Subject is a member of an advisory board, outside of their Department employment, in which they receive compensation. This was not part of the Subject’s approved outside employment and was not discussed with the Department’s Ethics Officer. This is a violation of Section VII. H. 5., DOHP 30-2-13, *Code of Ethics* – Membership/Participation of Boards.

### RECOMMENDATION

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

## INVESTIGATION # 18-070

### Alleged Potential Loss of Confidential Medical Records

This investigation was initiated based on a series of Department *Incident Reports* that were received by the OIG between April 5, 2018 and June 14, 2018, indicating boxes that contained Personal Health Information (PHI) and/or Personal Identifiable Information (PII) were potentially compromised during shipping using a third-party carrier.

The OIG found the incidents did occur but were caused by procedural issues rather than any wrongdoing on behalf of the third-party carrier or Department employees.

## RECOMMENDATIONS

- ❖ The OIG recommended management consider utilizing shipping services with more enhanced security features, such as higher level of service from a common shipping carrier, or a dedicated shipper of “door-to-door” service, when shipping boxes or items containing PII, PHI, security papers, or medical samples sent for testing.
- ❖ The OIG also suggested the Department improve instruction and education to all employees involved in the shipping of such items.

## INVESTIGATION # 18-120

### Alleged Negligence

#### Department of Health in Palm Beach County (DOH-Palm Beach)

This investigation was initiated after the OIG received a Department *Incident Report* stating a client reported that a check written for a permit had not cleared the client’s bank. A review of DOH-Palm Beach records revealed an electronic check deposit of \$10,045 which should have been deposited on March 13, 2018, was not showing in the DOH-Palm Beach Finance and Accounting (F&A) records, and there was no record of the deposit at the bank. The receipt of checks and issuance of permits was recorded, but checks were shredded per local procedure and were no longer available for deposit. The electronic check deposit transaction on March 13, 2018, was handled by a DOH-Palm Beach employee (Subject).

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

**Allegation:** Subject was negligent in handling a bank deposit transaction for March 13, 2018. The allegation was **substantiated**. The Subject properly recorded the daily check receipts and scanned the checks into the bank’s electronic deposit system, but did not complete the transmittal of the electronic check deposit to the bank. The OIG also found the Subject misinterpreted an electronic error message alerting the Subject there was a pending deposit that was not processed. Rather than verify the meaning of the error message, the Subject deleted the pending deposit, thus not depositing the check receipts for March 13, 2018. The Subject did not verify the deposit before shredding the checks received. However, neither Department policy nor the DOH-Palm Beach Internal Operating Procedures (IOP) require verification prior to shredding. This action violated Section VII. D. 6. b., DOHP 60-8-16, *Discipline – Negligence*.

## Additional Findings

**Finding #1:** DOH-Palm Beach employee (Subject #2) did not follow DOH-Palm Beach IOP for Cashiering and Collections Reporting or the process map for handling daily receipts and deposits. Subject #2 did not reconcile the daily receipts for March 13, 2018, against the daily report as required by the DOH-Palm Beach IOP for Cashiering and Collections Reporting. Subject #2 violated DOHP 60-8-16, *Discipline*, Sections VII. D. 6. b. – Negligence; and VII. D. 6. e. (13) – Violations of Law or Agency Rules.

**Finding #2:** DOH-Palm Beach employee (Subject #3) did not exercise due care and diligence in the performance of job duties by not properly supervising and monitoring the reconciliation of daily receipts and deposits against the daily reports. Subject #3 violated Section VII. D. 6. b., DOHP 60-8-16, *Discipline*, – Negligence.

## Conclusions

DOH-Palm Beach's IOP is outdated and does not provide adequate internal controls for cash handling and collections.

DOH-Palm Beach's cashiering and collections employees lack training on some aspects of the bank's electronic deposit system.

OIG investigative activities did not find any evidence to suggest illegal or intentional acts were perpetrated by the subjects of this investigation.

## RECOMMENDATIONS

- ❖ The OIG recommended management take appropriate action consistent with the findings and conclusions of this report to update and strengthen the Cashiering and Collections Reporting IOP and desk guides for employees cashiering and collecting daily receipts and performing deposits and reconciliation duties. It is recommended that any revision of the IOP include documented verification of check deposits before checks are shredded.
- ❖ The OIG recommended DOH-Palm Beach's cashiering and collection staff be adequately trained on all aspects of the bank's electronic deposit system including pending deposit messages and uniformity in how reconciliations are conducted and reported to DOH-Palm Beach's F&A.

