

**DEPARTMENT OF HEALTH**

Food Service Establishment Licensing and  
Inspections and Prior Audit Follow-Up



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Auditor General

## **State Surgeon General and State Health Officer**

The Department of Health is established by Section 20.43, Florida Statutes. The head of the Department is the State Surgeon General and State Health Officer who is appointed by the Governor and subject to confirmation by the Senate. Dr. Celeste Philip served as the State Surgeon General and State Health Officer during the period of our audit.

The team leader was E. Annette Green, CPA, and the audit was supervised by Samantha Perry, CPA.

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# DEPARTMENT OF HEALTH

## Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up

### **SUMMARY**

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This operational audit of the Department of Health (Department) focused on food service establishment licensing and inspections. The audit also included a follow-up on selected findings noted in our report Nos. 2015-119 and 2016-087. Our audit disclosed the following:

#### **Food Service Establishment Licensing and Inspections**

**Finding 1:** Department records did not evidence that food service establishment licenses were issued prior to the commencement of operations and some county health departments (CHDs) utilized license application forms that did not require all the information specified by the Department's application.

**Finding 2:** The Department did not always inspect food service establishments in accordance with the Department's established inspection frequency and sometimes did not timely conduct reinspections of establishments.

**Finding 3:** Department controls for food service establishment complaint investigations need enhancement to ensure that all complaints are recorded in the Department's Environmental Health Database, complaint investigation activities are documented in accordance with Department policies and procedures, and investigations are timely conducted.

#### **Pharmacy Services**

**Finding 4:** Bureau of Public Health Pharmacy (Bureau) pharmaceutical inventory management controls continue to need improvement.

**Finding 5:** As similarly noted in prior audit reports, most recently in our report No. 2016-087, the Bureau did not maintain complete and accurate records of drugs returned from the CHDs.

#### **Selected Administrative Activities**

**Finding 6:** Department controls for timely removing user access privileges to Department information technology applications continue to need improvement.

### **BACKGROUND**

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State law<sup>1</sup> specifies that the Department of Health (Department) is to protect and promote the health of all residents and visitors in the State. The Department operates through a State health office in Tallahassee, 67 county health departments (CHDs), 22 Children's Medical Services area offices, 12 Medical Quality Assurance regional offices, 9 Disability Determinations regional offices, and 3 public health laboratories.

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<sup>1</sup> Section 20.43(1), Florida Statutes.

# FINDINGS AND RECOMMENDATIONS

## FOOD SERVICE ESTABLISHMENT LICENSING AND INSPECTIONS

Pursuant to State law,<sup>2</sup> the Department is responsible for adopting and enforcing sanitation rules for food service establishments to protect the public from food-borne illness. Food service establishments include public and private schools, assisted living facilities, residential treatment facilities, hospices, bars, and lounges.<sup>3</sup> The Department, Bureau of Environmental Health, is responsible for preventing disease of environmental origin by ensuring safe and sanitary facilities, including food service establishments, through routine monitoring, education, surveillance, and sampling of conditions and facilities. The Bureau of Environmental Health, among other responsibilities, administers the Food Safety and Sanitation Program to ensure that food service establishments regulated by the Department are operated in accordance with applicable regulations and in a safe and sanitary manner to minimize the occurrence of food-borne illness.

State law<sup>4</sup> and Department rules<sup>5</sup> prescribe the licensure and inspection requirements for food service establishments. The CHDs are responsible for issuing food service establishment licenses (sanitation certificates) and for inspecting food service establishments. Food service establishment sanitation certificates expire annually on September 30th. The Department utilized the Environmental Health Database to maintain licensing and inspection data, including inspection reports and documentation related to violations noted during an inspection.

### Finding 1: Food Service Establishment Licenses

State law<sup>6</sup> and Department rules<sup>7</sup> require each person who plans to construct, purchase, reopen, or operate a food service establishment to obtain a license from the Department prior to the commencement of operations and annually thereafter. Department rules specify that applicants are to submit to the Department an *Application for Sanitation Certificate* (Application), accompanied by the applicable license fee. During the period July 2016 through January 2018, the CHDs issued 1,589 new food service establishment licenses.

As part of our audit, we examined Department records for 40 new food service establishment licenses issued by the CHDs during the period July 2016 through January 2018. Our examination disclosed that:

- Department records did not clearly evidence that 31 of the 40 licenses were issued prior to the commencement of the food service establishments' operations, as the records for those licenses did not include commencement dates. According to Department management, tracking new food service establishment operation commencement dates had not been previously considered, as

<sup>2</sup> Section 381.0072(1)(a), Florida Statutes.

<sup>3</sup> The Department's regulation of food service establishments excludes food service establishments (e.g., grocery stores) permitted or licensed under Chapter 500, Florida Statutes, and public lodging establishments (e.g., hotels) and public food service establishments (e.g., restaurants) licensed under Chapter 509, Florida Statutes, unless the public food service establishment is a culinary education program.

<sup>4</sup> Section 381.0072, Florida Statutes.

<sup>5</sup> Department Rules, Chapter 64E-11, Florida Administrative Code.

<sup>6</sup> Section 381.0072(4), Florida Statutes.

<sup>7</sup> Department Rule 64E-11.0013(2)(a), Florida Administrative Code.

the Department was unaware of instances of noncompliance and considered the risk of noncompliance to be low due to the level of involvement of CHD staff with other local permitting authorities during the establishment's opening process.

- The application forms used by two CHDs to process and issue 8 licenses did not require applicants to provide all the information required by the Department's Application. For example, the application form utilized by one CHD did not include a space for the applicant to sign and certify the accuracy of the application information and agreement to operate the food service establishment in accordance with governing laws and rules. In response to our audit inquiry, Department management indicated that the CHDs sometimes modify the Application to require county-specific information; however, the Department discourages this practice and emphasizes to the CHDs that standard forms such as the Application should be utilized to ensure that all required information is obtained.

Absent record of the commencement date for newly licensed food service establishments, the Department cannot demonstrate that food service licenses were issued prior to the date the establishments began operations, in accordance with State law. In addition, utilizing license application forms that require applicants to provide all the information required by the Department's Application would better ensure that the Department has the information necessary to effectively regulate food service establishments.

