



James S. Hartsell
Executive Director

State of Florida
DEPARTMENT OF VETERANS' AFFAIRS
Office of the Inspector General

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4 November 2024

James S. Hartsell
Executive Director
Florida Department of Veterans' Affairs

Subject: Florida Department of Veterans Affairs, Office of Inspector General, Annual Report for Fiscal Year 2023-2024.

Dear Mr. Hartsell:

In accordance with section 20.055(7) Florida Statutes, I am pleased to submit the activities of the Office of Inspector General for the State Fiscal Year 2023-2024. This is a continuing effort to provide the agency a central point for the promotion of accountability, integrity, and efficiency.

The Office of Inspector General will continue to work with Senior Management to identify major areas of concern that require review, analysis, and evaluation to arrive at workable solutions for improved effectiveness. I wish to express my thanks for all the support from staff personnel and I look forward to continued efforts to support the Department in fulfilling its mission.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Marzullo".

David M. Marzullo
Inspector General

cc: Auditor General
Chief Inspector General
Legislative Auditing Committee

OFFICE OF INSPECTOR GENERAL

Department of Veterans' Affairs



Office of Inspector General Annual Report Fiscal Year 2023 - 2024

Mission Statement

The Office of Inspector General's (OIG) mission is to promote integrity, accountability, and process improvement. This is accomplished by providing objective, timely, value-added audit and investigative services that examine and evaluate the adequacy and effectiveness of the Florida Department of Veterans' Affairs (FDVA) internal controls and risk management systems.

Core Values

- **Integrity** – we govern ourselves honestly and ethically.
- **Impartiality** – we conduct our work objectively and independently.
- **Professionalism** – we maintain a staff of skilled professionals.
- **Accountability** – we take responsibility for providing thorough and fair findings and recommendations.

Responsibilities

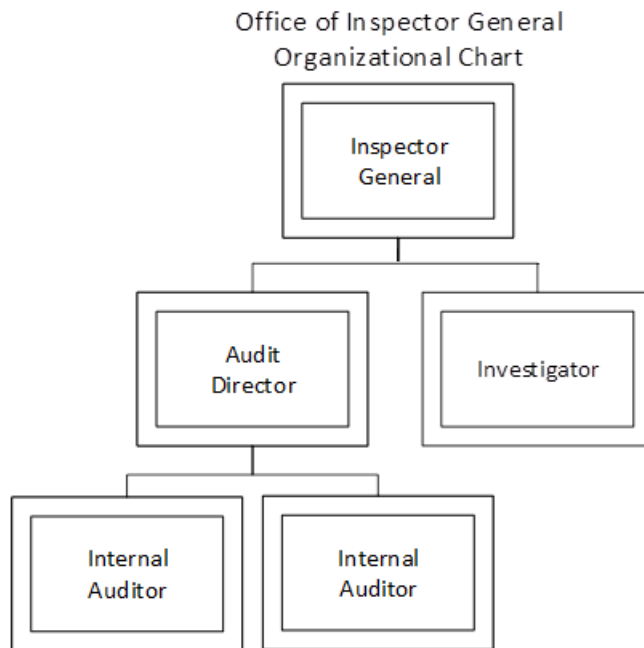
The specific duties and responsibilities of the Inspector General, according to Florida Statute 20.055, Section (2) include:

- Advise the agency on the development of performance measures, standards, and procedures for the evaluation of state agency programs.
- Assess the reliability and validity of the information provided by the Agency on performance measures and standards and make recommendations for improvement, if necessary, prior to submission of those measures and standards to the Executive Office of the Governor.
- Review the actions taken by the Agency to improve program performance, meet program standards and make recommendations for improvement, if necessary.
- Provide direction for, supervision, and coordination of audits, investigations and management reviews relating to the programs and operations of the state agency.
- Conduct, supervise and/or coordinate other activities carried out or financed by the Agency for the purpose of promoting economy and efficiency in the administration of its programs and operations while preventing and detecting potential fraud and abuse.
- Keep the agency Director informed of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action for fraud, abuses, and deficiencies and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with the goal of avoiding duplication.
- Review rules relating to the programs and operations of such state agency and make recommendations concerning their impact.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.