**INVESTIGATION # 18-123****Alleged Inappropriate Actions****Department of Health in Putnam County (DOH-Putnam)**

This investigation was initiated based on the OIG receiving a complaint from a septic tank contractor (Complainant) accusing a DOH-Putnam employee (Subject) of various inappropriate actions and comments.

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

**Allegation #1:** Subject urinated in public and in view of the Complainant, the Complainant's child, and the Complainant's employee during a septic system site inspection. The allegation was **substantiated**. This action violated Section VII. D. 6. f., DOHP 60-8-12, *Discipline – Conduct Unbecoming a Public Employee*.

**Allegation #2:** Subject repeatedly failed to pass the Complainant's inspections for unjustified reasons. The allegation was **unsubstantiated**. The OIG found insufficient evidence to either prove or disprove the allegation.

**Allegation #3:** Subject stated to the Complainant's customer, whose septic system had been previously failed by the Subject, if the Complainant's customer wanted the inspection to pass the Complainant's customer needed to call one of two other septic tank contractors. The allegation was **substantiated**. This action violated Section VII. D. 6. f., DOHP 60-8-12, *Discipline – Conduct Unbecoming a Public Employee*.

**RECOMMENDATION**

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

**INVESTIGATION # 18-127****Alleged Information and Security Privacy Policy Violation**

This investigation was initiated based on a series of Department *Incident Reports* that were received by the OIG, detailing the identification of seven Department employees (Subjects) who were found to be utilizing an unauthorized personal email client to synchronize the Subjects' Department email to a personal device.

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

**Allegation:** Seven Subjects configured a personal email client to connect to the Department email system without express authorization by the Information Security Manager in violation of

Department Information Security and Privacy policies. The allegation was **substantiated**. The Subjects utilized the MyMail app on their personal devices to access their Department email without receiving authorization from the Department Information Security Manager. Each of the Subjects violated DOHP 50-10-2, Information Security and Privacy Policy 2, *Acceptable Use and Confidentiality Agreement*, Sections A. 9. a. and D. 5.; DOHP 50-10-10, Information Security and Privacy Policy 10, *Information Technology Security*, Sections G. 1. and G. 7.; and DOHP 60-8, *Discipline*, Sections VII. D. 6. e. and f.

### **Additional Finding**

The use of the MyMail app to access Department email accounts potentially compromised confidential data. The MyMail app privacy policy allows the company to redistribute any collected data to any party it deems appropriate, therefore any confidential data sent or received by MyMail app users is potentially compromised.

The OIG reviewed each Subject's email account for the period of June 13, 2017 to June 14, 2018, and found emails with possible confidential Department data.

### **RECOMMENDATION**

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

## **INVESTIGATION # 18-19-029**

### **Alleged Inappropriate Actions**

#### **Department of Health in DeSoto County (DOH-DeSoto)**

This investigation was initiated based on the OIG receiving an anonymous complaint (Complainant) alleging inappropriate actions by three DOH-DeSoto employees (Subjects 1-3).

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

**Allegation #1:** Subject #1 used their access to the Department's *Health Management System* (HMS) to spy on co-workers and "people in the community." The allegation was **unsubstantiated**. The complaint was vague and lacked sufficient information to make a determination regarding the allegation, specifically regarding what co-workers and "people in the community" were spied on. The OIG reviewed Subject #1's access to HMS but found no evidence to support the allegation.

**Allegation #2:** Subject #1 told a client not to disclose information because a family member would be arrested, and did not report the incident to the appropriate authorities. The allegation was **unsubstantiated**. The complaint was vague and lacked sufficient information to support the allegation. The OIG searched HMS but could not find data that matched the client

mentioned in the allegation. A client with a similar history was identified and their incident was reported to the appropriate authorities. However, the OIG had no way of determining if this is the unnamed person in the complaint.

**Allegation #3:** Subject #2 advised the other two Subjects not to file a report with the appropriate authority regarding a client. The allegation was **unsubstantiated**. The complaint was vague and lacked sufficient information to support the allegation. As stated in Allegation 2, it appears the only similar circumstance as described by the Complainant was reported to the authorities.

**Allegation #4:** Subject #3 did not file a report with the appropriate authority regarding a client. The allegation was **unsubstantiated**. The complaint was vague and lacked sufficient information to support the allegation. As stated in Allegation 2, it appears the only similar circumstance as described by the Complainant was reported to the authorities.

