

Florida Department of Health
Office of Inspector General



ANNUAL REPORT

Fiscal Year ended June 30, 2026

Joseph A. Ladapo, MD, PhD
State Surgeon General

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



Mission:

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

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

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

September 28, 2026

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, 2026. 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,

A handwritten signature in blue ink that reads "Michael J. Bennett".

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

MJB/akm
Enclosure

Florida Department of Health**Office of Inspector General**

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FLORIDA DEPARTMENT OF HEALTH

OFFICE OF INSPECTOR GENERAL

ANNUAL REPORT FY 2025-26

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INTRODUCTION

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

Each Inspector General has broad authority which includes these responsibilities:

- ❖ Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- ❖ Assess the reliability and validity of performance measures and standards and make recommendations for improvement;
- ❖ Review the actions taken to improve program performance and meet program standards and make recommendations for improvement, if necessary;
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to programs and operations of the state agency;
- ❖ Conduct, supervise, or coordinate other activities carried out or financed by that state agency that promote economy and efficiency in the administration of, or prevent and detect fraud and abuse in its programs and operations;
- ❖ Inform the agency head of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action;
- ❖ Develop long-term and annual audit plans based on the findings of periodic risk assessments;
- ❖ Conduct periodic audits and evaluations of the agency's cybersecurity program for data, information, and information technology resources of the agency;¹
- ❖ Once every three years, 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, 2026.

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

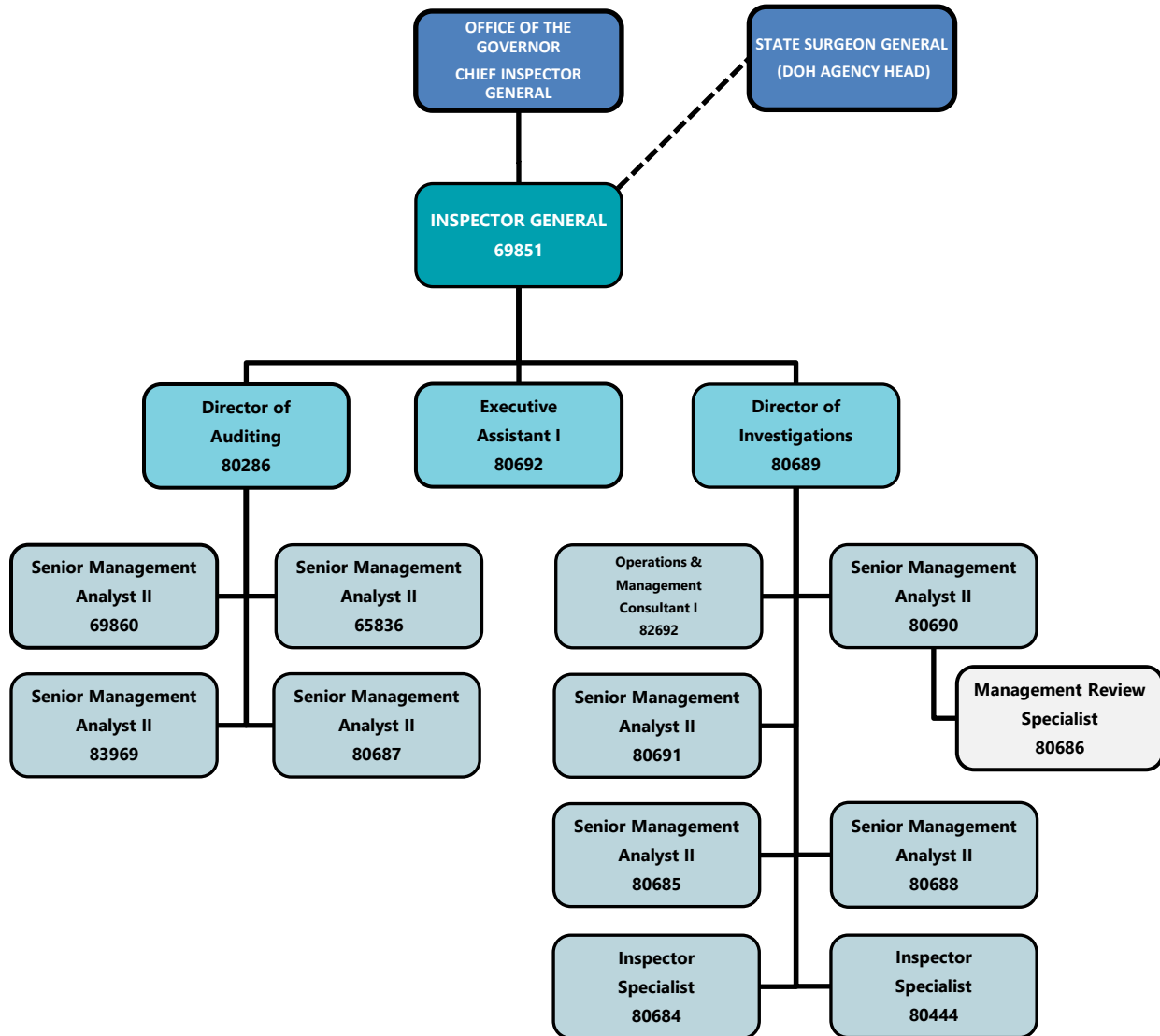
Staff Qualifications

The OIG consists of 16 professional and administrative positions that serve three primary functions: internal audit, investigations, and administration. As of June 30, 2026, one position is vacant. 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, with their collective experience spanning 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. 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:
 - ❖ 7 Certified Inspector General Investigators
 - ❖ 4 Florida Certified Contract Managers
 - ❖ 4 Certified Accreditation Managers
 - ❖ 3 Certified Accreditation Assessors
 - ❖ 3 Certified Inspectors General
 - ❖ 2 Certified Internal Auditors
 - ❖ 2 Certified Inspector General Auditor
 - ❖ 1 Certified Information Systems 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:
 - ❖ 72 years of Audit experience
 - ❖ 114 years of Investigative experience

Department of Health Office of Inspector General Organizational Chart (as of June 30, 2026)



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 OIG to comply with the *Principles and Standards for Offices of Inspector General*, published by the Association of Inspectors General (AIG). 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 AIG, Association of Certified Fraud Examiners (ACFE), and the Information Systems Audit and Control Association.

Some of the specific courses or conferences attended by staff during FY 2025-26 include:

- ❖ AIG Certified Inspector General Institute
- ❖ Certified Internal Audit Champion Program Parts 1-3
- ❖ 2025 Tallahassee ACFE/IIA Joint Fraud Conference
- ❖ Artificial Intelligence Competency Workshop
- ❖ Challenges to Modern Investigations: Navigating the Complexities of Contemporary Crime Solving
- ❖ Ethics, Rationalizations, and Human Fallibility
- ❖ Open-Source Intelligence and Digital Investigation Tools for Inspectors General
- ❖ An Auditor's Responsibility for Fraud
- ❖ Ethics is for Everyone

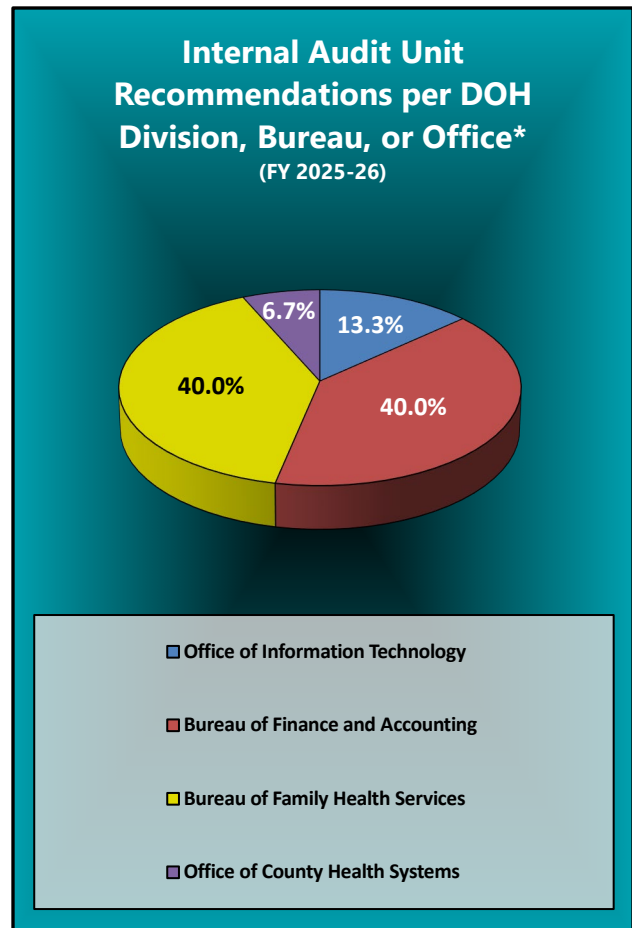
OIG FUNCTIONS

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.

