



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



# ANNUAL REPORT

Fiscal Year Ending June 30, 2021



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

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September 28, 2021

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, 2021. 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 2020-21

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# INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- ❖ Inform the agency head of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Conduct periodic audits and evaluations of the agency's information technology security program for data, information, and information technology resources of the agency<sup>1</sup>;
- ❖ Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication;
- ❖ Monitor the implementation of the agency's response to any report issued by the Auditor General or by the Office of Program Policy Analysis and Government Accountability no later than six months after report issuance;
- ❖ Review rules relating to the programs and operations of the state agency and make recommendations concerning their impact;
- ❖ Receive complaints and coordinate all activities of the agency as required by the Whistle-blower's Act;

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

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

Section 20.055, *Florida Statutes*, requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding fiscal year because of these responsibilities. This report summarizes the activities and accomplishments of the Florida Department of Health’s (Department, DOH), Office of Inspector General (OIG) for the 12-month period ending June 30, 2021.

It should be noted that during the period covered by this Annual Report (July 1, 2020 through June 30, 2021), Dr. Scott Rivkees served as the State Surgeon General. Prior to the publication of this report (September 20, 2021), Dr. Rivkees’ contract with DOH came to an end and on September 21, 2021, Dr. Joseph Ladapo was announced as the new State Surgeon General.

# MISSION, VISION, AND VALUES

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

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

The **vision** of the Department is:

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

The **values** of the Department are:

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

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

# ORGANIZATIONAL PROFILE

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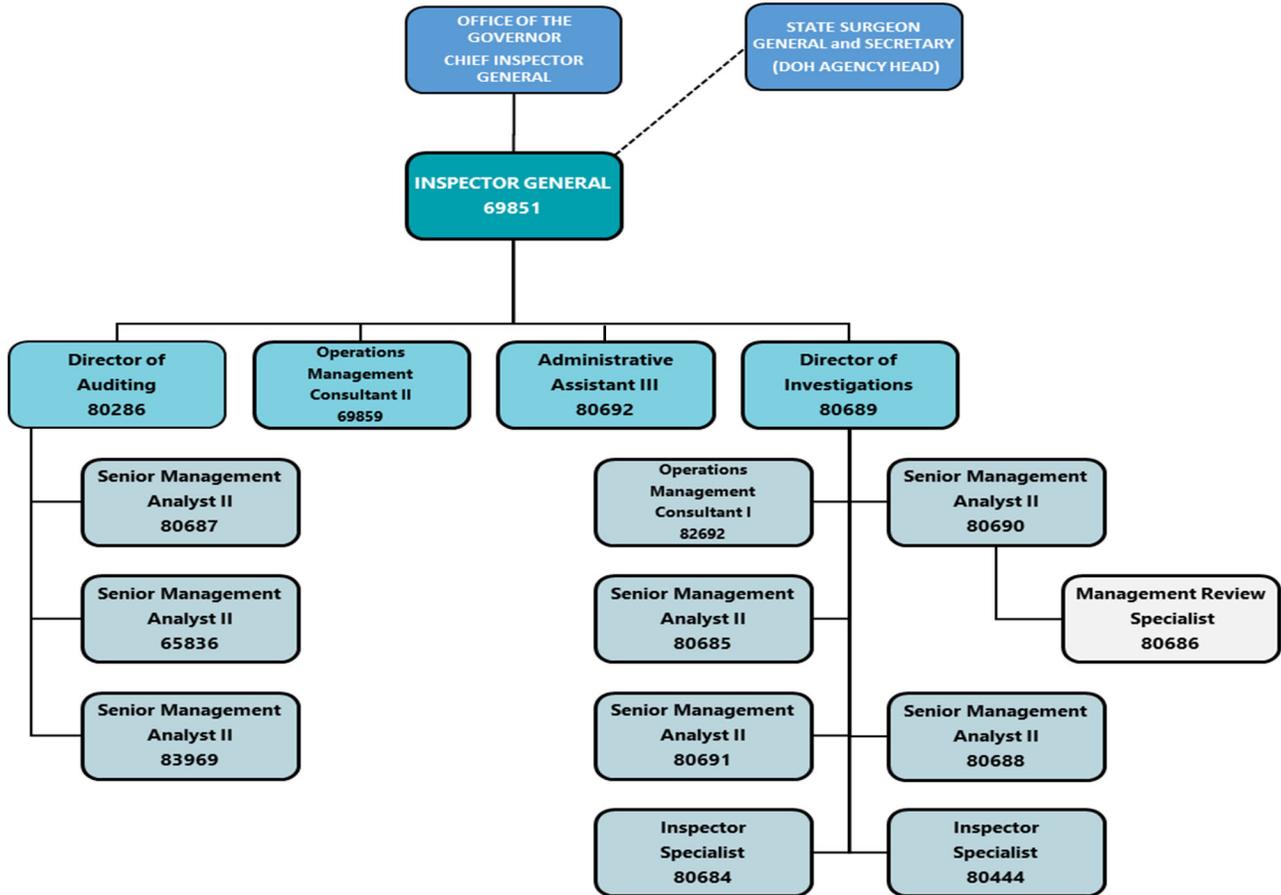
## Staff Qualifications

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

OIG staff are highly qualified and the collective experience spans a wide range of expertise and backgrounds, enhancing the OIG's ability to effectively audit, investigate, and review the diverse and complex programs within the Department. As of June 30, 2021, one position is vacant. The following statistics represent the 15 occupied positions:

- Many of the OIG staff members have specialty certifications that relate to specific job functions within the OIG. These certifications include:
  - ❖ 5 Certified Inspector General Investigator
  - ❖ 3 Certified Inspector General Auditor
  - ❖ 2 Certified Fraud Examiner
  - ❖ 2 Florida Certified Contract Manager
  - ❖ 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.
  
- An OIG staff member serves as the secretary of the Institute of Internal Auditors Tallahassee Chapter.
  
- Staff within the OIG collectively have:
  - ❖ 83 years of Audit experience
  - ❖ 84 years of Investigative experience

# Department of Health Office of Inspector General Organizational Chart (as of June 30, 2021)



## 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 2020-21 fiscal year include:

- ❖ Florida Institute of Certified Public Accountants' State and Local Government Accounting Conference
- ❖ Florida Institute of Certified Public Accountants' Florida Summit
- ❖ Fraud Detection and Incident Response
- ❖ ACFE/IIA's Why Good People Do Bad Things
- ❖ Fraud Vulnerabilities in Contracting
- ❖ 2021 Cyber Threats, Trends, and Mitigation
- ❖ Atlanta's Chapter of the Institute of Internal Auditors Annual IT Audit Conference
- ❖ Integrating Cybersecurity and Enterprise Risk Management

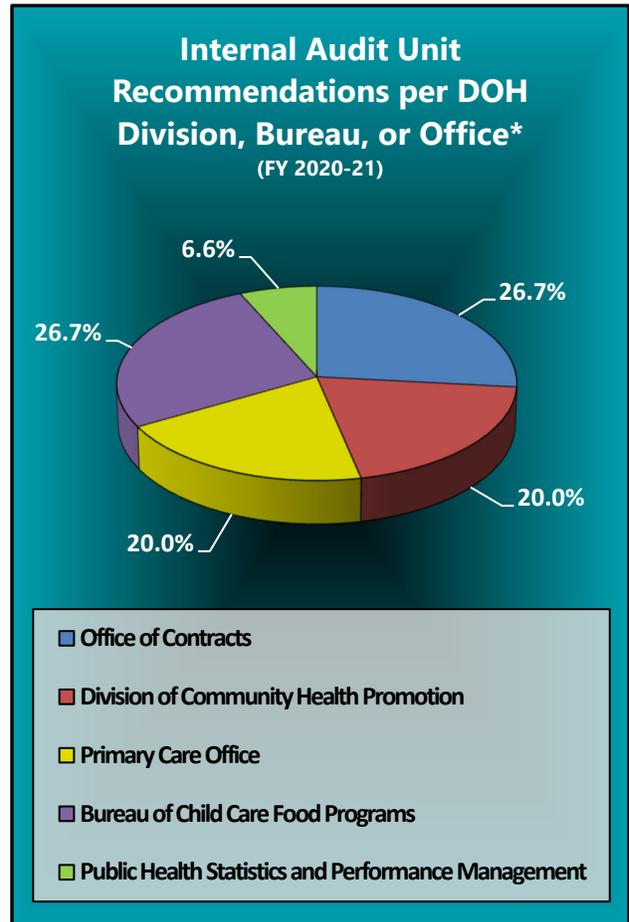
# OIG FUNCTIONS

## 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 2020-21.

## 2020-21 Accomplishments

The OIG completed two audit engagements, four review engagements, and an investigative assist engagement during the 2020-21 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 2020-21 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 three engagements during fiscal year 2020-21 that will culminate during fiscal year 2021-22.