**Allegation #5:** Subject #1 threatened a client because Subject #1 was “ticked off” that the client could afford a new car. The allegation was **unsubstantiated**. The complaint did not provide sufficient information to support the allegation.

**Allegation #6:** The threat by Subject #1 was known to Subject #2, but it was “swept under the rug” and not reported. The allegation was **unsubstantiated**. The complaint did not provide sufficient information to support the allegation.

## INVESTIGATION # 18-19-030

### Alleged Favoritism and Abuse of Authority

#### Department of Health in Clay County (DOH-Clay)

This investigation was initiated based on the OIG receiving a complaint from a DOH-Clay employee (Complainant) alleging two DOH-Clay employees (Subjects 1-2) engaged in misconduct and abuse of authority by:

- Rescinding a breastfeeding accommodation, and
- Disabling computer access while on Family Medical Leave and Family Supportive Work Program.

Complainant also raised issues concerning retaliation and disparate treatment. The OIG referred the complaint to the Office of General Counsel, Equal Opportunity Section; and the Florida Commission on Human Relations.

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

**Allegation #1:** Subjects engaged in misconduct and abuse of authority. The allegation was **unfounded**.

**Allegation #2:** Subjects inappropriately disabled the Complainant’s computer access while on Family Medical Leave and Family Supportive Work Program. The allegation was **unfounded**.

### Conclusion

The OIG could not determine the status of the Department’s Breastfeeding at Work Pilot Project. The OIG could not determine if the Breastfeeding at Work Pilot Project was still in effect or if the project was concluded or ever evaluated.

The OIG found that the term “exclusively breastfeeding” is not defined in the Breastfeeding at Work Pilot Project, and is subject to individual interpretation.

The OIG found no violations of Department policy regarding termination of the Complainant’s breastfeeding accommodation since DOH-Clay has no local breastfeeding in the workplace policy and initiated the breastfeeding accommodation at DOH-Clay based on “precedent” from the DOH-Nassau. Furthermore, there is no statewide Department policy concerning breastfeeding in the workplace, except for the Department’s Division of Community Health Promotion, Breastfeeding at Work Pilot Project. The OIG found no evidence DOH-Clay was operating under the Breastfeeding at Work Pilot Project.

The OIG also found no violation regarding disabling the Complainant’s computer access while on Family Medical Leave and Family Supportive Work Program leave. Management may permit or deny computer access as deemed appropriate.

### RECOMMENDATION

- ❖ The OIG recommended Department executive management revisit and evaluate the Breastfeeding at Work Pilot Project, and consider developing a Department statewide policy on breastfeeding in the workplace.

## INVESTIGATION # 18-19-046

### Alleged Failure to Sanitize Dental Equipment

#### Department of Health in Broward County (DOH-Broward)

This investigation was initiated based on the OIG receiving an *Incident Report* from a DOH-Broward employee (Complainant) alleging a DOH-Broward employee (Subject) failed, between patients, to change the inserts in an ultrasonic scaling machine used for dental services (Cavitron).

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

**Allegation #1:** Subject failed to change, between patients, the Cavitron inserts. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation.



**INVESTIGATION # 18-19-077****Alleged Violations of Department Policies****Department of Health in DeSoto and Highlands Counties (DOH-DeSoto/DOH-Highlands)**

This investigation was initiated based on the OIG receiving a private citizen's (Complainant) complaint alleging misuse of Department and county vehicles by three DOH-DeSoto and DOH-Highlands employees (Subjects 1-3).

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

**Allegation #1:** Subject #1 misused county/state vehicles for personal gain. The allegation was **unsubstantiated**. The Complainant alleged Subject #1 was driving a state/county vehicle from home to work and while shopping on weekends. Subject #1's job duties justify their travel for work. The Complainant failed to provide sufficient evidence that would support the portion of the allegation regarding personal use of the vehicle on weekends.

**Allegation #2:** Subject #2 misused county/state vehicles for personal gain. The allegation was **unsubstantiated**. The Complainant alleged Subject #2 was driving a state/county vehicle from home to work and while shopping. Subject #2's job duties justify their travel for work. The Complainant failed to provide sufficient evidence that would support the portion of the allegation regarding personal use of the vehicle.

**Allegation #3:** Subject #3 misused county/state vehicles for personal gain. The allegation was **unsubstantiated**. The Complainant alleged Subject #3 was driving a state/county vehicle from home to work and uses the vehicle to drive their grandchild to school. The Complainant failed to provide sufficient evidence that would support the portion of the allegation regarding personal use of the vehicle to drive the grandchild to school.

