

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

December 15, 2023

Joseph A. Ladapo, MD, PhD
State Surgeon General
4052 Bald Cypress Way, Bin A-00
Tallahassee, Florida 32399

Dear Dr. Ladapo:

Enclosed is our internal review report # R-2223-005, *Review of General Controls at CHDs - 2023*. This report provides a summary of significant issues noted during an independent evaluation of 19 county health departments (CHDs) during the months of May and October 2023. Included in this review were general controls and requirements related to the following topics: 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; grants management; biomedical waste policy; patient privacy rights; retention, archiving, and disposition of records; building safety and physical security; storage buildings; panic button(s); and SunPass transponders.

The review team making visits to CHDs included Shannon Egler, Senior Management Analyst II; and Mark H. Boehmer, CPA, former Director of Auditing, under the supervision of Ashlea K. Mincy, CIGA, Director of Auditing.

Management agreed with the finding identified in the report. We will provide you a status update in six months detailing the progress management has made toward addressing the proposed corrective actions included in Appendix A of the report.

If you wish to discuss the report, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG
Inspector General

MJB/akm
Enclosure

cc: Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
Samantha Perry, CPA, Office of the Auditor General
Mark Lander, Deputy Secretary for County Health Systems





REVIEW OF GENERAL CONTROLS AT CHDs - 2023

Report # R-2223-005 • December 15, 2023

Purpose of this project:

Review general controls related to a variety of regulatory and policy requirements at selected county health departments (CHD), help local CHD management identify areas where improvements could be made, and identify to Central Office management systemic and/or critical weaknesses that should be addressed from a comprehensive perspective.

What we examined:

We visited 19 CHDs between May and October 2023 to analyze selected controls in place as of the date of our site visit. Our visits included the Department of Health (Department) offices in the following counties: DeSoto, Flagler, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lake, Madison, Manatee, Marion, Martin, Osceola, Putnam, Santa Rosa, Seminole, St. Lucie, Walton and Washington.

We reviewed general controls and requirements related to the following topics: 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).

Intent of this Report:

This report provides summary information and contains only the issues we identified with high frequency or were considered critical.

We discussed with individual CHD management where improvements could be made specific to their facility(ies), and provided a detailed report at the conclusion of each visit. We did not request a corrective action plan from each individual CHD. Central Office management and CHD management may use this information to further evaluate whether controls are working effectively.

Summary of results:

We are pleased to report we generally observed well-designed processes and effective controls during our visit to each CHD in the following areas: server room temperatures were appropriately regulated; pharmaceuticals were stored in clean, well-lighted, and adequately ventilated rooms; pharmaceuticals requiring refrigeration or freezing were properly maintained; unused computer equipment was securely stored; security cameras were properly positioned, captured a clear image, and stored the images for a reasonable amount of time; and employee and client access control throughout the facility were appropriate to mitigate safety issues and information disclosure.

Listed in the “Control Weaknesses and Recommendation” section below are the controls we identified that warrant further review by management. Management’s response to the issues noted in this report may be found in **Appendix A**.

CONTROL WEAKNESSES AND RECOMMENDATION

The following issues reflect areas Central Office management and CHD management should discuss to assist in future evaluation and control improvements to help ensure more uniform compliance with state regulations and/or Department policies and procedures, and reduce risks to the Department. Some issues noted are recurring issues mentioned in previous CHD review reports issued by the Office of Inspector General (OIG). Management should pay particular attention to these recurring issues to ensure corrective actions are taken.

1. Various general controls were found to be deficient or non-existent within the 19 CHDs visited.

Secured Areas

- **The designated secured areas were not documented in the local information security and privacy procedures at two of 19 CHDs tested.**
Department Policy [DOHP] 50-10-23, *Information Security and Privacy Policy*, explains “Each local office must develop and maintain procedures to limit physical access to sensitive information, information systems, and equipment, as well as the facility or facilities in which they are housed. Procedures must include a list of all secured areas.”
- **Access Control Lists (ACL) were not prominently placed at the entry way of each secured area at four of 19 CHDs tested.**
DOHP 50-10-23, *Information Security and Privacy Policy*, explains “Each general secured area must restrict access to a documented list of authorized personnel. ACLs must be reviewed regularly, but not less than annually.”
- **Individuals on the ACL did not match with the authorized key distribution documentation at two of 19 CHDs tested.**
DOHP 50-10-23, *Information Security and Privacy Policy*, explains “Maintain documentation, to include signature of persons receiving and returning keys, for each secured area. Keys must not be provided to those not on the list.”
- **Individuals granted temporary or occasional access to secure areas that are not listed on the ACL were not required 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 at five of 19 CHDs tested.**
DOHP 50-10-23, *Information Security and Privacy Policy*, explains “Visitors, or those with temporary/occasional access, must be escorted at all times by authorized personnel. Signature, date, time in and out, purpose of entering the room, and a description of any items taken from the area must be recorded.”

Data Classification and Protection

- **Written local operating procedures that sufficiently address data classification, including information and data classified as “Public” and “Confidential,” were not maintained at seven of 19 CHDs tested.**
DOHP 50-10-23, *Information Security and Privacy Policy*, explains “Local operating procedures must be established to ensure information is classified correctly and released only in accordance with federal and state laws and Department policies, protocols, and procedures.”