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.



*Based upon five published reports in FY 2025-26.

FY 2025-26 Accomplishments

The OIG completed three audit engagements and two review engagements during FY 2025-26. A listing of all engagements completed during FY 2025-26 can be found in Appendix A. Summaries of each engagement can be found starting on page 13 of this report.

The OIG 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 three engagements during FY 2025-26 that are planned to culminate during FY 2026-27.

Performance Criteria

The OIG conducted all audits-related engagements in accordance with section, 20.055, F.S. Additionally, prior to January 2025, the OIG conducted all audits and consulting engagements 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, the OIG conducted all audits and consulting engagements in accordance with the *Global Internal Audit Standards*, published by the Institute of Internal Auditors.

Report Distribution

All audit-related 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.

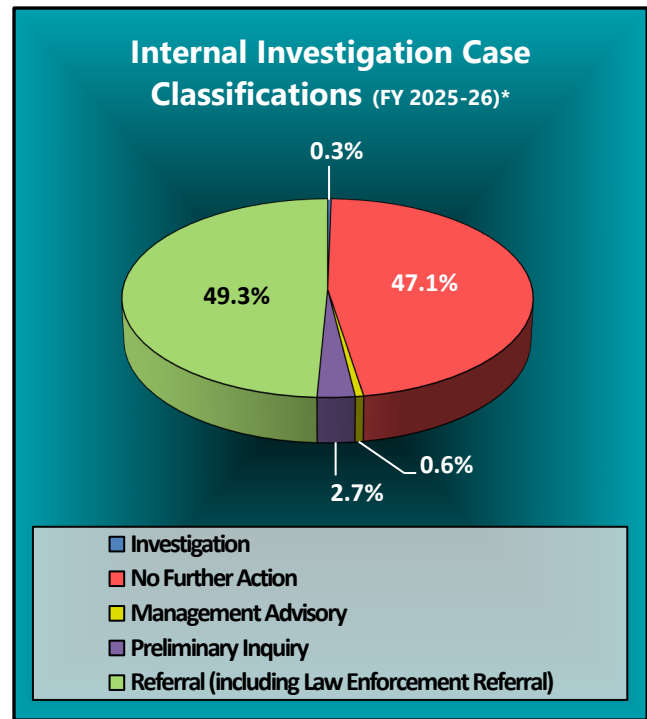
Performance Measures

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 2025-26:

- ❖ 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, and/or Department policies or procedures may have been violated.
- ❖ No Further Action – the complaint contains insufficient information for an investigation or referral.



*Based upon 331 complaints closed in FY 2025-26.

FY 2025-26 Activity

The OIG closed 331 complaints during FY 2025-26. The chart on the previous page provides a disposition breakdown of these complaints. A listing of all closed complaints during FY 2025-26 and their disposition can be found in Appendix C. Summaries of each OIG investigation completed during FY 2025-26 can be found starting on page 19 of this report.

FY 2025-26 Accomplishments

- The 331 closed complaints during FY 2025-26 set a new record, which was a greater than 20% increase over the previous fiscal year, and a more than 40% increase over FY 2023-2024.
- Evaluated and completed 33 Whistle-blower's Act Determinations during the fiscal year.
- The unit maintained consistency by experiencing no staff turnover during the fiscal year.

Performance Criteria

The OIG conducted all investigations in accordance with section 20.055, F.S; *Principles and Standards for Offices of Inspector General* (i.e., "Green Book"), published by the Association of Inspectors General; and *The Florida Inspectors General Standards Manual*, published by the Commission for Florida Law Enforcement Accreditation, Inc. (CFA).

Report Distribution

All investigations result in written reports distributed internally to applicable Department management, including the State Surgeon General, Chief of Staff, and affected program managers; appropriate staff within the Office of the General Counsel; and in certain circumstances the Office of Human Resource Management and the Executive Office of the Governor's Chief Inspector General.

Accreditation

On September 29, 2011, the OIG earned initial accreditation from the 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.

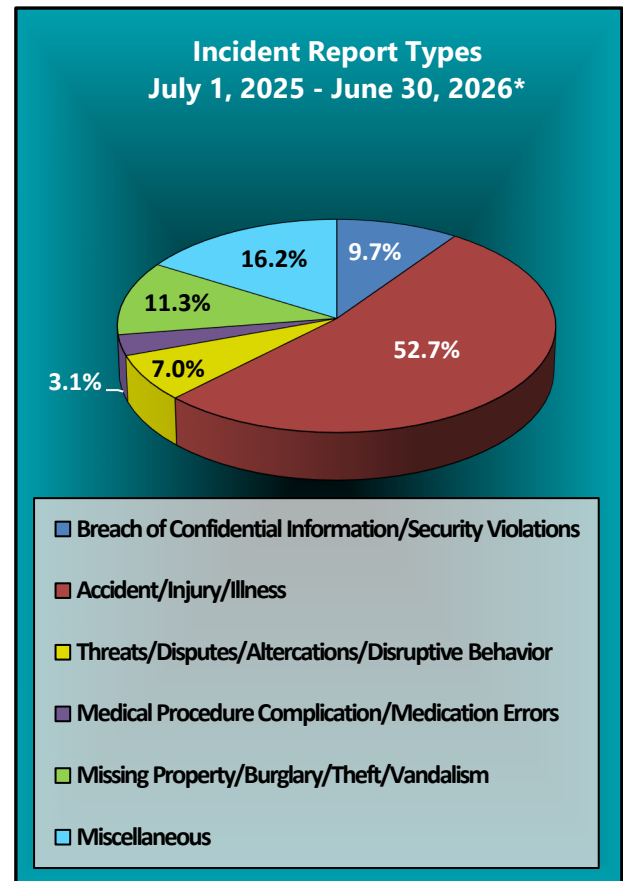
Accreditation affords the ability to further assure Department employees and the public that practices and methods used during an internal investigation comply with established standards developed by the Chief Inspector General, the Inspector General community, and the CFA, which in turn helps enhance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

The OIG most recently earned reaccreditation status on October 5, 2023, and is one of 26 accredited state agency Offices of Inspector General as of June 30, 2026.

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 2,272 Incident Reports during FY 2025-26. Because each Incident Report may identify more than one incident type, the chart above is reflective of 2,708 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 2025-26.

REPORT # A-2526-001

Cybersecurity – Data Protection and Security

The OIG conducted an independent evaluation of the Department’s cybersecurity policies, procedures, activities, and processes related to data protection and security.

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

REPORT # A-2526-002

Travel Reimbursements of Employees that Live Outside of Florida

The OIG conducted an independent evaluation of the Department’s processes and controls for travel reimbursements of employees, between July 1, 2022, and September 30, 2025, whose home addresses are located outside the State of Florida and more than 50 miles from their official headquarters.

SUMMARY OF FINDINGS

While we determined most travel reimbursements reviewed were processed in accordance with travel reimbursement regulations, we identified some instances where travel reimbursement regulations were not followed which management should address to further improve effectiveness and efficiency of operations, including:

- ❖ Employees received reimbursement for travel to their official headquarters.
- ❖ Employees received reimbursement for travel using a point of origin other than their official headquarters without documented justification.
- ❖ Travel reimbursement documentation was created after travel was completed.

