

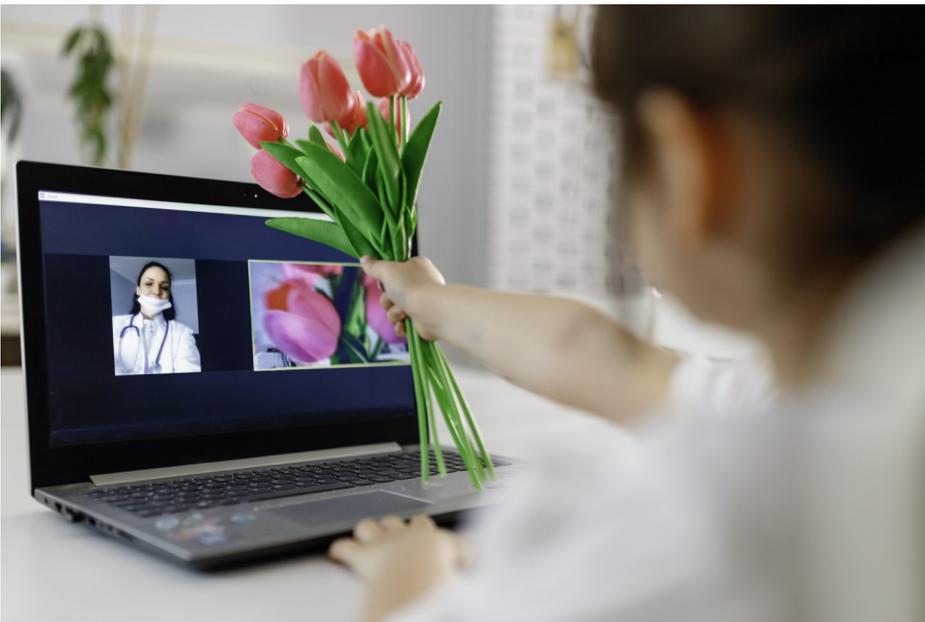


The **FLORIDA DEPARTMENT OF HEALTH**
Office of Inspector General



ANNUAL REPORT

Fiscal Year Ending June 30, 2020



Scott A. Rivkees, MD, 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

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

September 28, 2020

Scott A. Rivkees, MD
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. Rivkees 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, 2020. 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 2019-20**

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INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

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

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

Section 20.055, *Florida Statutes*, requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding fiscal year because of these responsibilities. This report summarizes the activities and accomplishments of the Florida Department of Health’s (Department, DOH), Office of Inspector General (OIG) for the 12-month period ending June 30, 2020.

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

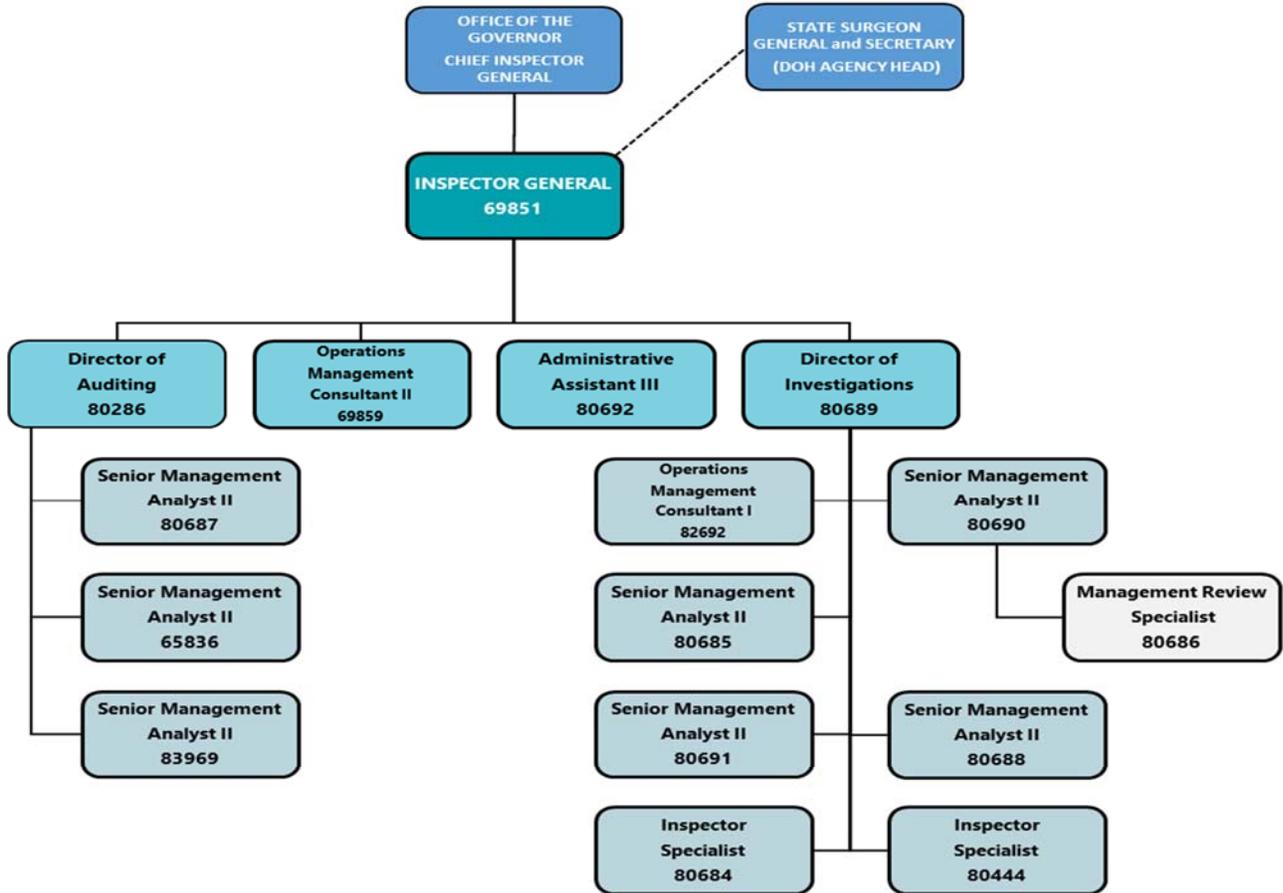
OIG staff are highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the OIG's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2020, five positions are vacant. The following statistics represent the 11 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
 - ❖ 2 Certified Accreditation Manager
 - ❖ 2 Certified Inspector General Auditor
 - ❖ 1 Certified Internal Auditor
 - ❖ 1 Certified Public Accountant
 - ❖ 1 Certified Government Auditing Professional
 - ❖ 1 Certified Inspector General
 - ❖ 1 Certified Fraud Examiner

