



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

ANNUAL REPORT



Fiscal Year Ending June 30, 2022



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

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

September 29, 2022

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

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

Dear Dr. Ladapo and Chief Inspector General Miguel:

I am pleased to present the Annual Report of the Department of Health's (Department) Office of Inspector General, summarizing our activity for fiscal year ending June 30, 2022. The report was prepared in accordance with section 20.055(8), Florida Statutes.

We look forward to continuing our work with you and all Department staff to protect, promote and improve the health of all people in Florida.

Should you wish to discuss this report or if you have any questions, please contact me at 245-4141.

Respectfully submitted,

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

MJB/akm
Enclosure

**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT FY 2021-22**

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INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- ❖ Inform the agency head of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Conduct periodic audits and evaluations of the agency's cybersecurity program for data, information, and information technology resources of the agency¹;
- ❖ Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication;
- ❖ Monitor the implementation of the agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance;
- ❖ Review rules relating to the programs and operations of the state agency and make recommendations concerning their impact;
- ❖ Receive complaints and coordinate all activities of the agency as required by the Whistle-blower's Act;

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

- ❖ Receive and consider complaints which do not meet the criteria for an investigation under the Whistle-blower’s Act and conduct, supervise, or coordinate such inquiries, investigations, or reviews as deemed appropriate;
- ❖ Initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government;
- ❖ Report expeditiously to the appropriate law enforcement agency when there are reasonable grounds to believe there has been a violation of criminal law;
- ❖ Ensure an appropriate balance is maintained between audit, investigative, and other accountability activities; and
- ❖ Comply with the *Principles and Standards for Offices of Inspector General* as published by the Association of Inspectors General.

Section 20.055, Florida Statutes, requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding fiscal year because of these responsibilities. This report summarizes the activities and accomplishments of the Florida Department of Health’s (Department, DOH), OIG for the 12-month period ending June 30, 2022.

It should be noted that during a period covered by this Annual Report (July 1, 2021 through September 21, 2021), Dr. Scott Rivkees served as the State Surgeon General. Dr. Rivkees’ contract with DOH came to an end on September 21, 2021, at which time Dr. Joseph A. Ladapo was announced as the new State Surgeon General and served in the role through the remainder of the period covered by this Annual Report.

MISSION, VISION, AND VALUES

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

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

The **vision** of the Department is:

“To be the Healthiest State in the Nation.”

The **values** of the Department are:

- ❖ ***I nnovation:*** *We search for creative solutions and manage resources wisely.*
- ❖ ***C ollaboration:*** *We use teamwork to achieve common goals & solve problems.*
- ❖ ***A ccountability:*** *We perform with integrity & respect.*
- ❖ ***R esponsiveness:*** *We achieve our mission by serving our customers & engaging our partners.*
- ❖ ***E xcellence:*** *We promote quality outcomes through learning & continuous performance improvement.*

The OIG fully promotes and supports the mission, vision and values of the Department by providing independent examinations of agency programs, activities, and resources; conducting internal investigations of alleged violations of agency policies, procedures, rules, or laws; and offering operational consulting services that assist Department management in their efforts to maximize effectiveness and efficiency.

ORGANIZATIONAL PROFILE

Staff Qualifications

The OIG consists of 17 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. The Inspector General has a dual reporting relationship to the Chief Inspector General within the Executive Office of the Governor and to the State Surgeon General and Secretary of DOH.

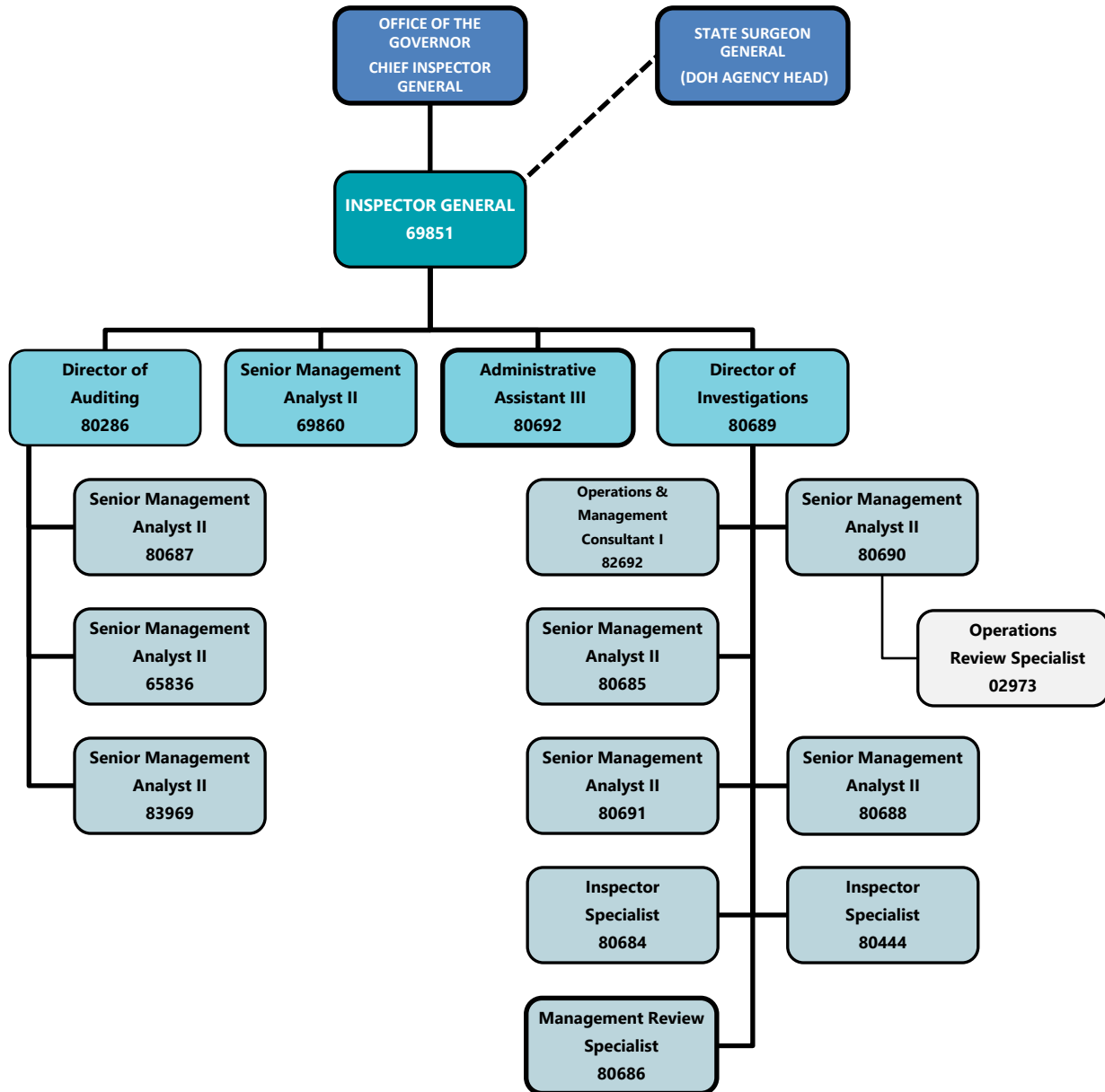
OIG staff are highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the OIG's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2022, four positions are vacant. The following statistics represent the 13 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
 - ❖ 3 Florida Certified Contract Manager
 - ❖ 1 Certified Inspector General Auditor
 - ❖ 1 Certified Fraud Examiner
 - ❖ 1 Certified Internal Auditor
 - ❖ 1 Certified Public Accountant
 - ❖ 1 Certified Government Auditing Professional
 - ❖ 1 Certified Inspector General
 - ❖ 1 Certified Child Welfare Investigator

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

- Staff within the OIG collectively have:
 - ❖ 81 years of Audit experience
 - ❖ 63 years of Investigative experience

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2022)



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), the Association of Government Accountants (AGA), and the Information Systems Audit and Control Association (ISACA).

