Florida Department of Health

Office of Inspector General

ANNUAL REPORT

Fiscal Year ended June 30, 2025

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

FloridaHealth.gov

September 26, 2025

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, 2025. 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

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

MJB/akm
Enclosure

Florida Department of Health
Office of Inspector General
Annual Report FY 2024-25

INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

- Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- Conduct, supervise, or coordinate other activities carried out or financed by that state agency that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- Inform the agency head of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- Conduct periodic audits and evaluations of the agency's cybersecurity program for data, information, and information technology resources of the agency[1];
- Beginning October 1, 2021, and every three years thereafter, conduct a risk-based compliance audit of all Department contracts for the three preceding fiscal years (FY)[2];
- 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;

[1] Section 282.318(4)(g), F.S., Cybersecurity
[2] Section 287.136(2), F.S., Audit of Executed Contract Documents

- Receive complaints and coordinate all activities of the agency as required by the Whistle-blower's Act;
- 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, F.S., requires each Inspector General to prepare an annual report summarizing the activities of the office during the preceding FY because of these responsibilities. This report summarizes the activities and accomplishments of the Florida Department of Health's (Department, DOH) OIG for the 12-month period ending June 30, 2025.

MISSION, VISION, AND VALUES

The **mission** of the Department is:

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

The **vision** of the Department is:

> ***"To be the Healthiest State in the Nation."***

The **values** of the Department are:

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

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

ORGANIZATIONAL PROFILE

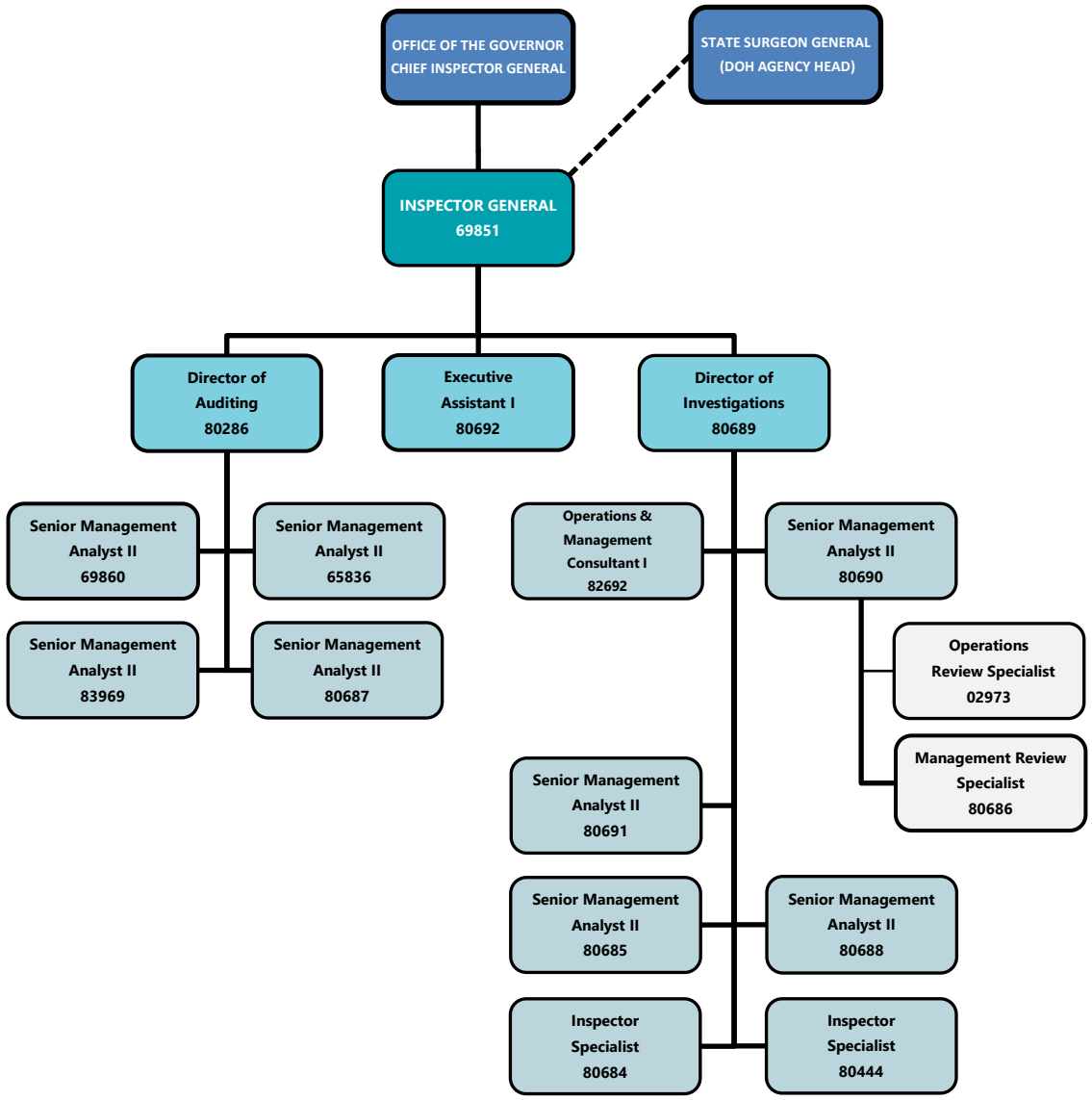
Staff Qualifications

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

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, 2025, four positions were vacant. The following statistics represent the 13 occupied positions:

- Many of the OIG staff members have specialty certifications that relate to specific job functions within the OIG. These certifications include:
  - 7 Certified Inspector General Investigators
  - 4 Florida Certified Contract Managers
  - 4 Certified Accreditation Managers
  - 3 Certified Accreditation Assessors
  - 2 Certified Internal Auditors
  - 2 Certified Inspectors General
  - 1 Certified Information Systems Auditor
  - 1 Certified Inspector General Auditor
  - 1 Certified Fraud Examiner
  - 1 Certified Government Auditing Professional
  - 1 Certified Child Welfare Investigator
- The Inspector General serves as a board member of the Florida Audit Forum.
- Staff within the OIG collectively have:
  - 63 years of Audit experience
  - 106 years of Investigative experience

Department of Health
Office of Inspector General
Organizational Chart
(as of June 30, 2025)



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), F.S., 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 also 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, Association of Certified Fraud Examiners (ACFE), the Association of Government Accountants, and the Information Systems Audit and Control Association.