Organization and Staff

The Executive Director of the Florida Department of Veterans' Affairs (FDVA) appoints the Inspector General with the concurrence of the Governor's Office of the Chief Inspector General. The Executive Director has the ultimate responsibility for the operation of the Department and for ensuring its goals are met. The Inspector General reports directly to the Executive Director of FDVA.

To carry out its duties and responsibilities, the Office of Inspector General (OIG) is organized into two (2) sections: Audits and Investigations. The OIG has a staff of five (5) professional positions. The organizational structure is:



Certifications

Certifications held by the Inspector General and staff include:

- Certified Inspector General - 1
- Certified Inspector General Auditor – 2
- Certified Inspector General Investigator – 1
- Certified Inspector General Inspector/Evaluator - 3
- Certified Internal Auditor – 2
- Certified Information Systems Auditor – 1

Professional Affiliations

OIG employees are affiliated with:

- Association of Inspectors General
- Institute of Internal Auditors
- Information Systems Audit and Control Association
- Federal Law Enforcement Officers Association

OIG employees stay current with trends in internal auditing and investigations and maintain professional proficiency through membership in the aforementioned professional organizations. The required training hours are met through participation in conferences, webinars, attendance in relevant training, or through continued professional education programs.

Fiscal Year 2023 – 2024, Audits

IA-2401: Agency Review

Objective: The objectives of the Agency audit were to evaluate the adequacy of FDVA’s governance, risk management, and control processes in hiring nurses and CNAs as consultants at the Lassen SVNH. In addition, the objective was to determine if these nurses and CNAs were properly logging into WebClock, the time entered was approved and deemed accurate, the invoices from consulting firms were properly approved and timely submitted to Fiscal, and FDVA was properly following state statutes and FDVA Standard Operating Procedures (SOPs), and the Policies were current and applicable.

Finding #1: Three (3) of the CNAs selected had deficiencies noted in logging WebClock hours.

Recommendation #1.1: The Administrator should ensure contract nursing staff are aware of how to properly use WebClock to record their hours worked.

Recommendation #1.2: Ensure reconciliation of hours prior to invoice payment.

Finding #2: There were 818.17 hours of overtime (OT) in April 2023. The OT rate paid to nurses was \$99.00 an hour and \$48.00 an hour for CNAs.

Recommendation #2.1: The Lassen Administrator should continue to monitor the OT of nurses and CNAs to see if the OT from consulting firms can be reduced. It would be less costly to utilize FDVA nurses and CNAs for OT than the nursing or CNAs working as consultants.

Finding #3: Invoices for contract nursing staff were not paid timely.

Recommendation #3.1: FDVA should ensure contractors submit invoices timely or include consequences for the lack of providing invoices in a timely manner, within the contract.

Finding #4: Jacobson SVNH did not have CNA pin numbers established for MatrixCare access.

Recommendation #4.1: The Jacobson SVNH should consider establishing a PIN number for the consultant nurses and CNAs so they have access to MatrixCare and may document the care of Residents into MatrixCare consistent with the other SVNHs.

Finding #5: There were no manual adjustments made in WebClock for lunches taken by consultant nurses and CNAs.

Recommendation #5.1: The SVNHs should make adjustments to Webclock for lunch and other breaks taken by the consultant nurses and CNAs.

Finding #6: There were no Standard Operating Procedures (SOPs) or policies on temporary agency contracting for nurses and CNAs working as consultants at the SVNHs.

Recommendation #6.1: The Homes Program should consider developing standard operating procedures for Agency contracted nurses and CNAs regarding training, WebClock management, and invoice reconciliation.

IA-2403: Cybersecurity Enterprise Audit

Objective: The objective of the FY2023-2024 audit was to evaluate agency controls and compliance with incident response, reporting, and recovery requirements contained in the Florida Cybersecurity Standards (Rules 60GG-2.001 through 60GG-2.006, F.A.C.).