## Performance Criteria

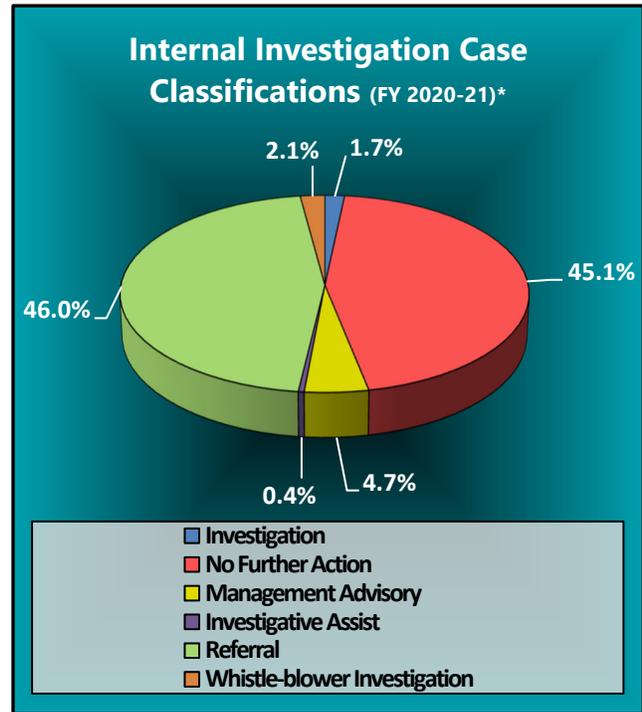
All audits and consulting engagements are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing* (i.e., "Red Book") published by the Institute of Internal Auditors.

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 2020-21 fiscal year:

- ❖ Investigation – the OIG conducts a formally planned investigation that will result in an investigative finding report.
- ❖ Whistle-blower Investigation – the OIG conducts a formally planned investigation that will result in an investigative finding report where the complaint was granted whistle-blower status.



\*Based upon 237 complaints closed in FY 2020-21.

- ❖ 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 – provides assistance to law enforcement.
- ❖ No Further Action – the complaint contains insufficient information for an investigation.

## 2020-21 Accomplishments

The OIG closed 237 complaints during the 2020-21 fiscal year. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during the 2020-21 fiscal year and their disposition can be found in Appendix C. Summaries of each investigation completed during the 2020-21 fiscal year can be found starting on page 22 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.

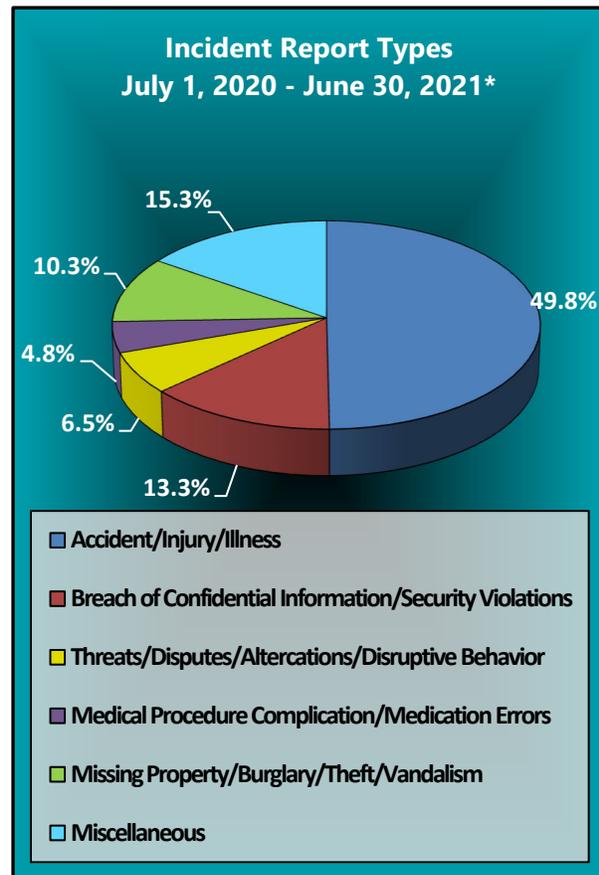
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the Commission, which in turn helps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

The OIG was most recently reaccredited on October 15, 2020 and is currently one of 23 accredited state agency Offices of Inspector General as of June 30, 2021.

## 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 2,293 Incident Reports during FY 2020-21. Because each Incident Report may identify more than one incident type, the chart above is reflective of 2,769 incident types identified during FY 2020-21.

## 2020-21 Accomplishments

- Created and implemented DOHP 5-8-21, Office of Inspector General - *Cooperation with Inspector General Activities Policy*, effective April 6, 2021.
- Conducted six Incident Report System training sessions between December 2020 and June 2021; training a total of at least 129 statewide Department personnel.
- Created and distributed the *DOH Statewide Incident Report (IR) System – Quick Instructional Guide*, effective May 25, 2021.

# SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

## AUDIT SUMMARY

*The following is a summary of internal audits completed during the 2020-2021 fiscal year.*

### REPORT # A-2021-001

#### The Department's Subcontracts and Related Processes

The OIG examined the Department's subcontracting processes, and selected contracts and subcontracts that were active July 1, 2019 through June 30, 2020.

#### SUMMARY OF FINDINGS

- ❖ Contract managers did not effectively identify subcontractors.
- ❖ Contract managers did not accurately and timely complete the *Subcontracting Request Form*.
- ❖ Agreements between providers and their subcontractors did not include the U.S. Department of Homeland Security's E-Verify system language as required by the Department's *Standard Contract*.
- ❖ Contract language was not timely updated to include new laws, policy and procedures.

#### RECOMMENDATIONS

The OIG recommended the Office of Contracts:

- ❖ Work with contract managers to develop enhanced methods to effectively identify and track subcontractors so as to mitigate issues associated with risks of fraud and abuse.
- ❖ Issue guidance to contract managers and their supervisors to require the *Subcontracting Request Form* be reviewed and approved prior to issuing the provider an approval to subcontract.
- ❖ Issue guidance requiring contract managers' supervisor verify the contract manager reviewed the subcontractor agreements to ensure the required language is included prior to providing approval to subcontract.

The OIG also recommended the Office of Contracts as preparer, and the Office of the General Counsel as approver, together develop a process to ensure the *Standard Contract* is timely updated to correspond with the implementation of new laws, rules, policies, and procedures requiring specific language in Department contracts.

## **REPORT # A-2021-002A**

### **Selected Primary Care Office Contracts, Including a Contract with Florida Association of Free and Charitable Clinics, Inc.**

The OIG examined Contract COREL (Contract) with Florida Association of Free and Charitable Clinics, Inc. (Provider), that was executed July 22, 2016 and with renewals, ended June 30, 2020, to determine whether deliverables and overall goals of the contract were completed; and whether the Department's Contract Manager (CM), as well as the Provider, were in compliance with applicable laws and Department policies and procedures.

#### **SUMMARY OF FINDING**

- ❖ The Department's CM File was missing pertinent contract documentation.

#### **RECOMMENDATION**

The OIG recommended the Division of Public Health Statistics and Performance Management ensure its contract managers maintain complete contract files in accordance with the DOHP 250-14-19, *Contractual Services*.

## **REPORT # A-2021-002B**

### **Selected Primary Care Office Contracts, Including a Contract with Nova Southeastern University, Inc.**

The OIG examined Contract CORHA (Contract) with Nova Southeastern University, Inc. (Provider), that was executed December 2, 2019 and ended June 30, 2020, to determine whether deliverables and overall goals of the contract were completed; and whether the Department's Contract Manager (CM), as well as the Provider, were in compliance with applicable laws and Department policies and procedures.

#### **SUMMARY OF FINDINGS**

- ❖ The Provider did not fully complete some deliverables required by the contract.
- ❖ The Provider overstated the reported number of Veterans Access Clinic patient encounters.

- ❖ The Provider included an unallowable expense within its billing to the Department.

## **RECOMMENDATIONS**

The OIG recommended the Primary Care Office:

- ❖ Improve its monitoring methodology to ensure providers accomplish the deliverable tasks specified in the contract, and that documentation used to support billings submitted for payment is accurate.
- ❖ Seek reimbursement from the Provider in the amount of \$85,872, equal to the financial impact of decreasing the allocation rate applied to facilities and administrative expenses by 0.70%.
- ❖ Seek reimbursement from the Provider in the amount of \$3,589.78 for the unallowable food catering expense billed to the Department during the January 1, 2020 through March 30, 2020 period of the contract.

## OTHER PROJECTS

The following is a summary of other projects completed during the 2020-21 fiscal year.

### REPORT # C-1920-001

#### The Department's Child Care Food Program, A Consulting Project

Management of the Department's Division of Community Health Promotion requested a consulting project to determine whether adequate controls are in place to reasonably ensure that the Child Care Food Program (CCFP) is operating in compliance with program requirements.