**Recommendation:** We recommend that Department management establish procedures to track the commencement date for newly licensed food service establishments. We also recommend that Department management ensure that license applications utilized by the CHDs capture all the information required by the Department's Application.

#### **Follow-Up to Management's Response**

*Department management indicated in their written response that "the act of the initial inspection and permitting is our permission to the food service establishment that they may commence food service." Department management also indicated that the sanitation certificate issue date is the date the new establishment received an inspection with a satisfactory result and that the establishment may commence business on the date that the sanitation certificate is issued. Notwithstanding this response, as indicated in the finding, Department records did not evidence the food service establishments' commencement dates, which prohibited the assessment of whether the sanitation certificates were issued prior to the commencement of the establishments' operations. Consequently, the finding and related recommendation stand as presented.*

#### **Finding 2: Routine Inspections and Reinspections**

State law<sup>8</sup> requires the Department to inspect all food service establishments as often as necessary to ensure compliance with applicable State laws and Department rules. Pursuant to Department policies and procedures,<sup>9</sup> the minimum frequency for routine inspections of food service establishments was to be based on two risk factors: the level of food preparation, including the specific type of foods being prepared, and the population to be served. Routine inspections were to be conducted quarterly,

<sup>8</sup> Section 381.0072(3)(d), Florida Statutes.

<sup>9</sup> Department, Bureau of Environmental Health, Environmental Health Program Manual, DOHM 150-4, Section VI, Chapter F, *Food Safety and Sanitation*.

tri-annually, semi-annually, or annually during the inspection period,<sup>10</sup> based on the food service establishment's risk categorization. For example, establishments (e.g., elementary schools and hospices) that had a full food service operation that served a highly susceptible population and cooled and reheated potentially hazardous foods were to be inspected quarterly.

Department policies and procedures required observed violations and other routine inspection information to be documented on a *Food Service Inspection Report*. If significant violations requiring a time limit for corrections were noted during a routine inspection, a reinspection was to be scheduled at the time of the routine inspection and the *Food Service Inspection Report* notated with the scheduled date and time of the reinspection. Any change in the reinspection date, including the reason for the change and the new date selected, was to be documented in Department records. During the period July 2016 through January 2018, the Department performed 54,795 routine inspections at 14,803 food service establishments and performed 3,924 reinspections at 2,338 food service establishments.

As part of our audit, we examined Department records for 40 routine inspections and 27 reinspections of food service establishments conducted by the Department during the period July 2016 through January 2018. Our examination disclosed that:

- The Department did not always perform routine inspections of food establishments during the annual inspection period October 2016 through September 2017 in accordance with the Department's established inspection frequency. Specifically:
  - The Department only conducted two inspections of 3 food service establishments, including a middle school, that were to be inspected triannually.
  - The Department only conducted one inspection of a private pre-K-12 school and two inspections of an elementary school, although both establishments were to be inspected quarterly.

In response to our audit inquiry, Department management indicated that the inspections were not conducted in accordance with the established inspection frequency due to limited staff availability after Hurricane Irma and a general shortage of inspectors.

- The Department conducted scheduled reinspections of 2 food service establishments, one serving a residential child-caring agency and another serving an assisted living facility, approximately 2 and 8 months after the reinspection dates specified in the *Food Service Inspection Reports*. For the reinspection of the residential child-caring agency, while Department management indicated that the reinspection date had been changed, the revised date was not documented in the initial *Food Service Inspection Report* and Department records did not evidence the reason for the change. For the reinspection of the assisted living facility, the Department was unable to determine the reason for the untimely reinspection because the inspector was no longer employed with the Department.

Conducting inspections in accordance with established inspection frequencies and timely reinspecting food service establishments provides greater assurance that food service establishments are operating in accordance with applicable State laws and Department rules and in a safe and sanitary manner.

**Recommendation: We recommend that Department management ensure that food service establishments are inspected in accordance with established inspection frequencies and scheduled reinspection dates. We also recommend that Department management ensure that Department records evidence the reason for and date of any changed reinspection dates.**

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<sup>10</sup> The Department's annual inspection period is October 1 through September 30.

### Finding 3: Food Service Establishment Complaint Investigations

State law<sup>11</sup> authorizes the Department to investigate complaints of unsanitary conditions in food service establishments. Pursuant to Department policies and procedures,<sup>12</sup> complaints alleging food-borne illness were to be investigated within 24 hours and all other complaints within 2 business days. Department policies and procedures required investigators to document all complaint investigation activities on a *Complaint Investigation Record* form. The *Complaint Investigation Record* form, among other things, was to document when the complaint was received, the nature of the complaint, the findings and actions taken, the investigation completion date, and whether the complainant was notified of the results of the investigation. Department policies and procedures required that complaints and related investigations be documented in the Environmental Health Database (EHD). Upon completion of the complaint investigation, the investigator was to enter the results into the EHD, maintain a copy of the investigation documentation in the Department's files, and contact the complainant with the results of the investigation.

As part of our audit, we analyzed Department records related to the 315 food service establishment complaints recorded in the EHD during the period July 2016 through January 2018. Our analysis disclosed that no complaints had been entered in the EHD for 23 of the 67 CHDs. According to Department management, prior to implementation of the Department's complaint investigation policies and procedures in 2014, the CHDs utilized their own processes to document food service establishment complaint investigations, and not all CHDs had fully transitioned to the process required by Department policies and procedures.

We also examined Department records for 25 food service establishment investigations related to complaints received during the period July 2016 through January 2018. Our examination disclosed that:

- For 6 complaint investigations, investigators did not utilize the *Complaint Investigation Record* form to document complaint investigation activities. As a result, Department records for 3 of the complaint investigations did not evidence whether the investigator communicated to the complainant the results of the investigation and, for 5 of the complaint investigations, Department records did not evidence whether the Department had timely investigated the complaint because the records did not reflect the date the complaint was made. In response to our audit inquiry, Department management indicated that conflicting wording in Department policies and procedures may have contributed to investigators not always completing a *Complaint Investigation Record* form.
- The Department did not timely investigate one non-food borne illness complaint (roach infestation) due to employee oversight. Specifically, the complaint investigation was conducted 11 business days after the complaint was received.