Some of the specific courses or conferences attended by staff during the 2021-22 fiscal year include:

- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Florida Institute of Certified Public Accountants' Florida Summit
- ❖ Federal Bureau of Investigation's Cybersecurity Boot Camp
- ❖ Building a Supportive and Engaged Organization: Ethics, Diversity Conflict Management and Team Building
- ❖ Cybersecurity Fundamentals
- ❖ Strategies for Detecting Fraud During a Global Pandemic
- ❖ Bridging the Gap: Building Cyber Resiliency
- ❖ Certified Information Systems Auditor (CISA) exam prep
- ❖ Certified Governance of Enterprise Information Technology (CGEIT) exam prep

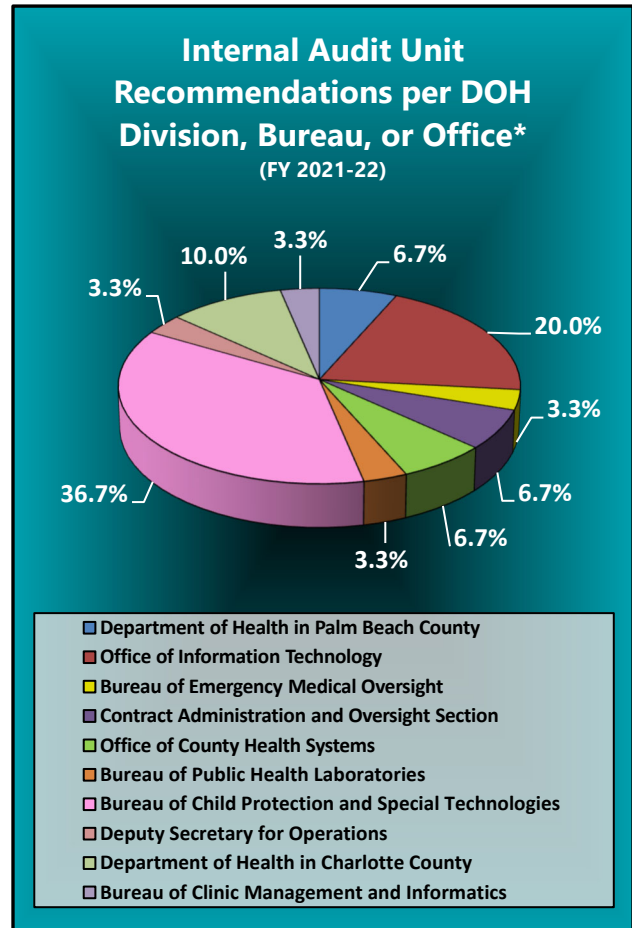
OIG FUNCTIONS

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 eight published reports in FY 2021-22.

2021-22 Accomplishments

The OIG completed five audit engagements, two review engagements, and a consulting engagement during fiscal year (FY) 2021-22.

The OIG continues to monitor progress of management actions taken to correct significant deficiencies noted in audit and review engagements. A listing of all engagements completed during FY 2021-22 can be found in Appendix A. Summaries of each engagement can be found starting on page 13 of this report. Additionally, the OIG serves as a coordinator for external audit projects related to various Department programs. More information concerning this can be found in Appendix B.

The OIG also initiated five engagements during FY 2021-22 that will culminate during fiscal year 2022-23.

Performance Criteria

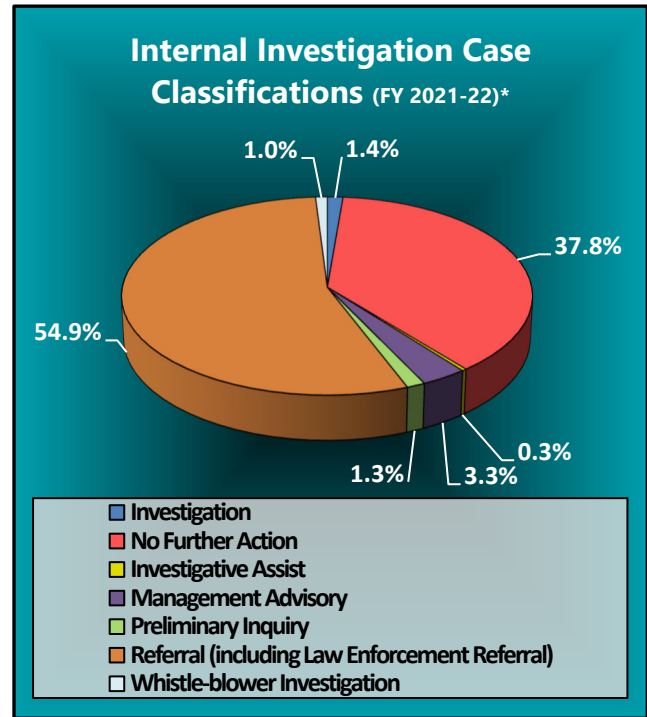
All audits and consulting engagements are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., “Red Book”) published by the Institute of Internal Auditors.

Audit and review engagements result in written reports of findings and recommendations, including responses by management. These reports are distributed internally to the State Surgeon General and affected program managers, the Executive Office of the Governor’s Chief Inspector General, and to the Office of the Auditor General.

Internal Investigations Unit

The OIG receives complaints related to Department employees, program functions, and contractors. The OIG reviews each complaint received to determine how the complaint should be handled. The following case classifications were utilized by the OIG during FY 2021-22:

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



*Based upon 299 complaints closed in FY 2021-22.

2021-22 Activity

The OIG closed 299 complaints during FY 2021-22. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during FY 2021-22 and their disposition can be found in Appendix C. Summaries of each investigation completed during FY 2021-22 can be found starting on page 19 of this report.

2021-22 Accomplishments

- Created and implemented a new Investigations Directives Manual, effective January 26, 2022.
- Hired a new Director of Investigations, Assistant Accreditation Manager, and additional investigative staff.
- Completed over 270 hours of training for current Investigations staff members during the 2021-2022 fiscal year.

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.

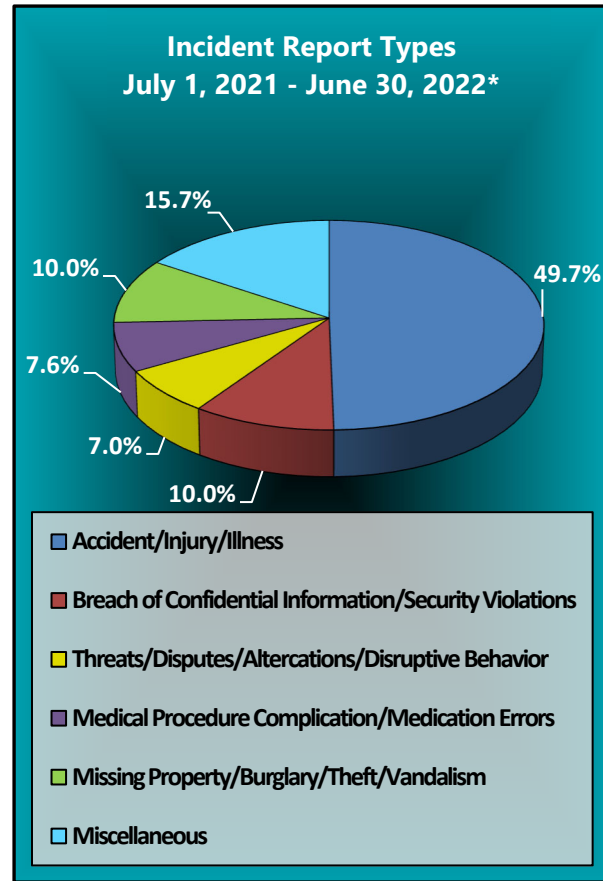
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

The OIG was most recently reaccredited on October 15, 2020 and is currently one of 25 accredited state agency Offices of Inspector General as of June 30, 2022.

Incident Reports

Incident Reports (IR) are utilized within the Department to ensure that each incident as defined in Department policy is adequately documented, reported and investigated. The types of incidents that should be reported are those including, but not limited to:

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



*The OIG received 2,321 Incident Reports during FY 2021-22. Because each Incident Report may identify more than one incident type, the chart above is reflective of 2,800 incident types identified during FY 2021-22.

While the IR process is a Department-wide function, the Department’s electronic IR system was developed by and is maintained by the OIG. Additionally, the Department’s IR Policy (DOHP 5-6-18) is also owned and maintained by the OIG.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of internal audits completed during FY 2021-2022.

REPORT # A-2021-003

Selected Contracts Managed at County Health Departments

The OIG examined six contracts managed at CHDs to determine if selected deliverables of contracts were met according to the terms of the contract.

SUMMARY OF FINDING

- ❖ Subcontract agreements did not contain the Department's required *Standard Contract* language.

RECOMMENDATIONS

The OIG recommended the DOH in Palm Beach County ensure:

- ❖ Its contract managers only approve subcontract agreements that include the required Department *Standard Contract* language, using the *Subcontracting Request Guidelines* (Guidelines) as a resource.
- ❖ Where current contracted providers use approved subcontractors, such subcontracts include required *Standard Contract* language, using the Guidelines as a resource.