#### SUMMARY OF RESULTS

- ❖ Transparency would be improved when older active contracts are added to the *Florida Accountability Contract Tracking System (FACTS)*.
- ❖ Consistency in conducting and documenting monitoring visits could be improved.
- ❖ Additional steps could be taken to decrease any perceived or actual conflicts of interest in hiring staff from a CCFP provider.
- ❖ Improving the timeliness and accuracy of data from the Department of Children and Families would prevent undue payments and increase workload efficiencies.

#### RECOMMENDATIONS

The OIG recommended CCFP management:

- ❖ Ensure all contracts, including those that were executed prior to the new process implementation of routing through the Office of Contracts, be uploaded to FACTS in accordance with the Transparency Florida Act.
- ❖ Implement processes to ensure monitoring visits are consistently conducted and appropriately documented, including a supervisor review.
- ❖ Sufficiently research and document potential hire backgrounds to ensure they are not assigned to monitor former employers that received federal funds through the CCFP.

Additionally, CCFP staff would be immediately prompted to investigate and terminate an unlicensed provider if CCFP's *Management Information and Payment System* were updated to communicate with the Department of Children and Families *Childcare Administration, Regulation & Enforcement System*, with live updates of licenses and expiration dates. While this control would prevent reimbursements paid to CCFP providers without a current license, CCFP staff

should conduct a cost benefit analysis to ensure this control would not possibly create other unintended consequences, such as delays in the reimbursement of legitimate claims.

### **REPORT # R-2021-002**

#### **User Access to the Health Management System at the Florida Department of Health in Escambia County**

The OIG examined user access as of October 15, 2020 to the *Health Management System* at DOH-Escambia to determine if users were current approved employees, contractors, or interns, with access that is appropriate to job responsibilities, and had required background screenings.

There were no reportable issues.

### **REPORT # R-2021-003**

#### **Analysis of Contract Assignments to the Department of Health’s Contract Managers, and a Survey of Contract Management at Other State Agencies**

The OIG analyzed the number of contracts assigned to the Department’s contract managers (CM) to understand whether contract assignments are reasonable to effectively manage, including CMs’ other duties and responsibilities. The OIG also interviewed other state agencies to obtain an understanding of their contract management structure and experience, and their OIG’s experience with contracting issues.

Because of the nature of the project, there were no findings or recommendations.

### **REPORT # R-2021-004**

#### **Performance of Selected Requirements of the Department of Health’s Contract with Florida’s Vision Quest, Inc.**

The OIG examined Contract COHN2 (Contract) with Florida’s Vision Quest, Inc. (Provider), to determine whether the Provider complied with selected requirements of the Department’s *Standard Contract* and attachments related to subcontracts.

### **SUMMARY OF RESULTS**

- ❖ Agreements between the Provider and its subcontractors did not include the E-Verify system (E-Verify) language.

- ❖ The Provider did not ensure subcontractors and subcontractors' staff were timely processed in E-Verify.
- ❖ The Provider did not ensure subcontractors and subcontractors' staff were appropriately background screened.

## **RECOMMENDATIONS**

The OIG recommended the Division of Community Health Promotion enforce the requirements of the Contract, including that the Provider:

- ❖ Include the E-Verify requirement in all agreements with subcontractors.
- ❖ Use E-Verify to determine employment eligibility of all new employees.
- ❖ Ensure subcontractors and staff are appropriately background screened.

## 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, 2021, the following corrective actions were still outstanding:*

### **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 to determine whether Central Office uniformly and timely communicates publicized updates and changes to policies, procedures, forms and other important information to CHDs, to ensure the Department’s communication is as seamless as possible.

#### **SUMMARY OF FINDING**

- ❖ Communication can be improved to increase employee access to sufficient, consistent and timely information regarding internal priorities, actions, plans and special situations.

#### **RECOMMENDATION**

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.

### **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.

#### **SUMMARY OF FINDINGS**

- ❖ Written notification for the purpose of collecting Social Security numbers (SSN) is not always provided to individuals.

- ❖ SSNs are not consistently collected in the regions, and the collection is generally not necessary.
- ❖ There are inconsistencies in how clients' PII and PHI is stored.
- ❖ 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.
- ❖ Update forms to only request SSNs when necessary.
- ❖ 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.
- ❖ 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.

The OIG recommended Executive Management:

- ❖ 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.

## 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. Two 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 county health department (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.

# SUMMARY OF MAJOR ACTIVITIES:

## INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2020-21 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.

### INVESTIGATION # 18-19-019

#### Alleged Nepotism and Conduct Unbecoming a Public Employee Bureau of Public Health Pharmacy (Pharmacy)

This investigation was initiated based on a complaint by the Office of General Counsel, Equal Opportunity Section (EOS) and former Department employees (Complainants) alleging nepotism and conduct unbecoming a public employee by a former Pharmacy employee (Subject).

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

**Allegation #1:** The Subject promoted the employment of, and then directly supervised, Employee #1, who was related to the Subject. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG determined Employee #1 did directly report to the Subject and is the Subject's first cousin, which by statutory definition meets the definition of relative. This action potentially violated section VII.F., DOHP 30-2-13, *Code of Ethics - Employment of Relatives*.

**Allegation #2:** The Subject promoted the employment of, and then directly supervised, Employee #2, who was related to the Subject. The allegation was **unsubstantiated**. Based upon testimonial and documentary evidence, the OIG determined Employee #2 did directly report to the Subject but is married to one of the Subject's first cousins, which by statutory definition does not meet the definition of relative.

**Allegation #3:** The Subject gave a false or misleading statement during an official EOS investigation. The allegation was **unsubstantiated**. Based upon testimonial and documentary evidence, the Subject made a statement of fact on an affidavit provided to EOS during an investigation. Thus, the information provided by the Subject was not false. Whether the statement was misleading is subjective and could not be concluded to violate a known law, rule, or Department policy.

## Additional Findings

**Finding #1:** The Subject utilized state resources for personal use and/or to operate a secondary private business, contrary to Department policy. This action potentially violated section VII. I.6.(3), DOHP 30-2-13, *Code of Ethics* – Secondary Employment; DOHP 60-8-16, *Discipline*, sections VII.D.6.e.(20) – Theft, Stealing, or Unauthorized Taking, and VII.D.6.f.(4)(h) – Unauthorized Use of State Property, Equipment, Materials, or Personnel.

**Finding #2:** The Subject did not complete an *Outside Employment Request* form or obtain approval to operate a secondary private business while employed at the Department, contrary to Department policy. This action potentially violated section VII.I.6., DOHP 30-2-13, *Code of Ethics* - Secondary Employment.

## RECOMMENDATIONS

- ❖ The OIG recommended Pharmacy management review its hiring practices and discourage any efforts to hire for vacancies primarily based upon pre-established relationships with known individuals, such as friends and family. The OIG also recommends Pharmacy select individuals for vacancies in promotional opportunities through open, competitive advertisements and make final selections primarily based on the knowledge, skills, and abilities of the candidates.

## INVESTIGATION # 18-19-110

### Alleged Misfeasance, Malfeasance, and Gross Misconduct Department of Health Executive Management

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging misfeasance, malfeasance, gross misconduct and retaliation by two former DOH employees (Subjects #1 & #2).

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

**Allegation #1:** Subjects “attempted to delay prompt notification of high levels of harmful toxin exposure to owners of three wells...despite known human health consequences,” resulting in a “wanton disregard for human health” and “willful misuse of public position.” The allegation was **unsubstantiated**. Based upon the analysis of the evidence, the OIG obtained insufficient evidence to support the allegation as described by the Complainant.

## RECOMMENDATION

The OIG recommended the Bureau of Environmental Health (EH) management take the following action regarding operational weaknesses identified during the investigation:

Conduct a thorough review of the *EH Well Surveillance Technical Guide*, which was last revised in 2015, and update/clarify protocols and expectations, where needed, including:

- What type of lab results (non-certified or certified) initiate necessary public notifications;
- Whether 24-hour notification should be literally interpreted or interpreted as “next business day;”
- If “next business day” is to be used as the standard protocol for meeting the 24-hour expectation, the impacts of a weekend or holiday coming into play should also be addressed when the severity of the circumstances warrants a more immediate response; and
- References to the DOH laboratory in Jacksonville and other third-party laboratories when testing has been performed at the Florida Department of Environmental Protection laboratory since 2013.

## INVESTIGATION # 18-19-116

### Alleged Negligence and Conduct Unbecoming a Public Employee Department of Health in Gadsden County (DOH-Gadsden)

This investigation was initiated based on a private citizen’s (Complainant) complaint alleging a DOH-Gadsden employee (Subject #1) inspected and approved a mistakenly placed septic tank, and a DOH-Gadsden employee (Subject #2) was rude and unprofessional.

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

**Allegation #1:** Subject #1 inspected and approved the installation of a septic tank that was mistakenly placed on a portion of the Complainant’s property. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG determined that the case materials support the alleged conduct likely occurred and may have violated section 381.0065, Florida Statutes; and Florida Administrative Code Chapter 64E-6.

**Allegation #2:** Subject #2 was rude and unprofessional when the Complainant communicated their concerns. The allegation was **unsubstantiated**. Based upon testimonial and documentary evidence, the OIG determined that case materials were unable to prove or disprove the alleged conduct occurred, as described by the Complainant.