A complete record of food service establishment complaint investigations documented in accordance with Department policies and procedures would promote the ability of Department management to effectively monitor complaint investigations and ensure that investigations are timely and properly conducted and investigation results properly communicated.

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<sup>11</sup> Section 386.02, Florida Statutes.

<sup>12</sup> Department, Bureau of Environmental Health, Environmental Health Program Manual, DOHM 150-4, Section VI, Chapter F, *Food Safety and Sanitation*, and Chapter Y, *Complaint Investigation and Enforcement*.

**Recommendation:** We recommend that Department management work with the CHDs to ensure that the EHD includes all food service establishment complaint investigations and such investigations are documented and timely conducted in accordance with Department policies and procedures. We also recommend that Department management revise Department policies and procedures to ensure investigators are aware of the requirement to document all complaint investigation activities on a *Complaint Investigation Record* form.

## PHARMACY SERVICES

State law<sup>13</sup> specifies that the Department is to establish a pharmacy services program, including, but not limited to, a Central Pharmacy to support pharmaceutical services provided by the CHDs. Central Pharmacy support for the CHDs is to include pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals. The Department, Bureau of Public Health Pharmacy (Bureau), partners with the CHDs, Department program offices, and other health service entities to provide clinical and pharmaceutical supplies for programs related to: Sexually Transmitted Diseases, Rabies, Epilepsy, Tuberculosis, HIV/AIDS, Diabetes, Immunizations, Family Planning, and CHD General Clinic Services. The Bureau also supplies pharmaceutical products and services to the Department of Corrections (DOC) through an interagency agreement. The Bureau's clinical supplies and pharmaceutical inventories are stored in the Central Pharmacy and warehouse located in Tallahassee, Florida.

The Bureau utilized the QS/1 System (QS/1) and the Pharmaceutical Forms System (PFS) to maintain accountability for pharmaceutical inventories. The QS/1 is a pharmaceutical dispensing and inventory control system used by the Bureau to maintain perpetual inventory records for patient-specific medications. The PFS is a custom pharmaceutical ordering system that allows the CHDs to order Nurse Issuance drugs<sup>14</sup> and bulk inventory and allows the DOC institutions to order drugs.

### **Finding 4: Physical Inventory Counts**

Bureau procedures<sup>15</sup> required Bureau staff to conduct monthly physical pharmaceutical inventories at the Central Pharmacy and the warehouse. Bureau procedures<sup>16</sup> also required Bureau staff to compare the physical inventory counts to the quantities recorded in the inventory records and, if discrepancies were noted, a second employee was to confirm the discrepancies through a recount. If a discrepancy remained after the recount, Bureau staff were to adjust the inventory records, as applicable, and note the reason for the adjustment.

As part of our audit, we examined, for 35 of 957 drugs,<sup>17</sup> Bureau inventory count and adjustment records for the months of October 2016, March 2017, July 2017, August 2017, December 2017, and

<sup>13</sup> Section 381.0203(2), Florida Statutes.

<sup>14</sup> Pursuant to Section 154.04, Florida Statutes, the Nurse Issuance Program allows a registered nurse or licensed physician assistant working in a CHD to assess a patient and order certain medications when a licensed physician is not on the premises and other statutory requirements are satisfied.

<sup>15</sup> Bureau Internal Operating Procedure BPHP022-16, *Inventory Management Systems and Functions*.

<sup>16</sup> Bureau Internal Operating Procedure BPHP058-16, *Procedure for Inventory Reconciliation and Documentation for Logistics*.

<sup>17</sup> The records for the 35 drugs selected for examination included 25 of the 853 drugs stored in the Central Pharmacy and dispensed during the period July 2016 through January 2018, and 10 of the 104 drugs stored in the warehouse and on hand as of March 28, 2018.

January 2018. As similarly noted in previous audit reports, most recently in our report No. 2016-087 (Finding 1), our examination disclosed that improvements in pharmaceutical inventory management controls were needed as physical counts did not always agree with recorded drug quantities. Specifically, we found that:

- Bureau records did not adequately evidence the reason for certain adjustments to drug quantities. Specifically, for 11 monthly counts related to 9 drugs, Bureau staff adjusted the drug quantities in Bureau inventory records based on the physical counts and noted the reason for the adjustments only as “Physical Inventory Shelf Count.”
- For 28 monthly counts related to 12 drugs, Bureau staff did not adjust drug quantities or note an explanation in Bureau records for differences between the physical inventory counts and the inventory records.

In response to our audit inquiry, Bureau management indicated that, prior to June 2018, adjustments to the inventory records were not always required when physical inventory counts did not agree with inventory records and, if adjustments were made, pharmacists were instructed to note “Physical Inventory Count” as the reason for the adjustments. Subsequently, pharmacists were instructed to adjust the inventory records and provide sufficient justification for all adjustments.

Adequate pharmaceutical inventory management controls provide the information necessary to maintain accountability for the drugs and decrease the risk that waste, loss, theft, or unauthorized use of drugs may occur and not be timely detected.

**Recommendation:** We recommend that Bureau management ensure that Bureau records are appropriately adjusted for the results of physical inventory counts and adequately evidence the investigation of noted differences and reason for inventory record adjustments to drug quantities.

#### **Finding 5: Pharmaceutical Returns**

Bureau procedures<sup>18</sup> required CHD staff to complete a Return Merchandise Authorization (RMA) form through the PFS when returning drugs to the Central Pharmacy or the warehouse. CHD staff were to include a hard-copy RMA form, to be used as a packing list, in the return package. While Nurse Issuance and bulk drug returns were processed and recorded electronically in the PFS, Bureau staff were to record patient-specific drugs returned to the Central Pharmacy on Pharmacy Return Logs, restore the patient’s refill information within the QS/1, and maintain the RMA form to document the return. If the drugs were to be restocked, Bureau staff were to add the drugs back to the QS/1 inventory records.