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

- Staff within the OIG collectively have:
 - ❖ 71 years of Audit experience
 - ❖ 60 years of Investigative experience

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2020)



Training

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

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

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

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

Some of the specific courses or conferences attended by staff during the 2019-20 fiscal year include:

- ❖ Florida Institute of Certified Public Accountants' 2019 Accounting Show Next Era
- ❖ Florida Audit Forum
- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ AIG's Certified Inspector General Investigator
- ❖ ACFE/IIA's Annual Fraud Conference
- ❖ Complaint Intake Training for Auditors, Investigators, & other OIG Professionals
- ❖ Detecting and Preventing Fraud in the Age of COVID-19
- ❖ Navigating COVID-19 Grant Funding
- ❖ Enhancing Internal Audit Effectiveness through the Core Principles
- ❖ Social Distancing and Internal Audit: Strategies for Auditing in a Time of Crisis

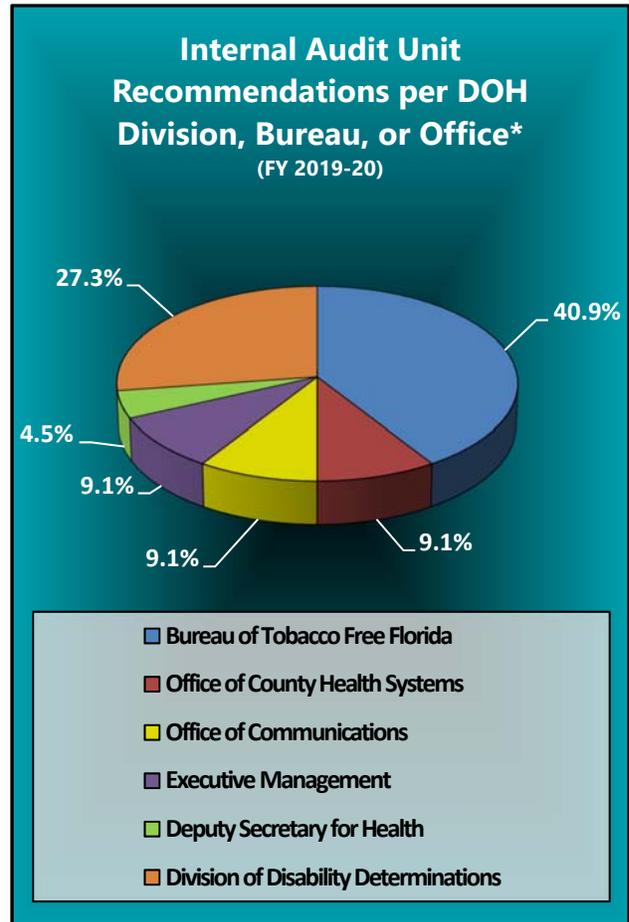
OIG FUNCTIONS

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 seven published reports in FY 2019-20.

2019-20 Accomplishments

The OIG completed two audit engagements, four review engagements, and an investigative assist engagement during the 2019-20 fiscal year.

The OIG continues to monitor progress of management actions taken to correct significant deficiencies noted in audit and review engagements. A listing of all engagements completed during the 2019-20 fiscal year can be found in Appendix A. Summaries of each engagement can be found starting on page 13 of this report. Additionally, the OIG serves as a coordinator for external audit projects related to various Department programs. More information concerning this can be found in Appendix B.

The OIG also initiated a consulting engagement during fiscal year 2019-20 that will culminate during fiscal year 2020-21.

Performance Criteria

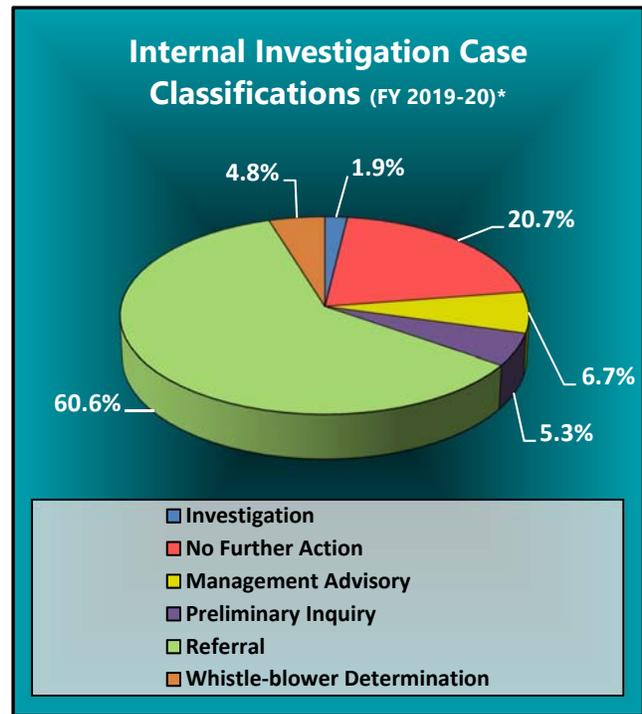
All audits and consulting engagements are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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

Internal Investigations Unit

The OIG receives complaints related to Department employees, program functions, and contractors. The OIG reviews each complaint received to determine how the complaint should be handled. The following case classifications were utilized by the OIG during the 2019-20 fiscal year:

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



*Based upon 208 complaints closed in FY 2019-20.

2019-20 Accomplishments

The OIG closed 208 complaints during the 2019-20 fiscal year. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2019-20 fiscal year and their disposition can be found in Appendix C. Summaries of each investigation completed during the 2019-20 fiscal year can be found starting on page 24 of this report.

Performance Criteria

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

Accreditation

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

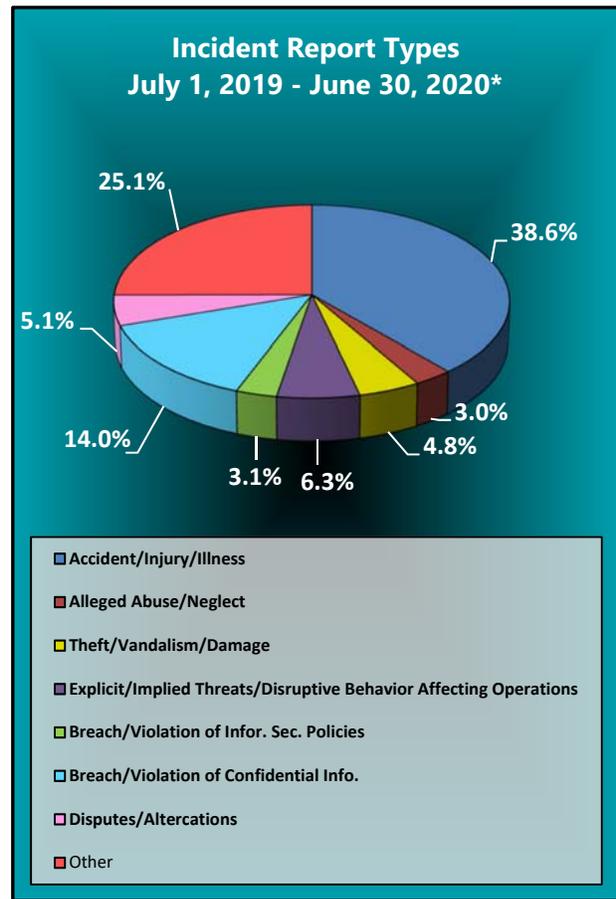
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

The Department's OIG was reaccredited on November 1, 2017, and is preparing to go through the reaccreditation process again in August 2020. The Department's OIG is currently one of 24 accredited state agency Offices of Inspector General as of June 30, 2020.