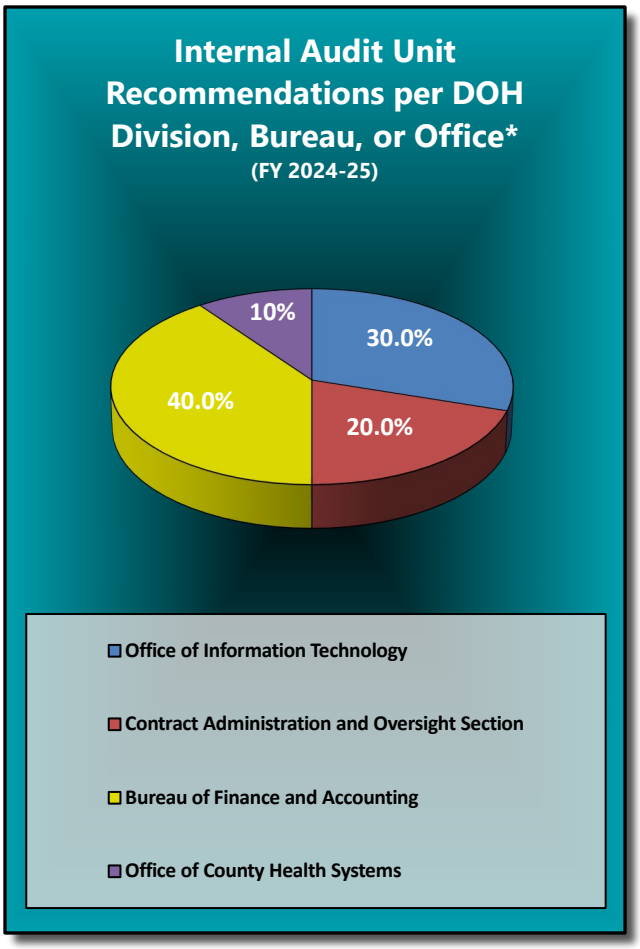
Some of the specific courses or conferences attended by staff during FY 2024-25 include:

- 2024 Tallahassee ACFE/IIA Joint Fraud Conference
- Auditing the Cybersecurity Program
- Certified Internal Audit Champion Program Parts 1-3
- Emerging Technologies in Accounting and Auditing Confirmation
- Detecting and Investigating Suspicious Privileged Account and Logon Activity: A Hands-on Approach
- Association of Inspectors General 2025 Winter Institute
- Harassment Prevention for US Managers in the Workplace
- The Art and Science of Communication
- Effective Team Communication

OIG FUNCTIONS

Internal Audit Unit

The Internal Audit 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. When necessary, the Internal Audit Unit also follows up on internal and external audits of the Department at six-month intervals until corrective actions are implemented to address any deficiencies noted.



*Based upon four published reports in FY 2024-25.

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 FY along with potential projects for the following two FYs.

Consulting engagements may also be performed by the OIG on an as needed basis or may be included in the three-year audit plan. These engagements provide independent advisory services to Department management for the administration of its programs, services, and contracting processes. Furthermore, the Internal Audit Unit may also perform 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.

2024-25 Accomplishments

The OIG completed two audit engagements and two review engagements engagement during FY 2024-25. A listing of all engagements completed during FY 2024-25 can be found in Appendix A. Summaries of each engagement can be found starting on page 13 of this report.

The OIG also continues to monitor progress of management actions taken to correct significant deficiencies noted in audit and review engagements. Additionally, the OIG serves as a coordinator for external audit projects related to various Department programs. More information concerning this can be found in Appendix B.

The OIG also initiated two engagements during FY 2024-25 that are planned to culminate during FY 2025-26.

Performance Criteria

Prior to January 2025, all audits and consulting engagements were 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. Beginning in January 2025, all audits and consulting engagements are now performed in accordance with the *Global Internal Audit Standards*, published by the Institute of Internal Auditors.

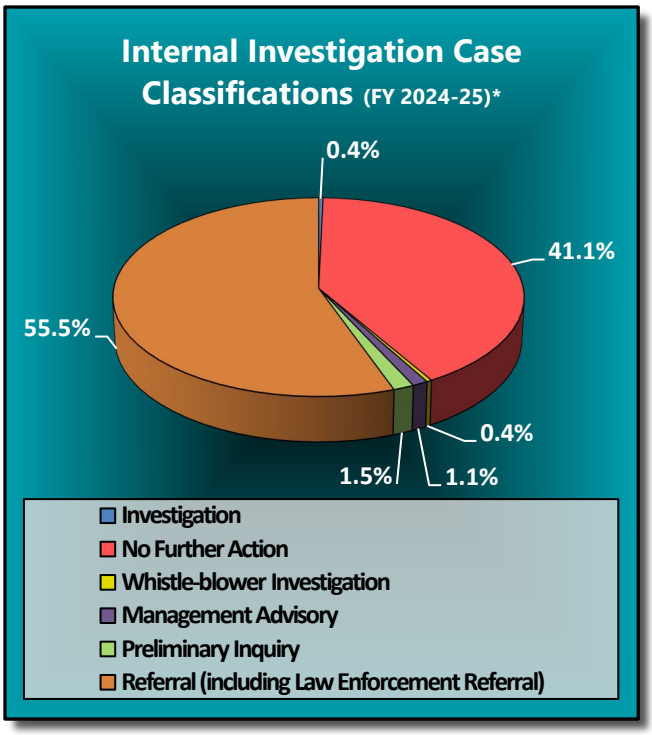
Audit and review engagements result in written reports of findings and recommendations, including responses by management. These reports are distributed internally to the State Surgeon General and affected program managers, the Executive Office of the Governor's Chief Inspector General, and to the Office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

Performance Measures

Performance measures are evaluated on an individual engagement basis. The Department's Long Range Performance Plan is reviewed to identify any applicable performance measures for the organizational unit under review. Identified performance measures are assessed and validated as part of the engagement work program.

Internal Investigations Unit

The OIG receives complaints related to Department employees, program functions, and contractors. The OIG reviews each complaint received to determine how the complaint should be handled. The following case classifications were utilized by the OIG during FY 2024-25:



*Based upon 265 complaints closed in FY 2024-25.

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

2024-25 Activity

The OIG closed 265 complaints during FY 2024-25. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during FY 2024-25 and their disposition can be found in Appendix C. Summaries of each investigation completed during FY 2024-25 can be found starting on page 19 of this report.

2024-25 Accomplishments

- Conducted a thorough review and set of revisions to the OIG Investigations Directives Manual including standard updates 3.02 (two hours of ethics training every two years) and 9.05 (follow-up requirements) to bring it into alignment with the newest version of 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") as well as accreditation standards through the Commission for Florida Law Enforcement Accreditation.
- Evaluated and completed 26 Whistle-blower's Act Determinations.
- Implemented a procedure to conduct follow-ups on Corrective Action Plans (CAP) for investigative reports at six months, 12 months, and 18 months following the receipt of a CAP or until the CAPs have been fully implemented. Conducted follow-ups on three cases in accordance with this schedule during the fiscal year.
- Advertised, interviewed, and filled our vacant Inspector Specialist position.
- Two Senior Investigators successfully completed the New Assessor Orientation Training through the Commission for Florida Law Enforcement Accreditation qualifying both as an Accreditation Assessors. One of the Senior Investigators also completed the Accreditation Manager training, qualifying them as an Accreditation Manager.

Performance Criteria

The OIG conducted all investigations in accordance with the Green Book.