## RECOMMENDATION

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

## INVESTIGATION # 18-19-151

### Alleged Violation of Law and Department Rules

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

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging a DOH-Putnam employee (Subject #1) rarely worked a full-time schedule or performed duties required of their position. The Complainant alleged Subject #1's supervisor (Subject #2) allowed Subject #1 to work from home, contrary to provisions established in DOHP 60-24, *Telework*.

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

**Allegation #1:** Subject #1 has been primarily working from home, contrary to provision established in the Department's *Telework* policy. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG obtained sufficient evidence to support the allegation Subject #1 has been working from home since at least 2017, without following processes outlined in the Department's *Telework* policy.

**Allegation #2:** Subject #1 was not adequately fulfilling the duties and responsibilities of their position, as defined in their position description, due to their lack of physical presence at the county health department. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG obtained sufficient evidence to support the allegation Subject #1 was not able to adequately supervise their staff, and oversee the programs they are responsible for, by working from home and not participating in day-to-day operations, meetings, and trainings.

**Allegation #3:** Subject #1 falsified timesheets, in violation of DOHP 60-3-13, *Attendance and Leave*. The allegation was **unsubstantiated**. Based upon testimonial and documentary evidence, the OIG was unable to obtain sufficient evidence to support the allegation Subject #1 was falsifying their timesheets; however, it was noted there was a lack of oversight and questionable entries in People First by Subject #1 for time worked.

**Allegation #4:** Subject #2 allowed Subject #1 to primarily work from home, contrary to provisions established in the Department's *Telework* policy. The allegation was **substantiated**. Based upon testimonial and documentary evidence, the OIG obtained sufficient evidence to support the allegation Subject #2 allowed Subject #1 to work from home without following the processes outlined in the Department's *Telework* policy.

#### Additional Finding

**Finding #1:** Subject #1 provided misleading or misstatements of fact to the OIG during a sworn recorded interview.

## RECOMMENDATIONS

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

The OIG further recommended DOH-Putnam management ensure all staff who work from home and/or unconventional hours on a regular basis authorize such activity under proper approval protocols defined in Department policy. Granting this type of work arrangement should also include a regular documentary review of the quality and quantity of work products produced by the employee.

### INVESTIGATION # 19-158

#### Alleged Negligence

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

This investigation was initiated based on a private citizen's (Complainant) complaint alleging two DOH-Polk employees (Subject #1 & #2) did not conduct thorough inspections of an Onsite Sewage Treatment and Disposal System (OSTDS).

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

**Allegation #1:** Subject #1 did not properly inspect the abandonment of the old septic tank; and therefore, inappropriately approved the construction inspection of the new septic system. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation as presented by the Complainant.

**Allegation #2:** Subject #2 failed to properly address homeowner concerns and proceeded to inappropriately approve the final inspection of a newly installed septic system. The allegation was **unsubstantiated**. The OIG found insufficient evidence to support the allegation as presented by the Complainant.

### INVESTIGATION # 20-002

#### Alleged Misconduct

#### Department of Health Executive Management

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging a Department employee (Subject) misappropriated funds and engaged in nepotism.

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

**Allegation #1:** Subject misappropriated \$1.695 million from the Holdback Fund within the County Health Department Trust Fund for the purchase of Hepatitis A vaccines. The allegation was **unfounded**. Based upon an analysis of the evidence, the allegation as described by the Complainant did not occur.

**Allegation #2:** Subject engaged in nepotism by hiring or directing other Department employees to hire their friends (Employees #1 & #2). The allegation was **exonerated**. Based upon an analysis of the evidence, the OIG established the employee's action(s), as described by the Complainant, did not violate current policy, rule, or law.

**Allegation #3:** Subject allowed Employee #1 free reign and autonomy in dealing with other Department employees/contractors, including the hiring of individuals outside of the bid process. The allegation was **unsubstantiated**. Based upon an analysis of the evidence, the OIG obtained insufficient evidence to support the allegation as described by the Complainant.

### Additional Findings

**Finding #1:** There is no evidence a reference check was performed by the hiring authority (Subject) prior to hiring Employee #1 as a Department employee, contrary to Department policies.

**Finding #2:** Subject did not ensure that Employee #1's salary, at the time of their initial hire in December 2014, was within the established broadband range for their specified classification, contrary to Florida Administrative Code and Department policies.

### RECOMMENDATIONS

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

The OIG also recommended the following specific actions:

- Bureau of Personnel and Human Resource Management (HR) review Department policies and the *Employee Handbook* for opportunities to clarify and align the definition and application of the term "organizational unit" to ensure consistent use throughout the Department.
- HR review Department policies and the work arrangements of Employees #1 and #2 to determine whether the work arrangements are in accordance with Department policies.
- Office of Budget and Revenue Management review Employee #1's work arrangement with the Department and consult with HR to determine whether a telework agreement would be appropriate.
- HR management review Department policies to determine whether clarification should be added to address delegation of responsibilities for processing HR actions, especially

in cases involving related parties, to avoid any actual or perceived appearance of impropriety.

## **INVESTIGATION # 20-047**

### **Alleged Negligence**

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

This investigation was initiated based on a private citizen's (Complainant) complaint alleging negligence by two DOH-Putnam employees (Subjects).

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

**Allegation #1:** The inaction of the Subjects, after being notified that an employee was suspected of being under the influence of alcohol while at work, endangered the health and welfare of the general public, clients, and co-workers. The allegation was **unsubstantiated**. Based on analysis of the available evidence, there is insufficient evidence to clearly support a violation of a law, rule, or policy, as described by the Complainant.

### **RECOMMENDATIONS**

Although the OIG investigation concluded there was insufficient evidence to support the allegation as presented by the Complainant, and no violation of DOHP 60-9-13, *Drug-Free Workplace*, occurred, the OIG recommended HR review this investigative report to determine if additional action could have been taken by the Subjects, and other involved parties, in response to the reported suspicion that an employee may have been under the influence of alcohol while on duty.

The OIG also recommended HR review DOHP 60-9-13, *Drug-Free Workplace*, to determine if sufficient guidance and protocols are provided regarding what supervisors should do in response to an after-the-fact report that an employee is suspected of having been under the influence of drugs or alcohol, and when reasonable drug suspicion testing cannot be initiated, and revise or amend the policy as deemed necessary.

# OTHER OIG ACTIVITIES

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## COORDINATION WITH EXTERNAL AUDITING ENTITIES

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

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

See Appendix B for a list of external audits and reviews that were coordinated by the OIG during the 2020-21 fiscal year.

# APPENDICES

## APPENDIX A

### Department of Health Office of Inspector General

#### Completed Internal Audit Unit Engagements for FY 2020-21

| Number      | Audit Engagements   | Date Issued   |
|-------------|---|---------------|
| A-2021-001  | <i>The Department's Subcontracts and Related Processes</i>  | April 5, 2021 |
| A-2021-002A | <i>Selected Primary Care Office Contracts, Including a Contract with Florida Association of Free and Charitable Clinics, Inc.</i> | June 25, 2021 |
| A-2021-002B | <i>Selected Primary Care Office Contracts, Including a Contract with Nova Southeastern University, Inc.</i>                       | June 29, 2021 |

| Number     | Other Engagements  | Date Issued       |
|------------|--|-------------------|
| C-1920-001 | <i>The Department's Child Care Food Program, A Consulting Project</i>  | October 23, 2020  |
| R-2021-002 | <i>User Access to the Health Management System at the Florida Department of Health in Escambia County</i>  | December 18, 2020 |
| R-2021-004 | <i>Performance of Selected Requirements of the Department of Health's Contract with Florida's Vision Quest, Inc.</i>                                 | June 18, 2021     |
| R-2021-003 | <i>Analysis of Contract Assignments to the Department of Health's Contract Managers, and a Survey of Contract Management at Other State Agencies</i> | June 25, 2021     |

## APPENDIX B

### Department of Health Office of Inspector General

#### External Projects Coordinated by the OIG for FY 2020-21 <sup>2</sup>

(includes initial projects and follow-ups)

| Office of the Auditor General |   |                |
|-------------------------------|---|----------------|
| Number                        | Subject   | Report Date    |
| 2021-182                      | <i>Statewide Federal Awards – June 30, 2020</i> | March 30, 2021 |

| Other External Projects                       |  |               |
|---|--|---------------|
| External Entity                               | Subject  | Report Date   |
| United States<br>Department of<br>Agriculture | <i>Special Supplemental Nutrition Program for Women, Infants and<br/>Children – Financial Management Review - 2020</i> | November 2020 |