REPORT # A-2122-001

The Department of Health's Cybersecurity Continuous Monitoring

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

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

REPORT # A-2122-002**Bureau of Emergency Medical Oversight's Inspections of Emergency Medical Services**

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

SUMMARY OF FINDING

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

RECOMMENDATION

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

REPORT # A-2122-003**Compliance Audit of the Department of Health's Contracts**

The OIG examined the Department's standard two-party agreements, three or more party agreements, revenue agreements, and master agreements for the FY ended 2018-19, FY19-20, and FY20-21 to determine whether required Department contract information was timely and accurately posted in the Florida Accountability Contract Tracking System (FACTS) as required by section 215.985(14)(a), Florida Statutes; compliance with contract procurement rules; and vendor selections during contract acquisitions to identify trends in vendor preference.

SUMMARY OF FINDINGS

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

RECOMMENDATIONS

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

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

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

The OIG also recommended CAOS develop a FACTS data input training course to help ensure contract managers properly post contract data in FACTS.

REPORT # A-2122-006

Follow-up Audit of County Health Departments' Ordering and Shipping Patients' Lab Work

The OIG verified whether corrective action plans from the OIG's Audit #A-1718DOH-020, *County Health Departments' Ordering and Shipping of Clients' Lab Work*, published in December 2018, had been implemented and were having a positive impact on improving processes used by CHDs and other entities to prepare and ship lab specimens to the Department's Jacksonville Laboratory (Laboratory).

SUMMARY OF FINDINGS

- ❖ CHDs included unnecessary Protected Health Information in shipments to the Laboratory.
- ❖ Some packages of lab specimens were not properly identified with Biological Substance, Category B (UN 3373) labels.
- ❖ Lab specimens were not consistently shipped.

RECOMMENDATIONS

The OIG recommended the Office of County Health Systems (CHS) implement additional efforts to promote:

- ❖ CHDs use only labels with barcodes when shipping specimens to the Laboratories, except where paperwork, such as manifests and/or requisitions, is required.
- ❖ Requirements that CHDs properly label shipments of lab specimens, in accordance with 49 Code of Federal Regulations 173.199.

The OIG also recommended the Bureau of Public Health Laboratories, in collaboration with the CHS, implement additional efforts to train all CHD employees responsible for packaging and shipping of Category B infectious disease specimens to ensure consistency.

OTHER PROJECTS

The following is a summary of other projects completed during FY 2021-22.

REPORT # C-2021-001

Child Protection Team Program, A Consulting Engagement

The Deputy Secretary for Children’s Medical Services requested the OIG conduct a consulting engagement to evaluate selected processes of the Bureau of Child Protection and Special Technologies (BCPST), its medical directors, and contracted Child Protection Teams (CPT).

SUMMARY OF OPPORTUNITIES FOR IMPROVEMENT

- ❖ Quality Assurance Reviews (QAR) could be improved.
- ❖ Consistency during programmatic monitoring could be improved.
- ❖ A uniform process to collect, secure, and process evidence has not been implemented and/or documented statewide.
- ❖ Timeframes to review hotline abuse reports and conduct assessments could be re-evaluated.
- ❖ The process for notifying the Department of Children and Families (DCF) of a positive indicator of abuse or neglect could be strengthened.
- ❖ The process to maintain and secure case files could be strengthened.

RECOMMENDATIONS

The OIG recommended the following process improvements to BCPST:

- ❖ Due to the in-depth monitoring required during QARs, BCPST should consider re-evaluating whether conducting a QAR only once every three years is adequate. To ensure compliance with requirements and standards when deficiencies are identified at a CPT, a follow-up QAR within a year may be appropriate. BCPST should also ensure QARs are conducted timely.
- ❖ To emphasize the importance of the QARs and ensure adequate communication between the CPTs and BCPST, consider having a member of BCPST present during the QARs. BCPST should also consider imposing consequences when deficiencies are identified during the QAR.

- ❖ BCPST should ensure the findings from the review of records in which there are no findings of abuse, abandonment, or neglect, are documented in the QAR reports to be in compliance with section 39.303(8), Florida Statutes.
- ❖ To ensure contract deliverables are consistently being met statewide, BCPST should consider developing a process to periodically evaluate the information input into the *Child Protection Team Information System* by the CPTs. The evaluation will help ensure information reported on the Deliverable Report is accurate, while also providing assurance to CPTs the numbers are not artificially inflated.
- ❖ While BCPST developed formally documented monitoring procedures during our review engagement, we recommend BCPST consider requiring a full year of data be analyzed during annual monitoring.
- ❖ BCPST should also consider working with contract managers to ensure invoice requests are accurate prior to approval and discontinue the use of prepopulated *Invoice Performance Analysis* forms.
- ❖ BCPST should consider finalizing the development and implementation of statewide protocols to collect, process and secure evidence.
- ❖ BCPST should consider re-evaluating the timeframes for reviewing abuse hotline reports and conducting assessments to determine whether they should be tightened to better ensure cases are completed promptly to better the security and safety of children.
- ❖ BCPST should consider developing a periodic review process to ensure documented reasons for not completing a CPT report timely are justifiable and legitimate.
- ❖ BCPST should consider requiring in addition to the verbal notification that CPTs follow up with notification in an official documented form. This action will provide documentation of the notification in the event the date of verbal notification is not documented in the notes and provides the Department with a source document to verify the notification occurred.
- ❖ BCPST should consider developing and providing directives to CPTs to ensure files are maintained consistently, securely, and in compliance with the State of Florida's *General Records Schedule GS1-SL for State and Local Government Agencies*.

REPORT # Q-2122-001**Self-Assessment Quality Assurance Review**

The OIG conducted a self-assessment quality assurance review of the Internal Audit Unit (IA) to evaluate the IA's conformance with the Institute of Internal Auditors' (IIA) International Professional Practices Framework (IPPF), which includes the IA's 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-2021-007**User Access to the Health Management System at the Department of Health in Charlotte County**

The OIG examined *Health Management System* user accounts at the DOH in Charlotte County as of May 14, 2021, to determine whether users with access are current Department employees, contractors, or interns with access that is appropriate to job responsibilities.

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

SUMMARY OF 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, 2022, there were no corrective actions outstanding from previous annual reports.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2021-22 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.

INVESTIGATION # 18-19-064

Alleged Negligence, Falsification, and Conduct Unbecoming a Public Employee Division of Medical Quality Assurance (MQA)

This investigation was initiated based on the OIG receiving a complaint from a former MQA employee (Complainant) alleging three Department employees (Subjects #1-#3) improperly disclosed confidential information and provided false or misleading information to MQA management.

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

Allegation #1: Subject #1 disclosed confidential information about an active MQA investigation to an unauthorized individual. The allegation was **unsubstantiated**. This allegation was originally investigated by MQA management, who could not substantiate it. The OIG attempted to obtain additional evidence regarding this allegation and was unable to discover any additional information to prove or disprove the alleged conduct occurred.

Allegation #2: Subject #2 may have provided false or misleading information to MQA management about when they became initially aware of the allegation against Subject #1. The allegation was **unsubstantiated**. Based upon the analysis of the evidence, the OIG was unable to prove or disprove the alleged conduct occurred.

Allegation #3: Subject #3 may have provided false or misleading information to MQA management about when they became initially aware of the allegation against Subject #1. The allegation was **unsubstantiated**. Based upon the analysis of the evidence, the OIG was unable to prove or disprove the alleged conduct occurred.

Allegation #4: An Incident Report of the alleged breach of confidential information was not filed timely by either Subject #2 or Subject #3. The allegation was **unsubstantiated**. Based upon the analysis of the evidence, the OIG was unable to prove or disprove the alleged conduct occurred.

Additional Finding: A lack of policy and procedure contributed to the failure of MQA's Prosecution Services Unit (PSU) personnel to timely notify Investigative Services Unit (ISU) managers of the complaint against Subject #1, an ISU employee.

RECOMMENDATIONS

The OIG recommended MQA management review PSU policies and procedures to determine if changes are necessary, consider training PSU staff regarding handling complaints against ISU staff, and take appropriate action consistent with the findings and conclusions of this report.

INVESTIGATION # 18-19-135

Alleged Negligence, Falsification, and Conduct Unbecoming a Public Employee Department of Health in Marion County (DOH-Marion)

This investigation was initiated based on the OIG receiving a complaint from two private citizen (Complainants) alleging two DOH-Marion employees (Subjects #1-#2) knowingly permitted a septic tank contractor to violate Florida Law and refused to accept a complaint against the contractor.

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

Allegation #1: Subject #1 improperly approved permits for the Complainants' 2018 septic tank installation. The allegation was **substantiated**. Based on testimonial and documentary evidence, including a review of the permit application and consultation with an expert, there is sufficient evidence to support a finding that there were violations of the Department's permit writing procedure, and thus, the permit should not have been approved.

Allegation #2: Subject #1 did not inspect the Complainants' 2018 septic tank installation properly and subsequently, knowingly permitted a septic tank contractor to violate Florida Law. The allegation was **substantiated**. Based on testimonial and documentary evidence, including a review of videos and consultation with an expert, there is sufficient evidence to support a finding that the Complainants' septic tank was not inspected properly by Subject #1.