Accreditation

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

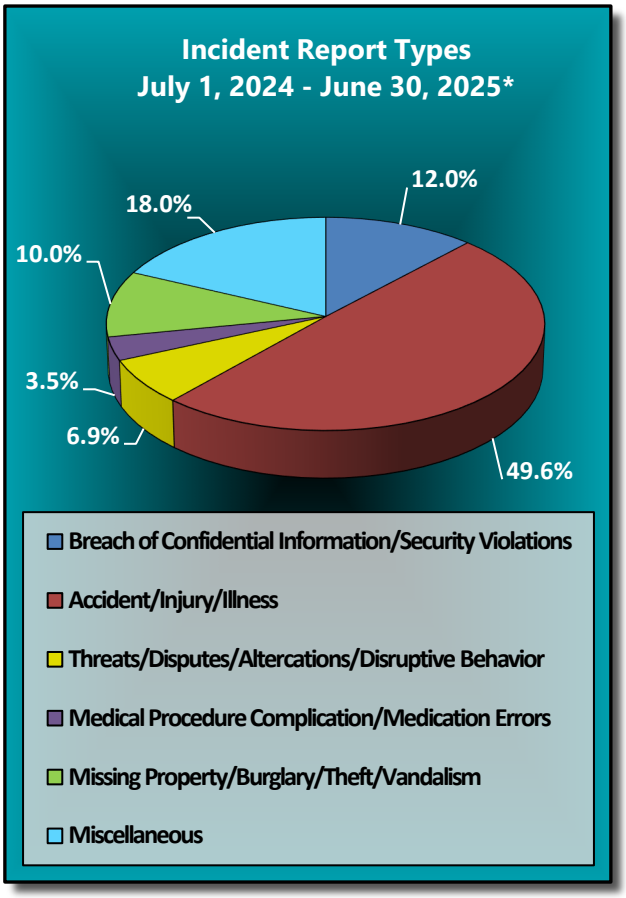
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the CFA, which in turn helps enhance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

The OIG most recently earned reaccreditation status on October 5, 2023, and is one of 24 accredited state agency Offices of Inspector General as of June 30, 2025.

Incident Reports

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

- Exposing Department employees or the public to unsafe or hazardous conditions or injury;
- Actions resulting in the destruction of state property;
- Disruptions to the normal course of a workday;
- Projecting the Department in an unfavorable manner;
- Actions 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 2,576 Incident Reports during FY 2024-25. Because each Incident Report may identify more than one incident type, the chart above is reflective of 3,071 incident types identified during FY

While the Incident Report process is a Department-wide function, the Department's current electronic Incident Report system has been maintained by the OIG since its inception in November 2018. Additionally, DOH Policy (DOHP) 3-1, governing the Incident Report process, is owned and maintained by the OIG.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL AUDIT UNIT

AUDIT SUMMARY

The following is a summary of internal audits completed during FY 2024-2025.

REPORT # A-2425-001
The Department of Health's Cybersecurity Asset Management

The OIG conducted an independent evaluation of the Department's cybersecurity policies, procedures, activities, and processes related to asset management.

The report was classified as exempt from public disclosure in accordance with section 282.318(4)(g), F.S.

REPORT # A-2425-002
Enterprise-Wide Compliance Audit of the Department's Contracts

The OIG conducted an independent evaluation of the Department of Health's compliance with Chapter 287, F.S., and other applicable procurement regulations as it relates to the overall contracting process, including standard two-party agreements, three or more party agreements, revenue agreements, purchase orders, renewals, and master agreements executed for FYs 2021-2022 through 2023-2024. The audit also included an evaluation of any trends in vendor preference.

SUMMARY OF FINDINGS

- The Department does not have a centralized point of accountability to ensure the Florida Accountability Contract Tracking System (FACTS) is updated timely and accurately.
- Two procured contracts were not in compliance with requirements found in F.S.

RECOMMENDATIONS

The OIG recommended:

- The Contract Administration and Oversight Section continue to improve its contract tracking methodology by identifying a Department entity that should be responsible for monitoring

efforts to ensure contract information is accurately and timely posted in FACTS, in accordance with the Transparency Florida Act[3].

- The Contract Administration and Oversight Section develop an oversight and/or review process to ensure all contracts are procured in accordance with F.S.

[3] Section 215.985(14), F.S.

OTHER PROJECTS

The following is a summary of other projects completed during FY 2024-25.

REPORT # R-2324-004
Central Office's Travel Reimbursement Process

The OIG evaluated the Department's current policies, procedures, and processes for reviewing and approving travel reimbursement requests by the Department's Bureau of Finance and Accounting and determine if the applicable policies, procedures, and processes were consistently followed.

SUMMARY OF FINDINGS

- Some travel reimbursement requests were reviewed and approved by the Department's Bureau of Finance and Accounting based upon inconsistent supporting documentation.

- Travel return date and time was not always accurately reported in the Statewide Travel Management System (STMS), resulting in potential travel reimbursement overpayments.

RECOMMENDATIONS

The OIG recommended the Department's Bureau of Finance and Accounting:

- Continue efforts that enhance the review of travel reimbursement requests and address inconsistencies between the documented guidance and the STMS Rejection Form.
- Ensure travel reimbursement requests are consistently reviewed and approved in compliance with applicable Department policies and procedures; and the Department of Financial Services *Reference Guide for State Expenditures*.
- Communicate with the Department of Management Services and discuss how scenarios involving the return of a rental vehicle or other related business expense that occurs after the reported date and time travel officially ends should be recorded in STMS to help ensure accurate travel reimbursement payments.
- Consider updating DOHP 56-37-22, *Travel,* language to emphasize when a travel period is to be considered ended and that any expenses incurring after travel has ended may be the responsibility of the traveler.

REPORT # R-2324-005
Review of General Controls at County Health Departments - 2024

The OIG visited and reviewed 13 CHDs between April and August 2024 to analyze selected controls and requirements related to server room security and environmental controls; system access to information resources; information technology resource management; disaster recovery; cash controls; purchasing; pharmaceuticals; security of safety paper; client incentives; biomedical waste policy; patient privacy rights; retention, archiving, and disposition of records; building safety and physical security; storage buildings; and panic button(s).

SUMMARY OF FINDINGS

- Various general controls were found to be deficient or non-existent within the 13 CHDs visited. They included:
  - Four CHDs listed individuals on the access control list that did not match the authorized key distribution documentation.
  - Five CHDs did not maintain documentation to support that CHDs routinely reviewed records of information system activity, such as system audit and security logs.
  - Four CHDs did not maintain documentation to support that CHDs conducted physical security reviews at least annually.
  - Two CHDs did not properly store pharmaceuticals.
  - Two CHDs did not return unclaimed client-specific filled prescriptions to the Bureau of Public Health Pharmacy (BPHP) within 90 days.
  - Two CHDs had expired drugs that were available for dispensing to clients.
  - Four CHDs did not have a minimum of two personnel to verify shipment and certify receipt of pharmaceuticals.
  - Four CHDs did not maintain segregation of duties among ordering, receiving, handling, prescribing, and dispensing pharmaceuticals roles within the CHD.
  - Four CHDs did not maintain documentation to support a timely review of access privileges across all information systems was conducted using the User System Access Review (USAR).
  - Three CHDs had computers which displayed unsecured client Personally Identifiable Information and/or Protected Health Information on computer screens visible to the public.
  - Two CHDs did not maintain documentation to support a quarterly review was conducted of all registered users with access to Department systems which store social security numbers.
  - Two CHDs used sign-in logs requesting clients provide data of birth.
  - Two CHDs left keys to cash boxes unattended and accessible by others.
  - Four CHDs did not change combinations/keys to safes/cabinets when staff with access leave the CHD or change roles where access is no longer authorized.
  - Two CHDs did not have a mail opener independent of the cash collection process.

- Two CHDs did not deposit monetary collections by the close of business the next business day.
- Two CHDs did not have sufficient segregation of duties among purchasing, receiving, and accounts payable roles within the CHD.

RECOMMENDATION

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

SUMMARY OF CORRECTIVE ACTIONS OUTSTANDING

Section 20.055(8)(c)4, F.S., requires the identification of each significant recommendation described in previous annual reports on which corrective action has not been completed. As of June 30, 2025, the following corrective actions were still outstanding:

REPORT # A-2223-008
Bureau of Early Steps and Newborn Screening

The OIG reviewed contracts managed by the Bureau of Early Steps and Newborn Screening, to determine if appropriate contract management requirements had been performed and if the selected deliverables were in compliance with applicable laws and Department policies and procedures.