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.



*Based upon 2,322 Incident Reports submitted.

2019-20 Accomplishments

Since the implementation of the new online electronic Incident Reporting System on November 1, 2018, the OIG continues to work on improving its performance and management. The most recent updates include:

- New incident categories added;
- Creation of a separate IR Dashboard for each CHD and Division;
- Identification of designated incident report liaisons/direct points of contact for each CHD and Division;
- Implementation of email notification reminders of important deadlines; and
- Identification of delinquent IRs that were subsequently addressed, resolved, and completed by the appropriate CHD or Division.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of internal audits completed during the 2019-2020 fiscal year.

REPORT # A-1920-001

Central Office's Communication of Guidance and Information to County Health Departments

The OIG examined the Department's process for communicating information to its county health departments (CHDs) to determine whether Central Office uniformly and timely communicates publicized updates and changes to policies, procedures, forms and other important information to CHDs, and to ensure the Department's communication is as seamless as possible.

SUMMARY OF FINDINGS

- ❖ Communication can be improved to increase employee access to sufficient, consistent and timely information regarding internal priorities, actions, plans and special situations.
- ❖ The Office of Communications' policy should be updated.

RECOMMENDATIONS

The OIG recommended the Office of Communications:

- ❖ Collaborate with management in the Office of County Health Systems, selected county health officers, and representatives from the different divisions, bureaus, and offices, perhaps through an ongoing taskforce, to research ways to improve communication of important information and implement the updates to a new, improved and joint communication strategy.
- ❖ Update its Communications Policy, DOHP 85-01.

REPORT # A-1920-003**Florida Breast and Cervical Cancer Early Detection Program's Security of Clients' Personally Identifiable Information and Protected Health Information**

The OIG examined the Florida Breast and Cervical Cancer Early Detection Program's (Program) security over collection and storage of clients' Personally Identifiable Information (PII) and Protected Health Information (PHI) at Central Office and the 17 regional offices at county health departments (CHDs).

SUMMARY OF FINDINGS

- ❖ Written notification for the purpose of collecting Social Security numbers (SSN) is not always provided to individuals.
- ❖ The *Initiation of Services* (IOS) form does not cite specific laws requiring the collection of a client's SSN.
- ❖ SSNs are not consistently collected in the regions, and the collection is generally not necessary.
- ❖ Access to clients' confidential information may not be timely terminated.
- ❖ There are inconsistencies in how clients' PII and PHI is stored.
- ❖ There are control weaknesses when sharing clients' PII and PHI.
- ❖ Forms used to provide information to clients and collect client information vary by region.
- ❖ Outdated versions of the IOS form were provided to clients.
- ❖ The Department does not have a process in place to ensure the same information is collected from and provided to clients statewide.

RECOMMENDATIONS

The OIG recommended Program Management:

- ❖ Ensure individuals are provided a written notification citing the specific federal or state law that requires the collection, use, or release of SSNs, as required by section 119.071(5), Florida Statutes, when collecting a client's SSN is necessary.
- ❖ Review its collection of SSNs prior to clients with a cancer diagnosis applying for Medicaid.

- ❖ Update forms to only request SSNs when necessary.
- ❖ Strengthen controls to ensure that access is removed within two working days for a user whose role no longer requires access to clients' confidential information, or who is no longer employed by the Department.
- ❖ Evaluate the potential benefits of developing one online system or at a minimum, a consistent method to securely store clients' confidential information, so that controls may be strengthened, while also reducing duplicative efforts to store the information in multiple locations.
- ❖ Require all regions to submit *Patient Reporting Forms* electronically.
- ❖ Formalize forms required to be completed for all clients and mandate their use through the *Statement of Work*, and provide the correct eligibility income levels each year.
- ❖ Implement a routine monitoring visit schedule to ensure all regions are adequately monitored. These visits should ensure the mandated forms are being used and include current information.
- ❖ Ensure clients are provided a current, approved IOS form as required by DOHP 50-10.4-16, Information Security and Privacy Policy 4, *Data Classification and Protection*.

The OIG recommended Executive Management:

- ❖ Ensure the IOS form is updated to cite the specific federal or state law governing the collection, use, or release of SSNs for each purpose for which the Department collects SSNs, including any authorized exceptions that apply to such collection, use, or release, as required by section 119.071(5)(a)2.b., Florida Statutes.
- ❖ Develop a centralized process, assigning responsibility to specific programs, to ensure required forms that are provided to clients to collect PII and PHI are updated, current forms are stored in an area where Department staff can access them, and a monitoring process be implemented and assigned to ensure the required forms are used.

OTHER PROJECTS

The following is a summary of other projects completed during the 2019-20 fiscal year.

REPORT # R-1819-009

Review of General Controls at County Health Departments - 2019

The OIG visited and reviewed 20 county health departments (CHDs) during March thru May 2019 to analyze selected controls and requirements related to server room security and environmental controls; system access to information resources; information technology resource management; disaster recovery; cash controls; purchasing; pharmaceuticals; security of safety paper; client incentives; 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.

SUMMARY OF FINDING

- ❖ Various general controls were found to be deficient or non-existent within the 20 CHDs visited. They included:
 - Three of 17 CHDs tested did not document the designated secured areas in the local information security and privacy procedures.
 - At three of 13 CHDs tested, not all persons on the *Access Control List (ACL)* matched documentation of authorized key distribution.
 - At eight of 19 CHDs tested, not all persons on the ACL for drug storage areas were authorized to handle drugs.
 - At four of 18 CHDs tested, a minimum of two personnel did not verify shipment and certify receipt of pharmaceuticals.
 - At two of 18 CHDs tested, the Business Manager did not maintain a *Documents List* of the physical location of all drug-related documents, including the physical location of the most recent completed physical drug inventory count.
 - At two of 20 CHDs tested, expired drugs were still available for dispensing to clients.
 - At two of 19 CHDs tested, expired drugs were not returned to the Bureau of Public Health Pharmacy at least monthly.
 - At three of three CHDs tested that had expired drugs, all previously-identified expired drugs were not quarantined in a segregated area that was specifically marked.
 - At two of 19 CHDs tested, management had not developed their own written local operating procedures to address data classification, including information and data classified as "Public" and "Confidential".