As part of our audit, we compared Pharmacy Return Logs prepared during the period July 2016 through January 2018 to QS/1 inventory records to determine whether the Bureau had appropriately adjusted the QS/1 inventory records to reflect the returns noted on the Pharmacy Return Logs. Our examination disclosed instances where the Pharmacy Return Logs included inaccurate or missing information, such as missing dates, blank prescription numbers, and data transposition errors. In the absence of complete and accurate information on the Pharmacy Return Logs, Bureau records did not evidence that the QS/1 inventory records had been appropriately adjusted to reflect the returns. According to Bureau

<sup>18</sup> Bureau Internal Operating Procedure BPHP 044-16, *Procedure for the Quarantine and Disposition of Pharmaceuticals*.

management, the Pharmacy Return Logs were not reviewed to ensure that the Logs were accurate and complete.

Notwithstanding the Pharmacy Return Log data quality issues, we examined Bureau records for 45 of 19,895 drug returns (30 patient-specific drug returns to the Central Pharmacy and 15 Nurse Issuance and bulk drug returns to the warehouse) made during the period July 2016 through January 2018. As similarly noted in our report No. 2016-087 (Finding 2), our examination disclosed that drug returns were not always supported by RMA forms. Specifically:

- 13 of the 30 patient-specific drug returns to the Central Pharmacy were not supported by RMA forms. In response to our audit inquiry, Bureau management indicated that the RMA forms were not available as staff were following old directives that focused on getting the returns received so that a pharmacist could evaluate the returned drug's viability.
- For 14 of the 30 patient-specific drug returns to the Central Pharmacy, CHD staff submitted various manually completed forms instead of the PFS RMA form specified by Bureau procedures. Our examination of the forms submitted disclosed that the forms did not include all required information, such as the drug strength or National Drug Code, which would facilitate the identification of the correct drug and proper recording of the returns within the inventory records. According to Bureau management, the return forms were either created by a Department program office or CHD; however, neither option was vetted by the Bureau to ensure that the forms included the necessary information.

Complete and accurate Pharmacy Return Logs would help ensure that inventory records are appropriately adjusted to account for patient-specific drugs returned to the Central Pharmacy. Additionally, obtaining and maintaining PFS-generated RMA forms for all returned drugs would allow the Bureau to establish a complete control record for the drugs from receipt to disposition.

**Recommendation: We again recommend that Bureau management maintain complete and accurate records of all drugs returned from the CHDs and work with CHD staff to use the PFS to properly document the return of all prescription drugs to the Central Pharmacy and warehouse in accordance with established procedures.**

#### SELECTED ADMINISTRATIVE ACTIVITIES

As part of our audit, we evaluated selected Department administrative activities and controls, including those related to information technology (IT) access privileges.

#### **Finding 6: Removal of IT Access Privileges**

Agency for State Technology (AST)<sup>19</sup> rules<sup>20</sup> require State agencies to ensure that IT access privileges are removed when access to an IT resource is no longer required. Prompt action to remove access privileges is necessary to help prevent the misuse of the access privileges.

<sup>19</sup> Effective July 1, 2019, Chapter 2019-118, Laws of Florida, created the Division of State Technology within the Department of Management Services (DMS) and transferred the existing powers, duties, functions, personnel, records, property, and funds of the AST to the Division of State Technology.

<sup>20</sup> AST Rule 74-2.003(1)(a)8., Florida Administrative Code. Effective July 1, 2019, AST Rules, Chapter 74-2, Florida Administrative Code, were transferred to DMS Rules, Chapter 60GG-2, Florida Administrative Code. AST Rules, Chapter 74-2, Florida Administrative Code, were in effect during our audit period (July 2016 through January 2018).

As part of our audit, we evaluated whether EHD, Health Management System (HMS),<sup>21</sup> and Active Directory<sup>22</sup> user access privileges were timely removed upon a user's separation from employment. We noted that the user access privileges were not always timely removed. For example:

- As of February 20, 2018, 9 EHD user accounts remained active although 21 to 134 business days (an average of 51 business days) had elapsed since the 9 users' employment separation dates. Additionally, we noted that the access privileges for 32 EHD user accounts removed during the period July 2016 through January 2018 were removed 3 to 148 business days (an average of 32 business days) subsequent to the 32 users' employment separation dates.
- As of January 31, 2018, 10 HMS user accounts remained active although 86 to 101 business days (an average of 95 business days) had elapsed since the 10 users' employment separation dates. Additionally, we noted that the access privileges for 33 HMS user accounts (assigned to 32 employees) removed during the period September 2017 through January 2018 were removed 2 to 57 business days (an average of 17 business days) after the employees' separation dates.
- The Active Directory user accounts for 36 of the 76 employees whose EHD or HMS user accounts were either not timely removed or remained active after their employment separation dates remained active 2 to 153 business days (an average of 39 business days) after the users' employment separation dates.

In response to our audit inquiry, Department management indicated that access privileges were not always timely removed because supervisors did not always notify, or timely notify, System Administrators when an employee separated from employment. Timely removing user access privileges reduces the risk that access privileges may be misused by the former employee or others. A similar finding was noted in our report No. 2016-087 (Finding 6).

**Recommendation:** We again recommend that Department management strengthen controls to ensure that access privileges are timely removed upon a user's separation from employment.

## ***PRIOR AUDIT FOLLOW-UP***

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Except as discussed in the preceding paragraphs, the Department had taken corrective actions for the applicable findings included in our report Nos. 2015-119 and 2016-087.

## ***OBJECTIVES, SCOPE, AND METHODOLOGY***

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The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from January 2018 through April 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit

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<sup>21</sup> The HMS provides CHD operational support such as patient registration, scheduling, eligibility, service fee collection and history, accounts receivable, care coordination tracking, electronic laboratory test ordering, and test result functions. The HMS is a distributed system (i.e., each CHD operates the HMS as a stand-alone system) and each CHD controls its user profiles, access, and permissions. The HMS also houses the CHD electronic health record.