SUMMARY OF FINDINGS

- Selected contract goals and deliverables could not be accurately evaluated due to limited information.
- Contract monitoring was inadequate.
- Contract file supervisory reviews were not conducted within specified time frames as required by Department policy.

RECOMMENDATIONS

The OIG recommended the Bureau of Early Steps and Newborn Screening management:

- Continue with efforts to implement a new reporting system such that providers will have the ability to accurately report the number of eligible children receiving early intervention or developmental surveillance services each month.
- Ensure all invoices for current and future contracts comply with contract requirements, and deliverables are completed in the time and manner specified by the contract, prior to approval for payment.
- Ensure its contract managers are trained and accurately apply financial consequences, as required by state law and as defined in each applicable contract, where contracting entities do not comply with agreed-upon contract requirements.
- Take appropriate steps to ensure contract file supervisory reviews are adequately and timely performed in compliance with DOHP 250-14-19, *Contractual Services*.

SUMMARY OF MAJOR ACTIVITIES: INTERNAL INVESTIGATIONS UNIT

The following is a sampling of various FY 2024-25 investigation summaries. For a complete listing of all investigative activity, refer to Appendix C.

INVESTIGATION # 21-087

Alleged Violation of Laws, Rules, and/or Department Policy
Division of Community Health Promotion

This investigation was initiated based on a whistle-blower (Complainant) complaint alleging violations of law, rules, and/or Department Policy by two Department contractor managers (Subjects #1 and #2).

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

Allegation #1: Subject #1 falsified expenditures and/or the quantity and costs of services and commodities provided under the contract and reported the false information to the Department for reimbursement. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #2: Subject #2 was a knowing participant in Subject #1's effort to falsify expenditures and/or the quantity and costs of services and commodities that the contractor provided under the contract and their reporting of the false information to the Department for reimbursement. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #3: Subject #1 falsely reported to the Department that 100% of the services provided by Subject #2 were for the contract although nearly all their work was for other for-profit organizations owned by Subject #1 or Subject #2. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #4: Subject #1 miscalculated the percentage of the building occupied by the contractor and profited from subleasing the remaining office space. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #5: Subject #1 violated the contract's provision against self-referrals by their improper involvement with a company. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #6: Subject #1 inappropriately included two family members in the contractors group insurance plan. The allegation was **unfounded**. Based on analysis of the available evidence, the alleged conduct, as described by the Complainant, did not occur.

RECOMMENDATIONS

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

Although none of the allegations were substantiated, the OIG identified several areas of concern. The contract did not:

- Include a minimum number of deliverables to be provided.
- Adequately define what qualified as an allowable expense so that the contract manager could confidently identify unallowable expenses that should be excluded from monthly reimbursement payment to the contractor.
- Require sufficient documentation of the time staff spent working on the contract versus other projects.
- Sufficiently address the issue of self-dealing in the absence of any other governing directives.

While the contract with the contractor was terminated, and the contractor voluntarily dissolved, the OIG recommended that the applicable Department Program Office consider addressing the above concerns in future contracts.

INVESTIGATION # 23-009

Alleged Violation of Laws, Rules, and/or Department Policy; Theft and Forgery Department of Health in Orange County (DOH-Orange)

This investigation was initiated based on the OIG receiving a complaint from a DOH-Orange employee (Complainant) alleging another DOH-Orange employee (Subject) misplaced or stole certificates and forged signatures on Department forms.

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

Allegation #1: Subject misplaced or stole 20 certificates valued at $25 each. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Allegation #2: Subject forged the Complainant's signature on a Transferred Items Form. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

RECOMMENDATIONS

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

The OIG also recommended the following specific actions:

- The Bureau of General Services Management consider changes to DOHP 250-18-18, *Client Incentives and Promotional Items (Client Incentives and Promotional Items Policy)*, that would require the Department to obtain incentive items with monetary value from vendors that have the capability to monitor the activity of each item and void/cancel items in instances where they are lost or stolen.
- DOH-Orange Management review the *Client Incentives and Promotional Items Policy* to determine whether additional local safeguards would be appropriate to ensure the security of client incentives. This may include the written acknowledgement of certificate transfers between each Department staff member involved in the process.

OTHER OIG ACTIVITIES

COORDINATION WITH EXTERNAL AUDITING ENTITIES

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

When required, the OIG assigns any P&T findings to the appropriate persons within the Department for written response and preliminary corrective action plans. The Department's response is compiled and provided to the auditors with a cover letter, signed by the State Surgeon General, usually for inclusion in their published audit. Subsequently, the OIG tracks progress on corrective action at six-month intervals until corrective actions are completed. The OIG may also 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 FY 2024-25.

APPENDICES

APPENDIX A

Department of Health
Office of Inspector General
Completed Internal Audit Unit Engagements for FY 2024-25

Number	Audit Engagements	Date Issued
A-2425-001	*Department's Cybersecurity Asset Management*	May 30, 2025
A-2425-002	*Enterprise-Wide Compliance Audit of the Department's Contracts*	June 3, 2025

Number	Other Engagements	Date Issued
R-2324-004	*Central Office's Travel Reimbursement Process*	February 21, 2025
R-2324-005	*Review of General Controls at CHDs – 2024*	March 7, 2025

APPENDIX B

Department of Health
Office of Inspector General
External Projects Coordinated by the OIG for FY 2024-25 [4]

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	**Subject**	**Report Date**
2025-162	*Statewide Federal Awards – June 30, 2024*	March 28, 2025
2025-201	*County Health Department Expenditures, Selected Administrative Activities, and Prior Audit Follow-Up*	June 5, 2025

U.S. Department of Health and Human Services, Office of Inspector General		
Number	**Subject**	**Report Date**
A-02-23-02008	*Florida Generally Used CDC Public Health Crisis Response Cooperative Agreement Program Funds in Accordance With Federal Requirements*	February 27, 2025