Finding #1: There results of the cybersecurity audit are confidential.

IA-2404: Contract Management

Objective: The objectives of the Contract Management audit for the Homes Program were to determine if FDVA is in compliance with federal, state, and local laws and regulations as it relates to contract procurement and to evaluate if the responsibilities set forth by the contract are upheld for compliance, deliverables, and reporting.

Finding #1: A Florida Certified Contract Manager (FCCM) was not assigned to Contract No. 2 (Encore) Homes Unit.

Recommendation #1.1: In accordance with subsection 287.057(15), Florida Statutes, "Each employee who is responsible for contracts in excess of \$100,000 annually must complete training in contract management and become a Florida Certified Contract Manager through the Department of Management Services prior to being assigned to a contract in the amounts as prescribed in the above subsection of the Florida Statutes.

IA-2405: Admissions

Objective: The objectives of the Admissions audit were to evaluate the adequacy of FDVA's governance, risk management, and control processes of the admissions of new residents at the SVNHs. In addition, the objective was to determine if the admissions of new residents included all appropriate documents and that they were completed and logged into MatrixCare, FDVA was properly following state statutes and FDVA Standard Operating Procedures (SOPs), and the related Policies were current and applicable. Also reviewed was the Resident's major payor at each SVNH as of February 29, 2024.

Finding #1: There were various documents missing from MatrixCare but were subsequently uploaded during the audit.

Recommendation #1.1: The Homes Program should monitor that the required admissions documentation is maintained appropriately, and timely uploaded to MatrixCare.

Finding #2: The SOP 5040.007 – Admission Eligibility for State Veteran's Homes was not reviewed and updated biennially and is missing important procedural detail.

Recommendation #2.1: The above SOP 5040.007 should be updated biennially according to FDVA policy #50.000.

Additionally, the Homes Program should consider updating the admissions policy to include more comprehensive procedures for the entire admissions process, naming responsible employee positions, listing what the required documents are for admission of a new resident, and that the completed documentation should be timely uploaded into MatrixCare.

IA-2406: Quality Assurance Audit

Objective: To evaluate the effectiveness of internal controls for review of all adverse incidents and follow up reports and summaries to memorialize and analyze corrective action requirements. The audit should also determine that any deficiencies/issues found during the audit have been acknowledged and corrective measures will be enacted to ensure FDVA, and staff comply with mandated safety activity and risk avoidance.

Finding #1: There were no findings noted during the review.

IA-2407: Resident Trust Fund Douglas Jacobson & Chester Sims

Objective: The objectives of this review were to evaluate the administration of the RTF accounts at the Douglas Jacobson & Chester Sims SVNH in accordance with applicable statutes, regulations, accounting records and internal policies. Also, to determine if preventative and detective controls are in place over bank deposits, securing funds, signing checks, receiving, and recording of residential trust funds.

Finding #1: There were no findings noted during the review.

IA-2408: Donation Trust Fund Robert Jenkins Domiciliary

Objective: The objective of this review was to evaluate the administration, the adequacy of internal controls and appropriateness of reporting of the Grants and Donation Trust Fund at the Jenkins Domiciliary in accordance with applicable statutes, regulations, accounting records, and internal policies. This audit concentrated on donations.

Finding #1: There were no findings noted during the review.

Remaining Open Audit Findings since Prior Year Annual Report

IA-2303: Cybersecurity Enterprise Audit

Objective: Pursuant to the Florida Department of Veterans' Affairs' (FDVA) Inspector General's fiscal year 2022-2023 Audit Plan, the Office of Inspector General (OIG) initiated an audit of the FDVA's Identity and Access Management. The purpose of the audit is to evaluate agency controls and compliance with Rule 60GG-2.003(1), F.A.C., Identity Management, Authentication, and Access Control. Each agency shall ensure that access to IT resources is limited to authorized users, processes, or devices, and to authorized activities and transactions.

Finding #1: There results of the cybersecurity audit are confidential.