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

# APPENDIX C

## Department of Health Office of Inspector General Closed Complaints for FY 2020-21

| Number    | Type | Allegation/Concern  | Disposition  |
|-----------|------|---|--|
| 18-19-019 | IN   | Alleged nepotism and conduct unbecoming a public employee   | 1-Substantiated 2-Unsubstantiated  |
| 18-19-110 | WB   | Alleged misfeasance, malfeasance, and gross misconduct by a public employee   | 1-Unsubstantiated  |
| 18-19-116 | IN   | Alleged negligence and conduct unbecoming a public employee   | 1-Substantiated 1-Unsubstantiated  |
| 18-19-139 | WB   | Alleged mismanagement, misfeasance, malfeasance, gross waste of public funds, negligence, and actions that created a substantial and specific danger to the public's health, safety, and welfare                                      | 2-Unsubstantiated  |
| 18-19-151 | WB   | Alleged violation of law and Department rules by a Department employee  | 3-Substantiated 1-Unsubstantiated  |
| 19-158    | IN   | Alleged negligence by Environmental Health (EH) inspectors approving a septic system repair in violation of Department rules  | 2-Unsubstantiated  |
| 19-198    | IN   | Alleged violation of information security and privacy policy by a Department employee   | 1-Exonerated   |
| 20-002    | WB   | Alleged misconduct by misappropriation of funds, nepotism, and other inappropriate hiring practices by a Department employee  | 1-Unsubstantiated 1-Unfounded<br>1-Exonerated 3-Not Investigated   |
| 20-047    | WB   | Alleged negligence by failing to prevent employee suspected of being under the influence of alcohol from being activated to emergency shelter duty  | 1-Unsubstantiated  |
| 20-048    | MA   | Alleged hostile work environment, discrimination, and violation of hiring policies by Department employees  | Referred to Management   |
| 20-074    | MA   | Alleged hostile work environment, inappropriate use of funds, improper contracting, time theft, and falsification of documentation by a Department employee   | Referred to Management   |
| 20-099    | RF   | Alleged Office of Medical Marijuana Use (OMMU) staff did not properly address concern with dispensary   | Referred to Management   |
| 20-148    | NF   | Alleged failure of EH supervisor to respond to complaints timely and properly inspect/fix a septic tank   | Preliminary Inquiry (PI) determined process was followed and matter was resolved                               |
| 20-165    | MA   | Alleged favoritism by a EH inspector, and failure to respond to complaints timely   | Referred to Management   |
| 20-171    | MA   | Alleged mismanagement, disclosure of Personally Identifiable Information (PII) and Protected Health Information (PHI), hiring of an unqualified inexperienced employee, and potential for the Department to incur financial penalties | Referred to Management   |
| 20-174    | RF   | Alleged improper inspection and installation of a nitrogen reducing septic system   | Referred to Bureau of EH   |
| 20-187    | MA   | Alleged bullying, retaliation, discrimination, unresponsiveness, improper procedures, and solicitation from secondary employment  | Referred to Management   |
| 20-195    | RF   | Alleged discrimination, harassment, retaliation, denial of telework during COVID-19, and hiring of a nonqualified employee  | Referred to the Bureau of Personnel and Human Resource Management (HR) and the Equal Opportunity Section (EOS) |
| 20-196    | NF   | Alleged the Department is attempting to alter Florida COVID-19 statistics to keep information from reaching the public  | Not Investigated – Insufficient Information  |
| 20-198    | NF   | Alleged the Department is attempting to alter Florida statistics to keep information from reaching the public   | Not Investigated – Insufficient Information  |
| 20-199    | NF   | Alleged COVID-19 data has been altered by the Department as cited by media reports  | Not Investigated – Insufficient Information  |
| 20-200    | NF   | Alleged refusal to allow teleworking due to retaliation and/or favoritism by Department employees   | Not Investigated – Insufficient Evidence   |
| 20-208    | RF   | Concerns regarding discrimination, favoritism, and nepotism by Department employees   | Referred to EOS and the Office of General Counsel (OGC)  |
| 20-211    | RF   | Alleged time theft, improper use of state resources, poor performance, and an inappropriate relationship between Department employees   | Referred to Management   |

| Legend                  | 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  |
|--------|------|---|--|
| 20-212 | NF   | Alleged potential fraudulent claim for wages by a Department employee associated with teleworking   | Not Investigated – Handled by Management                           |
| 20-214 | RF   | Alleged inappropriate social media posts by an employee   | Referred to Management   |
| 20-215 | RF   | Alleged violation of Department COVID-19 directives and improper termination of a Department employee   | Referred to Management   |
| 20-220 | RF   | Alleged retaliation, favoritism, coercion, and wrongful termination by Department employees   | Referred to Management   |
| 20-221 | MA   | Alleged wrongful disciplinary action, retaliation, discrimination, and conflict of interest by Department employees   | Referred to Management   |
| 21-001 | NF   | Alleged payments were not made timely, in violation of Florida Statute  | Not Investigated - Management Responded to Complainant             |
| 21-002 | RF   | Alleged unfair treatment of employees and hiring practices at a county health department (CHD)  | Referred to HR   |
| 21-003 | RF   | Alleged improper operation and maintenance of septic system serving a restaurant and public records violation   | Referred to EH   |
| 21-004 | NF   | Alleged EH property issues against the Department and the Department of Environmental Protection  | Not Investigated - Issues were already litigated in a court of law |
| 21-005 | NF   | Concerns regarding the decision of reopening nursing homes to families due to COVID-19 restrictions   | Not Investigated – No Jurisdiction                                 |
| 21-006 | NF   | Alleged violation of COVID-19 restrictions for a large event  | Not Investigated – No Jurisdiction                                 |
| 21-007 | RF   | Alleged violations of COVID-19 protocols at a Federal Prison  | Referred to the Federal Bureau of Prisons                          |
| 21-008 | NF   | Alleged ethics violation against a licensed professional engineer and requested a previous EH facility permit be reviewed   | Not Investigated – No Jurisdiction                                 |
| 21-009 | RF   | Alleged substandard dental work by a private dentist and dissatisfaction with the handling of complaint by the Department's Prosecution Services Unit (PSU)   | Referred to OGC  |
| 21-010 | RF   | Alleged harassment from a non-Department doctor and alleged the Department cashed a check for renewal of a medical marijuana card that was never sent   | Referred to Medical Quality Assurance (MQA) and OMMU               |
| 21-011 | RF   | Alleged substandard care by a non-Department dentist and dissatisfaction with results from MQA investigation/prosecution  | Referred to Management   |
| 21-012 | MA   | Alleged improper work orders, discrimination, falsification of records, improper billing, improper use of a state-owned vehicle, improper disclosure of PHI, and timekeeping violations by Department employees | Referred to Management   |
| 21-013 | NF   | Alleged wrongful termination, resulting from reporting the failure to use/provide personal protective equipment   | Not Investigated – Insufficient Evidence                           |
| 21-014 | NF   | Alleged septic system failure by county and corruption in zoning and health department  | Not Investigated - Insufficient Information                        |
| 21-015 | NF   | Alleged a county health department (CHD) withheld the complainant's medical information until the complainant signed a release form and COVID-19 protocols were not followed                                    | Not Investigated - Complainant did not wish to pursue the matter   |
| 21-016 | RF   | Concerns regarding a private physician, a facility, and MQA's handling of the complaint   | Referred to MQA  |
| 21-017 | RF   | Alleged COVID-19 protocols not followed regarding mask mandate and employees denied telework option   | Referred to the Chief of Staff                                     |
| 21-018 | RF   | Alleged a Department employee discriminates, is incompetent, and is unqualified for new position  | Referred to EOS and HR   |
| 21-019 | NF   | Alleged a Tax Collector's Office violated COVID-19 protocols and the Tax Collector made discriminatory comments   | Not Investigated – No Jurisdiction                                 |
| 21-020 | NF   | Alleged displeasure with the findings of a MQA case against a private physician   | Not Investigated – No identified violation of law, rule, or policy |
| 21-021 | RF   | Alleged concerns with a correctional institute's living conditions, personnel, and medical care   | Referred to Department of Corrections (DOC) and MQA                |
| 21-022 | NF   | Alleged unethical and illegal conduct within a City government regarding water issues   | Not Investigated – No Jurisdiction                                 |
| 21-023 | RF   | Alleged fraudulent billing by private entity  | Referred to Department of Agriculture and Consumer Services        |
| 21-024 | NF   | Concerns regarding the spread of COVID-19   | Not Investigated – No Jurisdiction                                 |
| 21-025 | RF   | Alleged non-Department employee forged prescription pads using a doctor's stamp/signature without consent   | Referred to MQA  |
| 21-026 | NF   | Alleged Department employee accessed official records without a legitimate business need  | Not Investigated - Handled by Management                           |