[4] 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 2024-25

Number	Type	Allegation/Concern	Disposition
21-087	WB	Alleged fraudulent activities by a Department of Health (DOH) contracted entity	5-Unsubstantiated 1-Unfounded
23-009	IN	Alleged misplacement or theft of gift certificates by DOH employee	2-Unsubstantiated
23-144	PI	Alleged DOH vendor in violation of state contract	Not Investigated - Investigated by External Entities
24-106	NF	Alleged inappropriate medical care and false reporting by a medical practitioner	Not Investigated - No Jurisdiction; Information Provided
24-107	MA	Alleged unauthorized fees charged by a county health department (CHD)	Referred to Management
24-123	RF	Alleged hostile work environment by a DOH supervisor	Referred to Management
24-136	RF	Concerns regarding a defective lift station and sewage on ground	Referred to CHD
24-147	RF	Alleged lack of communication and improper review of a complaint by a DOH employee	Referred to Management
24-168	RF	Alleged hostile work environment by DOH employees	Referred to Management
24-175	RF	Alleged retaliation, negligence, and violations of attendance and leave policy by a DOH manager	Referred to Management
24-182	MA	Alleged falsification of records in a DOH system by an employee of a DOH contracted entity	Referred to Management
24-191	RF	Concerns of medical privacy breach by a private physician	Referred to Division of Medical Quality Assurance (MQA)
24-193	PI	Alleged hostile work environment created by administrator, bullying	Referred to Deputy Secretary for County Health Systems (CHS)
24-200	RF	Alleged unprofessionalism and hostile work environment by a supervisor	Referred to Management
24-205	RF	Concerns of a potential conflict of interest by a DOH employee with a DOH vendor	Referred to Management
24-208	RF	Concerns of negligent handling of a practitioner complaint	Referred to Management
24-213	RF	Alleged illegal change to a birth certificate	Referred to the Bureau of Vital Statistics
24-217	NF	Concerns of fraudulent activity by a DOH employee	Not Investigated - Addressed by Management
24-219	NF	Alleged falsification of records and misconduct by an employee	Not Investigated - Insufficient Information
24-221	RF	Concerns of inaction by DOH regarding an application for an Environmental Health (EH) certification	Referred to Management
24-226	NF	Concerns about medication prescribed and care provided by DOH and hospital medical staff	Not Investigated - No identified violation of law, rule, or policy by DOH; Information Provided
24-227	RF	Concerns with inappropriate medical care and collusion between private medical practice and attorney	Referred to MQA; Information Provided
25-001	NF	Alleged conflict of interest, ethics violations, and a failure to recuse by board members	Not Investigated - No Jurisdiction; Information Provided
25-002	NF	Alleged insufficient medical care for elderly relative by private practitioners	Not Investigated - No Jurisdiction; Information Provided
25-003	RF	Concerns with the medical treatment provided by a hospital	Referred to Agency for Health Care Administration (AHCA)
25-004	NF	Concerns with the outcome and lack of information related to investigations against private health care practitioners	Not Investigated - No identified violation of law, rule, or policy
25-005	RF	Concerns regarding termination of contract by CHD	Referred to Management
25-006	RF	Alleged neglect of duty and inappropriate conduct by staff at a CHD	Referred to Management
25-007	RF	Alleged aggressive and hostile behavior by a DOH employee	Referred to Management
25-008	RF	Alleged harassment and retaliation by DOH supervisor and other managers	Referred to CHD
25-009	NF	Alleged safety and ethical violations, retaliation, and abuse by a private physician	Not Investigated - No Jurisdiction; Information Provided

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

Number	Type	Allegation/Concern	Disposition
25-010	RF	Concerns with the actions of DOH staff regarding a lost package	Referred to Management and DOH Bureau of General Services
25-011	RF	Concerns regarding a Medicaid Managed Health Plan and appeal process	Referred to AHCA Office of Inspector General (OIG)
25-012	NF	Alleged denial of health services, discrimination and neglect by a private therapy center	Not Investigated - No Jurisdiction; Information Provided
25-013	NF	Report that a DOH employee's information was changed on a state account by an unknown actor without authorization	Not Investigated - Insufficient Information
25-014	NF	Alleged concerns regarding DOH employees' behavior and negligence by management	Not Investigated - Insufficient Information
25-015	RF	Alleged privacy rights violations and substandard care at a correctional facility	Referred to MQA and Florida Department of Corrections (DOC) OIG
25-016	NF	Alleged unjust and improper behavior by DOH managers	Not Investigated - Complaint Withdrawn
25-017	RF	Alleged unjust termination, hostile work environment, and negligence by a DOH supervisor	Referred to CHD
25-018	NF	Concerns related to the care provided to a relative at a hospital	Not Investigated - No Jurisdiction; Information Provided
25-019	RF	Alleged inappropriate behavior by a DOH employee	Referred to Management
25-020	RF	Alleged hostile work environment by a DOH supervisor	Referred to Management
25-021	RF	Alleged harassment, retaliation, and discrimination by DOH managers	Referred to Management and Equal Opportunity Section (EOS)
25-022	NF	Concerns regarding conditions, lack of proper treatment of patients at a senior living facility	Not Investigated - No Jurisdiction; Information Provided
25-023	NF	Alleged rude conduct, lying about work-related issues, and lack of communication by a DOH employee	Not Investigated - Insufficient Information
25-024	RF	Alleged failure to properly communicate by a DOH employee handling a disability claim	Referred to Management
25-025	NF	Concerns regarding difficulty with license application process	Not Investigated - Matter Resolved
25-026	NF	Alleged fraudulent billing by a private medical practice for services not rendered	Not Investigated - No Jurisdiction; Information Provided
25-027	RF	Concerns of response to record request and request for Americans with Disability Act (ADA) accommodation	Referred to the Office of General Counsel (OGC) and EOS
25-029	RF	Alleged concerns with septic system and other matters related to a private school	Referred to CHD
25-030	RF	Concerns with the lengthy process from a DOH office to obtain medication and the renewal of applications	Referred to DOH OIG Internal Audit Unit
25-031	NF	Alleged hostile work environment by DOH manager	Not Investigated - Insufficient Evidence
25-032	RF	Concerns of unprofessionalism by a DOH employee	Referred to Management
25-034	NF	Concerns of improper personnel practices at a CHD	Not Investigated - Insufficient information to identify a potential violation
25-035	MA	Alleged DOH staff supporting a public board failed to follow public board meeting requirements	Referred to Management
25-036	NF	Concerns with a private dentist and billing issues	Not Investigated - No Jurisdiction
25-037	RF	Alleged disclosure of confidential information by employee of a DOH contracted entity	Referred to Management
25-038	RF	Concerns of mistakes and incompetence by the Department of Children and Families (DCF) and DOH resulting in unfavorable child custody outcome	Referred DOH concerns to Management - In Litigation
25-039	RF	Concerns regarding deplorable conditions of a nursing home	Referred to AHCA OIG
25-040	NF	Concerns of substandard care and failure to release records by a doctor's office	Not Investigated - Addressed by MQA
25-041	NF	Concerns of unprofessional conduct by DOH employees	Not Investigated - Insufficient Evidence
25-042	NF	Concerns of micromanagement and unwarranted discipline by a DOH supervisor	Not Investigated - Insufficient Information
25-043	RF	Alleged lack of communication and delay in processing an EH permit	Referred to Management
25-044	RF	Alleged miscommunication, conflict of interest, and substandard care by a practitioner at a DOH contracted entity	Referred to MQA
25-045	PI	Alleged purchasing violations by DOH employees and a DOH supervisor	Referred to Management
25-046	NF	Concerns regarding handling of malpractice complaint against a private practitioner and inability to appeal decision	Not Investigated - No identified violation of law, rule, or policy
25-048	RF	Concerns regarding the prescribing of drugs by a private physician	Referred to MQA