**INVESTIGATION # 18-19-117****Alleged Violations of Department Policies****Office of Information Technology**

This investigation was initiated based on the OIG receiving an *Incident Report* from an Office of Information Technology employee (Complainant) reporting a former Department employee's identification/security badge was found January 7, 2019, on the second floor of Capital Circle Office Center's (CCOC) 4052 building. The former employee separated from the Department in April 2015; however, the security badge was still enabled, and had been used to obtain entrance to two Department buildings in the CCOC. The former employee's Department network access was still enabled.

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

**Allegation #1:** Subject #1 did not properly ensure the former employee's security badge and network access were deactivated after the former employee's separation from the Department. The allegation was **substantiated**. This action violated Section I. B. 2., DOHP 60-2, *Employee Separations*; and Section I. D. 3., DOHP 50-10.10, *Information Security and Privacy Policy 10, Information Technology Security*.

**Allegation #2:** Subject #2 improperly used the former employee's security badge to gain access into Department buildings at the CCOC. The allegation was **substantiated**. The OIG confirmed the allegation through sworn recorded interviews, review of security access logs, and surveillance footage. Subject #2 stated they used the former employee's security badge after they found it in a desk drawer. This action violated Section VI. D. 1., DOHP 50-10.1, *Information Security and Privacy Policy 1, Information Security Privacy*; DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (16), *Violation of Law or Agency Rules - Security Violations*, and VII. D. 6. f. (3), *Conduct Unbecoming a Public Employee, - Employees shall protect state property from loss or abuse*.

**Allegation #3:** Subject #3 improperly used the former employee's security badge to gain access into Department buildings at the CCOC. The allegation was **substantiated**. The OIG confirmed the allegation through sworn recorded interviews, review of security access logs, and surveillance footage. Subject #3 stated they used the former employee's security badge when they left their personal security badge at home. This action violated Section VI. D. 1., DOHP 50-10.1, *Information Security and Privacy Policy 1, Information Security Privacy*; DOHP 60-8-16, *Discipline*, Sections VII. D. 6. e. (16), *Violation of Law or Agency Rules - Security Violations*, and VII. D. 6. f. (3), *Conduct Unbecoming a Public Employee, - Employees shall protect state property from loss or abuse*.

The Complainant confirmed that although the former employee's Department network access was not deactivated, there was no evidence of usage/access since the employee's last day of work at the Department.

## RECOMMENDATION

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

# OTHER OIG ACTIVITIES

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## COORDINATION WITH EXTERNAL AUDITING ENTITIES

The OIG Internal Audit Unit acts as the Department’s liaison on audits and reviews conducted by outside organizations such as the Office of the Auditor General, the Office of Program Policy Analysis and Government Accountability, the United States Department of Health and Human Services, and other state and federal agencies. Initially, the OIG is copied on engagement letters, coordinates entrance conferences, and assists the external entity with applicable contact information. During audit fieldwork, the OIG facilitates all relevant communication between the auditors and Department program staff. The OIG coordinates the exit conference between the auditors and Department management at the conclusion of the audit/review, for the delivery of any Preliminary and Tentative findings (P&T).

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

See Appendix B for a list of external audits and reviews that were coordinated by the OIG during the 2018-19 fiscal year.

## PRESENTATIONS

OIG staff made presentations during the 2018-19 fiscal year that served to educate and inform those in attendance. The presentations included:

- ❖ **Department Basic Supervisory Training** – OIG staff participated in quarterly training during the fiscal year to facilitate educating new Department supervisors on the role and responsibilities of the OIG; the basics of the audit and investigations processes; and the Incident Report process including examples of incidents frequently reported to the OIG.

# APPENDICES

## APPENDIX A

### Department of Health Office of Inspector General

### Completed Internal Audit Unit Engagements for FY 2018-19

Number	Audit Engagements	Date Issued
A-1718DOH-021	<i>County Health Department Dental Clinics' Billing for Dental Services</i>	October 22, 2018
A-1718DOH-019	<i>Verification of Completion of Employee Training Requirements</i>	November 19, 2018
A-1718DOH-020	<i>County Health Departments' Ordering and Shipping of Clients' Lab Work</i>	December 7, 2018
A-1819-007	<i>County Health Departments' Onsite Sewage Treatment and Disposal Systems Inspections</i>	June 28, 2019
A-1819-008	<i>The Regionalization of Personnel &amp; Human Resources and Follow-Up</i>	June 28, 2019