|                         |                               |                          |                            |
|-------------------------|-------------------------------|--------------------------|----------------------------|
| <b>Legend</b>           | 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   |
|--------|------|---|---|
| 21-027 | MA   | Alleged negligence, deletion of COVID-19 cases from Department database, and violation of the Department’s Drug-free Workplace policy by a Department employee                          | Referred to Management  |
| 21-028 | NF   | Alleged identity theft, negligence, malpractice, and malfeasance in the Medicaid system   | Not Investigated – No Jurisdiction  |
| 21-029 | RF   | Alleged discrimination by a CHD for hiring based on ethnicity   | Referred to EOS   |
| 21-030 | NF   | Alleged violations of law concerning a false report of child abuse by a Department contractor   | PI determined no law, rule, or policy violation                                   |
| 21-031 | RF   | Alleged sexual and inappropriate misconduct by a supervisor   | Referred to EOS   |
| 21-032 | NF   | Alleged past misconduct of physicians, nurses, and other medical staff  | Not Investigated – No Jurisdiction  |
| 21-033 | RF   | Alleged inappropriate conduct of a Department employee regarding a social media post  | Referred to Management  |
| 21-034 | RF   | Alleged discrimination and termination based on race  | Referred to EOS   |
| 21-035 | RF   | Alleged Department employees were disrespectful, made racial comments, and slandered temporary employees  | Referred to Management and EOS  |
| 21-036 | RF   | Alleged bullying by management at COVID-19 testing site   | Referred to Management and EOS  |
| 21-037 | NF   | Alleged denial of Emergency Family and Medical Leave Expansion Act Leave (EFMLEA) and annual leave  | Not Investigated - Resolved   |
| 21-038 | RF   | Alleged Department employees belittled and treated temporary employees with a lack of respect   | Referred to Management, EOS, and Florida Department of Emergency Management (DEM) |
| 21-039 | RF   | Alleged lack of leadership and respect for employees by the CHD Administrator and Director of Nursing (DON)   | Referred to Management  |
| 21-040 | NF   | Alleged false declarations of state of emergency due to COVID-19 resulting in misuse of federal funds   | Not Investigated – No Jurisdiction  |
| 21-041 | NF   | Alleged Department was not returning calls and purposefully delaying septic permit application reviews  | Not Investigated - Handled by OGC and Management                                  |
| 21-042 | RF   | Alleged drug use, theft of medications and supplies from hospitals and patients, and disclosure of PII/PHI by a non-Department employee   | Referred to MQA   |
| 21-043 | NF   | Alleged inappropriate use of social security number and breach of PHI at a CHD  | Not Investigated - Handled by Management  |
| 21-044 | NF   | Alleged forced vaccine law is unconstitutional, and the Department is not fulfilling public record requests by media  | Not Investigated – No Jurisdiction and insufficient information                   |
| 21-045 | RF   | Alleged misuse or misappropriation of assets by a temporary agency  | Referred to DEM, Office of Inspector General (OIG)                                |
| 21-046 | RF   | Alleged displeasure with the outcome of a MQA complaint against a licensed health practitioner  | Referred to MQA   |
| 21-047 | NF   | Alleged school did not shut down after employees tested positive for COVID-19   | Not Investigated – No Jurisdiction  |
| 21-048 | NF   | Concerns regarding a private company’s radiation crew doing x-rays out of state without any reciprocity   | Not Investigated – No Jurisdiction  |
| 21-049 | RF   | Alleged falsification of official records and wrongdoing by the Department of Children and Families (DCF) which led to incorrect information relayed to the Child Protection Team (CPT) | Referred to CPT Director  |
| 21-050 | RF   | Alleged discrimination, inappropriate conduct against female employees by a Department employee   | Referred to Management and EOS  |
| 21-051 | RF   | Alleged inappropriate behavior and creation of a hostile work environment by a Department employee  | Referred to Management  |
| 21-052 | NF   | Alleged inappropriate disclosure of medical information by a Department employee and issues with an employee performing duties  | Not Investigated - Handled by local HR office                                     |
| 21-053 | RF   | Alleged wrongful denial of EFMLEA   | Referred to HR  |
| 21-054 | MA   | Alleged negligence in Onsite Sewage Treatment and Disposal Systems (OSTDS) inspections and permitting by Department employees   | Referred to Management  |
| 21-055 | RF   | Alleged discrimination and retaliation based on race; and harassment and retaliation by a Department employee after complaining about management decisions                              | Referred to EOS   |
| 21-056 | RF   | Alleged mishandling of a complaint against a private dentist by PSU   | Referred to OGC   |
| 21-057 | NF   | Alleged hate crimes against students, corporate misconduct, harassment, and intimidation campaigns by non-Department employees  | Not Investigated – No Jurisdiction  |
| 21-058 | MA   | Alleged CPT management is incompetent and hostile towards staff   | Referred to Management  |

|                         |                               |                          |                            |
|-------------------------|-------------------------------|--------------------------|----------------------------|
| <b>Legend</b>           | 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  |
|--------|------|--|--|
| 21-059 | NF   | Alleged Department supervisor forcing a subordinate to divulge information that was told to the subordinate in confidence                          | Not Investigated – Complainant Withdrew  |
| 21-060 | RF   | Concerns regarding CHD being staffed only one day a week   | Referred to Management   |
| 21-061 | NF   | Concerns regarding paycheck discrepancies  | Not Investigated   |
| 21-062 | RF   | Concerns regarding pool maintenance located at a condominium and the performance of an EH inspector  | Referred to Management   |
| 21-063 | RF   | Alleged EH employees are misusing their positions to hold up a septic system permit  | Referred to Management   |
| 21-064 | RF   | Alleged inappropriate conduct by a Department employee concerning a healthcare practitioner’s enforcement action                                   | Referred to Management   |
| 21-065 | NF   | Alleged falsification of timesheet and failure to provide truthful information during an internal investigation by a Department employee           | Not Investigated - Handled by Management   |
| 21-066 | RF   | Concerns regarding staff conduct and medical care received at a hospital   | Referred to MQA  |
| 21-067 | RF   | Alleged supervisor talked down to and berated employees  | Referred to HR   |
| 21-068 | RF   | Alleged a Department employee received preferential treatment by being allowed to telework without formal approval                                 | Referred to Management   |
| 21-069 | RF   | Alleged termination after reporting bullying, harassment, concerns of violations of Facebook policy, and racism                                    | Referred to Florida Council Against Sexual Violence Board of Directors                                       |
| 21-070 | RF   | Alleged conduct unbecoming of an off-duty employee   | Referred to Management   |
| 21-071 | RF   | Alleged hostility, insolation, microaggression, false accusations, gossiping, and discrimination by Department staff                               | Referred to EOS and the Office of County Health Systems  |
| 21-072 | NF   | Alleged disclosure of confidential information by an employee of a contracted entity   | Not Investigated - Handled by Management   |
| 21-073 | NF   | Alleged hotel managers are pocketing COVID-19 DEM monies by holding patients past their free 14-day stays  | Not Investigated – No Jurisdiction   |
| 21-074 | LE   | Alleged recording without consent by a Department employee in violation of Florida law   | Referred to Law Enforcement and Management   |
| 21-075 | NF   | Alleged failure to provide accessible, quality health care, neglect of enrollees, inappropriate denial of services by managed care plans           | Not Investigated – No Jurisdiction   |
| 21-076 | NF   | Alleged Department is not meeting accreditation standards by failing to disseminate accurate data regarding COVID-19 infection rates in schools    | Not Investigated – No Jurisdiction   |
| 21-078 | RF   | Alleged improper hiring, discrimination, retaliation, and hostile work environment by Department management  | Referred to HR and EOS   |
| 21-079 | NF   | Alleged management is spreading fear in the community that contradicts the Governor’s message  | Not Investigated - No identified violation of law, rule, or policy   |
| 21-080 | RF   | Alleged breach of confidential information by disclosing client medical information by a Department employee                                       | Referred to Management   |
| 21-081 | RF   | Concerns regarding a CHD’s failure to release a health study and provided no response to a public records request                                  | Not Investigated – Information Provided and referred a portion to the Department of Environmental Protection |
| 21-082 | NF   | Concerns regarding the integrity of an MQA investigation by a Department employee  | Not Investigated – OGC aware of concerns   |
| 21-083 | RF   | Concerns regarding bullying, harassment, retaliation, and a hostile work environment by Department employees                                       | Referred to Management and HR  |
| 21-084 | MA   | Alleged discrimination, unprofessionalism, bullying, misuse of COVID-19 code for timesheets, and misuse of COVID-19 funds by a Department employee | Referred to Management   |
| 21-085 | RF   | Alleged a lack of response by a Board office to request for reactivation of licensure and suspicion of stolen application fees                     | Referred to MQA  |
| 21-086 | NF   | Alleged Probable Cause Panel was biased and did not see all evidence regarding a dentist complaint   | Not Investigated – No Jurisdiction   |
| 21-088 | RF   | Alleged mismanagement, misappropriation, harassment, and unfair termination being implementing by section chiefs                                   | Referred to Management   |
| 21-089 | RF   | Alleged a Department employee was rude and spreading false information regarding COVID-19 via Facebook   | Referred to Management   |
| 21-091 | NF   | Alleged improper protocols were followed during disciplinary case against the complainant’s license  | Not Investigated – After review, no identified violation of law, rule, or policy                             |
| 21-093 | NF   | Concerns regarding a health care practitioner and a Medical Board’s decision   | Not Investigated – No Jurisdiction   |