Allegation #3: Subject #2 is complicit with Subject #1 in covering up violations by a septic tank contractor during the Complainants' 2018 septic tank installation by refusing to address a complaint regarding improper activity of Subject #1 and the contractor, including dismissing evidence provided by the Complainants. The allegation was **substantiated**. Evidence did not support a conclusion that Subject #2 "covered up" the violations of Subject #1, as described by the Complainants. However, the OIG was able to determine through testimonial and documentary evidence, including Subject #2's own admission, that there is sufficient evidence to support a finding that Subject #2 did not address the issues related to the complaint of the incorrect permit and inspection completed by Subject #1.

INVESTIGATION # 20-134**Alleged Falsification of Official Documentation
Bureau of Child Protection and Special Technologies**

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging a CPT contractor's former employee (Subject) falsely documented CPT actions and services in case records.

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

Allegation #1: The Subject falsely documented CPT actions and services in case records. Based on evidence that showed the Subject's actions led to a missed opportunity to collect evidence in a case of alleged sexual abuse of a child, as well as the discovery of additional performance and conduct related violations, and since the contractor is solely responsible for the conduct of its employees, the allegation was referred to the contractor for further investigation and expedient corrective action, as deemed necessary.

INVESTIGATION # 20-142**Alleged Negligence, Falsification of Records, and Conduct Unbecoming a Public Employee
Department of Health in Seminole County (DOH-Seminole)**

This investigation was initiated based on the OIG receiving a complaint from a DOH-Seminole employee (Complainant) alleging a DOH-Seminole employee (Subject) accepted a gift from a vendor in violation of Department policy.

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

Allegation #1: Subject accepted a gift from a vendor in violation of Department policy. The allegation was **unsubstantiated**. Based upon the analysis of the evidence, a gift item was included in an order placed by the Subject. However, case materials were unable to prove or disprove the alleged conduct was intentional and/or that the Subject intended to accept the item for their or someone else's use.

INVESTIGATION # 21-117**Alleged Violation of Laws, Rules, and/or Department Policy
Department of Health**

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging former and current Department management (Subjects #1-#4) retaliated through termination of the Complainant for opposing directions regarding COVID-19 data on the COVID-19 Data and Surveillance Dashboard (dashboard).

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

Allegation #1: Subject #1 directed the Complainant and other Department staff to falsify COVID-19 positivity rates. The allegation was **unsubstantiated**. Based upon an analysis of the available evidence, there was insufficient evidence to clearly prove or disprove the alleged conduct, as described by the Complainant, occurred.

Allegation #2: Subject #2 pressured the Complainant to falsify COVID-19 positivity rates as directed by Subject #1. The allegation was **unsubstantiated**. Based upon an analysis of the available evidence, there was insufficient evidence to clearly prove or disprove the alleged conduct, as described by the Complainant, occurred.

Allegation #3: At the direction of Subject #1 and Subject #3, the calculation of new case positivity was misrepresented on the dashboard. The allegation was **unfounded**. Based upon an analysis of the available evidence, the alleged conduct, as described by the Complainant, did not occur.

Allegation #4: Subject #1, Subject #3, and Subject #4 directed the Complainant to restrict access to underlying data that supported what appeared on the dashboard. The allegation was **exonerated**. Based upon an analysis of the available evidence, the alleged conduct, as described by the Complainant, occurred but was not found to be violation of any governing directive.

INVESTIGATION # 22-059**Alleged Negligence, Misconduct, and Conduct Unbecoming a Public Employee
Division of Medical Quality Assurance (MQA)**

This investigation was initiated based on the OIG receiving a complaint from a MQA employee (Complainant) alleging a MQA employee (Subject) sabotaged the Complainant's chances to obtain a new position.

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

Allegation #1: Subject intentionally did not send the Complainant a work sample for a vacancy they applied for, which disqualified the Complainant from advancing through the selection process. The allegation was **unfounded**. Based upon an analysis of the available evidence, the alleged conduct did not occur.

Allegation #2: Subject created a fake email, falsely indicating that they sent the work sample to the Complainant. The allegation was **unfounded**. Based upon an analysis of the available evidence, the alleged conduct did not occur.

OTHER OIG ACTIVITIES

COORDINATION WITH EXTERNAL AUDITING ENTITIES

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

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

See Appendix B for a list of external audits and reviews that were coordinated by the OIG during the 2021-22 fiscal year.

APPENDICES

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2021-22

Number	Audit Engagements	Date Issued
A-2021-003	<i>Selected Contracts Managed at County Health Departments</i>	November 5, 2021
A-2122-001	<i>The Department of Health's Cybersecurity Continuous Monitoring</i>	May 11, 2022
A-2122-002	<i>Bureau of Emergency Medical Oversight's Inspections of Emergency Medical Services</i>	May 12, 2022
A-2122-003	<i>Compliance Audit of the Department of Health's Contracts</i>	February 28, 2022
A-2122-006	<i>Follow-up Audit of County Health Departments' Ordering and Shipping Patients' Lab Work</i>	March 31, 2022

Number	Other Engagements	Date Issued
C-2021-001	<i>Child Protection Team Program, A Consulting Engagement</i>	November 15, 2021
Q-2122-001	<i>Self-Assessment Quality Assurance Review</i>	October 21, 2021
R-2021-007	<i>User Access to the Health Management System at the Department of Health in Charlotte County</i>	September 17, 2021

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2021-22 ²

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2022-006	<i>Office of Medical Marijuana Use, Prescription Drug Monitoring, and Selected Administrative Activities</i>	August 3, 2021
2022-189	<i>Statewide Federal Awards – June 30, 2021</i>	March 30, 2022
2022-200	<i>COVID-19 Data Collection and Reporting</i>	June 1, 2022

Other External Projects		
External Entity	Subject	Report Date
Centers for Medicare & Medicaid Services	<i>Florida Department of Health in Palm Beach County Medical Review</i>	September 17, 2021

² The OIG tracks progress on corrective action at six month intervals on all external audits/reviews, up to a maximum of 18 months. For any remaining corrective actions outstanding after 18 months, the OIG may elect to continue tracking select corrective actions due to criticality of the issue.

APPENDIX C

Department of Health Office of Inspector General Closed Complaints for FY 2021-22

Number	Type	Allegation/Concern	Disposition
18-19-064	IN	Alleged disclosure of confidential information and providing false or misleading information to management by Department employees	4-Unsubstantiated
18-19-135	IN	Alleged improper approval of Environmental Health (EH) permits and failure to conduct inspections by Department employees	3-Substantiated
20-060	MA	Alleged improper disclosure of Personally Identifiable Information (PII) and Protected Health Information (PHI)	Referred to Management
20-088	WB	Alleged "double-dipping" by a county health department (CHD) via billing clients and receiving funding for same services, failing to bill uninsured clients for laboratory services, writing-off unbilled laboratory services without proper authorization, instructing staff to enter false client information in the Health Management System (HMS), and failing to issue receipts to all clients	2-Substantiated 4-Exonerated
20-134	WB	Alleged falsification of Child Protection Team case records	Referred to the University of South Florida
20-142	IN	Alleged falsification of records concerning MyFloridaMarketPlace user access, application for employment, and employment complaints, acceptance of a gift from a vendor, and the purchase of items prohibited by the State of Florida	1-Unsubstantiated 7-Not Investigated (previously investigated)
21-077	NF	Alleged incorrect cause of death on a death certificate	Not Investigated - Handled by the Office of General Counsel (OGC), Chief of Staff, and the Division of Medical Quality Assurance (MQA)
21-117	WB	Alleged mishandling, misrepresentation, and falsified COVID-19 surveillance data by DOH officials, and dismissal of complainant in retaliation for opposing such actions	2-Unsubstantiated 1-Exonerated 1-Unfounded
21-135	PI	Alleged falsification of program data by program managers and failure to investigate concerns brought to the attention of program leadership	Not Investigated - Handled by Management
21-167	PI	Alleged Health Insurance Portability and Accountability Act (HIPAA) violations, unethical practices, contract violations, and manipulation of data	Referred to Management
21-168	MA	Alleged slander by former Department supervisor and concerns with contact tracing and decisions made regarding COVID-19 exposures at the Department	Referred to Management
21-220	RF	Alleged hostile work environment and sexual harassment by a Department employee	Referred to the Equal Opportunity Section (EOS)
21-221	NF	Concerns regarding a private physician violating Medical Marijuana prescribing regulations	Not Investigated - MQA aware of concerns
21-222	RF	Alleged hostile work environment, falsification on a performance review, and retaliation	Referred to Management
22-001	RF	Concerns regarding a Department of Children and Families (DCF) case worker	Referred to DCF Office of Inspector General (OIG)
22-002	NF	Alleged false claims were made by a DOH employee regarding a client's relative	Not Investigated - Insufficient Information
22-003	NF	Alleged violation of Florida Sunshine Law by the Department for failing to timely report COVID-19 cases and deaths	Not Investigated - No identified violation of law, rule, or policy
22-004	MA	Alleged a hostile work environment was allowed to exist by a Department supervisor	Referred to Management
22-005	MA	Concerns regarding a Department employee accepting gifts from a pharmaceutical representative and disclosing the name of a client	Referred to Management
22-006	NF	Alleged substandard care by a hospital's physicians	Not Investigated - Information Provided
22-007	NF	Alleged improper assistance provided by a Department contact to a licensed mental health counselor by having complaints dismissed	Not Investigated - Insufficient Information
22-008	RF	Alleged improper access to electronic data by a Department employee without a legitimate purpose	Referred to the Department of Economic Opportunity's OIG