Legend			
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Number	Type	Allegation/Concern	Disposition
25-049	RF	Concerns of substandard treatment of clients at a private clinical laboratory	Referred to AHCA OIG
25-050	RF	Alleged unprofessional conduct by DOH supervisor	Referred to Management
25-051	RF	Alleged falsification of hearing records by a DOH employee	Referred to Management
25-052	NF	Alleged unfair treatment by DOH supervisors for flex schedule and medical appointment leave requests	Not Investigated - Insufficient information to identify a potential violation
25-053	NF	Concerns with delay in obtaining a practitioner license	Not Investigated - Matter Resolved
25-054	NF	Concerns regarding personnel and purchasing practices, and unprofessionalism by a DOH manager	Not Investigated - – Management already aware; Deferred to CHS
25-055	NF	Alleged unfair refusal to be considered for a position by DOH management	Not Investigated - Insufficient information to identify a potential violation
25-056	RF	Alleged inappropriate behavior by DOH employee	Referred to Management
25-057	RF	Concern regarding a health insurance company obtaining inmates' health information	Referred to Department of Financial Services (DFS) OIG
25-058	RF	Alleged misallocation of resources and unethical practices for psychological services in a public school district	Referred to Department of Education (DOE) OIG; Information Provided
25-059	NF	Concerns of denial of healthcare, court matter related to DCF, and lack of food stamps	Not Investigated - Insufficient Information
25-060	RF	Concerns of misleading advertisement of services, lack of qualified providers, and hygiene issues at an educational facility	Referred to CHD; Information Provided
25-062	NF	Concerns with attempted alteration to communication equipment and failure to follow court orders by DOH	Not Investigated - No Jurisdiction
25-063	RF	Alleged neglect and mistreatment of patient at a nursing home	Referred to MQA and AHCA
25-064	NF	Concerns of a hostile work environment at a CHD	Consolidated with a separate case
25-065	NF	Concerns with outcome of a practitioner complaint investigation	Not Investigated - No identified violation of law, rule, or policy
25-066	RF	Concerns of unfair hiring practices, discrimination, defamation, and inappropriate comments by a DOH supervisor	Referred to EOS
25-067	NF	Concerns with phenobarbital poison in drinking water	Not Investigated - No Jurisdiction; Information Provided
25-068	NF	Concerns regarding living conditions at rental property	Not Investigated - No Jurisdiction; Information Provided
25-069	RF	Concerns with the school health services provided by the school district	Referred to CHD
25-070	RF	Alleged inappropriate conduct and lack of response by DOH employees regarding grievance	Referred to Management and AHCA OIG
25-071	RF	Concerns/request for clarification regarding censorship of political advertisements	Referred to Office of Communications (OOC)
25-072	NF	Concerns of purchasing violations and misuse of position by a DOH manager	Not Investigated - Duplicate Allegations; Consolidated with a separate case
25-073	RF	Concerns regarding Health Insurance Portability and Accountability Act (HIPAA) violations and misuse of position by a DOH employee	Referred to CHS; Information Provided
25-074	NF	Alleged mishandling of a practitioner complaint investigation by DOH	Not Investigated - Practitioner has due process rights pursuant to Chapter 120, F.S.; Information Provided
25-075	NF	Concerns with receiving unsolicited emails from DOH	Not Investigated - Insufficient Evidence
25-076	RF	Concerns of sanitation issues at a RV resort	Referred to CHD
25-077	NF	Concerns with a non-DOH employee making threats and a lack of response to his complaints	Not Investigated - No Jurisdiction; No identified violation of law, rule, or policy
25-078	RF	Concerns of unprofessional conduct by a DOH employee	Referred to Management; Information Provided
25-079	RF	Alleged DOH employee's social media post indicated the acceptance of a monetary donation from a licensee on behalf of a foundation	Referred to Management
25-080	RF	Alleged lack of communication and neglect of duty by DOH employee	Referred to Management
25-081	RF	Concerns regarding improper protocols and toxic work environment by a DOH supervisor	Referred to Management
25-082	RF	Alleged unprofessional conduct by a DOH supervisor	Referred to Management
25-083	NF	Concerns with EH and building permits and a request for records	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
25-084	NF	Alleged hostile work environment and unprofessional conduct by a DOH Manager	Consolidated with a separate case
25-085	NF	Concerns with actions of a DOH manager related to personnel matter	Not Investigated - Insufficient Information

Legend			
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Number	Type	Allegation/Concern	Disposition
25-086	NF	Concerns with potential new location for a medical marijuana facility	Not Investigated - No Jurisdiction; Complaint previously submitted to the Office of Medical Marijuana Use (OMMU)
25-087	RF	Concerns regarding termination of program services to a minor	Referred to Management
25-088	NF	Alleged hostile work environment	Not Investigated - Consolidated with a separate case
25-089	RF	Concerns with the guidance of DOH Leadership	Referred to OOC
25-090	NF	Alleged failure of due diligence regarding an impaired practitioner	Not Investigated - Insufficient Information
25-091	NF	Concerns with lack of communication regarding the status of a practitioner complaint and possible undue influence by a panel member	Not Investigated - Insufficient Information
25-092	RF	Alleged verbal abuse by private physician	Referred to MQA
25-093	RF	Concerns regarding the misuse of information to receive government benefits by a private individual	Referred to DCF OIG
25-094	RF	Concerns of fraudulent activity by a home health agency	Referred to AHCA OIG
25-095	RF	Concerns of a hospital ignoring medical records request	Referred to AHCA OIG
25-096	NF	Concerns of unprofessional and aggressive behavior by a DOH employee	Not Investigated – Management already aware; Deferred to Management
25-097	RF	Concerned a DOH program is withholding money and not properly processing a case file	Referred to Management
25-098	RF	Alleged toxic work environment by a DOH manager	Referred to Management and EOS
25-099	NF	Alleged inappropriate conduct by a DOH employee	Not Investigated - Complaint Withdrawn
25-100	NF	Concerned with the medical treatment by medical staff at a hospital	Not Investigated - No Jurisdiction; Information Provided
25-101	NF	Alleged harassment by a DOH supervisor	Not Investigated - Insufficient Information
25-102	RF	Concerns related to inability to reach staff at DOH program	Referred to Management
25-103	NF	Alleged misdiagnosis, failure to provide necessary treatments, and neglect of medical needs by private practitioners along with inappropriate conduct by an appointed guardian	Not Investigated - No Jurisdiction; Information Provided
25-106	RF	Concerns of unprofessional conduct by DOH supervisors	Referred to Management
25-107	RF	Concerns by DOH employee of being disallowed to return to work with accommodations and retaliation	Referred to EOS; Information Provided
25-108	NF	Alleged unprofessional conduct, retaliation and lack of transparency in hiring process by a DOH manager	Not Investigated - Insufficient Information
25-109	RF	Concerns of length of process, loss of records, and lack of response by staff with a DOH division regarding a disability determination	Referred to Management
25-110	RF	Alleged deletion of vaccine record from system at a CHD	Referred to Management
25-111	RF	Alleged failure to comply with licensure application requirements and lack of communication by DOH staff	Referred to Management
25-112	NF	Concerns regarding unfair personnel decisions and inefficiency of upper management	Not Investigated - Insufficient Information
25-113	NF	Alleged difficulties obtaining records of a minor from a private practitioner and inappropriate handling of complaint by DOH employees	Not Investigated - Insufficient information to identify a potential violation
25-114	NF	Concerns regarding a lack of communication related to a practitioner complaint	Not Investigated - No identified violation of law, rule, or policy; Information Provided
25-115	NF	Concerns with a dentist office and the handling of complaint by DOH	Not Investigated - Insufficient information to identify a potential violation
25-116	PI	Alleged misconduct by a DOH manager	Referred to Management
25-117	NF	Alleged violation of patient rights by a private physician	Not Investigated - No Jurisdiction; Information Provided
25-118	RF	Concerns with the actions of a medical professional and HIPAA violation	Referred to MQA; Information Provided
25-119	RF	Alleged failure to follow contractual duty by board/vendor regarding renewal of license	Referred to MQA
25-120	RF	Concerns that DOH supervisors were not qualified to supervise specific staff	Referred to Management
25-121	NF	Alleged ongoing harassment due to a "mechanism" installed in the ventilation system in certain DOH offices	Not Investigated – EOS already aware; Deferred to EOS
25-122	NF	Concerns regarding difficulties and delays obtaining appropriate permits for vending machine business	Not Investigated - Insufficient Information to determine jurisdiction