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| Number | Type | Allegation/Concern   | Disposition  |
|--------|------|--|--|
| 21-094 | NF   | Alleged negligence by Department employees for allowing a restaurant to continue with sanitary nuisances   | Not Investigated - Handled by Management   |
| 21-095 | NF   | Concerns regarding discrimination by a Department employee for refusing to allow a client in the building without a mask   | Not Investigated - Insufficient Information  |
| 21-096 | NF   | Alleged disclosure of medical information by management after a Baker Act  | Not Investigated - Handled by Management   |
| 21-097 | RF   | Alleged did not receive full salary owed by the Department, fired without given reason, and "stone-walled" by Department OIG   | Not Investigated - Complainant referred to Department of Financial Services (DFS)                  |
| 21-098 | NF   | Alleged receiving voicemails from someone claiming to be with the OIG  | Not Investigated – Information Provided  |
| 21-099 | RF   | Concerns regarding back-up of sewer system in prison facility  | Referred to DOC OIG  |
| 21-100 | NF   | Concerns regarding information contained in personnel file   | Not Investigated – No identified violation of law, rule, or policy                                 |
| 21-101 | NF   | Alleged unfair and discriminatory hiring practices and nepotism by Department employees  | Not Investigated - Insufficient Information  |
| 21-102 | NF   | Concerns regarding the process of obtaining COVID-19 vaccine   | Not Investigated – Information Provided  |
| 21-103 | RF   | Alleged hostile work environment, mismanagement, falsification of records, and discrimination by Department employees  | Referred to Management   |
| 21-104 | RF   | Alleged Department staff de-certified continuing education training courses in error   | Referred to Management   |
| 21-106 | RF   | Alleged Walgreens provided COVID-19 vaccinations to employees that do not meet phase one criteria  | Referred to U.S. Department of Health and Human Services   |
| 21-107 | NF   | Alleged lack of information on a CHD website to obtain COVID-19 vaccine  | Not Investigated – Information Provided  |
| 21-108 | NF   | Concerns regarding the process to obtain COVID-19 vaccine in Sumter County   | Not Investigated – Information Provided  |
| 21-109 | RF   | Alleged illegal handling of COVID-19 vaccines by a hospital for providing vaccines to those not covered under the Governor's Executive order   | Referred to the Agency for Health Care Administration (AHCA) and the Department of Education (DOE) |
| 21-111 | NF   | Concerns regarding the process to obtain the second dose of the COVID-19 vaccine in St. Lucie County   | Not Investigated – Information Provided  |
| 21-112 | NF   | Concerns regarding the process to obtain the second dose of the COVID-19 vaccine in St. Lucie County   | Not Investigated – Information Provided  |
| 21-113 | NF   | Concerns regarding the process to obtain COVID-19 vaccine  | Not Investigated – Information Provided  |
| 21-114 | NF   | Requested assistance in obtaining the COVID-19 vaccine in Manatee County   | Not Investigated – Information Provided  |
| 21-115 | NF   | Concerns regarding the process to obtain COVID-19 vaccine in Jackson County  | Not Investigated – Information Provided  |
| 21-116 | INA  | Alleged a Department employee fraudulently submitted statistical data into the Emergency Medical Services Tracking and Reporting System/National Emergency Medical Services Information System | After review, no law, rule, or policy violation found  |
| 21-118 | NF   | Concerns regarding the process to obtain COVID-19 vaccine in Sarasota County   | Not Investigated – Information Provided  |
| 21-119 | RF   | Alleged fraudulent unemployment claim from the Department of Economic Opportunity (DEO)  | Referred to DEO  |
| 21-120 | NF   | Alleged Board of Nursing Chairman denied request for continuance and Department staff did not provide copy of requested case file  | Not Investigated – No Jurisdiction and Insufficient Evidence                                       |
| 21-121 | NF   | Alleged lack of COVID-19 vaccine and proper response in Hernando County  | Not Investigated – Information Provided  |
| 21-122 | NF   | Concerns regarding COVID-19 vaccine registration for disabled citizens who do not meet phase one criteria  | Not Investigated – Information Provided  |
| 21-123 | RF   | Alleged there was not a disability accommodation while obtaining the COVID-19 vaccine in Broward County  | Referred to EOS  |
| 21-124 | NF   | Concerns regarding the COVID-19 vaccine registration system in Manatee County  | Not Investigated – No identified violation of law, rule, or policy. Information Provided           |
| 21-125 | NF   | Concerns regarding Argentine tourists providing false documentation to receive COVID-19 vaccine in Miami   | Not Investigated – No jurisdiction   |
| 21-126 | NF   | Alleged a former employee offered incentive to a current employee to license clients   | Not Investigated - Insufficient Information  |
| 21-127 | RF   | Alleged denial of accommodation request, withholding lifesaving drugs, and dismissal from federal program  | Referred to EOS and OGC  |
| 21-128 | NF   | Alleged violation of the Health Insurance Portability and Accountability Act (HIPAA) by a private physician  | Not Investigated – Handled by MQA  |

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| Number | Type | Allegation/Concern  | Disposition   |
|--------|------|---|---|
| 21-129 | NF   | Alleged COVID-19 vaccine allocation inequity in Charlotte County  | Not Investigated – No identified violation of law, rule, or policy                        |
| 21-130 | NF   | Concerns regarding the process to obtain COVID-19 vaccine in Osceola County   | Not Investigated – No identified violation of law, rule, or policy                        |
| 21-131 | NF   | Concerns regarding the COVID-19 vaccine registration system   | Not Investigated – No identified violation of law, rule, or policy. Information Provided  |
| 21-132 | NF   | Alleged doctor not following the mask mandate and kept advising clients to remove their masks during an office visit                                | Not Investigated – No Jurisdiction, Information Provided                                  |
| 21-133 | NF   | Alleged multiple instances of unprofessional conduct and false accusations by a Department employee   | Not Investigated – Withdrew Complaint   |
| 21-134 | NF   | Alleged difficulty in obtaining COVID-19 vaccine in Orange County   | Not Investigated – No identified violation of law, rule, or policy. Information Provided  |
| 21-136 | RF   | Alleged discriminatory practices regarding a COVID-19 vaccination site in Manatee County  | Referred to EOS and DEM   |
| 21-137 | NF   | Concerns regarding eligibility of the COVID-19 vaccine to a licensed social worker and failure of the Board to advocate for this profession         | Not Investigated – No identified violation of law, rule, or policy. Referred to MQA       |
| 21-138 | NF   | Concerns regarding COVID-19 vaccine protocol in Miami-Dade County   | Not Investigated – No jurisdiction  |
| 21-139 | RF   | Alleged deficiencies in accommodating the needs of the disabled as it pertains to COVID-19 vaccine  | Referred to EOS   |
| 21-140 | NF   | Concerns regarding unfair distribution of COVID-19 vaccines in Hillsborough County  | Not Investigated – No identified violation of law, rule, or policy. Information Provided. |
| 21-141 | NF   | Concerns regarding COVID-19 vaccine registration system in Pinellas County  | Not Investigated – Issue Resolved   |
| 21-142 | NF   | Alleged fraudulent doctors are examining people and writing prescriptions; billing Medicaid and Medicare for fake lab accounts; and stolen identity | Not Investigated - Insufficient Information   |
| 21-143 | RF   | Alleged COVID-19 exposure in Leon County Schools  | Referred to Management and DOE OIG  |
| 21-144 | RF   | Alleged difficulty in obtaining permits, including an OSTDS permit, for a remodel of a home   | Referred to Management  |
| 21-145 | RF   | Alleged poor management regarding staff dealing with COVID-19 testing and vaccines  | Referred to Management  |
| 21-146 | NF   | Alleged unequitable treatment by a Department employee  | Not Investigated – Insufficient Information   |
| 21-147 | NF   | Concerns regarding the scheduling and notification systems for COVID-19 vaccines  | Not Investigated – No identified violation of law, rule, or policy. Information Provided  |
| 21-148 | RF   | Alleged violation of federal and state regulations regarding professional conduct by a private physician  | Referred to MQA   |
| 21-149 | RF   | Concerns regarding mass email that was sent with personal information regarding COVID-19 vaccine appointments in Miami-Dade County                  | Referred to OGC and DEM OIG   |
| 21-150 | RF   | Alleged rejection of medical marijuana card due to inconsistent mailing and residence address listed on drivers license                             | Referred to Management  |
| 21-151 | NF   | Alleged substandard care by a private dentist   | Not Investigated – No Jurisdiction  |
| 21-152 | RF   | Alleged unlawful removal of child by DCF and alleges unlawful arrest by the Pinellas County Sheriff's Department                                    | Referred to DCF OIG   |
| 21-153 | RF   | Alleged OSTDS inspected by DOH-Volusia failed within weeks of occupancy   | Referred to Management  |
| 21-154 | RF   | Alleged racism by a manager that only hires and offers overtime to a certain ethnic group   | Referred to EOS   |
| 21-155 | RF   | Concerns regarding unpleasant experience while receiving COVID-19 vaccine in Palm Beach County  | Referred to DEM   |
| 21-156 | RF   | Concerns regarding unpleasant experience while receiving COVID-19 vaccine in Palm Beach County  | Referred to DEM   |
| 21-157 | RF   | Concerns regarding nurses working alone overnight, and substandard care by a Licensed Practical Nurse, at a rehabilitation center                   | Referred to MQA   |
| 21-158 | NF   | Concerns regarding inaccuracy of information in personnel file  | Not Investigated – No identified violation of law, rule, or policy. Information provided. |
| 21-159 | RF   | Alleged unequal treatment by DOH-Osceola supervisors regarding employee time tracking   | Referred to Management  |
| 21-160 | NF   | Alleged COVID-19 vaccine was given without proper permission in Escambia County   | Not Investigated – Insufficient Information   |