IA-2310: Pharmacy Operations

Objective: The objectives of the Pharmacy and Medication audit were to evaluate the adequacy of FDVA's governance, risk management, and control processes in providing proper use of medications with concentration on controlled substances, determine if FDVA was properly following state and federal statutes regarding medications, and evaluate the FDVA compliance with contracts related to Pharmacy services provided by the U.S. Department of Veterans Affairs (VA).

Finding #3: Douglas Jacobson, Chester Sims, and Emory Bennett SVNHs did not have cameras installed at its Pharmacy.

Recommendation #3.1: The Jacobson, Bennett, and Sims SVNHs should install cameras at its pharmacy similar to the other SVNH's.

IA-2401: Agency Review

Objective: The objectives of the Agency audit were to evaluate the adequacy of FDVA's governance, risk management, and control processes in hiring nurses and CNAs as consultants at the Lassen SVNH. In addition, the objective was to determine if these nurses and CNAs were properly logging into WebClock, the time entered was approved and deemed accurate, the invoices from consulting firms were properly approved and timely submitted to Fiscal, and FDVA was properly following state statutes and FDVA Standard Operating Procedures (SOPs), and the Policies were current and applicable.

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Recommendation #6.1: The Homes Program should consider developing standard operating procedures for Agency contracted nurses and CNAs regarding training, WebClock management, and invoice reconciliation.

IA-2403: Cybersecurity Enterprise Audit

Objective: The objective of the FY2023-2024 audit was to evaluate agency controls and compliance with incident response, reporting, and recovery requirements contained in the Florida Cybersecurity Standards (Rules 60GG-2.001 through 60GG-2.006, F.A.C.).

Finding #1: There results of the cybersecurity audit are confidential.

IA-2404: Contract Management

Objective: The objectives of the Contract Management audit for the Homes Program were to determine if FDVA is in compliance with federal, state, and local laws and regulations as it relates to contract procurement and to evaluate if the responsibilities set forth by the contract are upheld for compliance, deliverables, and reporting.

Finding #1: A Florida Certified Contract Manager (FCCM) was not assigned to Contract No. 2 (Encore) Homes Unit.

Recommendation #1.1: In accordance with subsection 287.057(15), Florida Statutes, "Each employee who is responsible for contracts in excess of \$100,000 annually must complete training in contract management and become a Florida Certified Contract Manager through the Department of Management Services prior to being assigned to a contract in the amounts as prescribed in the above subsection of the Florida Statutes.

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Additionally, the Homes Program should consider updating the admissions policy to include more comprehensive procedures for the entire admissions process, naming responsible employee positions, listing what the required documents are for admission of a new resident, and that the completed documentation should be timely uploaded into MatrixCare.

Fiscal Year 2023 – 2024, External Audit Liaison Activities

In accordance with 20.055(1), Florida Statutes, the FDVA OIG served as liaison to:

- *Auditor General FDVA Federal Awards Audit 2023*
- *Auditor General FDVA Operational Audit 2023*

Fiscal Year 2024 – 2025, Audit Plan

Section 20.055(5) (h), Florida Statutes, requires that annual audit plans be developed based on the findings of periodic risk assessments. This ensures that the OIG is responsive to management concerns and that those activities with the greatest risks are identified and scheduled for review. The top priorities for audits have been identified based on the results of a risk assessment and are included in the audit plan. The FDVA Executive Director approved the audit plan for Fiscal Year 2024 – 2025 on July 9, 2024. Planned audits include:

Cybersecurity Audit

The Florida Department of Veterans' Affairs (FDVA) has an Agency wide network to facilitate its operations. The network has transitioned to a Microsoft 365 approach for streamlined authentication and encryption, which includes various hardware such as printers, access points, and mobile devices, and standard system configurations to provide security and integrity of data. Cybersecurity refers to the protection afforded to an automated information system in order to maintain confidentiality, integrity, and availability. Internal Audit, in coordination with the Auditor General, the Chief Inspectors General and the Florida Department of Management Services, will evaluate FDVA's controls in regard to Cybersecurity in accordance with House Bill 1279 and Chapter 60GG-2.004 FAC. This year focuses on asset management.