RECOMMENDATIONS

The OIG recommended:

- ❖ The Bureau of Finance and Accounting evaluate and update processes to ensure all travel reimbursements are approved in accordance with applicable F.S. and Department policies.
- ❖ The Bureau of Finance and Accounting ensure Department management are consistently reviewing and approving travel reimbursement requests in compliance with applicable F.S. and Department policies.
- ❖ The Bureau of Finance and Accounting evaluate and update processes to ensure all travel reimbursements are processed in accordance with applicable F.S. and Department policies.

REPORT # A-2526-003

Selected Contract(s) Funded by Member Projects 2025-2026 - COHGQ

The OIG examined Contract COHGQ with the Nurse Family Partnership, Inc. (Provider), which was executed on August 29, 2024, for a term beginning July 1, 2024, and ending June 30, 2025, in an amount not to exceed \$2,000,000. The contract was renewed on July 14, 2025, for a term beginning July 1, 2025, and ending June 30, 2026, in an amount not to exceed \$1,000,000.

Additionally, we evaluated the reliability and validity of the following performance measures contained in the Department's current Long Range Program Plan for FYs 2023-2024 through 2027-2028, dated September 30, 2022 (LRPP), that relate to the goals of contract COHGQ:

- Total infant mortality per 1,000 live births; and
- Black infant mortality rate per 1,000 black live births.

SUMMARY OF FINDINGS

While the Department has detailed processes in place to manage and monitor contract COHGQ, we identified the following issues the Bureau of Family Health Services management should address to further improve contract monitoring efforts specifically related to this contract:

- ❖ The Bureau of Family Health Services did not ensure the Provider appropriately subcontracted the work in compliance with contract language and Department policy.
- ❖ The Bureau of Family Health Services did not ensure contract deliverables were met in compliance with contract language.
- ❖ The Bureau of Family Health Services did not assess appropriate financial consequences.
- ❖ The Bureau of Family Health Services' official contract performance record was not accurate and consistent.
- ❖ Contract file supervisory reviews were not conducted within specified time frames as required by Department policy.

We also determined the two performance measures evaluated were found to be both valid and reliable.

RECOMMENDATIONS

The OIG recommended:

- ❖ The Bureau of Family Health Services ensure prior written approval is granted before subcontractors perform services and that the subcontract agreement is in compliance with contract language and Department policy.
- ❖ The Bureau of Family Health Services ensure all deliverables are completed in the time and manner specified by the contract, prior to approval for payment.
- ❖ The Bureau of Family Health Services 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.
- ❖ The Bureau of Family Health Services ensure its contract managers accurately apply financial consequences, as required by state law and as defined in each applicable contract, in all instances where contracting entities do not comply with agreed upon contract requirements.
- ❖ The Bureau of Family Health Services ensure contract records are accurate and consistent in compliance with Department policy.
- ❖ The Bureau of Family Health Services management take appropriate steps to ensure contract file supervisory reviews are adequately and timely performed in compliance with DOHP 250-14-19, *Contractual Services*.

OTHER PROJECTS

The following is a summary of other projects completed during FY 2025-26.

REPORT # Q-2425-001

Self-Assessment Quality Assurance Review

The OIG conducted a self-assessment quality assurance review of the Internal Audit Unit to evaluate the Internal Audit Unit's conformance with the IIA's International Professional Practices Framework, which includes the internal audit charter, the IIA's Definition of Internal Auditing, the Code of Ethics, and the *2024 Global Internal Audit Standards*. The scope of the assessment included Internal Audit Unit activities conducted during the period of July 1, 2023, through June 30, 2025.

There were no reportable issues noted in the report.

REPORT # R-2425-002

Review of General Controls at County Health Departments - 2025

The OIG visited and reviewed 11 CHDs between November 2025 and April 2026 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 11 CHDs visited. They included:
 - Five CHDs did not maintain documentation to support that Access Control Lists (ACLs) were reviewed regularly, not less than annually.
 - Two CHDs listed individuals on the access control list that did not match the authorized key distribution documentation.
 - Three CHDs did not maintain documentation to support that the ACL specific to the drug storage areas were authorized by the CHD Administrator/Director.
 - Four CHDs listed individuals on the ACL specific to the drug storage areas were not authorized to handle drugs.
 - Two CHDs did not ensure doors to the drug storage areas were securely locked when authorized staff were not in the room.

- Four CHDs did not maintain segregation of duties among ordering, receiving, handling, prescribing, and dispensing pharmaceuticals roles within the CHD.
- Four CHDs did not have a minimum of two personnel to verify shipment and certify receipt of pharmaceuticals.
- Six CHDs did not safely store biomedical waste in patient rooms, nursing stations, labs, and the pharmacy.
- One CHD did not provide clients a written statement supporting whether the collection of the individual's social security number is authorized or mandatory under federal or state law.
- Two CHDs did not conduct an annual review to identify records for destruction.
- Two CHDs did not conduct semi-annual safety inspections.
- Three CHDs did not maintain required fire safety documents.
- Three CHDs did not ensure doors were locked on all state/county vehicles maintained by the CHD while not in use.
- Two CHDs did not maintain documentation to support state/county vehicle usage was reviewed bi-annually, and personal vehicles usage was reviewed annually.
- Two 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.
- Three CHDs did not have a mail opener independent of the cash collection process.
- Two CHDs lacked sufficient separation of duties to ensure that no one person had control over the entire cash handling and change fund process.
- Two CHDs did not have sufficient segregation of duties among purchasing, receiving, and accounts payable roles within the CHD.
- Two CHDs had expired formula still available for dispensing to clients.

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, 2026, there are no corrective actions outstanding.

SUMMARY OF MAJOR ACTIVITIES:

INTERNAL INVESTIGATIONS UNIT

The following is a summary of internal investigations completed during FY 2025-26.

INVESTIGATION # 24-053

Alleged Violation of Laws, Rules, and/or Department Policy; Conduct Unbecoming a Public Employee

Division of Disease Control and Health Prevention

This investigation was initiated based on a complaint (Complainant) alleging violations of law, rules, and/or Department Policy by two Division of Disease Control and Health Prevention employees (Subjects #1 and #2).

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

Allegation #1: Subjects #1 and #2 inappropriately criticized their supervisor in front of other employees. 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 #1 conducted unauthorized reference checks on their supervisor. 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 misrepresented their position with the Department to a member of the public. The allegation was **unsubstantiated**. Based on analysis of the available evidence, the case materials were unable to prove or disprove the alleged conduct occurred.

Additional Finding

Subject #1 failed to properly report a former employee's fraudulent activity on state property as required.

RECOMMENDATION

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

OTHER OIG ACTIVITIES

COORDINATION WITH EXTERNAL AUDITING ENTITIES

The OIG Internal Audit Unit acts as the Department’s liaison on audits and reviews conducted by outside organizations such as the Office of the Auditor General, the Office of Program Policy Analysis and Government Accountability, the United States Department of Health and Human Services, and other state and federal agencies. Initially, the OIG is copied on engagement letters, coordinates entrance conferences, and assists the external entity with applicable contact information. During audit fieldwork, the OIG facilitates all relevant communication between the external auditors and Department program staff. The OIG coordinates the exit conference between the external auditors and Department management at the conclusion of their 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 internal 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 2025–26.