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|--------|------|---|--|
| 21-161 | NF   | Concerns regarding unpleasant experience while receiving COVID-19 vaccine in Miami-Dade County  | Not Investigated – No identified violation of law, rule, or policy                       |
| 21-162 | NF   | Alleged fraud, waste, and mismanagement of COVID-19 vaccines by diverting vaccines from a public event to a private community   | Not Investigated - Insufficient Information  |
| 21-163 | NF   | Alleged Department is orchestrating Medicare Prescription Drug Fraud by participation of local pharmacies due to identity theft and change of beneficiary   | Not Investigated - Insufficient Information  |
| 21-164 | RF   | Alleged a CHD provided incorrect information regarding OSTDS installation and retaliation   | Referred to Management   |
| 21-165 | RF   | Alleged a CHD provided health information to a second party   | Referred to Management   |
| 21-166 | NF   | Concerns regarding air quality at a jail facility, which is not compliant with the Health and Standards Air Quality Act   | Not Investigated – No Jurisdiction   |
| 21-169 | NF   | Alleged there is a criminal enterprise working inside the Department of Health and Human Services in Polk County  | Not Investigated - Insufficient Information  |
| 21-170 | NF   | Concerns regarding the COVID-19 vaccine registration system in Collier County   | Not Investigated – No identified violation of law, rule, or policy. Information Provided |
| 21-171 | RF   | Alleged a licensed health care practitioner falsified their non-US birth certificate and committed identity theft   | Referred to MQA  |
| 21-172 | RF   | Alleged a private physician performed an unauthorized procedure and falsified medical records   | Referred to MQA  |
| 21-173 | RF   | Concerns regarding falsification of records involving a city's water system   | Referred to Management   |
| 21-174 | RF   | Concerns regarding MQA-Enforcement accepting complaints sent on behalf of others and not verifying credibility  | Referred to MQA and OGC  |
| 21-175 | RF   | Alleged inadequate response to request for Florida Board of Medicine meeting minutes  | Referred to OGC  |
| 21-176 | RF   | Concerns regarding multiple complications by two vascular surgeons employed at a hospital   | Referred to MQA and AHCA   |
| 21-177 | NF   | Concerns regarding possible theft, removal of children, and public assistance fraud   | Not Investigated – No Jurisdiction   |
| 21-178 | RF   | Alleged a Department System Support Services Supervisor routinely hires un-qualified friends into highly technical positions  | Referred to Management   |
| 21-179 | RF   | Alleged falsification of a vital statistics record under false or fraudulent purposes   | Referred to Management   |
| 21-180 | NF   | Alleged PHI HIPAA violation at a doctor's office  | Not Investigated – No Jurisdiction   |
| 21-181 | NF   | Alleged unauthorized use of a physician's login credentials by staff at a hospital  | Not Investigated - Insufficient Information  |
| 21-182 | RF   | Alleged Department employee provided test results to a relative   | Referred to Management   |
| 21-183 | NF   | Concerns regarding DOH-Hendry failing to conduct inspection of an apartment that has mold, mildew, rat and roach infestation  | Not Investigated – No Jurisdiction   |
| 21-184 | NF   | Alleged fraud for allowing COVID-19 vaccines be given to tourists in Miami-Dade County  | Not Investigated – No Jurisdiction   |
| 21-185 | RF   | Concerns regarding HR and the Florida Retirement System's handling of an individual's benefits  | Referred to Management   |
| 21-186 | RF   | Alleged MQA investigator did not appropriately investigate complaint against physician  | Referred to Management   |
| 21-187 | RF   | Alleged an employee has Family and Medical Leave Act leave but is allowed to work from home eight hours a day based on race creating a hostile work environment for those not allowed to telework | Referred to EOS  |
| 21-188 | NF   | Alleged staff at a CHD inappropriately handled COVID-19 information   | Not Investigated – Complaint Withdrawn   |
| 21-189 | NF   | Alleged a Department representative made potentially misleading statements to the public and county policy makers   | Not Investigated – No identified violation of law, rule, or policy                       |
| 21-190 | RF   | Alleged work is distributed unfairly at a CHD based upon ethnicity  | Referred to EOS and Management   |
| 21-192 | RF   | Alleged conduct unbecoming a public employee  | Referred to Management   |
| 21-193 | RF   | Concerns regarding information provided at a Board of County Commissioners meeting, regarding COVID-19 vaccine and infertility  | Referred to Management   |
| 21-194 | RF   | Concerns regarding information presented at a Board of County Commissioners meeting   | Referred to Management   |
| 21-195 | RF   | Alleged improper medical care at a DOC facility   | Referred to DOC  |
| 21-196 | NF   | Concerns regarding the involvement of a CHD's partnership with a school superintendent at a press conference  | Not Investigated – Handled by Management   |
| 21-197 | RF   | Alleged HIPAA violation at a CHD  | Referred to Management   |

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|--------|------|--|---|
| 21-198 | RF   | Multiple allegations against Unite Health Care Insurance   | Referred to Office of Financial Regulation                                    |
| 21-199 | NF   | Concerns regarding DON instructing employee to report to work while the employee was on workers compensation   | Not Investigated – Insufficient Information                                   |
| 21-200 | NF   | Concerns regarding the community being affected by the odor of marijuana from a medical marijuana facility   | Not Investigated - Deferred to Management, who was already handling complaint |
| 21-201 | NF   | Alleged supervisor provided inaccurate information about an incident involving misplaced client confidential records and failed to discipline all personnel involved in another incident associated with a breach of PII | Not Investigated – Included in OIG case No. 21-105                            |
| 21-202 | RF   | Concerns regarding an email containing underaged pornography sent to a shared Department mailbox   | Referred to Office of Information Technology                                  |
| 21-203 | NF   | Alleged that the Department closed his allegations of malpractice against a dentist  | Not Investigated – No identified violation of law, rule, or policy            |
| 21-204 | NF   | Concerns regarding the inspection period and the issuance of an OSTDS Construction Approval notice after the onsite inspection   | Not Investigated – No identified violation of law, rule, or policy            |
| 21-205 | RF   | Alleged a hospital nurse disclosed PHI to family member without consent  | Referred to MQA   |
| 21-206 | NF   | Alleged an unknown Department employee has a conflict interest with a vendor   | Not Investigated – Insufficient Evidence                                      |
| 21-207 | NF   | Alleged dissemination of PII outside of the Department thru an unencrypted Excel spreadsheet   | Not Investigated – Handled by Management                                      |
| 21-208 | RF   | Alleged unprofessional conduct by a supervisor and another co-worker related to chat messages  | Referred to Management  |
| 21-209 | RF   | Alleged retaliation, discrimination, bias, racism, and unfair hiring practices at a CHD  | Referred to Management  |
| 21-210 | NF   | Concerns regarding the renewal application for a medical marijuana card and a hold by the company processing the payments  | Not Investigated – No identified violation of law, rule, or policy            |
| 21-211 | RF   | Alleged a county’s school children are required to wear masks all day, while administration takes their masks off whenever they please and try to mandate vaccinations   | Referred to Management  |
| 21-212 | NF   | Alleged undue pressure on a Department contractor by a Department employee to change language on a report  | Not Investigated – Insufficient Evidence                                      |
| 21-213 | NF   | Alleged fraudulent report of employee time and attendance, preselection of positions, and management disclosing test results   | Not Investigated - Insufficient Information                                   |
| 21-214 | RF   | Alleged the Board of Opticianry would not provide an application refund  | Referred to MQA   |
| 21-215 | NF   | Alleged licensed physicians trafficking controlled substances without conducting and documenting a full substance misuse history and physical exam   | Not Investigated – No Jurisdiction, Information Provided                      |
| 21-216 | RF   | Alleged competence and professionalism concerns relating to MQA  | Referred to OIG’s Audit Section   |
| 21-217 | RF   | Concerns regarding an email received from MQA concerning continuing education  | Referred to MQA   |
| 21-218 | NF   | Alleged National Provider Identifier number was stolen last year   | Not Investigated - No Jurisdiction, Information Provided                      |
| 21-219 | RF   | Concerns regarding qualifying questions for Department job openings  | Referred to Management  |

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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