Legend			
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Number	Type	Allegation/Concern	Disposition
25-123	RF	Concerns with the delay in processing license renewal documentation and the lack of communication by DOH	Referred to Management
25-124	RF	Concerns with lack of communication from DOH regarding licensure application	Referred to Management
25-125	RF	Concerns with lack of communication by DOH staff	Referred to Management
25-127	RF	Concerns about the lack of professionalism and assistance by executive staff at local DOH office	Referred to Management; Information Provided
25-128	NF	Alleged possible violation of regulations regarding licensure application process	Not Investigated - Insufficient information to identify a potential violation
25-130	RF	Alleged delay in wages by an entity that subcontracts with a DOH contractor	Referred to Program
25-131	RF	Alleged inappropriate comments and failure to provide workplace accommodation by DOH supervisor	Referred to Management
25-132	NF	Concerns with DOH withholding access to medication and failing to comply with regulations	Not Investigated – Management already aware; Deferred to Management
25-133	NF	Alleged potential misconduct or procedural violations by DOH employee in the investigation of a practitioner complaint	Not Investigated - Insufficient information to identify a potential violation
25-134	RF	Alleged possible breach of Baker Act protocol and a violation of health information security by a hospital	Referred to AHCA OIG; Information Provided
25-135	RF	Alleged improper review of practitioner complaint and additional documentation by DOH staff	Referred to Management
25-136	RF	Concerns with intimidating conduct and potential HIPAA violations by a DOH supervisor	Referred to CHS
25-137	RF	Alleged EH inspector exceeded authority	Referred to Management
25-138	NF	Concerns of a hostile work environment by a DOH supervisor	Not Investigated - No identified violation of law, rule, or policy; Information Provided
25-140	NF	Concerns regarding the revocation of a nursing license	Not Investigated - Insufficient Information
25-141	NF	Alleged unlawful disclosure of protected medical information by DOH related to a licensure complaint	Not Investigated; Information Provided
25-142	NF	Concerns regarding severe mold and mildew issues in an apartment	Not Investigated - No Jurisdiction; Information Provided
25-143	NF	Concerns regarding the handling of a practitioner complaint by DOH	Not Investigated - Insufficient information to identify a potential violation
25-144	RF	Alleged unprofessional conduct by a DOH inspector during school inspection	Referred to Management
25-145	RF	Alleged inappropriate conduct by a DOH employee	Referred to Management
25-146	RF	Concerns with the care and treatment provided by a hospital and hospice agency	Referred to AHCA OIG
25-147	RF	Alleged unprofessional behavior by a DOH supervisor	Referred to Management
25-148	NF	Alleged DOH employee used improper legal language to close practitioner complaint	Not Investigated - No identified violation of law, rule, or policy
25-149	RF	Alleged school health nurse disregarded mother's instructions regarding child's medication	Referred to MQA
25-151	NF	Concerns of misconduct by a medical professional	Not Investigated - No Jurisdiction; Information Provided
25-152	RF	Alleged inappropriate handling of a continuing disability review	Referred to Management
25-154	RF	Alleged medical provider provided false testimony in a court case	Referred to MQA
25-155	NF	Concerns of favoritism and unfair treatment by a DOH supervisor	Not Investigated - Insufficient Information
25-156	RF	Alleged inappropriate conduct by a DOH supervisor	Referred to Management
25-157	NF	Concerns of exposure to a reportable disease	Not Investigated - No Jurisdiction; Information Provided
25-158	NF	Concern regarding government access to identifiable prescription information	Not Investigated - No identified violation of law, rule, or policy; Information Provided
25-159	NF	Concerns of privacy violations by a medical facility and pharmacy chain for sharing health records	Not Investigated - No Jurisdiction; Information Provided
25-160	NF	Alleged civil rights violation and substandard medical care by a CHD	Not Investigated - No Jurisdiction; Information Provided
25-161	NF	Alleged lack of communication to parents from a school regarding children's medication administration	Not Investigated - Insufficient Information
25-162	RF	Alleged misconduct and neglect by a private physician	Referred to MQA
25-163	RF	Alleged submission of falsified information on a federal form by a DOH employee leading to denial of disability claim	Referred to Management

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Number	Type	Allegation/Concern	Disposition
25-164	RF	Alleged unprofessional behavior and negligence by DOH employees towards client	Referred to Management
25-165	RF	Alleged unreasonable delay in approving an EH repair permit	Referred to Management
25-166	NF	Concerns regarding leadership decisions at a local DOH office	Not Investigated – Management already aware; Deferred to CHS
25-167	RF	Alleged hostile work environment by a co-worker	Referred to Management
25-168	NF	Concerns regarding potential regulatory violations of a health care entity and actions by AHCA	Not Investigated - No Jurisdiction; Information Provided
25-170	RF	Concerns over refusal to release medical records by a private physician's office	Referred to MQA
25-171	NF	Alleged false accusations and malicious reporting by an unknown individual	Not Investigated - Insufficient Information
25-173	NF	Concerns with the actions of DOH regarding an anonymous practitioner complaint	Not Investigated - Insufficient Information
25-174	NF	Concerns over DOH requiring a mandatory fee for a license renewal	Not Investigated - No identified violation of law, rule, or policy; Information Provided
25-175	RF	Concerns with the actions of an employee and supervisor at a local DOH office	Referred to Management
25-176	RF	Alleged medical negligence and misconduct by private health practitioners at a hospital	Referred to MQA; Information Provided
25-177	RF	Alleged submission of incorrect information on an inspection form by a DOH inspector	Referred to Management
25-178	RF	Concerns regarding health services, food handling, and misleading information by a private recovery center	Referred to MQA and AHCA OIG
25-179	RF	Alleged delay in responding to a public record request	Referred to OGC
25-180	RF	Alleged harassment by a DOH manager and failure to provide Fair Labor Standards Act accommodation	Referred to EOS
25-181	RF	Concerns regarding the behavior of a non-DOH school nurse	Referred to MQA
25-182	RF	Concerns with a delay in processing application for licensed practitioner and unfair treatment by a DOH supervisor	Referred to Management
25-183	NF	Concerns about immunization exceptions for participation in a college's Emergency Medical Technician Program	Not Investigated –Division of Emergency Preparedness and Community Support (DEPCS) previously notified; Information Provided
25-184	RF	Alleged conflict of interest by a DOH employee	Referred to Management
25-185	RF	Alleged failure of a nursing program to submit documents of course completion	Referred to Board of Nursing
25-186	NF	Alleged hostile and inappropriate conduct by a co-worker	Not Investigated - Addressed by Management
25-187	RF	Concerns with delay in processing application for licensure	Referred to Management
25-188	NF	Alleged hostile work environment by a DOH manager	Not Investigated - Insufficient Information
25-189	RF	Concerns of harassment by a non-DOH medical professional	Referred to MQA
25-190	RF	Concerns regarding excessive workloads and unfair treatment by DOH supervisors	Referred to MQA; Information Provided
25-191	RF	Concerns with patient safety and quality of care at an imaging facility	Not Investigated - Referred to DEPCS Bureau of Radiation Control
25-192	NF	Concerns related to claim of undue hardship by a DOH manager for a requested ADA accommodation by employee	Not Investigated – – Management already aware; Deferred to EOS
25-193	NF	Concerns with the services provided by a non-DOH school health nurse	Not Investigated - No Jurisdiction; Information Provided
25-194	RF	Alleged misuse of state vehicle for personal use, unprofessional conduct by DOH managers	Referred to CHS
25-195	NF	Concerns with the misclassification of surgical procedures by a private physician	Not Investigated - No Jurisdiction; Information Provided
25-196	RF	Concerns of unlicensed medical activity of a medical profession	Referred to MQA
25-197	RF	Alleged inappropriate behavior by a DOH employee	Referred to Management
25-198	RF	Concerns over handling of a practitioner complainant and disclosure of patient information	Referred to OGC
25-199	NF	Concerns about a suspension of licensure by DOH and potential involuntary commitment to a treatment facility	Not Investigated - No Jurisdiction
25-200	RF	Alleged unprofessional conduct by leadership, toxic work environment by managers at a CHD	Referred to CHS
25-201	NF	Concerns regarding a contracted entity for impaired practitioners	Not Investigated - Insufficient Information; No Jurisdiction