Vendor Preference

According to HB1079, beginning October 1, 2021, and every three (3) years thereafter, each agency Inspector General shall complete a risk-based compliance audit of all contracts executed by the agency for the preceding three (3) fiscal years. The audit must include an evaluation of, and identify any trend in, vendor preference. Internal Audit will survey and analyze FDVA contracts for vendor preference and any additional contract related issues that arise during field work, such as monitoring or compliance.

Accounts Receivable

The Florida Department of Veterans' Affairs (FDVA) currently operates six (6) Nursing Homes and one (1) Assisted Living Facility. Revenue is affected in many ways by multiple different sources on a per patient level. FDVA receives VA per diem revenues based on Home attendance, insurance payments from multiple sources including Medicaid, Medicare, and Private Pay for regular per day care, and additional payments for services such as Pharmaceuticals and Therapy procedures. The objective of the audit would be to determine if internal controls are adequate to evaluate if revenues and receivables are complete and accurate.

Contract Management

FDVA is committed to making capital improvements to the Veterans Nursing Homes yearly and opening new long-term care facilities within the State of Florida. FDVA also maintains several long-term contracts to provide specialized and routine services for the Homes, such as therapy

and housekeeping. The audit will evaluate the effectiveness of contract activities including contract monitoring, reporting, certifying all services are rendered, invoices are reconciled, compliance, and other contract related duties.

Medicaid Bed-Hold Billing

In accordance with Medicaid billing procedures, FDVA bills Medicaid their portion of the bed hold charge and accordingly the Resident is billed their liability for the first eight (8) days as well. In accordance with FDVA billing procedures, after 8 days the Resident is required to pay a standard bed hold rate according to their room type assignment. The audit will test compliance with Institution Care Program Medicaid for bed holds and Therapeutic leave days.

Licensure Compliance

In compliance with Federal Rules, the Agency must perform periodic licensure checks for employees in long-term care facilities who are required to be licensed based on their occupation. The audit will sample employees for current license compliance and do not have any actions taken against their license related to disqualifying offenses, and the overall management of the licensure monitoring.

Donation Trust Fund

The State Veterans' Homes and Domiciliary may receive and accept gifts, grants, and endowments in the name of the Homes and Domiciliary. The Administrator and the Director determine how the donation could best benefit the Homes, Domiciliary, and its Residents unless the benefactor requests or instructs usage for a specific purpose. The audit will continue to evaluate overall internal controls on the processes for accepting, distributing, and accounting of the donations.

Residential Trust Fund

Given the vulnerability of residents in FDVA Homes and Domiciliary, it is important that those residents have adequate assurance of proper accountability of their funds collected and managed. Internal Audit will continue to evaluate overall internal controls on the processes for accepting, distributing, and accounting of the Resident Trust Fund established for residents at the Homes.

Summary of Investigative Activities

Investigations

Investigations are initiated to deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses. The FDVA Office of the Inspector General (OIG) intakes and logs every inquiry, complaint, and referral which are received in many forms including email, telephone, letter, walk-in, the Florida Chief Inspector General's Office, the Florida Attorney General's Office and other Federal, State, and City agencies. The OIG evaluates the provided information and determines what course of action should be initiated as follows:

- **Inspector General Investigation:** When the information received indicates that an FDVA employee or contractor may have violated FDVA's policies; or has potentially committed a violation of law. Results of investigated allegations are reported to the FDVA Executive Director, Deputy Executive Director, Chief of Staff, and the affected areas top manager.