APPENDICES

APPENDIX A

Department of Health Office of Inspector General Completed Internal Audit Unit Engagements for FY 2025-26

Number	Audit Engagements	Date Issued
A-2526-001	<i>Cybersecurity – Data Protection and Security</i>	June 26, 2026
A-2526-002	<i>Travel Reimbursements of Employees that Live Outside of Florida</i>	May 20, 2026
A-2526-003	<i>Selected Contract(s) Funded by Member Projects 2025-2026 - COHGQ</i>	June 24, 2026

Number	Other Engagements	Date Issued
Q-2425-001	<i>Self-Assessment Quality Assurance Review</i>	August 21, 2025
R-2425-002	<i>Review of CHD General Controls - 2025</i>	June 29, 2026

APPENDIX B

Department of Health

Office of Inspector General

External Projects Coordinated by the OIG for FY 2025-26³

(includes initial projects and follow-ups)

Office of the Auditor General		
Number	Subject	Report Date
2026-155	Statewide Federal Awards – June 30, 2025	March 26, 2026

³ 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 2025-26

Number	Type	Allegation/Concern	Disposition
24-053	IN	Alleged unauthorized actions and inappropriate conduct by a Department of Health (Department, DOH) employee	3-Unsubstantiated 1-Additional Finding
25-047	NF	Alleged multiple complaints against DOH and other agencies	Not Investigated - No identified violation of law, rule, or policy
25-061	PI	Alleged hostile work environment by a DOH supervisor	Not Investigated - Addressed by Management
25-105	PI	Alleged unethical practices and misuse of position by a DOH nursing manager	Not Investigated - Referred to Management
25-126	NF	Alleged unjust actions taken by DOH against a medical license	Not Investigated - Practitioner has Due Process Rights pursuant to Chapter 120, Florida Statutes
25-139	RF	Concerns of financial mismanagement and neglect of duty at a county health department (CHD)	Referred to Office of County Health Systems (CHS)
25-150	PI	Concerns with misconduct, neglect of duty, waste of funds, and mismanagement within a DOH program	Not Investigated - Insufficient Evidence
25-153	RF	Concerns of hostile work environment and misuse of non-DOH funds by a DOH contracted entity	Referred to the University of Florida, Office of Internal Audit
25-169	PI	Alleged wrongful termination and inappropriate treatment by a DOH co-worker	Not Investigated - Referred to CHS
25-172	PI	Concerns regarding hiring practices and favoritism by DOH management	Not Investigated - Insufficient Evidence; Copy provided to Management
25-202	PI	Concerns with CHD managers' compelled participation in a survey/research project	Not Investigated - Insufficient evidence to identify a potential violation of law, rule, or policy
25-224	NF	Concerns about the unjust and unnecessary delay of processing a licensure application by DOH	Not Investigated - Insufficient evidence to identify a potential violation of law, rule, or policy
25-225	RF	Concerns with the handling of practitioner complaints by DOH	Referred to Division of Medical Quality Assurance (MQA); Provided Assistance
25-235	NF	Alleged illegal procurement and conflict of interest by a contractor of DOH	Not Investigated - Insufficient Information
25-240	PI	Alleged fraudulent falsification of information by DOH contracted entities	Not Investigated - Insufficient Evidence
25-253	RF	Concerns regarding handling of practitioner complaints by DOH employees	Referred to MQA Management
25-255	RF	Alleged conduct unbecoming by a DOH employee, and favoritism by a DOH supervisor	Referred to CHS
25-260	RF	Alleged fraud and inappropriate conduct by a DOH contracted entity	Referred to CHD and MQA
25-264	RF	Alleged failure of a DOH manager to follow proper procedures for the issuance of subpoenas	Referred to MQA Management
25-266	RF	Concerns regarding unsafe city water conditions	Referred to CHD and Program Office
25-267	RF	Concerns with the handling of a practitioner complaint and lack of communication by DOH	Referred to MQA Management
25-268	NF	Concerns with personnel actions at a DOH contracted entity	Not Investigated - Insufficient Information
25-269	RF	Concerns with lack of professionalism by a DOH employee	Referred to Management
26-001	RF	Alleged failure of DOH to remediate a septic system issue	Referred to CHD
26-002	RF	Concerns regarding unsanitary conditions at a correctional institution	Referred to CHD
26-003	NF	Alleged unfair layoff by DOH	Not Investigated - Insufficient information to identify a potential violation
26-004	NF	Concerns with the DOH decision regarding a medical complaint	Not Investigated - No identified violation of law, rule, or policy
26-005	RF	Concerns with procedural due process violations by the United States Social Security Administration (SSA) and DOH	Referred to Management
26-006	NF	Concerns regarding worker compensation fraud by a physician	Not Investigated - No Jurisdiction; Information Provided

Legend			
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Number	Type	Allegation/Concern	Disposition
26-007	NF	Alleged discrimination, misrepresentation, and failure to follow protocol by a private pharmacy	Not Investigated - No Jurisdiction; Information Provided
26-008	NF	Concerns with the handling of a practitioner complaint	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-009	RF	Alleged waste of public funds and violations of policies by DOH supervisors	Referred to Management
26-010	RF	Concerns regarding living conditions and the conduct of a landlord at a mobile home park	Referred to the Department of Business and Professional Regulation (DBPR); Information Provided
26-011	NF	Concerns regarding health conditions at university on-campus dorms	Not Investigated - No Jurisdiction; Information Provided
26-012	NF	Concerns about the level of care provided by medical practitioners	Not Investigated - No Jurisdiction
26-013	MA	Alleged aggressive and inappropriate behavior in the workplace by a DOH supervisor	Referred to CHS
26-014	RF	Alleged inappropriate behavior by a DOH supervisor	Referred to CHS
26-015	NF	Concerns about emergency medical services provided and the handling of a complaint by DOH	Not Investigated - No identified violation of law, rule, or policy
26-016	RF	Concerns about patient neglect and possible falsification of medical documentation at a hospital	Referred to the Agency for Health Care Administration (AHCA); Information Provided
26-017	NF	Alleged substandard medical care by a private practitioner	Not Investigated - No Jurisdiction; Information Provided
26-018	NF	Concerns with a judge's ruling and Medicare Fraud	Not Investigated - No Jurisdiction
26-019	RF	Concerns about billing for services and unlicensed practice by a health care professional	Referred to MQA
26-020	RF	Concerns regarding unclear communications and continuing education requirements for licensees	Referred to DOH Office of Inspector General (OIG) Internal Audit Unit
26-021	RF	Concerns with the behavior of a therapist related to a Department of Children and Families (DCF) case	Referred to MQA
26-022	NF	Concerns over the failure of DOH to investigate unauthorized medical activity at an unlicensed medical clinic	Not Investigated - No identified violation of law, rule, or policy within OIG authority
26-023	RF	Alleged miscoding of client services to a contracted entity and negligence by a former DOH employee	Referred to AHCA/Medicaid Program Integrity
26-024	NF	Alleged failure of a DOH supervisor to discuss performance expectations with employee as required by policy	Not Investigated – Insufficient information to identify a potential violation of law, rule, or policy
26-025	RF	Alleged violations by DOH employees and supervisors at a CHD	Referred to CHD Administrator/Director
26-026	NF	Concerns regarding a health and safety violation at a RV park	Not Investigated - No Jurisdiction; Information Provided
26-027	RF	Concerns about the handling of a practitioner complaint by DOH employees	Referred to MQA Management
26-028	NF	Concerns with information provided by DOH regarding 340B Drug Program requirements	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-029	RF	Concerns regarding Medicaid and social security disability insurance	Referred to the Division of Disability Determination
26-030	RF	Alleged discrimination, retaliation, and an unsafe vehicle provided by a DOH supervisor	Not Investigated - No Jurisdiction; safety concerns Referred to Management
26-031	RF	Concerns regarding equal opportunity employment practices; alleged discrimination; and a hostile work environment at a CHD	Referred to CHD Administrator/Director
26-032	RF	Alleged inappropriate conduct by a DOH co-worker	Referred to Management
26-033	NF	Concerns involving dealings with a local Acquired Immune Deficiency Syndrome Drug Assistance Program	Not Investigated - No identified violation of law, rule, or policy
26-034	NF	Alleged refusal to process amendment to a birth certificate by a DOH employee	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-035	RF	Concerns regarding exposed septic tank at a rental property and actions of inspectors	Referred to CHD Administrator/Director
26-036	NF	Concerns regarding potentially contaminated soil at a CHD building	Not Investigated - Insufficient information to determine jurisdiction; Information Provided
26-037	NF	Concerns regarding excessive delays in the septic permit application process by DOH	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy; Management previously notified
26-038	NF	Alleged excessive delay in payments for goods and services provided by a DOH vendor and lack of communication	Not Investigated - Assisted with Delayed Payment; Information Provided
26-039	NF	Concerns regarding a former DOH employee with possible access to personal emails trying to recruit subscribers	Not Investigated - Allegations Previously Referred/Investigated by Law Enforcement