<sup>22</sup> Active Directory is a single sign-on system used to control network access and access to Department applications. A user must have an active account in Active Directory for network access and permissions within Active Directory to access the EHD and the HMS.

to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit of the Department of Health (Department) focused on food service establishment licensing and inspections. The overall objectives of the audit were:

- To evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering assigned responsibilities in accordance with applicable laws, administrative rules, contracts, grant agreements, and other guidelines.
- To examine internal controls designed and placed in operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and efficient operations, the reliability of records and reports, and the safeguarding of assets, and identify weaknesses in those internal controls.
- To identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

Our audit also included steps to determine whether management had corrected, or was in the process of correcting, all applicable deficiencies noted in our report Nos. 2015-119 (Findings 1, 2, and 3) and 2016-087 (Findings 1, 2, and 4).

This audit was designed to identify, for those programs, activities, or functions included within the scope of the audit, deficiencies in management's internal controls, instances of noncompliance with applicable governing laws, rules, or contracts, and instances of inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit's findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records. Unless otherwise indicated in this report, these transactions and records were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature, does not include a review of all records and actions of agency management, staff, and vendors, and as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, abuse, or inefficiency.

In conducting our audit, we:

- Reviewed applicable laws, rules, Department policies and procedures, and other guidelines, and interviewed Department personnel to obtain an understanding of food service establishment licensing and inspection processes.
- Obtained an understanding of selected Department information technology (IT) controls, assessed the risks related to those controls, evaluated whether selected general and application IT controls for the Environmental Health Database (EHD) were in place, and tested the effectiveness of selected controls.
- From the population of 1,589 new food service establishment licenses issued during the period July 2016 through January 2018, examined Department records for 40 selected licenses to determine whether the Department issued the licenses in accordance with Section 381.0072, Florida Statutes, and Department Rules, Chapter 64E-11, Florida Administrative Code.
- From the population of 13,631 food service establishment licenses renewed during the period July 2016 through January 2018, examined Department records for 25 selected licenses to determine whether the Department renewed the licenses in accordance with Section 381.0072, Florida Statutes, and Department Rules, Chapter 64E-11, Florida Administrative Code.
- From the population of 530 food service establishment construction inspections performed by the Department during the period July 2016 through January 2018, examined Department records for 24 selected construction inspections to determine whether the Department performed the inspections in accordance with Section 381.0072, Florida Statutes, and Department Rules, Chapter 64E-11, Florida Administrative Code.
- From the population of 54,795 routine food service establishment inspections and 3,924 reinspections performed by the Department during the period July 2016 through January 2018, examined Department records for 40 selected routine inspections and 27 selected reinspections to determine whether the Department performed the inspections and reinspections in accordance with Section 381.0072, Florida Statutes, and Department Rules, Chapter 64E-11, Florida Administrative Code.
- From the population of 315 food service establishment complaint inspections performed by the Department during the period July 2016 through January 2018, examined Department records for 25 selected complaint inspections to determine whether the Department performed the inspections in accordance with Section 381.0072, Florida Statutes, and Department Rules, Chapter 64E-11, Florida Administrative Code.
- From the population of 356 Environmental Health Professionals (EHPs) who conducted an inspection of a food service establishment during the period July 2016 through January 2018, examined Department records for 25 selected EHPs to determine whether the EHPs met the certification requirements.
- Compared Department records for the routine food service establishment inspections conducted during the period October 2016 through September 2017 to Department records for the food service establishments licensed during the period October 2016 through September 2017 to determine whether each establishment was inspected.
- Analyzed EHD data related to the inspections and reinspections conducted during the period July 2016 through January 2018 to determine whether the percentage of reinspections compared to inspections for each county generally corresponded to the Statewide percentage and whether counties with large populations of food service establishments had a proportionately larger number of inspections and reinspections.
- Analyzed Department expenditure data from the Contract Management System for the period July 2016 through January 2018 to determine whether the expenditures were correctly allocated

to the Contract Management System code utilized to capture costs related to food service establishment licensure and inspection activities.

- Analyzed Department license fee revenue data from the Contract Management System for the period July 2016 through January 2018 to determine whether the amount of revenue collected compared to the number of food service establishments licensed and inspected appeared reasonable.
- Analyzed Department license fee revenue and expenditure data from the Contract Management System for the period July 2016 through June 2017 to determine whether inspection fees collected by the Department were sufficient to cover related costs.
- Evaluated Department actions to correct the applicable findings noted in our report No. 2015-119. Specifically, we:
  - Reviewed applicable laws, rules, and Department policies and procedures, and interviewed Department personnel to gain an understanding of Department trust fund operations and processes.
  - Inquired of Division of Medical Quality Assurance personnel and analyzed Department data from the 2016-17 fiscal year Annual Report related to regulated health care professions to evaluate the adequacy of the renewal fees, to determine the reasons for professions with significant deficit cash balances, and to evaluate Department actions taken to resolve the deficits.
  - Reviewed documentation related to the Department's methodology for allocating indirect costs during the 2016-17 fiscal year and evaluated the allocation process to determine whether the methodology was supported by appropriate records and the allocation was correctly calculated.
  - Examined Department records for 25 of the 136 employees who, as of May 8, 2017, investigated complaints related to professions regulated by the Division of Medical Quality Assurance to determine whether the employees had attended the annual investigator training held between May 8 and May 12, 2017, as required by Division policies and procedures.
- Evaluated Department actions to correct the applicable findings noted in our report No. 2016-087. Specifically, we:
  - Reviewed applicable laws, rules, and Department policies and procedures, and interviewed Department personnel to gain an understanding of Department inventory management controls.
  - For 25 of 853 drugs stored in the Central Pharmacy and dispensed during the period July 2016 through January 2018 and 10 of 104 drugs stored in the warehouse and on hand as of March 28, 2018, examined Bureau of Public Health Pharmacy (Bureau) records for 6 selected monthly physical inventory counts and, from the population of 94 inventory adjustments made during the period July 2016 through January 2018, selected and examined Bureau records for 11 inventory adjustments to determine whether:
    - The inventory counts were appropriately documented.
    - The results of the physical inventory counts were reconciled to the inventory records.
    - Differences identified during the physical inventory counts were appropriately investigated and resolved.
    - Adjustments to the inventory records were appropriately documented.
  - From the population of 19,895 drug returns to the Central Pharmacy and the warehouse made during the period July 2016 through January 2018, examined documentation for 45 selected returned drugs to determine whether the county health departments (CHDs) used the

Pharmaceutical Forms System (PFS) to properly document the shipment of all returned drugs and whether the Bureau maintained accurate records to account for pharmaceuticals returned from the CHDs.