- At four of 18 CHDs tested, management did not routinely review access rights of employees and other users to various systems with and without Social Security numbers (SSN).
- At three of 18 CHDs tested, management did not routinely review records of information system activity or did not have documentation of such a review.
- At four of 17 CHDs tested, management did not conduct quarterly reviews of systems that store SSNs.
- At eight of 19 CHDs tested, the combination to the safe was not changed when staff with a documented need either left or changed duties.
- At four of 17 CHDs tested, there was no written local policy describing the segregation of duties between employees who authorize refunds versus those who disburse funds to complete refunds to appropriate payers.
- At three of 18 CHDs tested, there was not adequate separation of duties over the entire cash handling and change funds processes.
- At two of 19 CHDs tested, the mail opener was not independent of the cash collection process.
- At three of 19 CHDs tested, quarterly unannounced change fund audits were performed on the same routine day of the month, or before the cash drawer is used at the beginning of the day.
- At four of 11 CHDs tested, at least one annual disposition of inactive records had not been requested.
- At three of 13 CHDs tested, there were unlocked state/county vehicles on the premises.
- At two of six CHDs tested, CHD staff did not periodically test available panic buttons.
- At two of five CHDs where we tested the panic button, there was a slow response time or the system did not work.

RECOMMENDATION

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

REPORT # R-1920-003**Implementation of the Department’s Standardized Method to Add and Deactivate Users**

The OIG reviewed the Department’s process of on-boarding and off-boarding users, which includes activation and deactivation of users’ access to Department applications utilizing Active Directory.

The report was classified as exempt from public disclosure in accordance with Chapter 119, Florida Statutes, and section 282.318(4)(g), Florida Statutes. Three issues were identified and three corrective actions remain open.

REPORT # R-1920-004**Use of Health Management Component Service and Time Data Recorded in the Health Management System**

The OIG evaluated the use and review of Health Management Component (HMC) service and time data recorded in the Health Management System (HMS), and reviewed documentation that identified users throughout the Department who, from January 19, 2019 through July 19, 2019, viewed the Contract Management Variance Report (DE385), and the Analysis of Fund Equities Report (DE580). Reviewing such reports provides some indication that the data in those reports is analyzed for accuracy before being relied on for planning and budgeting at the statewide level.

SUMMARY OF FINDING

- ❖ Some CHD managers and Central Office program offices did not review service and time data for accuracy.

RECOMMENDATIONS

The OIG recommended the:

- ❖ Office of County Health Systems, with assistance from the Office of Information Technology’s Bureau of Clinic Management and Informatics, should provide training and remediation to CHD Business Managers and other CHD management on the importance and use of HMC service and time data recorded in HMS.
- ❖ Deputy Secretary for Health, with assistance from the Office of Information Technology’s Bureau of Clinic Management and Informatics, provide training and remediation to Program

Offices that use service and time data, on the importance and use of HMC service and time data recorded in HMS.

REPORT # R-1920-006

Review of Selected Travel Expenditures at DOH-Pinellas

The OIG reviewed anomalies and examined travel documentation of certain DOH employees at DOH-Pinellas. The Internal Audit Unit did not publish a report. However, information from the project was referred to OIG management for further action.

REPORT # V-1819-001

Division of Disability Determinations' Mail Services Contracts

The OIG evaluated selected service tasks from the Division of Disability Determinations' (DDD) mail services contracts, reviewed current processes, and analyzed data related to use of postage and use of envelopes for the period July 1, 2014 through March 31, 2019.

SUMMARY OF FINDINGS

- ❖ Payments for the three separate, but related functions used in DDDs' relationship with the Vendor's processing of mail were approved without relational analysis of the entire process.
- ❖ Postage discounts were not available on 9" x 11 1/2" envelopes (Flats).
- ❖ The Vendor was using a separate third party to presort in Tampa, with no written agreement.
- ❖ DDD produced duplicate copies of correspondence for mailing.
- ❖ Contract language did not accurately reflect actual processes.

RECOMMENDATIONS

- ❖ The OIG recommended DDD's contract manager implement some type of regular, periodic analysis of data already made available, or that could be required to be made available through contract terms, from DDD and the Vendor, that assists the contract manager to monitor the reasonableness of costs.

The OIG recommended DDD management:

- ❖ Research why exact duplicates of correspondence documents are created and implement a control to prevent the occurrence.
- ❖ Further research the feasibility of combining certain correspondence mailed to claimants into one mailing.
- ❖ Either revise its Statement of Work with the Vendor to accurately reflect actual expected tasks, or ensure the Vendor comply with exact contract terms.

The OIG recommended DDD management and the Vendor:

- ❖ Negotiate presort discounts for Flats, where there are vendors that offer such discounts within close proximity to the site.
- ❖ Amend the contract to include a presort arrangement with a contracted third party for the Orlando and Tampa sites.

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, 2020, the following corrective actions were still outstanding:

REPORT # A-1819-007

County Health Departments' Onsite Sewage Treatment and Disposal Systems Inspections

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

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

SUMMARY OF FINDINGS

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

RECOMMENDATIONS

The OIG recommended the Bureau:

- ❖ In conjunction with the Office of County Health Systems, provide CHD Environmental Health inspectors with periodic, continuous training related to coding OSTDS inspections in HMS.
- ❖ Ensure CHD Environmental Health directors (or a delegate) regularly review and approve inspections and re-inspections data coded into HMS and provide instruction to inspectors with errors.
- ❖ Identify a valid performance measure, replacing the current performance measure with one that is valid, and ensuring reliable data is reported for the new performance measure.

REPORT # A-1819-008**The Regionalization of Personnel & Human Resources and Follow-Up**

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

SUMMARY OF FINDINGS

- ❖ DOHP 60-5-15, *Background Screening (Background Screening policy)* did not require contracted employees in sensitive positions to undergo five-year screening for continued employment.
- ❖ The *Background Screening* policy and DOHP 60-4-13, *Classification (Classification policy)* were not timely reviewed and updated.
- ❖ Criminal history results during the background screenings process were inconsistently reviewed.

RECOMMENDATIONS

The OIG recommended HRM:

- ❖ Update the *Background Screening*, to reflect the position that contracted employees must undergo a five-year screening for continued employment. This was previously recommended in OIG Report No. R-1516DOH-017.
- ❖ Update the *Background Screening* policy and the *Classification* policy to reflect the Department's current processes.
- ❖ Periodically, and continually, update policies and procedures in accordance with DOHP 5-2-16, *Policies and Procedures Management*.