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26-040	NF	Concerns of unprofessional behavior by a DOH supervisor, discrimination, and unfair disciplinary action	Not Investigated - Deferred to the Equal Opportunity Section (EOS)
26-041	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-042	RF	Concerns of unprofessional and rude customer service by DOH employees	Referred to Management
26-043	NF	Concerns with information found in a DOH press release regarding illnesses related to a farm's product	Not Investigated - Insufficient Information
26-044	RF	Concerns of unprofessional behavior by a restaurant inspector	Referred to DBPR OIG
26-045	NF	Concerns with the length of process to obtain benefits from SSA and DOH	Not Investigated - No identified violation of law, rule, or policy
26-046	LE	Concerns of a breach of protected health information by an unidentified DOH employee	Referred to the Florida Department of Law Enforcement (FDLE)
26-047	NF	Concerns with inaccurate information provided by DOH regarding a licensure application	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-048	NF	Alleged failure by DOH to use appropriate equipment and failure to properly monitor radiation levels at a reclaimed phosphate site	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy; Referred to DOH OIG Internal Audit Unit
26-049	NF	Concerns of rude behavior and improper training by DOH staff	Not Investigated - Insufficient Evidence; Information Provided
26-050	NF	Concerns related to unsafe conditions, including mold, at a school	Not Investigated - No Jurisdiction; Program Office responded with information
26-051	RF	Concerns related to unlicensed medical practice, grossly unsafe clinical operations, and patient abandonment at a wellness center	Referred to MQA
26-052	RF	Concerns of harassment, unprofessionalism, and misuse of state time by a DOH employee	Referred to Management
26-053	NF	Concerns regarding a phlebotomy school operating without a license	Not Investigated - No Jurisdiction
26-054	RF	Concerns regarding a healthcare facility and fraudulent operations	Referred to MQA; Information Provided
26-055	RF	Concerns with the handling of a practitioner complaint by a DOH employee	Referred to MQA Management
26-056	RF	Alleged inappropriate conduct and improper scoring of a performance evaluation by a CHD Administrator	Referred to CHS
26-057	RF	Concerns regarding the care and treatment provided by a rehabilitation center	Referred to AHCA
26-058	RF	Concerns of potential nepotism and cronyism by a DOH manager	Referred to Management
26-059	NF	Concerns related to Department's stance on childhood vaccine mandates	Not Investigated - No identified violation of law, rule, or policy; Provided Copy to Leadership
26-060	RF	Concerns regarding the timely processing of a practitioner application by DOH	Referred to Management
26-061	NF	Concerns of unlawful practices at a community medical and social services center	Not Investigated - No Jurisdiction; Information Provided
26-062	NF	Concerns about conduct, purchases, and conflicts of interest by a CHD Administrator	Not Investigated - Concerns investigated under separate case
26-063	NF	Dissatisfaction with the handling of a MQA complaint	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy; Management previously notified
26-064	NF	Concerns about not being able to obtain a COVID-19 vaccine	Not Investigated - No Jurisdiction
26-065	RF	Concerns regarding code enforcement violations related to animal treatment and pasture size at a farm	Referred to Department of Agriculture and Consumer Services OIG
26-066	NF	Concerns with the workplace conduct of a DOH employee	Not Investigated - Insufficient Information
26-067	NF	Concerns related to the Department's stance on childhood vaccine mandates	Not Investigated - No Specific Allegation; Provided Copy to Leadership
26-068	MA	Alleged improper hiring practices, misuse of equipment, and failure to act by DOH employees	Referred to Management
26-069	RF	Concerns of vaccination data being collected by DOH on adults without express consent or ability to opt-out	Referred to Office of General Counsel (OGC)
26-070	RF	Concerns with inaccuracies on worker's compensation medical form by a non-DOH physician	Referred to MQA
26-071	NF	Concerns about DOH leadership not approving the Covid vaccine for distribution in Florida	Not Investigated - Insufficient information to identify a restriction by DOH
26-072	RF	Concerns of fraudulent activity by a medical practice	Referred to MQA
26-073	RF	Concerns regarding sewage issues at a hotel restaurant	Referred to CHD, Environmental Public Health (EPH) Section

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26-074	RF	Alleged unprofessional behavior by a DOH employee	Referred to EOS and subsequent referral to Management
26-075	RF	Concerns of a client's rights being violated at a hospital	Referred to AHCA OIG
26-076	RF	Alleged inappropriate treatment by clinic managers leading to a hostile work environment	Referred to CHD Management
26-077	NF	Alleged discrimination and other medical concerns with non-DOH health care practitioners	Not Investigated - Information Provided
26-078	NF	Alleged inappropriate comments on social media by an employee of a contracted entity	Not Investigated - No Jurisdiction; Information Provided
26-079	NF	Concerns by a medical practitioner regarding procedural irregularities, Americans with Disabilities Act Section 504 failures, and potential outside influence in a DOH case	Not Investigated - Complainant has Due Process Rights pursuant to Chapter 120, F.S.; Information Provided
26-080	RF	Concerns over the lack of communication and handling of a case file by DOH employees	Referred to Management
26-081	RF	Concerns regarding a school vaccination data reporting policy	Referred to Division of Public Health Statistics and Performance Management and Division of Disease Control and Health Protection Management
26-082	RF	Alleged multiple violations by a DOH approved nursing school and the approval of a new program by DOH	Referred to MQA Management
26-083	NF	Concerns with the lack of professional behavior by DOH staff	Not Investigated - Insufficient Information; Management Previously Addressed
26-084	NF	Concerns about a CHD Administrator and a dental assistant who did not follow a dentist's directions	Not Investigated at Complainant's Request
26-085	NF	Concerns that DOH staff did not provide appropriate oversight for a development's septic systems	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-086	RF	Concerns with a lack of communication by DOH staff regarding refund of a licensure fee	Referred to MQA Management
26-087	RF	Concerns of data being entered incorrectly by a DOH program office	Referred to Management
26-088	NF	Concerns with health care practitioners committing Medicare Fraud	Not Investigated - No Jurisdiction; Information Provided
26-089	NF	Concerns with the handling of licensure application by DOH	Not Investigated - Complainant has Due Process Rights pursuant to Chapter 120, F.S.
26-090	RF	Concerns that an oncology center allowed unvetted job applicants to conduct medical services	Referred to MQA and AHCA
26-091	RF	Concerns of improperly addressed health issues at a correctional institution	Referred to MQA and Department of Corrections OIG
26-092	RF	Concerns with a member of the public representing herself as a DOH employee and licensed practitioner	Referred to OGC and MQA
26-093	RF	Alleged kickbacks by a health care practitioner and owner of a home health care agency	Referred to MQA
26-094	RF	Concerns with a lack of communication by DOH division staff regarding an error in a complaint summary	Referred to Management; Issue Resolved
26-095	NF	Concerns regarding fraudulent qualifications of a behavioral analyst	Not Investigated - No Jurisdiction; Information Provided
26-096	RF	Concerns with DOH's handling of patients' record complaints	Referred to Management
26-097	NF	Concerns that DOH did not issue an Emergency Suspension Order to a licensed practitioner	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-098	NF	Concerns regarding a medical examiner's office	Not Investigated - No Jurisdiction; Information Provided
26-099	RF	Concerns with a DOH inspector's unprofessional behavior	Referred to Management
26-100	RF	Concerns with a lack of communication by DOH division staff regarding a practitioner complaint	Referred to MQA Management
26-101	NF	Alleged potential misuse of state resources and funds by a DOH Administrator	Not Investigated - Insufficient Information
26-102	NF	Concerns regarding the handling of practitioner complaints by DOH	Not Investigated - No identified violation of law, rule, or policy
26-103	RF	Concerns regarding the handling of practitioner application and background screening by DOH	Referred to MQA Management
26-104	NF	Concerns with the handling of practitioner complaints by DOH	Not Investigated - No identified violation of law, rule, or policy
26-105	NF	Concerns with new fingerprinting requirements for licensure renewal	Not Investigated - No identified violation of law, rule, or policy