Number	Other Engagements	Date Issued
R-1819DOH-004	<i>Grant Applications made by the Department of Health in Charlotte County</i>	September 14, 2018
R-1819DOH-002	<i>Readiness, Security, and Inventory Controls of the Department's Mobile Medical Treatment Centers</i>	September 21, 2018
R-1718DOH-015	<i>Review of General Controls at County Health Departments - 2018</i>	October 10, 2018
Q-1819DOH-005	<i>Self-Assessment Quality Assurance Review</i>	October 31, 2018
R-1819DOH-006	<i>Pharmaceutical Shipments and Returns</i>	December 21, 2018
R-1819-007	<i>After-hours Use of Department of Health Internet Resources</i>	February 22, 2019
R-1819-008	<i>User Access to Systems with Confidential Information</i>	June 28, 2019

## APPENDIX B

### Department of Health Office of Inspector General

#### External Projects Coordinated by the OIG for FY 2018-19 <sup>2</sup>

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2019-186	<i>Statewide Federal Awards – June 30, 2018</i>	March 28, 2019

Other External Projects		
External Entity	Subject	Report Date
Florida Department of Financial Services	<i>Contract Deliverables Monitoring</i>	August 13, 2018
United States Department of Justice	<i>Information Technology Security Audit</i>	December 13, 2018

<sup>2</sup> 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 2018-19

Number	Type	Subject	Disposition
16-015	NF	Concerns with private health care facilities	No Further Action
17-029	PI	Displeasure with Department hiring and promotion processes	No Further Action
17-143	IN	Alleged abuse of authority	Unsubstantiated
17-250	IN	Alleged State of Florida employment application falsification	Substantiated
18-070	IN	Concerns related to the potential loss of confidential medical records	Unfounded
18-092	RF	Alleged favoritism and "unfair labor practices"	Referred to the Deputy Secretary of County Health Systems (CHS)
18-120	IN	Alleged negligent handling of a bank deposit	Substantiated
18-122	PI	Concerns related to improper medical billing and Dental Hygienists working outside the scope of their licenses	No Further Action
18-123	IN	Alleged various inappropriate actions and comments	2-Substantiated 2-Unsubstantiated
18-127	IN	Alleged unauthorized use of an email client to access Department email	1-Substantiated 1-Additional Finding
18-19-001	NF	Concerns Probable Cause Panel determination	No Further Action
18-19-002	RF	No Jurisdiction	Referred to Division of Disability Determinations (DDD)
18-19-003	NF	Concerns related to apartment regulations	No Further Action
18-19-004	NF	Concerns related to health care	No Further Action
18-19-005	RF	Concerns related to the status of a Registered Nurse (RN)	Referred to the Division of Medical Quality Assurance (MQA)
18-19-006	MA	Alleged failure to support management	No Further Action
18-19-007	NF	No Jurisdiction	No Further Action
18-19-008	NF	Alleged discrimination and retaliation	No Further Action
18-19-009	NF	Concerns related to a Family Supportive Work Program request	No Further Action
18-19-010	RF	Concerns related to the Healthy Start Coalition	Referred to the Bureau of Family Health Services
18-19-011	NF	Alleged hostility and threats	No Further Action
18-19-012	RF	Concerns related to a licensed health care professional	Referred to MQA
18-19-013	NF	Displeasure and employment resignation	No Further Action
18-19-014	NF	Alleged harassment	No Further Action
18-19-015	NF	Concerns related to potential discrimination and retaliation	No Further Action
18-19-016	NF	Concerns related to food pantries	No Further Action
18-19-017	NF	Alleged improper disposal of biohazardous waste	No Further Action
18-19-018	RF	Alleged workplace violence	Referred to CHS's Deputy Secretary
18-19-020	RF	Concerns related to permitting and licensure process	Referred to MQA
18-19-021	NF	Displeasure with private physician	No Further Action
18-19-022	NF	Concerns related to the loss of disability benefits due to error	No Further Action
18-19-023	NF	Concerns related to filing a grievance	No Further Action
18-19-024	NF	Alleged violation of a patient's right by a physician	Unfounded
18-19-025	NF	Concerns related to the Health Insurance Portability and Accountability Act (HIPAA)	No Further Action
18-19-026	NF	No Jurisdiction	No Further Action
18-19-027	RF	Concerns related to tick borne diseases	Referred to the State Epidemiologist
18-19-028	NF	Concerns regarding the receipt of incorrect prescriptions	No Further Action
18-19-029	IN	Alleged abuse of authority and failure to report suspected abuse	Unsubstantiated
18-19-030	IN	Alleged abuse of authority and favoritism	Unfounded
18-19-031	NF	Alleged unethical management actions	No Further Action