- **Referral to Management:** When the information received indicates some type of misconduct, malfeasance, misfeasance, or conflict on the part of, or between, FDVA employees or contractors where an initial determination has been made that a violation of FDVA policies was not committed and an Inspector General investigation is not warranted. The OIG may assist in the resolution if necessary.
- **Referral to Another Agency:** When the information received regards an agency other than the FDVA, the OIG refers the information to that agencies OIG.
- **External Assistance or Monitor:** When another agency is investigating activities affecting the FDVA, or its employees or residents, and requests assistance from the FDVA OIG to facilitate their investigation; or when the FDVA OIG requests assistance from another agency (including law enforcement) regarding activities affecting the FDVA, its employees or residents.
- **No Action:** When the OIG can come to a resolution with a complainant, or satisfactorily solve a particular issue without any further action.

Fiscal Year 2023 – 2024, Investigations

During fiscal year 2023-2024, the OIG received thirty-nine (39) inquiries. Of the thirty-nine (39) inquiries, eight (8) were referred to management; fifteen (15) were resolved at the initial complaint stage and did not require any further action. There were two (2) Whistleblower complaints referred by the Florida Chief Inspector’s General that resulted in investigations, but did not meet the requirements of 112.3187 F.S., Florida’s Whistleblower statute. Thirteen (13) inquiries resulted in investigations with four (4) of those investigations resulting in reviews, without specific allegations. Some investigations involved a single allegation, while others involved multiple allegations. Each allegation results in one (1) of the following investigative findings:

- **Sustained** - by the preponderance of the evidence (>50%) the complaint occurred as alleged.
- **Unfounded** - by the preponderance of the evidence (>50%) the complaint did not occur as alleged.
- **Not Sustained** - there is insufficient evidence to determine if the complaint occurred as alleged.
- **Exonerated** – the complaint occurred as alleged and was justified.

The following is a summary of significant investigations:

OIG-2024-001

An FDVA employee filed a Whistleblower complaint to the Florida Chief Inspectors’ General office alleging scheduling errors were negatively affecting the Residents of the Bennett SVNH due to negligence in scheduling. While the complaint was determined not to meet Whistleblower requirements, an investigation was initiated. The investigation found that errors in scheduling have been made mainly due to excessive call-offs and a lack of a solid scheduling system by the scheduler. However, the investigation found that the Home was operating above the state minimum PPD levels and close to the FDVA’s PPD goal. Additionally, there was no evidence that the Home’s Residents were negatively affected by any scheduling errors.

OIG-2024-002

A Resident of the Sims SVNH alleged that they were the victim of abuse by an employee of the Home. An investigation was initiated, and determined while the Resident claimed abuse there was no abuse that occurred, and the Resident was upset and disagreed with some of the Home's rules. The allegation was "unfounded."

OIG-2024-003

An FDVA employee at the Bennett SVNH alleged being the victim of continuing sexual harassment by another FDVA employee. The investigation determined that the accused employee engaged in sexual harassment. The accused employee admitted to their conduct, stating they had difficulty controlling themselves in social settings. The allegation was "sustained," and the employee was terminated.

OIG-2024-005

An FDVA employee from Sims SVNH, filed a Whistleblower complaint to the Florida Chief Inspectors' General office alleging their supervisor was trying to push them to resign or would be terminating them as an act of retaliation. While the complaint was determined not to meet Whistleblower requirements, the OIG agreed to investigate the complaint. However, prior to the initiation of the investigation, the employee was terminated. While the employee served at the pleasure of agency, a review of the termination package provided sufficient documentation supporting the termination, therefore no OIG investigation was initiated.

OIG-2024-006

The OIG was notified of several ongoing issues in the Bennett SVNH kitchen, the most significant being the theft of food. These included staff utilizing derogatory racial language, employees not clocking out for work breaks, staff reporting to work impaired by drugs and/or alcohol, and staff eating prepared food, taking prepared food home and taking unprepared food home. An OIG investigation resulted in the confirmation of each of the listed issues. For each of the listed issues, staff conducting themselves in the alleged manner, admitted to it. For example, several showed the OIG the coolers they brought in daily to "steal" food, some stating, "if everyone does it is it really stealing." The allegations were sustained, and the Food Service Director was terminated.