- ❖ Detail in the *Background Screening* policy the specific process for reviewing background screenings resulting in criminal histories and require its use statewide.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2019-20 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.

INVESTIGATION # 18-19-078

Alleged Unequal Treatment and Conduct Unbecoming a Public Employee Department of Health in Franklin County (DOH-Franklin)

This investigation was initiated based on a complaint from a private citizen (Complainant) alleging unfair treatment, to the point of harassment, by a DOH-Franklin employee (Subject).

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

Allegation #1: During inspections of the Complainant's business, the Subject improperly cited the Complainant for violations not mandated by statute or rule, in violation of DOH's *Personnel and Human Resource Management Policy*. The allegation was **substantiated**. The OIG obtained evidence confirming the Subject inappropriately cited the Complainant for a non-regulated violation during two inspections.

Allegation #2: The Subject required the Complainant to maintain their public swimming pool above and beyond the standards required of similar Franklin County businesses, in violation of DOH's *Personnel and Human Resource Management Policy*. The allegation was **unsubstantiated**. Based upon a review of various inspection reports completed by the Subject during the review period, the OIG was not able to determine that the Subject held the Complainant's pool to a higher standard than other public pools they inspected.

Allegation #3: The Subject did not appropriately communicate with the Complainant regarding their permit and modification requirements, in violation of DOH's *Personnel and Human Resource Management Policy*. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG found the Subject's communication with the Complainant about modification requirements did not follow the process outlined in the *2018 Environmental Health Program Manual*. The Subject did not provide a clear detailed list of items not in compliance in a timely manner. Instead, the Subject listed information on inspection reports, which were not detailed or clear to the Complainant, and led the Complainant to believe they were being cited for violations.

RECOMMENDATION

- ❖ The OIG recommended management take appropriate action consistent with the findings and conclusions of the report, to include additional training and review and possible amendment of local processes/procedures.

INVESTIGATION # 18-19-115

Alleged Fraud, Waste, and Abuse of State Government Division of Community Health Promotion

This investigation was initiated based on an anonymous complaint alleging timesheet fraud by a Division of Community Health Promotion contractor (Subject #1) with the assistance of their direct supervisor (Subject #2).

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

Allegation #1: Subject #1 submitted false timesheets, claimed to work on weekends and public holidays when offices are normally closed, and when they are on vacation. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation.

Allegation #2: Subject #2, the direct supervisor of Subject #1, has knowingly approved Subject #1's false timesheets. The allegation was **unsubstantiated**. Since the allegation that Subject #1 submitted false timesheets was unsubstantiated, the allegation Subject #2 assisted with, enabled, or approved the alleged actions, is also not substantiated.

INVESTIGATION # 19-173

Alleged Conduct Unbecoming a Public Employee (Inappropriate Conduct)

This investigation was initiated based on a DOH employee's (Complainant) complaint about another DOH employee's (Subject) inappropriate behavior and conduct.

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

Allegation #1: DOH leadership should be made "aware of the significant risk [the Subject] poses to the Agency as a result of their alcohol abuse" to include incidents where health officers were battered and sexually harassed. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation as presented by the Complainant.

Allegation #2: Subject "frequently yells at staff and colleagues in an abusive and unreasonable manner," and "becomes unreasonably angry and hostile during the routine course of business." The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation as presented by the Complainant.

Allegation #3: Subject has exhibited “continued intolerable behavior” towards the Complainant, a pattern that has frequently occurred for many months, even years, creating a hostile work environment. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation as presented by the Complainant.

INVESTIGATION # 18-19-057

Alleged Conduct Unbecoming Public Employees Department of Health in Bay County (DOH-Bay)

This investigation was initiated based on a request for an impartial investigation regarding allegations of DOH-Bay employees’ removal of student health records from Bay District schools.

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

Allegation #1: DOH-Bay employees entered Bay District schools and improperly removed copies of student health records as retaliation for the school district changing school health providers. The allegation was **substantiated**. The OIG found sufficient evidence to support the allegation that two DOH-Bay employees improperly removed copies of student health records from school health rooms. Although this removal of records may not have been a violation of law, it was not in the best interests of the affected students and could have had detrimental consequences at the beginning of the school year. This action potentially violated Section VII. D. 6. f. (2)., DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee.

Allegation #2: A former DOH-Bay employee was dishonest about the removal of student health records from the schools by DOH-Bay employees. The allegation was **substantiated**. The OIG found sufficient evidence to support the allegation that a former DOH-Bay employee incorrectly stated no copies of student health records were removed from the schools. This action potentially violated Section VII. D. 6. f. (2)., DOHP 60-8-16, *Discipline* – Conduct Unbecoming a Public Employee.

Additional Finding

Finding #1: DOH-Bay employees administratively ended individualized health care plans in the school district’s database, ENRICH, without notification to school district personnel or to parents, which was not in the best interest of the students and in contrast to the collaborative requirements mandated by the School Health Program. While administratively ending the plans may have been justified, the manner in which it was handled was not in the best interest of students and was not completed in a cooperative manner as dictated by the School Health Program guidelines.

RECOMMENDATION

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

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 2019-20 fiscal year.

PRESENTATIONS

OIG staff made presentations during the 2019-20 fiscal year that served to educate and inform those in attendance. The presentations included:

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

APPENDICES

APPENDIX A

Department of Health Office of Inspector General

Completed Internal Audit Unit Engagements for FY 2019-20

Number	Audit Engagements	Date Issued
A-1920-001	<i>Central Office's Communication of Guidance and Information to County Health Departments</i>	March 20, 2020
A-1920-003	<i>Florida Breast and Cervical Cancer Early Detection Program's Security of Clients' Personally Identifiable Information and Protected Health Information</i>	June 2, 2020

Number	Other Engagements	Date Issued
R-1819-009	<i>Review of General Controls at County Health Departments - 2019</i>	August 19, 2019
V-1819-001	<i>Division of Disability Determinations' Mail Services Contracts</i>	September 6, 2019
R-1920-003	<i>Implementation of the Department's Standardized Method to Add and Deactivate Users</i>	February 28, 2020
R-1920-004	<i>Use of Health Management Component Service and Time Data Recorded in the Health Management System</i>	April 3, 2020

APPENDIX B

Department of Health Office of Inspector General

External Projects Coordinated by the OIG for FY 2019-20 ²

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2020-154	<i>Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up</i>	March 13, 2020
2020-170	<i>Statewide Federal Awards – June 30, 2019</i>	March 25, 2020