Legend			
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WBD – WB Determination	MA – Management Advisory	INA – Investigative Assist	PI – Preliminary Inquiry

Number	Type	Subject	Disposition
18-19-032	RF	Alleged hostile and psychotic environment	Referred to the Deputy Secretary for Children's Medical Services
18-19-033	RF	Alleged harassment and misuse of funds by management	Referred to CHS's Deputy Secretary
18-19-034	NF	Concerns regarding a county health department (CHD)	No Further Action
18-19-035	RF	No Jurisdiction	Referred to MQA
18-19-036	NF	Concerns related to mold assessors and remediators	No Further Action
18-19-037	RF	Concerns related to difficulties contacting MQA	Referred to MQA
18-19-038	NF	Concerns related to a health studio (gym)	No Further Action
18-19-039	RF	Concerns related to difficulties contacting MQA	Referred to MQA
18-19-040	NF	Concerns related to a private moving company	No Further Action
18-19-041	NF	Alleged issues with upper management	No Further Action
18-19-042	RF	No Jurisdiction	Referred to the Office of the General Counsel (OCG)
18-19-043	PI	Alleged negligence due to the issuance of an incorrect permit	No Further Action
18-19-044	RF	Concerns regarding an assisted living facility	Referred to the Agency for Health Care Administration (AHCA)
18-19-045	NF	Concerns Probable Cause Panel determination	No Further Action
18-19-046	IN	Alleged failure to sanitize dental equipment	Unsubstantiated
18-19-047	RF	Concerns regarding a refund to an optical establishment	Referred to the Department of Financial Services (DFS)
18-19-048	NF	Alleged falsification, fraud, and cover-up	No Further Action
18-19-049	RF	Alleged difficulty in obtaining RN license	Referred to MQA
18-19-050	RF	Concerns related to the arrest of a Department employee	Referred to MQA
18-19-051	NF	Concerns regarding a private dentist	No Further Action
18-19-052	RF	Alleged abuse of authority, retaliation, discrimination, unfair hiring practices, etc.	Referred to OGC's Equal Opportunity Section (EOS)
18-19-053	NF	Concerns regarding charges from a medical facility	No Further Action
18-19-054	RF	Alleged difficulty in contacting DOH-Hendry	Referred to DOH-Hendry
18-19-055	NF	Alleged incorrect billing and unethical behavior by a health care provider	No Further Action
18-19-056	NF	No Jurisdiction	No Further Action
18-19-058	RF	Concerns related to a licensed health care professional	Referred to MQA
18-19-059	NF	Concerns regarding misinformation about rabies on media outlets	No Further Action
18-19-060	NF	Florida Department of Children and Families (DCF) complaint	No Further Action
18-19-061	NF	Concerns related to delays in awarding custody of a minor	No Further Action
18-19-062	NF	Concerns regarding the Florida Board of Medicine	No Further Action
18-19-063	MA	Alleged harassment, bullying, hostile work environment, inadequate training and discrimination	No Further Action
18-19-065	NF	Concerns regarding the Florida Board of Opticianry	No Further Action
18-19-066	RF	Alleged unsanitary conditions at a Correctional Institution	Referred to the Department of Corrections (DOC)
18-19-067	NF	Concerns related to a mobile home park	No Further Action
18-19-068	NF	Concerns related to air quality inspections and housing for inmates	No Further Action
18-19-069	NF	Concerns related to a restaurant	No Further Action
18-19-070	NF	Concerns related to insurance and private health care facilities	No Further Action
18-19-071	NF	Concerns related to health insurance	No Further Action
18-19-072	NF	Concerns related to a restaurant	No Further Action
18-19-073	NF	Concerns related to restaurant inspections	No Further Action
18-19-074	RF	Concerns related to the MQA online portal	Referred to MQA
18-19-075	NF	Concerns related to treatment at a CHD	No Further Action
18-19-076	RF	Concerns related to a health care facility	Referred to AHCA
18-19-077	IN	Alleged violations of DOHP 250-12, <i>Management and Operation of Vehicles</i>	Unsubstantiated
18-19-079	WBD	Alleged failure to document an employee's reason for resigning	Complaint did not meet Whistle-blower (WB) requirements
18-19-080	RF	No Jurisdiction	Referred to the Bureau of Personnel and Human Resource Management (HR)
18-19-081	NF	Concerns related to flu shot billings	No Further Action