- Compared available access privilege removal dates for system users to People First employee separation dates and evaluated the timeliness of the removal of system access privileges of separated employees for:
  - 15 active and 4 deactivated Automated Receipts System user accounts as of August 8, 2016.
  - 9 Environmental Health Database (EHD) user accounts active as of February 20, 2018, and 32 users whose access privileges were removed during the period July 2016 through January 2018.
  - 10 Health Management System (HMS) user accounts active as of January 31, 2018, and 33 user accounts whose access privileges were removed during the period September 2017 through January 2018.
  - 5 PFS user accounts active as of February 20, 2018.
  - 9 employees with Active Directory access privileges as of January 31, 2018, who also had active EHD or HMS access privileges after their employment separation dates.
  - 27 users whose access privileges to Active Directory were removed as of January 31, 2018, and whose access privileges to the EHD or the HMS had not been timely removed.
- Interviewed Department management, examined selected Department forms, and evaluated Department compliance with applicable statutory requirements for collecting and utilizing individuals' social security numbers.
- Observed, documented, and evaluated the effectiveness of selected Department processes and procedures for:
  - Budgetary, cash management, revenue and cash receipts, settlement agreements, fixed capital outlay, and financial reconciliations.
  - The administration of Department contracts. As of January 2, 2018, the Department was responsible for 1,105 active contracts totaling \$1,482,833,662.
  - The administration of hurricane-related contracting and purchasing activities. During the period July 2016 through January 2018, the Department expended \$16,286,183 related to hurricane activity impacting the Department for five Governor-declared emergencies.
- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions. Management's response is included in this report under the heading **MANAGEMENT'S RESPONSE**.

## ***AUTHORITY***

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Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each State agency on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.

A handwritten signature in blue ink that reads "Sherrill F. Norman". The signature is written in a cursive style with a large initial 'S'.

Sherrill F. Norman, CPA  
Auditor General

# MANAGEMENT'S RESPONSE

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**Mission:**

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



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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

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March 12, 2020

Ms. Sherrill F. Norman, CPA  
Auditor General  
Suite G74, Claude Pepper Building  
111 West Madison Street  
Tallahassee, FL 32399-1450

Dear Ms. Norman:

We are pleased to respond to the preliminary and tentative audit findings and recommendations made during the Office of the Auditor General's audit of the *Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up*. Our response to the findings, as required by section 11.45(4)(d), Florida Statutes, is enclosed.

We appreciate the efforts of you and your staff in assisting to improve our operations. Please contact Michael J. Bennett, Inspector General, by calling 850-245-4141, should you have any questions.

Sincerely,

Scott A. Rivkees, MD  
State Surgeon General

SAR/akm  
Enclosure

cc: Courtney F. Coppola, Chief of Staff  
Shamarial Roberson, DrPH, MPH, Deputy Secretary for Health  
Mike Mason, Operations Director  
Ed McEachron, Director, Division of Administration  
Michael J. Bennett, CIA, CGAP, CIG, Inspector General

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**Florida Department of Health**  
**Office of the State Surgeon General**  
4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701  
PHONE: 850/245-4210 • FAX: 850/922-9453  
**FloridaHealth.gov**



## Status of Corrective Action Plans



**Report Number:** To be determined

**Report Title:** *Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up*

**Report Date:** To be determined

| No. | Finding  | Recommendation   | Management Response            | Corrective Action Plan  |
|-----|--|--|--------------------------------|---|
| 1   | <p>Department of Health (Department, DOH) records did not evidence that food service establishment licenses were issued prior to the commencement of operations and some county health departments (CHDs) utilized license application forms that did not require all the information specified by the Department's application.</p> | <p>(1.1) We recommend that Department management establish procedures to track the commencement date for newly licensed food service establishments.</p> | <p>(1.1) We do not concur.</p> | <p><b>(1.1) Action will not be taken.</b></p> <p>The Bureau of Environmental Health follows the legal interpretation that the act of the initial inspection and permitting is our permission to the food service establishment that they may commence food service. Sanitation certificates contain an Issued Date, which is the date that the new establishment received an inspection with a satisfactory result. The establishment may commence business on the date that the sanitation certificate is issued, as the establishment has been found to have satisfied the statutory and rule requirements. It should also be noted that there is communication between the CHD and the establishment from the time that the application is received to the time that the sanitation certificate is issued. Upon receipt of the application, a plan review and construction site visits will follow. Should a facility be found conducting food service activities prior to issuance of the sanitation certificate, enforcement proceedings would begin. Chapter F of DOH Manual (DOHM) 150-4, <i>Environmental Health Program</i>, provides the process for issuance of a sanitation certificate for newly licensed food service establishments.</p> <p>Each CHD maintains individual internal processes for tracking each step of the permitting process, assuring timely issuance of sanitation certificates prior to the food establishment commencing operation. The audit revealed one sanitation certificate that was issued by default due to a break in the process when the responsible employee left employment. This CHD immediately revised their process to prevent this situation from repeating itself.</p> |

Preliminary and Tentative Findings - Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up

| No. | Finding | Recommendation   | Management Response | Corrective Action Plan  |
|-----|---------|--|---------------------|---|
|     |         | (1.2) We also recommend that Department management ensure that license applications utilized by the CHDs capture all the information required by the Department's Application. | (1.2) We concur.    | (1.2) <b>Not yet initiated.</b><br><br>This recommendation is different from the previous recommendation as it pertains to the application and not the issuance of the sanitation application. The environmental health directors from the two CHDs identified as to not using the correct application will be reminded not to modify the application, and will be sent the current original application form for use. Chapter F of the DOHM 150-4, <i>Environmental Health Program</i> , has been revised to include language prohibiting modification to the application form. The Bureau of Environmental Health currently conducts programmatic evaluations of the Food Safety and Sanitation Program in each CHD every four years. The file review subcomponent of the evaluation includes a measure to review the file application for ten randomly selected facilities to ensure the application is completed in its entirety. When a CHD is found not complying with this requirement, it is documented on the evaluation as a deficiency requiring correction.<br><br><i>Anticipated Completion Date: July 1, 2020</i> |