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

Number	Type	Allegation/Concern	Disposition
22-009	NF	Concerns regarding the outcome of an investigation of a private health care practitioner	Not Investigated - No Jurisdiction
22-010	NF	Alleged wrongful and unlawful termination due to a social media post in violation of the First Amendment	Not Investigated - Handled by the Public Employees Relations Commission
22-011	RF	Concerns regarding Department quarantine mandates for day camp participants and unofficial communication	Referred to Management
22-012	RF	Alleged misuse of the COVID-19 vaccine, preferential treatment by Management, hostile work environment, retaliation, and wrongful termination	Referred to the Office of County Health Systems (CHS)
22-013	NF	Alleged misuse of state resources by a physician for their private medical practice	Not Investigated - Insufficient Information
22-014	NF	Concerns regarding wearing masks and quarantining of school children	Not Investigated - No identified violation of law, rule, or policy
22-015	RF	Concerns regarding continuing education courses for licensure renewal discrepancy	Referred to MQA
22-016	RF	Alleged violation of an injunction by a Department employee, creating a hostile work environment	Referred to Management
22-017	RF	Alleged failure of the Department to provide a copy of a consultant report after closing a MQA complaint	Referred to MQA
22-018	RF	Alleged hostile work environment and fear of retaliation by Management	Referred to CHS
22-019	RF	Alleged Medicare and Medicaid fraud by a medical supplies company	Referred to the Agency for Health Care Administration's (AHCA) OIG
22-020	NF	Alleged misdiagnosis of health conditions by healthcare practitioners	Not Investigated - No Jurisdiction, Information Provided
22-021	RF	Alleged hostile work environment and possible discrimination by Department management	Referred to CHS
22-022	NF	Concerns regarding a licensed medical practitioner operating a surgery mill for financial gain and the handling of a MQA complaint	Not Investigated - No identified violation of law, rule, or policy; Information Provided
22-023	RF	Concerns regarding testing positive for COVID-19 after meeting with a law enforcement officer	Referred to CHD
22-024	NF	Concerns regarding an employee being sent home for the day by a Department manager without explanation and told not to return to the office following a request to use leave	Not Investigated - No identified violation of law, rule, or policy
22-026	RF	Concerns regarding a restaurant allowing employees to work with COVID-19 and not informing employees or guests	Referred to CHD and the Department of Business and Professional Regulation (DBPR) OIG
22-027	RF	Alleged mental and physical abuse by grandparents and no action taken by DCF	Referred to DCF OIG
22-028	NF	Alleged pharmacy fraud by charging to administer the COVID-19 vaccine	Not Investigated - No Jurisdiction, Information Provided
22-029	RF	Concerns regarding employer, a social services entity, mandating COVID-19 vaccinations	Referred to AHCA
22-030	RF	Alleged hostile work environment, micromanaging, and bullying by Department management	Referred to CHS
22-031	RF	Alleged improper obtaining of an individual's PII and disclosing their PHI by a Department employee	Referred to Management
22-032	NF	Concerns regarding students quarantining and a CHD's contact tracing protocol	Not Investigated - Insufficient Information
22-033	RF	Concerns regarding the behavior of Department managers, including favoritism, misuse of leave, and taking two-hour lunches with staff	Referred to Management
22-034	NF	Alleged violation of Executive Order 21-175 by a diocese and a school superintendent	Not Investigated - No Jurisdiction
22-035	RF	Alleged negligence by a Department employee and a healthcare practitioner	Referred to Management
22-036	RF	Concerns regarding a school district and a Department school liaison regarding the right of students to self-carry EpiPens	Referred to the Bureau of Family Health Services
22-037	NF	Alleged wrongful treatment and discrimination by other CHD employees through limiting work hours	Not Investigated - Information Provided
22-038	RF	Alleged harassment, discrimination, and lack of adequate customer service by Department employees	Referred to EOS and Management
22-039	NF	Alleged improper mandate regarding mask use and COVID-19 vaccinations by a youth organization	Not Investigated - No Jurisdiction
22-040	NF	Alleged misuse of position by a Department employee for rejecting an internal applicant for a promotional appointment	Not Investigated - No identified violation of law, rule, or policy

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

Number	Type	Allegation/Concern	Disposition
22-041	RF	Alleged fraud and abuse of power by a Department employee related to COVID-19 diagnosis in school settings	Referred to CHD
22-042	RF	Alleged mistreatment of Department employees by managers	Referred to CHD, CHS, OGC, and EOS
22-043	NF	Concerns regarding a healthcare provider enabling the transmission of COVID-19 throughout the United States	Not Investigated - No Jurisdiction
22-044	MA	Alleged delays in processing invoices and missed statutory deadlines by Department employees	Referred to Management
22-045	MA	Alleged falsification of EH records	Referred to Management
22-046	RF	Alleged falsification of reports and allegations filed with DCF	Referred to DCF OIG
22-047	RF	Alleged inappropriate statement made to a client by a Department employee regarding COVID-19 vaccines and offering to obtain medications for co-workers without prescriptions through a hospital pharmacy	Referred to MQA and AHCA
22-048	NF	Concerns regarding the conduct of a Department employee related to an investigation	Not Investigated - In Litigation
22-049	RF	Concerns regarding hospitals attempting to require proof of COVID-19 vaccination from vendors	Referred to AHCA OIG
22-050	NF	Concerns regarding toxic mold at a residence	Not Investigated - No Jurisdiction
22-051	NF	Concerns regarding the handling of a licensure application	Not Investigated - No identified violation of law, rule, or policy
22-052	RF	Concerns regarding a school mask mandate and isolation of students	Referred to CHD and Bureau of Family Health Services
22-053	NF	Alleged stalking by a Department supervisor at COVID-19 events	Not Investigated - Insufficient Information
22-054	NF	Alleged improper access to records from a Department database for personal use by a DCF contractor's employee	Not Investigated - Insufficient Information
22-055	NF	Concerns regarding a Board of Medicine decision related to a physician complaint	Not Investigated - No Jurisdiction
22-056	NF	Concerns regarding a scheme to defraud public and private institutions, and a Department employee accessing Department systems for personal use	Not Investigated - Insufficient Information
22-057	NF	Concerns regarding the accuracy and timeliness of reporting COVID-19 data	Not Investigated - Insufficient Information
22-058	RF	Alleged negligence by a nursing home regarding an elderly patient	Referred to AHCA OIG
22-059	IN	Concerns regarding a Department employee intentionally manipulating the hiring process for a vacant position	2-Unfounded
22-060	NF	Concerns regarding a Department employee delaying a public records request	Not Investigated - Insufficient Information
22-061	RF	Alleged violation of section 381.00316, Florida Statutes, by refusing unvaccinated individuals' entry to an Orlando venue	Referred to Division of Emergency Preparedness and Community Support (DEPCS)
22-062	RF	Alleged harassment, misconduct, and retaliation by a Department supervisor and co-workers	Referred to Management
22-063	NF	Concerns regarding the water supply at a condominium	Not Investigated - No Jurisdiction, CHD aware of concerns
22-064	NF	Concerns regarding locked school bathrooms, and when unlocked, no soap or paper towels available	Not Investigated - No Jurisdiction, Notified CHD
22-065	RF	Alleged age discrimination and hostility by a Department employee	Referred to EOS
22-066	NF	Alleged misuse of government funds by Department employee and fear of retaliation	Not Investigated - Insufficient Information, Complaint Withdrawn
22-067	RF	Alleged unprofessional conduct by a licensed health care professional	Referred to MQA and AHCA OIG
22-068	RF	Concerns regarding Office of Medical Marijuana Use (OMMU) not mailing cards	Referred to OMMU
22-069	RF	Alleged discrimination and non-compliance with an Americans with Disabilities Act (ADA) accommodation by Department management	Referred to EOS
22-070	NF	Concerns regarding a sewer system and allegations against a sheriff's department	Not Investigated - No Jurisdiction
22-071	MA	Alleged negligence during EH inspections and retaliation by a EH inspector	Referred to Management
22-072	NF	Concerns regarding the reporting of COVID-19 cases and deaths	Not Investigated - Insufficient Information
22-073	RF	Concerns regarding breach of a Department program's records by sharing with a hospital and pediatrician offices without being requested and sharing system log-in information	Referred to the Bureau of Child Protection and Special Technologies