Other External Projects		
External Entity	Subject	Report Date
United States Department of Health and Human Services Food and Drug Administration	<i>Institutional Review Board</i>	July 9, 2019
United States Department of Agriculture	<i>Special Supplemental Nutrition Program for Women, Infants and Children – Financial Management Review - 2019</i>	October 3, 2019
United States Social Security Administration	<i>Disability Determination Services Security Review – FY 2020</i>	April 9, 2020

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 2019-20

Number	Type	Allegation/Concern	Disposition
18-19-057	IN	Alleged removal of Bay County School Student Health Records	2-Substantiated 1-Additional Finding
18-19-078	IN	Alleged unequal treatment by an Environmental Health inspector	2-Substantiated 1-Unsubstantiated
18-19-115	IN	Alleged fraud, waste, and abuse of State Government	2-Unsubstantiated
18-19-153	MA	Alleged conduct unbecoming a public employee and violation of law or Department rules	Referred to Management
19-159	PI	Alleged requirement for employees to work outside normal working hours	Not Investigated
19-160	MA	Alleged violation of Department information security policy	Referred to Management
19-173	IN	Alleged conduct unbecoming a public employee (inappropriate conduct)	3-Unsubstantiated
19-192	PI	Alleged violation of time and attendance policies	Not Investigated
19-194	PI	Alleged violations of environmental health policies, disclosure of Personal Identifiable Information (PII), misconduct, and forgery of signature	Not Investigated – lack of sufficient information
19-195	MA	Concerns related to the misuse of the Bureau of Women, Infants & Children's (WIC) logo	Referred to Management
19-199	PI	Alleged ethics issues and health code violations	Not Investigated – lack of supporting information
19-200	MA	Alleged nepotism	Referred to Management
19-205	MA	Alleged harassment, misconduct, and failure to perform essential duties	Referred to Management
19-209	MA	Alleged unprofessionalism, possible fraudulent activity, and misconduct	Referred to Management
19-213	RF	Alleged neglect of duty	Referred to DOH-Broward
20-001	RF	Alleged health and safety concerns	Referred to Department of Children and Family Services (DCF)
20-003	RF	Alleged concerns with a psychiatrist	Referred to Medical Quality Assurance (MQA)
20-004	RF	Requesting medical assistance for immigrant detainees	Referred to the Assistant Deputy Secretary for Health
20-005	RF	Concerned about the pig chase at Jellystone Park in Madison, Florida	Referred to Madison County Sheriff's Office
20-006	RF	Allegation against a dentist regarding dentures	Referred to MQA
20-007	RF	Alleged health hazards at a community pool	Referred to DOH-Sanford and DOH-Seminole
20-008	RF	Alleged unethical action of a licensed health care practitioner	Referred to MQA
20-009	RF	Alleged harassment	Referred to DOH-Broward
20-010	NF	Concerns regarding employee termination	Not Investigated
20-011	WBD	Alleged misconduct, improper termination, discrimination, and retaliation	Not Investigated
20-012	RF	Concerns about the handling of disability case	Referred to Division of Disability Determinations (DDD)
20-013	RF	Alleged falsification of a report	Referred to the Division of Children's Medical Services (CMS)
20-014	RF	Alleged abuse/neglect	Referred to DDD
20-015	MA	Alleged abuse of supervisory power, possible disclosure of PII and Personal Health Information (PHI), and retaliation	Referred to Management
20-016	NF	Alleged illegal and inhumane Human Testing Site activity	Not Investigated – no jurisdiction
20-017	RF	Alleged felon working in a DCF facility without a background check	Referred to DCF
20-018	RF	Alleged possible medical malpractice	Referred to MQA
20-019	WBD	Concerns with the Statewide Travel Management System	Not Investigated
20-020	RF	Alleged possible health hazard	Referred to DOH-Hamilton
20-021	RF	Alleged possible malpractice	Referred to MQA

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

Number	Type	Allegation/Concern	Disposition
20-022	RF	Alleged issues with the Medical Foster Care Program	Referred to the Office of CMS Managed Care Plan
20-023	RF	Alleged concerns with getting septic system permits approved	Referred to DOH-Collier
20-024	MA	Alleged nepotism and favoritism, various suspected abuses of personnel policies, and possible timesheet fraud	Referred to Management
20-025	RF	Alleged discrimination	Referred to Equal Opportunity Section (EOS)
20-026	NF	Alleged improper access to investigations without legitimate business reason	Not Investigated
20-027	RF	Alleged concerns with recent employee termination	Referred to the Office of County Health Systems (CHS)
20-028	RF	Alleged safety violations	Referred to DOH-Broward
20-029	RF	Alleged derogatory information was distributed in violation of a settlement agreement	Referred to DOH-Pinellas
20-030	RF	Alleged improper investigation conducted	Referred MQA
20-031	RF	Alleged concerns about the closure of case	Referred to Office of General Counsel (OGC)
20-032	NF	Alleged concerns over decision of practitioner complaint	Not Investigated
20-033	RF	Alleged unlicensed activity	Referred to MQA
20-034	RF	Requesting information on Medical Marijuana cards	Referred to the Office of Medical Marijuana Use (OMMU)
20-035	RF	Alleged refusal of doctor to provide medical records	Referred to MQA
20-036	RF	Alleged elder abuse	Referred to MQA
20-037	RF	Alleged fraudulently obtaining of WIC benefits	Referred to WIC
20-038	RF	Alleged discrimination	Referred to EOS
20-039	MA	Alleged abuse of position/authority	Referred to Management
20-040	RF	Alleged discrimination during hiring	Referred to Human Resources (HR) and EOS
20-041	RF	Concerns with the handling of a Florida Osteopathic Medical License	Referred to MQA
20-042	RF	Alleged contradictory information regarding an application with AIDS Drug Assistance Program (ADAP)	Referred to DOH-Broward
20-043	RF	Alleged inequity in nurse deployments	Referred to the Deputy Secretary for Health
20-044	RF	Alleged Medicare fraud	Referred to the Agency for Health Care Administration (AHCA)
20-045	RF	Duplicate of complaint 20-043	Referred to the Deputy Secretary for Health
20-046	NF	Alleged unspecified allegations of criminal wrongdoing	Not Investigated
20-049	NF	Alleged illegal Baker Act application	Not Investigated – insufficient information/outside jurisdiction
20-050	RF	Alleged check forgery	Referred to MQA
20-051	NF	Alleged health concerns at rental property	Not Investigated
20-052	RF	Alleged possible Medicare fraud and lack of treatment	Referred to MQA
20-053	RF	Alleged neglect of duty due to processing time of a complaint	Referred to MQA
20-054	MA	Alleged conflict of interest	Referred to Management
20-055	RF	Concerns about medical care and surgeries	Referred to MQA
20-056	RF	Requesting help obtaining a Medical Marijuana Use card	Referred to OMMU
20-057	MA	Alleged document tampering	Referred to Management
20-058	MA	Alleged violation of time/attendance tracking, discrimination, hostile work environment, and misuse of power	Referred to Management
20-059	RF	Alleged discrimination	Referred to outside entities
20-061	RF	Alleged wrongful termination, retaliation, and disclosure of PII/PHI	Referred to the Florida Commission on Human Relations (FCHR)
20-062	RF	Alleged medical malpractice and possible hospital fraud through falsification of records	Referred to MQA and AHCA
20-063	RF	Alleged misuse/mismanagement of state funding	Referred to Department of Financial Services' (DFS) Investigative and Forensic Services
20-064	RF	Alleged failure to respond to a sanitary nuisance complaint	Referred to DOH-Dixie
20-065	RF	Alleged health issues with black mold	Referred to AHCA
20-066	RF	Alleged behavioral issues that resulted in client care issues, low team morale, and concern among community partners	Referred to MQA
20-067	RF	Alleged age discrimination, harassment, and retaliation	Referred to EOS
20-068	NF	Alleged disclosure of PII/PHI	Not Investigated