Other Significant Investigative Activities

Each year the OIG conducts random "Whole Home Reviews" of various SVNH's to provide management an independent measurement of the "pulse" of the Homes. The OIG conducted two (2) Home reviews over the fiscal year. The reviews consist of several "open forum" group meetings open to all employees of the Home. Additionally, any employee can schedule a one-on-one meeting with the OIG to discuss any topic(s) of their choice regarding the Home. The employees are encouraged to provide ideas they believe may effectuate positive changes within the Home.

The first review was at the Douglas Jacobson SVNH in Port Charlotte, FL. During the review, approximately ten (10) employees, including all levels of nursing staff, non-nursing personal, and various levels of managers, met with the OIG during the open forum meetings and/or one-on-one. Unfortunately, the Home was experiencing a false belief that several recent terminated employees were due to retaliation by the Administrator, therefore very few

employees were willing to meet with the OIG. The employees that did meet with the OIG provided a varied view of the Home. Longer term employees were much more critical of the Home administration than new employees who were far more positive toward the Home administration. All of the employees expressed an overall dedication to the Veteran Residents and the importance of providing them with excellent care. One main concern was the practice of allowing nurse staff to remain after shift, earning overtime, to complete paperwork that should have been completed during the shift. It was also clear that employees struggled with what was described as the Home Administrators “intimidating personality.” At the time of the review, the Home was without a Personnel Tech and had been through several of them in the prior year and the Home Administrator was responsible for handling the HR responsibilities despite little to no experience in the area.

The second review was at the Ardie Copas SVNH in Port St. Lucie, FL. During the review, approximately thirty-five (35) employees, including all levels of nursing staff, non-nursing personal, and various levels of managers, met with the OIG during the open forum meetings and/or one-on-one. Overall, employees expressed their dedication to the Veteran Residents and the importance of providing them with excellent care. Additionally, employees were overall impressed with the facility itself. A significant factor to employee satisfaction was that the building had no Agency employees. For perhaps the first time doing SVNH reviews, pay was not the top issue and in fact, was hardly mentioned as an issue other than due to inflation, staff are hoping for additional pay raises. The biggest issue raised during the review was an excessive amount of police callouts (compared to all of the other SVNH’s) for potential Resident neglect and/or abuse situations. Management staff explained that virtually any Resident bruise, fall, confrontation, etc. could be construed as neglect and/or abuse and requires law enforcement notification. Another employee concern was being authorized to use annual leave in a timely manner so they could make plans. The review also showed the kitchen unit was well run and cohesive with the Directors treating their staff with respect and working alongside the rest of the staff to get the work done.


In April 2024, at the request of FDVA management, the OIG conducted an evaluation of the implementation of 12-hour shifts for nursing staff at the Chester Sims State Veteran's Home that was implemented approximately seven months earlier. The most notable item was that the Home had not enacted, and is not operating under, 12-hour shifts, but rather a hybrid of 12-, 10- and 8-hour shifts depending on each employee’s preference. The ability to work 12-hour shifts was well received with staff citing more time off, fewer annual leave days needed for vacations, and the ability to self-schedule. Most of the staff working 12-hour shifts utilize four hours of “leave without pay” to make a 40-hour week. While most were willing to give up four hours of pay per week to work to have four days off per week, none realized that working only 36-hour weeks also results in a 10% reduction in pension and social security benefits. The initial belief, in part, for implementing 12-hour shifts was the belief that it would result in less Agency staff, and less callouts, however neither of these materialized. However, all in all the hybrid schedule seems to be working for the Home but it’s in large part due to the competency and patience of the scheduler who is responsible for managing the varying schedules, time-off and daily callouts.

Contacting the Office of Inspectors General

Contact us when you believe ...


- As an FDVA employee, you believe you are being harassed, discriminated against, retaliated against, or working in a hostile work environment.
- Someone may be engaging in wasteful, inefficient or the illegal use of FDVA resources.
- Someone may be using FDVA property for personal gain.
- Someone may be intentionally misleading FDVA for financial gain.
- Someone at FDVA may be receiving a benefit to “look the other way.”

How to Contact Us

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