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

Number	Type	Allegation/Concern	Disposition
22-074	RF	Concerns regarding being denied entry to an Orlando gym for lack of a vaccine card	Referred to DEPCS
22-075	MA	Alleged use of state resources by a Department employee for outside employment and personal gain	Referred to Management
22-076	NF	Alleged incompetence by Department employees and leadership for not answering questions	Not Investigated - No identified violation of law, rule, or policy
22-077	RF	Alleged fraud against insurance companies, medical centers, Medicare, Medicaid, and nursing homes	Referred to AHCA OIG and the Office of Financial Regulation OIG
22-078	NF	Concerns regarding the denial of a practitioner's license in Florida due to an out-of-state suspension and alleged sexual discrimination	Not Investigated - In Litigation
22-079	RF	Alleged violation of privacy rights by practitioners	Referred to MQA and AHCA
22-080	RF	Concerns regarding a CHD's unfair hiring and personnel practices	Referred to Management
22-081	RF	Concerns regarding a doctor denying unvaccinated patients pulmonary function testing	Referred to DEPCS
22-082	RF	Concerns regarding a correctional institution	Referred to the Department of Corrections (DOC) OIG
22-083	RF	Concerns regarding Department management intentionally manipulating the hiring process	Referred to the Bureau of Personnel and Human Resource Management (HR)
22-084	RF	Alleged discrimination in the workplace by a Department employee based on sex, creating a hostile work environment	Referred to EOS
22-085	RF	Concerns regarding a Department employee's customer service	Referred to Management
22-086	NF	Concerns regarding care at a hospital and lack of prescribing antibiotics	Not Investigated - Information Provided
22-087	NF	Concerns regarding employer requiring COVID-19 vaccine	Not Investigated - Management aware of concerns
22-088	RF	Concerns regarding a rodent infestation and air conditioner issues at a residence	Referred to CHD EH Section
22-089	RF	Concerns regarding the medical director and management at a rehab center, including abuse and neglect, and a lack of a facility inspection	Referred to MQA
22-090	RF	Concerns regarding the actions of a Circuit Judge	Referred to County Courthouse
22-091	MA	Alleged mismanagement and staffing issues in a CHD's EH section	Referred to CHD
22-092	RF	Concerns regarding the toxic work environment and unfair practices of a CHD Health Officer	Referred to CHS
22-093	RF	Alleged harassment, bullying, and retaliation by a CHD supervisory staff	Referred to CHD
22-094	RF	Alleged favoritism regarding teleworking by CHD EH staff and managers, creating conflict with staff	Referred to Management
22-095	RF	Alleged wrongful use of position by a non-Department employee for personal gain and submission of incorrect information for Women, Infants, and Children program's benefits	Referred to MQA and CHD
22-096	RF	Alleged cover up and fraudulent information by a county government entity and a CHD for unpermitted work	Referred to CHD EH
22-097	NF	Alleged improper referral to collections by an ambulance service	Not Investigated - Information Provided
22-098	NF	Concerns regarding the State Surgeon General	Not Investigated - No identified violation of law, rule, or policy
22-099	NF	Alleged COVID-19 rapid tests are only available to teachers, students, or administrators at a non-Department entity	Not Investigated - No Jurisdiction
22-100	RF	Alleged conduct unbecoming due to discrimination by Department management	Referred to EOS
22-101	RF	Alleged harassment, bullying, and hostile work environment by several Department employees	Referred to Management
22-102	NF	Alleged hypocrisy and bigotry among Florida Government officials and representatives	Not Investigated - Insufficient Information
22-103	NF	Concerns regarding Department hiring policy	Not Investigated - No identified violation of law, rule, or policy
22-104	RF	Alleged abuse by a mother and son that were placed in an apartment by DCF and negligence by a DCF case worker	Referred to DCF OIG
22-105	RF	Alleged fraud and falsification on a death certificate	Referred to the Office of Vital Statistics, Information Provided
22-106	NF	Alleged conduct unbecoming a Department employee for lost and closed complaints	Not Investigated - Insufficient Information, Information Provided
22-107	PI	Alleged bullying by a supervisor with aggressive and accusatory disposition, leading to an employee's resignation	Referred to Management

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

Number	Type	Allegation/Concern	Disposition
22-108	RF	Alleged unprofessional conduct by a CHD supervisor	Referred to Management
22-109	NF	Alleged substandard medical care, unlicensed activity, elderly abuse, Medicaid fraud, and modification of medical records	Not Investigated - MQA aware of complaints
22-110	LE	Concerns regarding possible workplace violence due to harassing emails by a Department employee	Referred to the Florida Department of Law Enforcement (FDLE)
22-111	RF	Concerns regarding the way a Department program is running, leading to low morale	Referred to Management
22-112	NF	Alleged hiring discrepancies, improper release of employee information, and workplace conflict by Department supervisors	Not Investigated - Insufficient Information
22-113	NF	Alleged misconduct by a non-Department employee	Not Investigated - No Jurisdiction
22-114	NF	Concerns regarding a hospital bill received after a slip and fall at a private doctor's office	Not Investigated - No Jurisdiction
22-115	RF	Alleged bullying, targeting, creating a hostile work environment, and abuse of power by a Department supervisor	Referred to Management and HR
22-116	NF	Alleged mishandling of a MQA case without a thorough review and with no appeal options	Not Investigated - No identified violation of law, rule, or policy
22-117	RF	Alleged violation of HIPAA by a private company for requiring a picture of vaccination record in company portal	Referred to DEPCS
22-118	NF	Concerns regarding county emergency medical services labor practices for emergency medical technicians/paramedics driving ambulance and caring for patients	Not Investigated - DEPCS aware of concerns
22-119	NF	Alleged unpaid insurance premiums and medical bills by the AIDS Drug Assistance Program (ADAP)	Not Investigated - ADAP is aware of allegation
22-120	NF	Alleged conduct unbecoming a Department supervisor for meddling in an employee's private life	Not Investigated - Complaint Withdrawn
22-121	RF	Alleged lack of training, communication, and discriminatory behavior/racial bias by a Department supervisor and a lack of relief when these concerns were brought to the attention of management	Referred to Management, EOS, and the Florida Commission of Human Relations
22-122	RF	Alleged inappropriate contact by a Department employee of a client represented by an attorney	Referred to Management
22-123	RF	Alleged improper release of an individual's vaccination status without their consent	Referred to the Bureau of Epidemiology
22-124	NF	Concerns regarding a landlord/tenant dispute and civil matter involving a private physician	Not Investigated - No Jurisdiction
22-125	NF	Alleged possible fraudulent issuance of COVID-19 vaccination card by a Department employee	Not Investigated - Referred to Management
22-126	RF	Concerns regarding obtaining a massage therapy license	Referred to Board of Massage Therapy
22-128	NF	Concerns regarding a Board of Medicine Hearing on a citizen's petition	Not Investigated - No identified violation of law, rule, or policy
22-129	RF	Concerns with standard of care and possible fraud at a nursing home	Referred to MQA
22-130	RF	Alleged misconduct by correctional officers and inmates for bringing in contraband and plotting against the complainant	Referred to DOC OIG
22-131	RF	Alleged issues with taking leave and bullying by a Department supervisor, resulting in a demotion	Referred to Management
22-132	RF	Alleged ongoing harassment by a former Department employee	Referred to FDLE
22-133	RF	Alleged conduct unbecoming and malicious retaliation by Department employees regarding septic permitting	Referred to Management
22-134	RF	Alleged inappropriate actions by a public school district for encouraging parents to have their children accept COVID-19 vaccines without information on the risks or alternatives	Referred to Department of Education OIG
22-135	RF	Alleged substandard care and Medicaid overbilling by private health care providers	Referred to MQA
22-136	RF	Alleged hostile work environment by a Department supervisor due to speaking inappropriately to employees, altering set procedures, and not working assigned schedule	Referred to Management
22-137	RF	Alleged hostile work environment by a Department supervisor resulting from a raised voice and aggressive behavior towards employees	Referred to Management
22-138	RF	Alleged property damage and inappropriate response to a citizen complaint due to trespassing on residential property by a Department employee	Referred to Management
22-139	RF	Alleged insect infestation at a Miami grocery store	Referred to Florida Department of Agriculture and Consumer Services OIG