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

Number	Type	Allegation/Concern	Disposition
20-069	RF	Alleged misconduct and bullying	Referred to the Disease Control and Health Protection (DCHP)
20-070	RF	Alleged health concerns regarding mold	Referred to the Bureau of Environmental Health (EH)
20-071	RF	Inquired about status of Zika website	Referred to DCHP
20-072	RF	Alleged recurring dental malpractice	Referred to MQA
20-073	RF	Alleged negligence and loss of payment	Referred to OMMU
20-075	RF	Alleged multiple concerns functioning of the local Child Protection Team	Referred to MQA
20-076	RF	Concerns over high levels of bacteria on the beach on Pine Island and water quality in Caloosahatchee Basin	Referred to DOH-Lee
20-077	RF	Alleged violation of public records law	Referred to OGC
20-078	RF	Alleged health violations	Referred to Department of Business and Professional Regulation (DBPR)
20-079	NF	Alleged violation of principals	Not Investigated
20-080	RF	Alleged preferential treatment	Referred to CHS
20-081	RF	Request inspection of repairs to community spa by environmental health	Referred to DOH-Broward
20-082	RF	Alleged unlicensed activity	Referred to MQA
20-083	RF	Alleged harassment, bullying, and having a firearm on premises	Referred to DOH-Pinellas
20-084	RF	Alleged possible fraud of Child Care Food Program (CCFP) reimbursements	Referred to DFS' Office of Financial Integrity
20-085	RF	Alleged possible fraudulent billing practices	Referred to AHCA and DFS
20-086	MA	Alleged violation of environmental health policies	Referred to Management
20-087	RF	Alleged safety and health concerns at a fire department	Referred to EH
20-089	RF	Alleged insurance was fraudulently billed	Referred to MQA
20-090	NF	Submitted a news article regarding phosphate fertilizer affecting water quality in Florida	Not Investigated – no complaint filed
20-091	RF	Alleged employee misconduct and inability to do the job	Referred to DOH-Miami
20-092	RF	Alleged violation of Equal Opportunity policies	Referred to DOH-Bay
20-093	RF	Alleged a dentist is billing for services not rendered	Referred to MQA
20-094	RF	Alleged a vacant position was not advertised	Referred to HR
20-095	NF	Alleged failure to follow policy/procedures set up by district	Not Investigated
20-096	NF	Alleged lack of production by various employees	Not Investigated
20-097	RF	Alleged abuse, neglect, and failure to provide adequate medical care	Referred to MQA
20-098	RF	Alleged misconduct and neglect of duty	Referred to MQA
20-100	PI	Alleged misconduct, waste, and retaliation/hostile work environment	Not Investigated
20-101	RF	Alleged DOH employee involved in previous fraudulent activity	Not Investigated – complainant referred to management
20-102	WBD	Alleged possible fraud/waste and retaliation/wrongful termination	Not Investigated – insufficient information
20-103	WBD	Alleged misconduct, ethics violations, and retaliation	Not Investigated – submitted to FCHR
20-104	NF	Alleged violation of information security policy	Not Investigated – handled by Office of Information Technology (OIT)
20-105	NF	Alleged inappropriate language and hostile work environment	Not Investigated
20-106	RF	Alleged violation of information security policy	Referred to DOH-Volusia
20-107	RF	Alleged sexual misconduct by licensed health care practitioner	Referred to MQA
20-108	NF	Concerns of potential retaliation in the future	Not Investigated
20-109	RF	Alleged safety and health hazards	Referred to EH
20-110	NF	Alleged neglect of duty	Not Investigated
20-111	PI	Alleged unfavorable annual review, forgery of signature, retaliation	Not Investigated
20-112	RF	Alleged ethics violation and possible fraud/bribery	Referred to MQA
20-113	NF	Alleged misconduct and neglect of duty	Not Investigated
20-114	RF	Alleged neglect of duty due to time it took to close a case	Referred to the Prosecution Services Unit (PSU)
20-115	RF	Alleged improper disclosure of PII and violation of the information security policies	Referred to MQA
20-116	RF	Alleged medical records were lost, ignored, or omitted	Referred to DDD
20-117	NF	Alleged organ theft, identity theft, and medical malpractice	Not Investigated – no jurisdiction