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26-106	NF	Concerns with the Department's handling of a public records request	Not Investigated - No identified violation of law, rule, or policy; Information Provided
26-107	NF	Concerns with human resource actions by a Medical Marijuana Treatment Center	Not Investigated - No Jurisdiction; Information Provided
26-108	NF	Alleged denial of care at a medical center based on discrimination	Not Investigated - No Jurisdiction; Information Provided
26-109	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-110	NF	Alleged unauthorized alteration made to a birth certificate record	Not Investigated - Deferred to the Bureau of Vital Statistics (Vital Stats)
26-111	RF	Concerns of public assistance fraud related to the Child Care Food Program	Referred to DOH Child Care Food Program office and to DCF
26-112	PI	Alleged unprofessional conduct by a DOH employee	Not Investigated - Management resolved issues
26-113	NF	Alleged disclosure of private medical information by a DOH employee	Not Investigated - Insufficient Information
26-114	NF	Concerns about the Florida Board of Massage Therapy's classification of Reiki	Not Investigated - No Jurisdiction
26-115	NF	Alleged operating a barber shop and unlicensed chiropractic clinic inside a fitness center	Not Investigated - Insufficient evidence to identify a potential violation of law, rule, or policy; Information Provided
26-116	NF	Alleged inaccuracies on a death certificate	Not Investigated - Deferred to Vital Stats
26-117	NF	Alleged conduct unbecoming, improper hiring practices, potential favoritism by DOH employees and managers	Not Investigated - Addressed by CHS and in separate OIG case
26-118	NF	Concerns with DOH's handling of a practitioner complaint	Not Investigated - No identified violation of law, rule, or policy
26-119	NF	Concerns with a fraudulent marriage registration	Not Investigated - No Jurisdiction; Copy provided to Vital Stats
26-120	NF	Concerns about the interpretation of Florida Electrolysis Council regulations	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-121	NF	Concerns with the billing actions of a dental practice	Not Investigated - No Jurisdiction; Information Provided
26-122	RF	Concerns with the actions of a doctor and staff related to providing a laboratory specimen	Referred to MQA and AHCA
26-123	RF	Concerns with the handling of a septic system permitting by DOH	Referred to Management; Information Provided
26-124	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-125	RF	Alleged vendor violation of the Women, Infants, & Children (WIC) program rules	Referred to WIC Program Office
26-126	NF	Alleged inappropriate access to confidential information without authorization by a DOH employee	Not Investigated - Insufficient Information; Management Notified
26-127	RF	Concerns with inappropriate action by a private pharmacy	Referred to MQA; Information Provided
26-128	NF	Alleged unprofessional behavior by DOH employee	Not Investigated - Addressed by Management and Office of Human Resource Management (HR)
26-129	NF	Concerns with inconsistent supervision practices at a private preschool	Not Investigated - No Jurisdiction
26-130	NF	Concerns with the unlawful removal of a patient's video call device in an assisted living facility	Not Investigated - No Jurisdiction; Information Provided
26-131	NF	Concerns about the handling of a practitioner complaint investigation by DOH	Not Investigated - No identified violation of law, rule, or policy within OIG authority
26-132	NF	Concerns with the actions of a DOH employee	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-133	RF	Alleged alterations to patient data and defrauding the state by a DOH employee	Not Investigated - Insufficient Information; Referred to Management
26-134	NF	Concerns regarding private licensed health care practitioners and request for an attorney	Not Investigated - No Jurisdiction; Information Provided
26-135	RF	Concerns with employee conduct, failure to transfer leave hours, and issue pay in a timely fashion at DOH	Referred to HR Management
26-136	RF	Alleged harassment and inappropriate conduct by DOH co-workers	Referred to EOS
26-137	RF	Concerns with conflict of interest and actions by a parenting coordinator/health care practitioner	Referred to MQA; Information Provided
26-138	NF	Alleged unjustified denials to medical records requested by a city entity	Not Investigated - No Jurisdiction; Information Provided
26-139	RF	Concerns with unauthorized disclosure of client information by DCF	Referred to DCF OIG

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26-140	NF	Concerns over living conditions and neglect of residents at a rehabilitation center	Not Investigated - No Jurisdiction; Information Provided
26-141	NF	Concerns regarding a research study conducted by DOH and a nursing home	Not Investigated - Allegations presented to Institutional Review Board
26-142	NF	Concerns regarding the appearance and personal beliefs of a DOH employee	Not Investigated - Insufficient Information
26-143	RF	Concerns of unprofessional behavior by a DOH employee	Referred to EOS and Management
26-144	RF	Concerns with the actions of a mental health counselor in relation to a child investigation case	Referred to MQA
26-145	RF	Concerns of unprofessional conduct and allowing unauthorized guests in secure areas by DOH supervisors	Referred to Management
26-146	NF	Concerns of unresponsiveness from a DOH Board office related to a regulation question	Not Investigated - No identified violation of law, rule, or policy; Information Provided
26-147	RF	Alleged fraudulent activities by providers at an outpatient treatment center	Referred to MQA
26-148	RF	Alleged ongoing procedural and supervisory failures within a CHD Environmental Office related to permitting	Referred to Management; Information Provided
26-149	NF	Concerns of mismanagement and unfair treatment by a DOH supervisor	Not Investigated - No identified violation of law, rule, or policy within OIG authority
26-150	NF	Concerns of retaliation, mismanagement, hostile work environment, abuse of authority, discriminatory conduct, and improper handling of an Equal Opportunity issue by a DOH manager	Not Investigated - Complainant chose to pursue with an outside entity
26-151	RF	Concerns over unresponsiveness from DOH related to a public records request	Clarified Request; Referred to MQA for expedited processing
26-152	RF	Concerns with the lack of housing assistance by a DOH case manager	Referred to Management; Complaint Withdrawn
26-153	NF	Concerns of unprofessional behavior by a DOH employee	Not Investigated - Deferred to Management
26-154	NF	Concerns regarding unethical hiring practices and wrongful termination by a DOH community partner	Not Investigated - No Jurisdiction
26-155	NF	Concerns with a practitioner's standard of care and medical records, and handling of a practitioner complaint by DOH	Not Investigated - No identified violation of law, rule, or policy
26-156	NF	Concerns about incorrect information in a practitioner's records	Not Investigated - MQA previously notified
26-157	RF	Alleged hostile work environment and failure to properly score performance evaluation by a DOH supervisor	Referred to Management
26-158	NF	Concerns over unresponsiveness from DOH related to a public records request	Not Investigated - Information Provided
26-159	RF	Concerns regarding work environment, health and safety protocols at a cannabis dispensary	Referred to Office of Medical Marijuana Use
26-160	RF	Concerns regarding health and safety issues at a correctional institution	Referred to CHD - Information Provided
26-161	RF	Concerns over the behavior of a health care practitioner	Referred to MQA
26-162	RF	Concerns related to criminal charges against a DOH employee	Referred to Management and HR
26-163	RF	Concerns with the actions of restaurant health inspectors	No Jurisdiction - Referred to DBPR
26-164	NF	Concerns regarding a health care practitioner practice and the handling of a complaint by DOH	Not Investigated - No identified violation of law, rule, or policy
26-165	RF	Concerns with a tattoo artist operating with an inactive license	Referred to CHD
26-167	NF	Concerns of inappropriate conduct by a DOH employee and DOH supervisor	Not Investigated - No identified violation of law, rule, or policy
26-168	RF	Concerns of unprofessional behavior by a DOH employee	Referred to Management
26-169	RF	Concerns with the handling of licensure application by DOH	Referred to MQA Management
26-170	RF	Concerns regarding treatment received at a jail and the actions of a contracted case manager	Referred to Management; Information Provided
26-171	RF	Concerns with the billing actions, including Medicaid/Medicare fraud, by a medical practice	Referred to MQA and AHCA
26-172	NF	Concerns about inappropriate approval of a septic repair permit by DOH	Not Investigated - No identified violation of law, rule, or policy
26-173	NF	Concerns about a delay in practitioner complaint presentation to a Probable Cause Panel	Not Investigated - Information Provided
26-174	RF	Concerns with the application of regulations and inappropriate conduct by a CHD employee	Referred to CHD Management
26-175	RF	Alleged inappropriate conduct by DOH supervisors	Referred to EOS; Information Provided
26-176	RF	Concerns regarding regulatory violations by a nursing education institution	Referred to MQA