Legend			
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Number	Type	Subject	Disposition
18-19-082	NF	Difficulties in obtaining dental services	No Further Action
18-19-083	NF	Concerns related to disputes between management and employees	No Further Action
18-19-084	NF	Concerns related to a restaurant	No Further Action
18-19-085	RF	Concerns regarding a website selling medications without prescriptions	Referred to MQA
18-19-086	NF	Concerns related to the closure of food trucks	No Further Action
18-19-087	RF	Discharge Planning Information – Temporary Housing Mutual Agreement	Referred to the Bureau of Preparedness and Response
18-19-088	RF	Alleged misconduct	Referred to the Department’s Chief of Staff
18-19-089	NF	Concerns related to a private health care facility	No Further Action
18-19-090	RF	Displeasure with un-organization and lack of staff at a Department office	Referred to the Bureau of Women, Infants and Children Program Services
18-19-091	NF	Public records request	No Further Action
18-19-092	NF	Concerns related to private pharmacies	No Further Action
18-19-093	RF	No Jurisdiction	Referred to MQA
18-19-094	RF	Concerns related to DDD	Referred to DDD
18-19-095	NF	Concerns MQA dispute decision	Referred to DDD
18-19-096	NF	Alleged complaint falsification	No Further Action
18-19-097	NF	No Jurisdiction	No Further Action
18-19-098	RF	Board of Acupuncture records request	Referred to MQA
18-19-099	RF	Displeasure with a licensed health care professional	No Further Action
18-19-100	NF	Alleged unfair awarding of grant funds	No Further Action
18-19-101	PI	Alleged improper collection of inspection fees	Unsubstantiated
18-19-102	MA	Alleged unethical actions	No Further Action
18-19-103	NF	Alleged position description disparity	No Further Action
18-19-104	NF	Alleged fraud and misconduct by a physician	No Further Action
18-19-105	RF	Concerns related to a CHD status	Referred to CHS’s Deputy Secretary
18-19-106	NF	Alleged improper and/or incomplete handling of MQA investigation	No Further Action
18-19-107	NF	Concern related to Medicaid	No Further Action
18-19-108	RF	Alleged violations of Radiation Protection Regulations	Referred to the Division of Emergency Preparedness and Community Support
18-19-109	WBD	Alleged misconduct	Complaint did not meet WB requirements
18-19-111	NF	Concerns related to a sanitary nuisance	Referred to DOH-Leon
18-19-112	NF	Alleged abuse and exploitation of wards	No Further Action
18-19-113	NF	Concerns related to health care	No Further Action
18-19-114	MA	Alleged abuse of authority, misconduct, and misuse of Department resources	Referred to the Deputy Secretary for Health
18-19-117	IN	Alleged misuse of Department access badge	Substantiated
18-19-118	RF	Concerns related to health care	Referred to MQA
18-19-119	NF	Alleged retaliation	No Further Action
18-19-120	RF	Alleged poor management	Referred to CHS
18-19-121	RF	Alleged unfair promotion and salary increases	Referred to CHS
18-19-122	NF	Alleged information security event	No Further Action
18-19-123	NF	Concerns related to a salary reduction	No Further Action
18-19-124	NF	No Jurisdiction	No Further Action
18-19-125	RF	Concerns related to environmental health (EH)	Referred to DOH-Orange
18-19-126	RF	Concerns related to an insurance provider	Referred to DFS
18-19-127	RF	Concerns related to health care at a Correctional Institution	Referred to MQA
18-19-128	RF	Concerns regarding conduct and service at a health care facility	Referred to MQA
18-19-129	RF	Concerns related to an apartment’s portable water	Referred to the Department of Environmental Protection (DEP)
18-19-130	RF	Concerns related to a CHD and the Baldrige Program	Referred to CHS
18-19-131	RF	Concerns related to EH	Referred to DOH-Seminole
18-19-132	RF	Concerns related to the conduct of a CHD’s staff	Referred to CHS
18-19-133	RF	Concern regarding mold in an apartment	Referred to DOH-Indian River
18-19-134	PI	Alleged abuse of authority and misconduct	No Further Action