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Number	Type	Allegation/Concern	Disposition
25-203	RF	Concerns regarding a physician accessing medical records illegally	Referred to MQA
25-204	NF	Concerns of DOH's failure to act on a formal complaint	Not Investigated - No identified violation of law, rule, or policy
25-205	NF	Concerns regarding safety of work environment and lack of actions by DOH managers at a CHD	Not Investigated - Insufficient Information
25-206	RF	Concerns about patient neglect, poor care management, and lack of appropriate medical intervention at a hospital	Referred to AHCA; Information Provided
25-207	RF	Concerns of unprofessional and aggressive behavior by a DOH employe during an inspection	Referred to Management
25-208	RF	Alleged false and misleading information reported by DOH inspectors during an inspection of a licensed establishment	Referred to Management
25-209	NF	Alleged denial of requested pay increases by a DOH supervisor and decision of upper management not applied fairly	Not Investigated - Insufficient Information
25-210	NF	Alleged inaccuracies on death certificate	Not Investigated - No Jurisdiction; Information Provided
25-211	NF	Alleged misconduct by a DOH manager who required the use of an outside liaison to obtain an EH permit	Not Investigated - Insufficient Information
25-212	RF	Concerns of unprofessional behavior by DOH supervisors at a CHD	Referred to Management
25-213	RF	Alleged potential Medicare fraud and misrepresentation of qualifications by a Medical Director of a non-DOH facility	Referred to MQA and AHCA
25-214	NF	Concerns with OneDrive account security and failure to properly save work product	Not Investigated - Insufficient Information
25-215	RF	Concerns regarding an amended birth certificate	Referred to the Bureau of Vital Statistics
25-216	NF	Concerns regarding fraudulent Medicaid billing and substandard care by a private physician	Not Investigated - No Jurisdiction; Information Provided
25-217	RF	Concerns about the temperature of food served at a correctional institution	Referred to CHD
25-218	NF	Alleged failure by DOH to investigate concern regarding a health care provider	Not Investigated – Management already aware; Deferred to OGC
25-219	RF	Alleged hostile work environment by a DOH manager at a CHD	Referred to Management
25-220	NF	Concerns regarding discriminatory actions by a private medical practitioner and non-DOH facility	Not Investigated - No Jurisdiction; Information Provided
25-221	RF	Concerns of unprofessional behavior by a DOH employee	Referred to Management
25-222	RF	Concerns regarding interference in the hiring and disciplinary processes by supervisor at a CHD	Referred to Management
25-223	NF	Alleged failure of a medical marijuana company to pay federal taxes	Not Investigated - No Jurisdiction
25-226	RF	Concerns regarding the of lack of communication by DOH EH staff when obtaining an establishment license	Referred to Management
25-227	NF	Concerns with EH inspectors and inspections of public pools	Not Investigated - Insufficient Information
25-228	RF	Alleged failure to report outside employment by a DOH employee	Referred to Management; Complaint Withdrawn
25-229	RF	Concerns about the delay of processing a licensure application and lack of communication by management	Referred to Management
25-230	RF	Concerns of unprofessional and aggressive behavior by a DOH employee	Referred to Management
25-231	RF	Concerns of DOH not properly addressing an unlicensed activity complaint	Referred to Management
25-232	RF	Alleged wrongful use of position by a former employee of a DOH contracted entity	Referred to Management
25-233	RF	Concerns regarding denial of medical marijuana application and conduct of DOH staff	Referred to Management
25-234	NF	Concerns of judicial misconduct and DOH interference in the handling of a practitioner complaint	Not Investigated - No Jurisdiction; Information Provided
25-236	RF	Concerns of inappropriate behavior by a DOH supervisor at a CHD	Referred to Management
25-237	NF	Concerns regarding non-employee providing legal advice and participating in disability fraud	Not Investigated - No Jurisdiction; Information Provided
25-238	RF	Alleged operation of a private children's educational center without a valid license and has unsanitary food conditions	Referred to CHD
25-239	RF	Concerns of unprofessional and aggressive behavior by a private pharmacist	Referred to MQA
25-241	NF	Concerns regarding the lack of impartiality and professional judgment by DOH managers	Not Investigated - Insufficient Information
25-242	RF	Alleged improper licensing and regulatory failure by DOH	Referred to Management

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

Number	Type	Allegation/Concern	Disposition
25-243	NF	Alleged misinformation regarding fees for services by a private entity	Not Investigated - No Jurisdiction; Information Provided
25-244	RF	Concerns with the lack of assistance, rude behavior by an unidentified DOH employee	Referred to Management
25-245	RF	Alleged improper delegation of a medical duty to an unlicensed individual and failure to report a medication error by a DOH employee	Referred to Management
25-246	RF	Concerns with the lack of and unprofessional communication by DOH staff regarding a practitioner complaint	Referred to Management
25-247	RF	Alleged workplace concerns at another state agency	Referred to DCF OIG
25-248	NF	Concerns of inappropriate conduct and lack of training by a DOH supervisor	Not Investigated - Complaint Withdrawn
25-249	RF	Alleged abuse of prescription and non-prescription medication and falsification of records by a DOH employee	Referred to Management; Insufficient Information
25-250	RF	Concerns with the actions of a non-DOH investigator in providing services to a child	Referred to DCF OIG
25-251	NF	Concerns regarding difficulties and delays in the approval of an EH permit	Not Investigated; Information Provided
25-252	NF	Concerns with unprofessional conduct by a non-DOH health care practitioner	Not Investigated - No Jurisdiction
25-254	NF	Concerns of added duties outside of position classification, and threats of retaliatory dismissal by DOH supervisors	Not Investigated - Insufficient information to identify a potential violation
25-256	NF	Concerns regarding medication control by a non-DOH health care practitioner	Not Investigated - No Jurisdiction; Information Provided
25-257	RF	Alleged DOH analyst and medical consultant did not properly review allegations against a practitioner	Referred to Management
25-258	RF	Concerned with lack of communication and over regulation by DOH staff for a residential renovation	Referred to Management
25-259	RF	Concerns regarding inconsistencies related to public pool inspections and the conduct of a DOH inspector	Referred to Management
25-261	RF	Alleged fraudulent Licensed Practicing Nurse diploma obtained by a non-DOH nurse	Referred to MQA
25-262	NF	Alleged pattern of retaliation, hostile work environment by DOH supervisors	Not Investigated - Insufficient Information
25-263	RF	Concerns over lack of communication and general handling of a licensure application by DOH staff	Referred to Management
25-265	NF	Alleged a CHD required additional training, not required by law, for certain septic contractors	Not Investigated - Insufficient Information

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

Florida HEALTH

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

By Mail

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

By Phone

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