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26-177	NF	Concerns about changes to the requirements for a drug assistance program	Not Investigated - No Jurisdiction; Information Provided
26-178	RF	Concerns about inappropriate and unprofessional conduct by a DOH supervisor and co-worker	Referred to Management
26-179	NF	Concerns with the processing delay of a DOH licensure application	Not Investigated - No identified violation of law, rule, or policy; Matter Resolved
26-180	RF	Alleged lack of timely communication by a DOH employee	Referred to Management
26-181	NF	Concerns with a private nurse's conduct	Not Investigated - No Jurisdiction; Information Provided
26-182	RF	Concerns regarding the conduct of a private physician	Referred to MQA
26-183	NF	Alleged misconduct by MQA staff	Not Investigated - Insufficient Information
26-184	NF	Concerns with insurance billing practices in multi-location dental office	Not Investigated - No Jurisdiction; Information Provided
26-185	RF	Concerns of unprofessional and retaliatory behavior by a DOH supervisor	Referred to EOS
26-186	NF	Alleged mistreatment by DOH managers	Not Investigated - Insufficient Information
26-187	RF	Concerns with a hospital's handling of patients' safety	Referred to AHCA; Information Provided
26-188	NF	Concerns with the lack of communication by DOH regarding a facility licensure inspection	Not Investigated - No identified violation of law, rule, or policy; Matter Resolved
26-189	NF	Alleged inappropriate disclosure of records by a licensed physician and dissatisfaction with the handling of a practitioner complaint by DOH	Not Investigated - No identified violation of law, rule, or policy
26-190	NF	Concerns with the handling of a practitioner complaint by DOH	Not Investigated - No identified violation of law, rule, or policy
26-192	RF	Concerns regarding medical care at a correctional institution	Referred to MQA
26-193	RF	Concerns with WIC benefit eligibility and child residency status	Referred to WIC Program Office
26-194	NF	Concerns about receiving multiple calls forwarded from DOH	Not Investigated - Matter Resolved
26-195	NF	Concerns regarding a psychiatric hold and patient rights violation	Not Investigated - No Jurisdiction; Information Provided
26-196	NF	Concerns with a septic system and contract with septic contractor	Not Investigated - Insufficient evidence to identify a potential violation of law, rule, or policy within DOH authority
26-197	NF	Concerns with misuse of authority and retaliation by a DOH supervisor	Not Investigated - Insufficient Information; Information Provided
26-198	RF	Concerns of inappropriate behavior by a DOH employee	Referred to Management
26-199	NF	Concerns with the manner in which changes were made to a DOH program	Not Investigated - Matter being litigated
26-200	NF	Concerns regarding hospital transfer agreements with office-based surgery centers	Not Investigated - Not a Complaint; Provided to MQA
26-201	PI	Concerns of bribery of a former DOH employee related to 340B License Renewal and unlicensed practice of a health care profession	Not Investigated - Insufficient Evidence
26-202	RF	Concerns with deceptive practices at a plastic surgery center	Referred to MQA; Information Provided
26-203	RF	Concerns with billing documentation and vaccine pricing within the DOH immunization program	Referred to Management
26-204	RF	Concerns with the handling and processing of a licensure application by DOH	Referred to MQA Management
26-205	RF	Concerns with an individual's lack of qualifications to supervise social workers at a private business	Referred to MQA
26-206	NF	Alleged deceptive practices by a DOH supervisor preceding formal counseling of a subordinate	Not Investigated - Insufficient Information; Information Provided
26-207	RF	Concerns with a fraudulent license issued by a Board	Referred to MQA Management
26-208	NF	Allegations of medical mismanagement by physicians, withholding information from the courts by a judge, and unlabeled medications by DOH	Not Investigated - Information Provided; Referred to Program Office
26-209	NF	Concerns with a septic system and the handling of concerns by DOH	Not Investigated - Insufficient Information
26-210	RF	Concerns with the DOH licensure application process and lack of clinician support	Referred to MQA Management
26-211	RF	Alleged conflict of interest and unprofessional behavior by a DOH employee	Referred to OGC
26-212	NF	Concerns of ongoing harassment by a DOH supervisor and a hostile work environment	Not Investigated - Insufficient Information

Legend			
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Number	Type	Allegation/Concern	Disposition
26-213	NF	Concerns of an illegal attempt to enter a residence by a DOH employee	Not Investigated - Addressed by Management
26-214	RF	Concerns with improper practices at a rehab center	Referred to AHCA
26-215	NF	Concerns with laws regarding access to pain medication	Not Investigated - No Jurisdiction
26-216	NF	Concerns of a potential public health issue involving goat yoga in a designated children's play area	Not Investigated - Insufficient Information
26-217	NF	Concerns with the handling of a practitioner complaint and lack of communication by DOH	Not Investigated - No identified violation of law, rule, or policy; Information Provided
26-218	RF	Concerns with processing delay and the lack of communication from DOH pertaining to a licensure application	Referred to Management; Matter Resolved
26-219	NF	Concerns with a lack of communication by MQA staff	Not Investigated - Insufficient Information
26-220	RF	Concerns with unsafe conditions, including mold, at a school	Referred to CHD
26-221	NF	Alleged failure of DOH to follow a court order and improper correspondence by a DOH attorney	Not Investigated - Information Provided
26-222	NF	Alleged failure to properly notify homeowner of enforcement proceedings related to operating permit requirements	Not Investigated - No identified violation of law, rule, or policy
26-223	NF	Concerns with the handling of a DOH program and the fee for a public record request	Not Investigated - Matter being litigated
26-224	RF	Concerns with the handling of a reinstatement of license	Referred to MQA Management
26-225	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Deferred to MQA Management
26-226	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Insufficient Information
26-227	RF	Alleged excessive use of strong scents and religious discrimination by a DOH employee	Referred to EOS
26-228	NF	Alleged wrongful termination by management at an addiction treatment facility	Not Investigated - No Jurisdiction; Information Provided
26-229	RF	Concerns of unprofessional behavior by a rehab facility employee	Referred to DCF and AHCA
26-230	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-231	NF	Concerns with a form used by DOH becoming associated with a mutual fund	Not Investigated - Insufficient Information
26-232	LE	Concerns with fraudulent use of DOH name/letterhead for solicitation of bids	Criminal Referred to FDLE
26-233	RF	Alleged negligence and inappropriate conduct by a DOH supervisor and employee	Referred to Management
26-235	RF	Alleged inaccuracies on a death certificate	Referred to Vital Stats
26-236	RF	Concerns with the lack of communication regarding a licensure application	Referred to MQA Management
26-237	RF	Alleged false accusations and malicious reporting by a coworker	Referred to Management
26-238	RF	Concerns with ongoing Medicaid network adequacy issues	Referred to AHCA OIG
26-239	NF	Alleged unlicensed establishment, criminal allegations, and lack of actions by the DOH staff	Not Investigated - Deferred to Management
26-240	RF	Concerns regarding a counseling center's failure to provide medical records	Referred to MQA Management
26-241	RF	Concerns related to false statements made by a DOH supervisor	Referred to Management
26-243	RF	Concerns with the handling of a practitioner complaint by DOH	Referred to MQA Management
26-244	NF	Concerns with the potential mishandling of food and beverages at a restaurant	Not Investigated - No Jurisdiction; DBPR previously notified
26-246	RF	Concerns of unprofessional and retaliatory behavior by a DOH supervisor	Referred to Management
26-247	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Insufficient Information; Matter Resolved
26-248	RF	Concerns with the handling of a practitioner complaint by DOH	Referred to MQA Management
26-249	RF	Concerns regarding a DOH supervisor requiring an employee to perform duties without the required certification	Referred to Management
26-250	RF	Concerns of a DOH supervisor regarding continued unprofessional actions of a subordinate employee	Referred to Management
26-251	RF	Concerns with the handling of a practitioner complaint by DOH	Not Investigated - No identified violation of law, rule, or policy; Referred to MQA Management
26-252	RF	Concerns regarding a DOH inspector's conduct during a facility license inspection	Referred to MQA Management
26-253	NF	Alleged unauthorized release of a child's birth certificate	Not Investigated - Deferred to Vital Stats Management