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

Number	Type	Allegation/Concern	Disposition
22-140	RF	Alleged improper actions by the Department for providing COVID-19 test results under spouse's name with complainant's date of birth	Referred to CHD
22-141	RF	Alleged public assistance and Medicaid fraud using incorrect medical documentation signed by a health care practitioner	Referred to MQA
22-142	NF	Alleged selling of PII to a third party by an unknown Department employee	Not Investigated - Insufficient Information
22-143	RF	Alleged disrespectful and bullying actions towards employees and lying on personnel documents by a Department supervisor, causing the employees to resign	Referred to Management
22-144	RF	Alleged misconduct by a health care practitioner with an organ recovery service	Referred to MQA, Information Provided
22-145	RF	Alleged bullying, misconduct, and information technology violations by a Department supervisor	Referred to Management
22-146	NF	Alleged failure of a health care entity to bill new insurance company for services	Not Investigated - No identified violation of law, rule, or policy
22-147	RF	Alleged improper obtaining of employees PHI and chastising of them into receiving COVID-19 vaccine by a CHD health officer	Referred to CHS
22-148	RF	Concerns regarding refusal by a lodging entity, affiliated with a hospital, to provide services to individuals based on non-disclosure of COVID-19 vaccination status	Referred to DEPCS
22-149	RF	Alleged use of state time and resources for personal matters by a Department employee	Referred to Management
22-150	NF	Alleged delay by Department officials in responding to concerns of a Department report that contained inaccuracies	Not Investigated - No identified violation of law, rule, or policy
22-151	RF	Concerns regarding an inspection report containing an incorrect signature and other discrepancies	Referred to Management
22-152	RF	Alleged discrimination and mismanagement within the Division of Disability Determination (DDD) program	Referred to Management and EOS
22-153	NF	Concerns regarding claims of a third-party assault by a licensed health care practitioner may have led to a complaint with the Board of Medicine	Not Investigated - No Jurisdiction
22-154	RF	Alleged unsanitary issues at a hotel	Referred to DBPR
22-155	NF	Alleged cover ups by the Department regarding complaints against health care practitioners	Not Investigated - Insufficient Information, Previously Addressed
22-156	NF	Concerns regarding COVID-19 protocols and the use of Regeneron against Omicron	Not Investigated - No identified violation of law, rule, or policy
22-157	RF	Concerns regarding lack of support for employees by CHD leadership	Referred to HR
22-158	RF	Alleged violations of patient's rights and HIPAA compliance privacy rights	Referred to MQA, Information Provided
22-159	NF	Alleged unpaid wages and unprofessionalism	Not Investigated - Resolved with vendor
22-160	RF	Alleged delays in medical care and unnecessary medical charges to Medicaid by hospital staff	Referred to MQA
22-161	RF	Alleged misconduct by a Department Administrator	Referred to CHS
22-162	RF	Concerns regarding deplorable conditions of a food establishment	Referred to DBPR
22-163	RF	Alleged improper representation by a Department administrator as a medical doctor without having a license	Referred to Management, Insufficient Information
22-164	RF	Concerns regarding inadequate work conditions for school nurses	Referred to Management
22-165	RF	Alleged unsatisfactory living conditions at a correctional institution	Referred to CHD EH
22-166	NF	Alleged aiding and abetting medical malpractice of a physician by the Department after closing a complaint without proper review	Not Investigated - Insufficient Information
22-167	RF	Alleged hostile work environment, inappropriate COVID-19 protocols, and mold at a medical marijuana dispensary	Referred to OMMU
22-168	RF	Alleged dissatisfaction with cosmetic surgery outcome, denial of refund	Referred to MQA
22-169	RF	Alleged unsafe practices at a COVID-19 vaccine event and retaliation by Department employees	Referred to Management
22-170	NF	Alleged improper release of medical information by a laboratory without consent	Not Investigated - Information Provided
22-171	RF	Alleged dispensing, preparing, and injecting incorrect COVID-19 vaccine by a pharmacist without a signed consent	Referred to MQA
22-172	NF	Alleged unprofessional behavior by staff at a nursing home	Not Investigated - Insufficient Information

Legend			
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Number	Type	Allegation/Concern	Disposition
22-173	NF	Alleged untrue, inaccurate, and misleading statements by the State Surgeon General regarding the COVID-19 pandemic	Not Investigated - Insufficient Information
22-174	RF	Alleged failure to help the homeless and disabled by entities in Volusia County	Referred to DCF, Information Provided
22-175	RF	Alleged disability fraud by a citizen through fabricating medical claim with false evidence	Referred to DDD
22-176	NF	Alleged financial fraud, changing of medication without family consent, and mistreatment for telling the truth by a nursing home	Not Investigated - Insufficient Information
22-177	NF	Alleged HIPAA violations, coercion, and unauthorized access of employees' PHI by CHD management	Not Investigated - Insufficient Information
22-178	RF	Alleged COVID-19 testing scam by a physician at a medical facility	Referred to MQA
22-179	RF	Alleged excessive criminal background checks performed by a vendor contracted by the Department	Referred to Management
22-181	RF	Concerns regarding a letter received that appears to be fraudulent with incorrect information on Department letterhead	Referred to Management
22-182	NF	Alleged unwillingness by school health nurses to perform specific emergency procedure for a student	Not Investigated - No identified violation of law, rule, or policy
22-183	RF	Alleged violations at a COVID-19 testing site	Referred to CHD
22-184	NF	Alleged fraud committed by landlord for allowing unsanitary and unsafe conditions to exist at a rental residence	Not Investigated - No Jurisdiction, Information Provided
22-185	RF	Concerns regarding lack of knowledge by Department employees related to requests for ADA accommodations	Referred to Management and EOS
22-186	RF	Alleged improper enrollment in Medicaid by a non-Department entity without authorization	Referred to DCF and AHCA
22-187	RF	Alleged stalking and reporting of unfounded allegations to DCF by a behavioral specialist	Referred to DCF OIG
22-188	NF	Concerns regarding displeasure with the outcome of a MQA complaint against a private practitioner	Not Investigated - No identified violation of law, rule, or policy
22-189	NF	Alleged favoritism by tailoring a vacant position towards an employee with a higher rate of pay after another employee's resignation	Not Investigated - No identified violation of law, rule, or policy
22-190	RF	Alleged mishandling of a MQA complaint	Referred to Management
22-191	NF	Alleged denial of medical treatment by a non-Department entity because of living situation	Not Investigated - Resolved by County
22-192	RF	Alleged mismanagement, favoritism, and violation of telework policy by a Department manager	Referred to Management
22-193	RF	Alleged mistreatment by a Department supervisor	Referred to Management
22-194	RF	Alleged breach of contract and professional misconduct for non-payment by the Department	Referred to Management
22-195	NF	Alleged unfair, biased, and discriminatory banishment from a Department-affiliated program	Not Investigated - No identified violation of law, rule, or policy
22-196	RF	Alleged illegal practice of plastic surgery by an individual without a license	Referred to MQA
22-197	RF	Alleged misconduct and harassment by a Department manager	Referred to Management
22-198	NF	Alleged failure of health care practitioners to report professional liability claims and actions	Not Investigated - No Jurisdiction, Information Provided
22-199	RF	Alleged mistreatment, micromanaging, and harassment by a CHD manager	Referred to Management
22-200	RF	Concerns regarding difficulty in obtaining a midwifery license	Referred to MQA
22-201	RF	Alleged fraudulent practices by a Department program regarding renewal of a medical marijuana card	Referred to Management
22-202	RF	Alleged misfeasance and misconduct following failure to process disability claims within appropriate timeframe	Referred to Management
22-203	NF	Concerns regarding a Board of Medicine decision related to complaints against a health care practitioner	Not Investigated - No Jurisdiction
22-204	RF	Alleged violations of disclosing PII and PHI by the Department	Referred to OGC
22-205	NF	Alleged false accusations and providing services without consent by a school health nurse	Not Investigated - No Jurisdiction
22-206	RF	Alleged publication of inaccurate and misleading information and withholding medical treatment information on the Department's website	Referred to Office of Communications
22-207	NF	Concerns regarding a minor child's custody case	Not Investigated - No Jurisdiction