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18-19-137	RF	Alleged negligence and poor care	Referred to DOH-Duval
18-19-138	RF	Concerns with a health care professional	Referred to MQA
18-19-140	NF	No Jurisdiction	No Further Action
18-19-141	MA	Alleged misconduct and use of inappropriate language of a racial nature in email sent from Department email account	No Further Action
18-19-142	RF	Alleged drug use at work	Referred to DOH-Alachua
18-19-143	RF	Concerns regarding a targeted phishing attack	Referred to the Office of Information Technology
18-19-144	RF	Concerns regarding a private health care facility	Referred to MQA and AHCA
18-19-145	RF	Concerns related to an adoption	Referred to the Department of Children and Families
18-19-146	RF	No Jurisdiction	Referred to AHCA
18-19-147	RF	Concerns related to work repercussions and/or retaliation	Referred to EOS
18-19-148	RF	Alleged inappropriate social media account	Referred to DOH-Duval
18-19-149	NF	Alleged wrongdoing	No Further Action
18-19-150	MA	Alleged conduct unbecoming a public employee	No Further Action
18-19-152	NF	Alleged failure to register an Osteopathic fellow	No Further Action
18-19-154	NF	Concerns related to a septic tank	No Further Action
18-19-155	PI	Alleged conduct unbecoming a public employee	No Further Action
18-19-157	WBD	Alleged retaliation, discrimination, gross misconduct and nepotism	Complaint did not meet WB requirements
19-161	PI	Alleged fraud	Insufficient information to support allegation
19-162	RF	Alleged discrimination and harassment	Referred to EOS
19-163	NF	No Jurisdiction	No Further Action
19-164	NF	Alleged theft and/or deliberate destruction of public documents	No Further Action
19-165	RF	Alleged misconduct	Referred to MQA
19-166	RF	Alleged misconduct	No Further Action
19-167	RF	Alleged disclosure of personally identifiable information (PII) and protected health information (PHI)	Referred to the Department's Privacy Officer
19-168	RF	Alleged misconduct	Referred to MQA
19-169	NF	Alleged misconduct	No Further Action
19-170	NF	No Jurisdiction	No Further Action
19-171	NF	Alleged misconduct	Referred to DOH-Leon
19-172	RF	Alleged misconduct	Combined with another complaint
19-174	NF	Concerns with a DDD health care provider	Referred to MQA
19-175	RF	Concerns with Board of Medicine decisions	Referred to MQA
19-176	WBD	No Jurisdiction	Complaint did not meet WB requirements
19-177	NF	Alleged disclosure of PII and PHI	No Further Action
19-178	RF	Concerns related to a sewage system	Referred to DEP
19-179	RF	Alleged misconduct	Referred to AHCA
19-180	RF	Alleged discrimination, retaliation, and that the contractor did not receive payment for services provided	No Further Action
19-181	NF	Alleged misconduct	No Further Action
19-182	RF	Alleged violation of law or Department rules	Referred to MQA
19-183	RF	Alleged health care professional misconduct	Referred to MQA
19-184	RF	Alleged complaint mishandling	Referred to HR
19-185	NF	Alleged misconduct and insurance fraud by a health care professional	No Further Action
19-186	RF	Alleged misconduct	Referred to DOH-Orange
19-187	RF	Alleged misconduct	Referred to MQA
19-188	RF	Alleged a health care professional practicing without a license and illegal actions conducted by a separate health care professional	Referred to MQA
19-189	NF	No Jurisdiction	No Further Action
19-190	RF	Alleged misconduct	Referred to HR
19-191	NF	Alleged suspicious behavior by a health care professional	No Further Action
19-193	NF	Concerns with the tourniquets in Stop the Bleed kits	No Further Action
19-196	RF	Concerns related to health care provided to inmates	Referred to MQA
19-197	RF	Alleged fraud	Referred to the Bureau of Vital Statistics

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19-201	RF	Alleged disclosure of PII and PHI; and displeasure with outcome	Referred to MQA
19-202	RF	Alleged attempt to bribe a field inspector	Referred to the Department of Business and Professional Regulation
19-203	RF	Concerns with a community's leaders	Referred to CHS
19-204	NF	Alleged cover up	No Further Action
19-206	RF	Concerns related to actions by the Board of Dentistry	Referred to the Board of Dentistry
19-207	RF	Alleged fraud	Referred to MQA
19-208	RF	Alleged misconduct	Referred to Management
19-210	RF	Concerns related to billing and fraudulent records	Referred to MQA
19-211	RF	Concerns related to a position being eliminated while employee is out in accordance with the Family and Medical Leave Act	Referred to HR
19-212	RF	Concerns related to misconduct at a health care facility	Referred to DCF
19-214	RF	Alleged misconduct	Referred to MQA
19-215	RF	Concerns related to the fraudulent acceptance of patients and the refusal to evaluate a patient	Referred to MQA

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