Preliminary and Tentative Findings - *Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up*

| No. | Finding  | Recommendation  | Management Response | Corrective Action Plan   |
|-----|--|---|---------------------|--|
| 2   | The Department did not always inspect food service establishments in accordance with the Department's established inspection frequency and sometimes did not timely conduct reinspections of establishments. | (2.1) We recommend that Department management ensure that food service establishments are inspected in accordance with established inspection frequencies and scheduled reinspection dates. | (2.1) We concur.    | <p>(2.1) <b>Completed.</b></p> <p>The Bureau of Environmental Health's Chief has implemented sending a monthly quota report to the CHD health officers/administrators and environmental health directors to ensure they are aware of their inspection status in each program, including the Food Safety and Sanitation Program. When identified triggers are observed, the Bureau of Environmental Health's Chief or their designee will reach out to the CHD to determine the cause of a lag in completing the required inspections. This monthly report is meant to generate conversation between the health officers/administrators and environmental health directors regarding the status of the programs, identify resource issues, and bring awareness to the situation.</p> <p>In addition, the Food Safety and Sanitation Program is evaluated quadrennially, and includes a measurement pertaining to the completion of required routine inspections. When a CHD is found not complying with this requirement, it is documented on the evaluation as a deficiency requiring correction.</p>  |
|     |  | (2.2) We also recommend that Department management ensure that Department records evidence the reason for and date of any changed reinspection dates.                                       | (2.2) We concur.    | <p>(2.2) <b>In progress.</b></p> <p>Chapter F of DOHM 150-4, <i>Environmental Health Program</i>, contains the procedure for documenting a change of date when a reinspection is rescheduled. The procedure does not require the reinspection date to be changed in the "Initial Food Service Inspection Report" as this document may not be edited after the customer has signed the form. Instead, the procedure directs staff to place documentation in the hard copy or electronic file, indicating the new date and reason for the change of date. No later than April 1, 2020, the Bureau of Environmental Health will send a memorandum to the CHDs reminding them of this procedure.</p> <p>In addition, during the file review portion of the quadrennial evaluation of the Food Safety and Sanitation Program, reinspections are reviewed to ensure that they are performed on the date originally stated on the initial inspection report or that there is documentation in the file indicating the change of date and the reason for the change. When a CHD is found not complying with this requirement, it is documented on the evaluation as a deficiency requiring correction.</p> <p>The Food Safety and Sanitation Program has scheduled six regional consistency meetings beginning April 29, 2020 and ending December 9, 2020 for CHD inspection and supervisory staff with food program duties. The agenda for these meetings will include review of the procedure for reinspection.</p> <p><i>Anticipated Completion Date: December 10, 2020</i></p> |

Preliminary and Tentative Findings - *Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up*

| No. | Finding  | Recommendation  | Management Response | Corrective Action Plan  |
|-----|--|---|---------------------|---|
| 3   | Department controls for food service establishment complaint investigations need enhancement to ensure that all complaints are recorded in the Department's Environmental Health Database (EHD), complaint investigation activities are documented in accordance with Department policies and procedures, and investigations are timely conducted. | (3.1) We recommend that Department management work with the CHDs to ensure that the EHD includes all food service establishment complaint investigations and such investigations are documented and timely conducted in accordance with Department policies and procedures. | (3.1) We concur.    | (3.1) <b>Not yet initiated.</b><br><br>The procedure for handling complaints is found in Chapters F and Y of DOHM 150-4, <i>Environmental Health Program</i> . These chapters have been revised to assure clarity regarding the procedure for recording the details of the complaint investigation. No later than April 1, 2020, the Bureau of Environmental Health will send a memorandum to the CHDs reminding them of this procedure. The Food Safety and Sanitation Program has scheduled six regional consistency meetings beginning April 29, 2020 and ending December 9, 2020 for CHD inspection and supervisory staff with food program duties. The agenda for these meetings will include training about all aspects of complaint investigations.<br><br><i>Anticipated Completion Date: December 31, 2020</i> |
|     |  | (3.2) We also recommend that Department management revise Department policies and procedures to ensure investigators are aware of the requirement to document all complaint investigation activities on a <i>Complaint Investigation Record</i> form.                       | (3.2) We concur.    | (3.2) <b>In progress.</b><br><br>The procedure for handling complaints is found in Chapters F and Y of DOHM 150-4, <i>Environmental Health Program</i> . These chapters have been revised to assure clarity regarding the procedure for recording the details of the complaint investigation. The DOHM 150-4, <i>Environmental Health Program</i> , is currently being revised and must undergo internal review prior to being approved for implementation.<br><br><i>Anticipated Completion Date: July 1, 2020</i>   |

Preliminary and Tentative Findings - Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up