Pharmaceuticals

- **All individuals included on the ACL for the drug storage areas were not authorized to handle drugs at three of 19 CHDs tested.**
DOHP-395-1-18, *Public Health Pharmacy Policies and Procedures for County Health Departments*, explains “Access to the drug storage areas must be restricted to personnel authorized to handle drugs.”
- **The doors to the drug storage areas were not secured when authorized staff were not in the room at four of 19 CHDs tested.**
DOHP-395-1-18, *Public Health Pharmacy Policies and Procedures for County Health Departments*, explains “Drug storage areas must remain secured at all times when not in use.”
- **A minimum of two personnel did not verify shipment and certify receipt of drugs at three of 19 CHDs tested.**
DOHP-395-1-18, *Public Health Pharmacy Policies and Procedures for County Health Departments*, explains “Upon receiving drugs from the [Bureau of Public Health Pharmacy (BPHP)], or an order placed with BPHP but shipped by the wholesaler or manufacturer...At a minimum, two (2) DOH personnel shall verify the shipment and certify the receipt.”
- **Local written policies for required pharmacy operations and services were not maintained at two of 19 CHDs tested.**
DOHP-56-14-19, *Internal Control and Review*, explains “Each CHD must maintain accessible and current policies and procedures for [required]¹pharmacy operations and services.”

System Access to Information Resources

- **Unsecured client Personally Identifiable Information (PII) and Protected Health Information (PHI) was visible at eight of 19 CHDs tested via computer screens visible to the public.**
DOHP 50-10-23, *Information Security and Privacy Policy*, explains “Access to the health record and health information is limited to those with a documented ‘need to know’, such as...[p]ersons responsible for documentation and management of the patient’s care (nurses, doctors, nutritionists, etc.).”
- **Documentation was not maintained to support a quarterly review was conducted of all registered users with access to Department systems applications which store social security numbers (SSNs) at six of 19 CHDs tested.**
DOHP 50-18-23, *Appropriate Use and Safeguarding of Social Security Numbers*, explains “...CHD Directors/Administrators...who have responsibility for employees who have access to Department systems applications which store SSNs, will...[c]onduct quarterly review of all registered users with access to each system/application to...[e]nsure all users are current and active [and] [e]nsure that all user’s privileges and rights to personal identifiers are appropriate to their current role with the Department.”

¹ As listed in DOHP 56-14-19, *Internal Control and Review*.

Other

- **Semi-annual safety inspections were not conducted at three of 19 CHDs tested.**
IOP 250-16-18, *Safety and Loss Prevention Program Requirements*, explains “The local safety coordinator is responsible for...[c]onducting semi-annual safety inspections and reporting results to upper management and central office.”

Vehicles

- **Vehicles maintained by CHDs were unlocked at three of 19 CHDs tested.**
DOHP 250-12-18, *Management and Operation of Vehicles*, explains “Lock the vehicle when not in use. Secure vehicles...and remove all personal and state-issued property.”

Cash Controls

- **An approved list of individuals with authorized access to the safe was not maintained at four of 19 CHDs tested.**
DOHP-56-14-19, *Internal Controls and Review*, explains “The CHD director/administrator or delegate should ensure a safe or lockable, secure area is located onsite with access restricted to authorized persons; a list of authorized people with actual access need.”
- **Combinations/keys to safe/cabinet are not changed when staff with access leave the CHD or change roles where access is no longer authorized at two of 19 CHDs tested.**
DOHP-56-14-19, *Internal Controls and Review*, explains “Safe combinations, or locks, must be reviewed and changed when staff members who have safe access leave or change duties.”
- **The mail opener was not independent of the cash collection process at three of 19 CHDs tested.**
DOHP-56-14-19, *Internal Controls and Review*, explains “The mail opener must be independent of the cash collection process (for example, deposit preparer, or cashier).”
- **The CHD did not have a written, local policy describing segregation of duties between employees who authorize refunds versus those who disburse funds to complete refunds to appropriate payers at five of 19 CHDs tested.**
IOP 57-07-22, *Cash Handling*, explains “Each office accepting receipts will designate in a written local policy the segregation of duties between employees who authorize refunds versus those who disburse funds to complete refunds to appropriate payers.”

Purchasing

- **Sufficient segregation of duties among purchasing, receiving, and accounts payable roles within the CHD did not occur at two of 19 CHDs tested.**
DOHP-56-14-19, *Internal Controls and Review*, explains “There must be separation among purchasing, receiving, and accounts payable duties. For example, accounts payable staff must not purchase or receive goods or services.”

We recommend Office of Deputy Secretary for County Health Systems management discuss these areas of concern with all CHDs and take actions deemed appropriate to improve statewide operations.

SUPPLEMENTAL INFORMATION

Section 20.055, Florida Statutes, charges the Department's OIG with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

The review team making visits to CHDs included Shannon Egler, Senior Management Analyst II; and Mark H. Boehmer, CPA, former Director of Auditing, under the supervision of Ashlea K. Mincy, CIGA, Director of Auditing.

Our methodology included reviewing applicable law, policy and procedure, and visiting selected CHDs to interview personnel, inspect facilities, observe operations, and review documentation.

This project was not an audit, as industry-established auditing standards were not applied. Internal Audit Unit procedures for the performance of reviews were followed and used during this project. This project was conducted in compliance with Quality Standards for Inspections, Evaluations, and Reviews by Offices of Inspector General as recommended by *Principles and Standards for Offices of Inspectors General*, Association of Inspectors General.

We want to thank management and staff of each CHD visited for providing their cooperation and assistance to us during this review.

Copies of all final reports are available on our website at www.FloridaHealth.gov (search: internal audit). If you have questions or comments, please contact us by the following means:

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APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1	<p><i>We recommend Office of Deputy Secretary for County Health Systems management discuss these areas of concern with all CHDs and take actions deemed appropriate to improve statewide operations.</i></p>	<p>We concur.</p> <p><i>The OIG will discuss the results of the review on the CHD conference call on January 8, 2024. Additionally, we will include these findings in the consortia meeting notes for the next round of meetings which will occur during the first quarter of 2024.</i></p> <p>Contact: Becky Keyes/Erin Hess</p> <p>Anticipated Completion Date: March 29, 2024</p>