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

Number	Type	Allegation/Concern	Disposition
20-118	NF	Alleged medical malpractice complaint was not handled	Not Investigated – no jurisdiction
20-119	RF	Alleged misuse of position, inappropriate conduct, and lack of required education for position	Referred to DOH-Indian River
20-120	NF	Alleged misconduct and possible theft of fingerprinting fee	Not Investigated – refund is in process
20-121	RF	Alleged unlicensed activity at an abortion clinic	Referred to MQA
20-122	RF	Alleged failure to be served properly for a court hearing for child support	Referred to the Department of Revenue's Office of Inspector General
20-123	NF	Alleged neglect of duty and misconduct	Not Investigated
20-124	WBD	Alleged discrimination and harassment	Referred to EOS
20-125	NF	Alleged improper licensing of businesses not in compliance with Florida Administrative Code	Not Investigated
20-126	RF	Alleged concerns with an environmental health rule	Referred to EH
20-127	WBD	Alleged misconduct, discrimination, harassment, retaliation, and violation of state law	Referred to HR for Family Medical Leave Act
20-128	RF	Alleged careless driving in a state-owned vehicle	Referred to DOH-Hillsborough
20-129	RF	Alleged neglect of duty	Referred to Vital Statistics
20-130	RF	Alleged disclosure of PII/PHI	Referred to DOH-Pinellas
20-132	RF	Alleged false dissemination of information	Referred to HR
20-133	NF	Alleged hostile work environment	Not Investigated
20-135	NF	Alleged improper eviction and unlivable conditions	Not Investigated
20-136	NF	Alleged possible improper complaint filed with General Counsel	Not Investigated
20-137	RF	Alleged neglect of duty and conduct unbecoming	Referred to DOH-Gadsden
20-138	RF	Alleged illegal activity by a company associated with a home health agency	Referred to AHCA
20-139	RF	Alleged Emergency Medical Treatment and Labor Act violation	Referred to MQA
20-140	RF	Alleged misconduct and medical malpractice	Referred to MQA
20-141	NF	Alleged inappropriate conduct	Not Investigated
20-143	RF	Alleged fraudulent form requiring additional payment	Referred to DOH-Columbia/Hamilton
20-144	PI	Alleged misconduct, child endangerment, dereliction of duty and gross negligence of minors	Not Investigated – HR Investigation already initiated
20-145	RF	Alleged sabotage and retaliation	Referred to DDD
20-146	MA	Alleged misconduct, hostile work environment, and disclosure of PII/PHI	Referred to Management
20-147	RF	Alleged diversion of mail while in jail	Referred to the Department of Corrections' Office of Inspector General
20-149	WBD	Alleged discrimination and harassment	Referred to EOS
20-151	RF	Alleged disclosure of PII/PHI	Referred to MQA
20-152	RF	Alleged possible fraud of WIC funds	Referred to WIC
20-153	PI	Alleged misconduct and possible fraudulent activity by a well water contractor	Referred to St. Johns River Water Management District
20-154	NF	Alleged wrongful termination	Not Investigated
20-155	RF	Alleged improper interviews by the Child Protection Team	Referred to CMS
20-156	NF	Alleged improper use of program funds	Not Investigated – no authority
20-157	NF	Alleged Gilchrist and Levy county's State Attorney's office failed to prosecute several crimes	Not Investigated
20-158	RF	Alleged possible fraudulent massage therapy licenses	Referred to MQA
20-159	NF	Alleged possible fraudulent Supplemental Security Income (SSI) application	Not Investigated – no jurisdiction
20-160	PI	Alleged incorrect oral reprimand during a grievance process for a written reprimand	Not Investigated
20-161	RF	Alleged malpractice, wrongful death, and wrong prognosis from Emergency Room visit	Referred to MQA
20-162	WBD	Alleged concerns related to telework during COVID-19	Not Investigated
20-163	NF	Alleged requirement to work over her normal work hours	Not Investigated
20-164	NF	Alleged concerns with telework during COVID-19	Not Investigated
20-166	RF	Alleged misconduct regarding masks during COVID-19	Referred to DOH-Volusia
20-167	RF	Alleged failure of hospital to release complete records	Referred to MQA

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

Number	Type	Allegation/Concern	Disposition
20-168	RF	Alleges possible fraud by a pharmacy by obtaining PII/PHI and providing medication that was not prescribed	Referred to MQA
20-169	RF	Alleged violation of Florida Administrative Code	Referred to Department of Management Services (DMS)
20-170	RF	Alleged violations of Centers for Disease Control and Prevention (CDC) guidelines during COVID-19	Referred to DBPR
20-172	RF	Alleged drug/alcohol abuse and violation of the information security policy	Referred to the Bureau Finance and Accounting
20-173	RF	Alleged fraudulent visa documents supplied by visa agent and doctor	Referred to MQA
20-175	NF	Alleged failure of Department of Economic Opportunity (DEO) call center to fall Executive Order 20-83 during COVID-19	Not Investigated
20-176	RF	Alleged neglect of duty with COVID-19 interviews	Referred to the Deputy Secretary for Health
20-177	PI	Alleged possible fraud by local law enforcement and violation of local utility ordinances	Referred to the local utility department and the Florida Department of Law Enforcement
20-178	NF	Alleged corrupt foster care system	Not Investigated
20-179	NF	Alleged unlicensed activity	Not Investigated – insufficient evidence
20-180	RF	Alleged insufficient and incorrect peer review of medical records	Referred to OGC
20-181	RF	Alleged possible COVID-19 symptomatic individuals were not quarantining	vi
20-182	RF	Alleged misconduct, harassment, and disclosure of PII	Referred to DOH-Broward
20-183	NF	Alleged discrimination and concerns about COVID-19 procedures	Not Investigated
20-184	RF	Alleged violation of quarantine requirements for COVID-19	Referred to MQA
20-185	NF	Alleged neglect of duty	Not Investigated
20-186	RF	Alleged possible neglect	Referred to AHCA's Office of Inspector General, DOH-Palm Beach, and DOH-Broward
20-188	RF	Alleged ethics violation for accepting a gift	Referred to the Department's Ethics Office
20-189	WBD	Alleged negligence during COVID-19	Not Investigated
20-190	PI	Alleged misuse of state resources and waste	Not Investigated
20-191	RF	Alleged unethical conduct	Referred to DDD
20-192	RF	Alleged decision to decline amendment to birth certificate is incorrect	Referred to OGC
20-193	WBD	Alleged concerns related to the Hepatitis A vaccination	Not Investigated
20-194	NF	Alleged unprofessional conduct by a doctor	Not Investigated – complainant was unresponsive
20-197	RF	Alleged health concerns at a restaurant and neglect of duty	Referred to DOH-Pinellas
20-201	RF	Alleged concerns related to the Hepatitis A vaccination and discrimination	Referred to EOS
20-202	NF	Alleged retaliation	Not Investigated
20-203	RF	Alleged concern about the health precautions and procedures during COVID-19	Referred to DOH-Collier
20-204	RF	Alleged improper use of DOEA's name for personal business use by a Licensed Practical Nurse	Referred to MQA
20-205	RF	Alleged violation of attendance and leave policy and neglect of duty	Referred to DOH-Wakulla
20-206	NF	Alleged Medicaid fraud for services not rendered	Not Investigated – referred complainant to MQA and Medicaid Fraud Control Unit
20-207	RF	Alleged breach/violation of information security policies	Referred to Vital Statistics
20-209	NF	Alleged misconduct and safety violations	Not Investigated
20-210	NF	Alleged safety violations after possible COVID-19 exposure	Not Investigated
20-213	RF	Alleged MQA investigation was not handled appropriately	Referred to PSU
20-216	RF	Concern related to legal aid foundation and Medicaid insurance	Referred to DCF's Office of Inspector General
20-217	RF	Alleged safety violations	Referred to DOH-Broward
20-218	RF	Alleged discrimination and harassment	Referred to EOS
20-219	NF	Alleged negligence and possible fraud for altering medical records	Not Investigated – no jurisdiction

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



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