| No. | Finding   | Recommendation  | Management Response | Corrective Action Plan   |
|-----|---|---|---------------------|--|
| 4   | Bureau of Public Health Pharmacy pharmaceutical inventory management controls continue to need improvement. | We recommend that the Bureau of Public Health Pharmacy management ensure that Bureau of Public Health Pharmacy records are appropriately adjusted for the results of physical inventory counts and adequately evidence the investigation of noted differences and reason for inventory record adjustments to drug quantities. | We concur.          | <p><b>In progress.</b></p> <p>Effective immediately, all physical inventory (on-hand shelf) counts conducted in the Bureau of Public Health Pharmacy will be performed using the two-count methodology, which is composed of two specified teams conducting the counts. After the first physical count is completed, the count teams will compare the count results to identify discrepancies between the two physical count numbers. The count teams will then physically recount the products with discrepancies until one confirmed shelf count number is determined.</p> <p>The confirmed physical shelf count will then be compared to the product quantity as recorded in the related systems to determine discrepancies between the physical counts and the system records. All discrepancies must be investigated for cause and the research actions included as a part of the justification for adjustment.</p> <p>If discrepancies remain after investigation, Bureau of Public Health Pharmacy staff are to adjust the inventory quantities in the related systems (QS/1 dispensing and the Pharmaceutical Forms System (PFS)). To record the adjustment, the existing Inventory Report produced from each system will be enhanced to include an area for the adjustment justification to be documented for each item. The justification must include the following information:</p> <ul style="list-style-type: none"> <li>• Date of the adjustment;</li> <li>• Suspected cause of the discrepancy;</li> <li>• Investigative steps taken to determine the cause of the discrepancy;</li> <li>• Total amount of the quantity adjustment done in the systems;</li> <li>• Dollar amount (+, -) of the adjustment.</li> </ul> <p>After each monthly inventory, a copy of the final inventory report that reflects discrepancies will be developed for management review and submitted within five working days from the conclusion of the inventory. The delegated management position will then acknowledge the inventory report by signature and maintain the documentation on-site for audit purposes.</p> <p>Actions to be completed to enhance the inventory process will be as follows:</p> <ul style="list-style-type: none"> <li>• The existing physical inventory Internal Operating Procedures (IOP) 058-016, <i>Issuance-Bulk-Logistics</i>; and IOP 064-016, <i>Central Pharmacy</i> will be revised to reflect the procedures listed above;</li> <li>• A format will be developed for the management review report (Variance Report); and</li> <li>• The existing systems inventory report will be revised to allow for comprehensive information related to the adjustments.</li> </ul> <p><i>Anticipated Completion Date: June 30, 2020</i></p> |

Preliminary and Tentative Findings - Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up

| No. | Finding   | Recommendation   | Management Response | Corrective Action Plan  |
|-----|---|--|---------------------|---|
| 5   | As similarly noted in prior audit reports, most recently in our report No. 2016-087, the Bureau of Public Health Pharmacy did not maintain complete and accurate records of drugs returned from the CHDs. | We again recommend that Bureau of Public Health Pharmacy management maintain complete and accurate records of all drugs returned from the CHDs and work with CHD staff to use PFS to properly document the return of all prescription drugs to the Central Pharmacy and warehouse in accordance with established procedures. | We concur.          | <p><b>In progress.</b></p> <p>During the period of the original audit, Return Merchandise Approval (RMA) forms were not housed in the PFS and the bureau recorded returns on Excel spreadsheets titled as Pharmacy Return Logs. Since 2016, a Quarantine Module has been added to the PFS which includes the only approved RMA forms to be used for product return. The system also acts as the Pharmacy Return Log and a reporting module for returned drugs is being developed.</p> <p>Per revised IOP 044-016, <i>Quarantine and Disposition of Pharmaceuticals</i>, all returned quarantine drugs must have a RMA form accompanying and included with the shipped boxes. The RMA form must be entered in PFS by the returning entity. All product received without the RMA form will be declined for receipt or returned to the sending entity. These steps to return quarantine product have been and continue to be discussed on the monthly Statewide Pharmaceutical conference calls.</p> <p>The RMA procedure is also referenced in the revised Department Procedure 395-1-19, <i>Public Health Pharmacy Policy and Procedures</i>.</p> <p>Actions to be completed to enhance the quarantine drug return process is as follows:</p> <ul style="list-style-type: none"> <li>• Develop a PFS training module for users to access for proper procedures on quarantine drug return;</li> <li>• Continue to discuss the process on the Statewide Pharmaceutical conference call; and</li> <li>• Review and if necessary, enhance the PFS reporting module to produce periodic reports of quarantine returned drugs for management review.</li> </ul> <p><i>Anticipated Completion Date: June 30, 2020</i></p> |

Preliminary and Tentative Findings - Department of Health, Food Service Establishment Licensing and Inspections and Prior Audit Follow-Up

| No. | Finding  | Recommendation  | Management Response | Corrective Action Plan   |
|-----|--|---|---------------------|--|
| 6   | Department controls for timely removing user access privileges to Department information technology applications continue to need improvement. | We again recommend that Department management strengthen controls to ensure that access privileges are timely removed upon a user's separation from employment. | We concur.          | <p data-bbox="873 254 976 275"><b>In progress.</b></p> <p data-bbox="873 296 1547 401">The Health Management System (HMS) has been modified to support Single Sign-On (SSO) and uses Azure Active Directory for authentication. For systems that have deployed SSO, deactivation takes place in Azure Active Directory (Azure AD). Once a user is deactivated in Azure AD, they can no longer access the information systems that have deployed SSO.</p> <p data-bbox="873 422 1430 443">Users are deactivated in Azure Active Directory by three basic means:</p> <ol data-bbox="873 443 1547 705" style="list-style-type: none"> <li data-bbox="873 443 1547 527">1. A separated employee goes through the off-boarding process in the new Florida Department of Health Human Resources System (FLHealthDeskHR) which was deployed in the spring of 2019. The new FLHealthDeskHR automatically deactivates the user.</li> <li data-bbox="873 537 1547 642">2. For more instant deactivation, any supervisor/manager can deactivate an employee/contractor under them by accessing the Profile Manager application from InsideFLHealth. Their direct reports are listed, and the option for deactivation is presented. Deactivation can be immediate, or it can be scheduled out a few days in advance.</li> <li data-bbox="873 653 1547 705">3. Request through a service ticket to Information Technology (IT), and IT will take appropriate action.</li> </ol> <p data-bbox="873 726 1511 768">Once deactivation takes place, any information system that utilizes Azure AD for authentication will no longer be available to the deactivated user.</p> <p data-bbox="873 789 1547 873">For information systems that do not employ SSO, it is the responsibility of the supervisor or manager to ensure the separated users are properly deactivated by ensuring the application's user administrator goes into the system and flags the user appropriately.</p> <p data-bbox="873 894 1547 999">Information about how to deactivate a separated user in Azure AD, and information about policy requirements to deactivate users in information systems that have not employed SSO, will be added to existing recurring training requirements for management, and a Management Guide for performing information system user access reviews will be developed and made available.</p> <p data-bbox="873 1020 1268 1041"><i>Anticipated Completion Date: December 31, 2020</i></p> |