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Number	Type	Allegation/Concern	Disposition
22-208	NF	Concerns regarding a health care practitioner who was evicted and alleged civil rights violations	Not Investigated - No Jurisdiction
22-209	PI	Concerned regarding a supervisor's handling of a fraudulent receipt by a childcare center requesting reimbursement	Not Investigated - Decision made in consultation with OGC
22-210	RF	Alleged HR violations related to a probationary performance evaluation	Referred to Management
22-211	NF	Alleged misinformation given by a Health Care District regarding medical diagnoses	Not Investigated - Complaint Withdrawn
22-212	NF	Concerns regarding the processing of medical license applications	Not Investigated - Insufficient Information
22-213	RF	Alleged mishandling of medications by school health nurses	Referred to Management
22-214	RF	Alleged mishandling of a custody matter and falsification of a birth certificate	Referred to DCF OIG
22-215	RF	Alleged improper use of work credentials by a family member to obtain medical information and file a malpractice suit	Not Investigated - No Jurisdiction
22-216	NF	Alleged religious discrimination by a CHD	Not Investigated - Complaint Withdrawn, Concerns Resolved
22-217	NF	Alleged incorrect treatment plan was ordered by Intervention Project for Nurses to comply with Board of Nursing decision, thus impacting the complainant's ability to work	Not Investigated - No Jurisdiction
22-218	MA	Alleged failure to follow regulations, altered documentation, and defamation of character by Department employee	Referred to Management
22-219	NF	Alleged hostile and toxic work environment by CHD management	Not Investigated - Complaint Withdrawn
22-220	NF	Concerns regarding mental and physical health in the work environment	Not Investigated - No Jurisdiction, Information Provided
22-221	RF	Alleged rude, condescending, and chastising actions towards staff in front of others by a Department supervisor	Referred to Management
22-222	RF	Alleged unacceptable behavior by a Department employee	Referred to Management
22-223	RF	Alleged hostile and toxic work environment by Department managers	Referred to Management
22-224	RF	Concerns regarding a laboratory and inaccurate/inappropriate reporting of testing results	Referred to AHCA
22-225	RF	Concerns regarding DCF Access Florida System, DCF customer service, and DDD	Referred to DCF
22-226	RF	Alleged hostile work environment created by Department supervisor by being unapproachable and lecturing staff	Referred to Management
22-227	NF	Alleged inability to obtain pharmacy services by a homeless individual due to not being able to provide a specific address	Not Investigated - No Jurisdiction, Information Provided
22-228	RF	Alleged hostile work environment, misconduct, and conduct unbecoming by a CHD manager	Referred to EOS and CHS
22-229	RF	Concerns regarding text messages received related to COVID-19 test results	Referred to CHD
22-230	RF	Concerns regarding safety and health issues at a medical center	Referred to AHCA
22-231	RF	Alleged inappropriate and offensive behavior by a Department employee	Referred to Management
22-232	NF	Alleged Medicare fraud by health care facilities	Not Investigated - No Jurisdiction, Information Provided
22-233	RF	Alleged negligence by a physician at a medical center	Referred to MQA
22-234	RF	Alleged deception by a Department employee regarding the unlicensed use of equipment	Referred to OGC
22-235	NF	Alleged untimely processing of invoices by Department Disbursements unit	Not Investigated - Information Provided
22-236	NF	Alleged harassment, unfair treatment, hostile work environment by CHD employees	Not Investigated - Insufficient Information
22-237	NF	Alleged lack of patient care and violation of patient rights at a hospital	Not Investigated - Information Provided
22-238	NF	Alleged improper disclosure of PHI and PII by a licensed health care practitioner	Not Investigated - No Jurisdiction, Information Provided
22-239	RF	Alleged over-charging of insurance and billing for services never received by a dental office	Referred to MQA, Information Provided
22-240	NF	Alleged substandard care and HIPAA violation at a hospital	Not Investigated - No Jurisdiction, Information Provided
22-241	NF	Alleged fraudulent calls from the Department regarding medical license	Not Investigated - DOH aware of concerns

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Number	Type	Allegation/Concern	Disposition
22-242	RF	Concerns regarding PHI, including prescription drugs, shared with another individual with similar name	Referred to CHD and the Florida Prescription Drug Monitoring Program
22-243	RF	Alleged improper contact with a represented client by a Department employee	Referred to Management
22-244	NF	Alleged rude and disrespectful behavior by a Department employee	Not Investigated - Insufficient Information
22-245	NF	Alleged gross mismanagement, malfeasance, and misfeasance by Department management	Not Investigated - Insufficient Information
22-246	NF	Alleged misuse of Ryan White HIV/AIDS Program funds and a hostile work environment by CHD employees	Not Investigated - Insufficient Information
22-247	NF	Alleged inappropriate disclosure of PHI and PII to a CHD administrator via email by a CHD supervisor	Not Investigated - Insufficient Information
22-248	RF	Alleged hostile work environment by a CHD manager	Referred to Management
22-250	NF	Alleged fighting and posting of inappropriate information on social media by a Department employee	Not Investigated - No Jurisdiction
22-251	RF	Concerns regarding employment with Department	Referred to Management
22-252	RF	Concerns regarding teleworking by supervisors and managers	Referred to Management
22-254	RF	Concerns regarding a public pool reinspection	Referred to CHD EH
22-255	NF	Alleged conflict of interest due to outside employment and inaccurate information provided on a Department form by a Department employee	Not Investigated - Resolved by Management
22-256	NF	Concerns regarding a surgical center	Not Investigated - No Jurisdiction, Information Provided
22-257	NF	Alleged refusal of a health care facility's security team to allow entry to receive medical care for not wearing a mask	Not Investigated - No Jurisdiction, Information Provided
22-258	RF	Concerns regarding the length of time DDD takes to review application and render decision	Referred to Management
22-259	RF	Alleged expunged personal records on a final order are still accessible to the public	Referred to DEPCS
22-260	NF	Alleged refusal by Department personnel to accept documentation for license reinstatement	Not Investigated - Insufficient Information
22-261	RF	Alleged substandard care and HIPAA violation by physician regarding spouse	Referred to MQA
22-262	RF	Alleged mistreatment and hostility by a team lead	Referred to Management
22-263	RF	Concerns regarding the processing of a Social Security Disability Insurance application	Referred to Management
22-264	RF	Alleged false information being provided by a private physician to other health care providers, negatively impacting their quality of care	Referred to MQA and AHCA
22-266	RF	Concerns regarding an emergency doctor's care	Referred to MQA
22-267	RF	Concerns regarding a business serving contaminated food and other health issues	Referred to CHD EH
22-268	RF	Alleged mishandling of a health care practitioner complaint	Referred to MQA
22-269	RF	Alleged unannounced entry into a treatment room by a Department inspector	Referred to Management
22-270	NF	Alleged failure of the Department to act on malpractice complaints	Not Investigated - No Jurisdiction
22-271	RF	Alleged failure of a Department EH inspector to investigate an unpermitted septic system	Referred to Management
22-272	NF	Alleged use of an unconstitutional mandate for child support enforcement by the Department of Health and the Department of Revenue	Not Investigated - Insufficient Information
22-273	NF	Concerns regarding rodent infestation at residential complex	Not Investigated - Information Provided
22-274	NF	Alleged discrimination towards a potential vendor by a contracted entity	Not Investigated - No Jurisdiction, Information Provided
22-275	NF	Alleged misconduct by a Department employee for not returning calls	Not Investigated - No identified violation of law, rule, or policy
22-276	RF	Alleged misdiagnosis by physicians and refusal of treatment by hospital	Referred to MQA and AHCA
22-277	RF	Concerns regarding the Department's application process and untrained staff	Referred to Management
22-278	RF	Concerns regarding delayed execution of new contact and delayed payments	Referred to Management
22-280	NF	Alleged favoritism, timesheet fraud, and negligence by a Department manager	Not Investigated - Complaint Withdrawn

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Number	Type	Allegation/Concern	Disposition
22-282	NF	Alleged unprofessional and rude behavior by a coworker towards staff	Not Investigated - Insufficient Information
22-283	NF	Alleged exposure to dangerous health conditions due to insect and rodent infestation in personal residence	Not Investigated - No Jurisdiction
22-284	RF	Concerns regarding city drinking water	Referred to DEP
22-285	RF	Alleged fraudulent billing of insurance by vendor	Referred to AHCA
22-286	INA	Assistance requested by LE	Provided requested documents
22-287	NF	Concerns regarding home health care provided to a relative	Not Investigated - No Jurisdiction, Information Provided
22-288	RF	Concerns regarding a missing transcript and delays in processing licensure application	Referred to Management
22-289	NF	Concerns regarding care provided by school health staff and inappropriate response by management	Not Investigated - Resolved by Management
22-292	RF	Alleged civil rights violations by Department employees	Referred to OGC
22-293	RF	Alleged denial of disability benefits by DDD despite being eligible	Referred to Management
22-294	NF	Alleged unprofessional, demeaning, and disrespectful conduct by a Department manager toward employee	Not Investigated - Complaint Withdrawn
22-295	RF	Alleged unsafe working conditions and health care risks for patients at a hospital	Referred to AHCA

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Florida HEALTH

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

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

By Mail

By Phone

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