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Number	Type	Allegation/Concern	Disposition
26-254	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-255	NF	Concerns regarding unsanitary conditions at multiple city buildings	Not Investigated - Insufficient Information
26-256	RF	Alleged inappropriate request for confidential information by a DOH employee	Referred to Management
26-257	NF	Concerns with the handling of practitioner complaints and medical marijuana treatment facilities by DOH	Not Investigated - No identified violation of law, rule, or policy within OIG authority
26-258	RF	Alleged unprofessional behavior by DOH supervisors	Referred to Management
26-259	RF	Concerns regarding the accuracy of documentation in a personnel record	Referred to HR Management
26-260	NF	Concerns regarding a delay in issuing a practitioner's Final Order	Not Investigated - No identified violation of law, rule, or policy; Information Provided
26-261	NF	Alleged unprofessional behavior by DOH supervisors	Not Investigated - Incorporated into a related case file
26-262	RF	Concerns with the lack of professionalism and information provided by a DOH employee	Referred to Management
26-263	RF	Concerns about practices and conduct within a DOH program	Not Investigated - Insufficient Information; Referred to Management
26-264	RF	Concerns with the unprofessional conduct of a school administrator and sewage on the ground at the school	Referred to CHD EPH Section
26-265	RF	Concerns about a microbiological contamination, cleaning control failures, and potential risk to public health by a pharmaceutical company	Referred to MQA and DBPR
26-267	RF	Concerns with the behavior of two DOH supervisors	Referred to Management
26-268	NF	Concerns with the use of public funds and audit compliance relating to a DOH vendor	Not Investigated - No Specific Allegation
26-269	NF	Concerns with the failure of a wastewater treatment plant to test private wells within a certain radius	Not Investigated - No identified violation of law, rule, or policy
26-271	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-272	RF	Concerns with the behavior of two DOH supervisors	Not Investigated - Incorporated into a related case file; Referred to Management
26-273	RF	Concerns with an ongoing lack of responsiveness and communication by the DOH related to a public pool	Referred to Management
26-274	RF	Concerns regarding the behavior of DOH supervisors	Not Investigated - Incorporated into a related case file; Referred to Management
26-275	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-276	RF	Concerns regarding patient authorization, record accuracy, and administrative practices at an imaging center	Referred to AHCA and Bureau of Radiation Control
26-277	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Matter Resolved; Management Notified
26-278	RF	Concerns about a suspicious link on a DOH website	Referred to Management and Office of Communications
26-279	RF	Concerns with local law enforcement, misdiagnosis of condition, and failure to follow Baker Act protocol	Referred to DCF OIG; Information Provided
26-280	NF	Alleged unprofessionalism, hostile work environment, and inappropriate hiring by a DOH supervisor	Not Investigated - Insufficient Information
26-281	RF	Concerns with possible neglect, inappropriate placement, and clinical deterioration at a treatment center	Referred to AHCA and DCF; Information Provided
26-282	NF	Concerns with vaccine-related safety data	Not Investigated - No identified violation of law, rule, or policy; Information Provided; Copy provided to the Division of Disease Control and Health Protection
26-283	NF	Concerns with possible misuse of victim-service funds, grants, inappropriate therapy treatment, and victim compensation resources by a DOH contracted entity	Not Investigated - Information Provided
26-284	RF	Concerns regarding the conduct of a private child care center's owner and director	Referred to DCF
26-285	NF	Concerns regarding staff turnover and possible gross mismanagement at a CHD	Not Investigated - Insufficient Information
26-286	NF	Concerns that a DOH bureau violated state and federal law	Not Investigated - Insufficient Information; Information Provided
26-287	NF	Concerns with the licensure actions of a Medical Board	Not Investigated - No identified violation of law, rule, or policy;
26-289	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Matter Resolved

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26-290	NF	Concerns regarding falsification of medical records, unauthorized account and records changes by private physician offices	Not Investigated - No Jurisdiction
26-291	RF	Concerns with falsification of medical records and having non-licensed personnel administer and observe resident medication	Referred to MQA
26-292	RF	Concerns with the handling of a practitioner complaint by DOH	Referred to MQA Management
26-293	NF	Concerns with false reporting and misuse of the DOH complaint process	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-294	RF	Concerns with an ongoing refusal to address known regulatory violations, including unpermitted septic systems and fraudulent information on a well permit	Referred to Department of Environmental Protection; Information Provided
26-295	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-296	NF	Concerns with an entity contracting with local governments related to wastewater plants	Not Investigated - No Jurisdiction
26-298	RF	Concerns with the handling of a licensure application by DOH	Referred to MQA Management
26-299	NF	Concerns with misconduct by unidentified DOH inspectors	Not Investigated - Insufficient Information
26-300	NF	Concerns with practitioner complaint records and a request for OIG oversight regarding preservation and accuracy of records	Not Investigated - No identified violation of law, rule, or policy
26-303	RF	Concerns with requirements to be used by DOH as proof-of-residency	Referred to Management
26-304	NF	Concerns with the handling of practitioner complaints by DOH and a request for OIG oversight	Not Investigated - No allegations made
26-305	NF	Alleged unauthorized disclosure of sensitive information	Not Investigated - Deferred to Management after legal review
26-306	NF	Concerns with the handling of a licensure application by DOH	Not Investigated - Matter Resolved; MQA Management Notified
26-307	RF	Concerns with the fraudulent use of a private physician's medical stamps/signature	Referred to MQA
26-308	NF	Concerns with the handling of a practitioner complaint, discrimination, and inappropriate surveillance by viewing public social media post	Not Investigated - No Jurisdiction; Insufficient information to identify a potential violation of law, rule, or policy
26-309	RF	Concerns with the handling of a diagnostic facility complaint	Referred to MQA Management
26-310	RF	Concerns of unprofessional and rude behavior by a DOH employee	Referred to Management
26-312	RF	Concerns with the handling of a practitioner complaint by DOH	Referred to MQA Management
26-313	NF	Concerns regarding mistreatment at a housing facility	Not Investigated - No Jurisdiction
26-314	NF	Concerns with DOH's handling of a licensure application while another license is under investigation	Not Investigated - Insufficient information to identify a potential violation of law, rule, or policy
26-315	NF	Concerns with the communication provided by DOH regarding a practitioner complaint	Not Investigated - No identified violation of law, rule, or policy
26-316	RF	Concerns regarding the quality of care received at a hospital	Referred to AHCA; Information Provided
26-317	NF	Alleged DOH employee inappropriately revealed an individual's private information on social media while on state time	Not Investigated - Insufficient Information
26-318	RF	Concerns with possible WIC fraud by a business owner	Referred to WIC Program Office
26-319	NF	Concerns regarding the denial of a septic repair permit by CHD EPH personnel	Not Investigated - Matter Resolved
26-320	NF	Concerns about the accuracy of services being billed and client records safety at a non-DOH entity	Not Investigated - No Jurisdiction; MQA Management Notified

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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