



*Department of Elder Affairs*  
*Office of Inspector General*  
***Memorandum***



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To: Michelle Branham, Secretary

From: Taroub J. Faraj, Inspector General

Date: July 22, 2025

Re: *Six-Month Follow-up to Auditor General Report No. 2025-092, Department of Elder Affairs, Office of Public and Professional Guardians, Operational Audit, Project # E-2324DEA-006F*

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The Office of Inspector General (OIG) conducted a Six-Month Follow-up to assess the status of corrective actions related to findings reported in Auditor General (AG) Report No. 2025-092, Department of Elder Affairs, Office of Public and Professional Guardians (OPPG), Operational Audit, issued on January 15, 2025.

Attached is the status of corrective actions taken to address the recommendations for the findings. The OIG has reviewed the responses for Findings 1 through 5, 8, and 9, and determined that the proposed actions to address the recommendations are still pending full implementation. These findings will remain open and further follow-up will be conducted by the OIG to assess progress and completion. Furthermore, based on the responses and supporting evidence provided to address the recommendations for Findings 6, 7, 10, and 11, these issues are considered resolved and no further follow-up is warranted.

Notably, three of the open findings, Findings 1, 3, and 5, are repeat issues previously cited in AG Report No. 2021-010, issued on August 21, 2020. Their recurrence indicates that prior corrective actions were either not sufficiently implemented or were ineffective in addressing the root causes. Ongoing attention and effort will be necessary to ensure these issues are properly resolved. OPPG Management is encouraged to prioritize the completion of outstanding action plans to achieve lasting improvements.

After your review and signature, the final report will be electronically distributed to the appropriate parties. If you have any questions, please contact me at (850) 414-2013.

Report reviewed by:

A handwritten signature in black ink that reads "Michelle Branham". The script is fluid and cursive, with the first name "Michelle" and last name "Branham" clearly legible.

Michelle Branham, Secretary

Date: 07/16/25\_\_\_\_\_

Cc: Tyler Jefferson, Chief of Staff  
Maryellen McDonald, Executive Director, OPPG



*Office of Inspector General*

***Six-Month Follow-up to the Auditor General's  
Department of Elder Affairs' Office of Public and Professional  
Guardians, Operational Audit, Report No. 2025-092***

***Audit Report No. E-2324DEA-006F***

***Date: July 22, 2025***

**Finding 1:** Contrary to State law, the OPPG had not developed and implemented an effective monitoring tool to ensure that private professional guardians complied with OPPG standards of practice designed to ensure that wards receive appropriate care and treatment, are safe, and their assets are protected. A similar finding was noted in our report No. 2021-010.

**Recommendation:** OPPG management enhance efforts to monitor private professional guardians for compliance with OPPG standards of practice, including establishing a monitoring tool that promotes an independent and robust compliance assessment.

**Original Response:** The OPPG agrees with the Auditor General's finding that a monitoring tool which promotes a more robust compliance assessment is needed and developing a monitoring tool that would be effective before the end of this fiscal year is a top priority that DOEA will require of the OPPG.

**Six-Month Follow-up Response:** *Florida Statute 744.2001 (3) (a) directs the OPPG to develop and implement a monitoring tool to ensure compliance of professional guardians with the standards of practice established by the OPPG, but statute also emphasizes this may not include the financial audit required by the Clerk of the Circuit Court. The OPPG is in the process of prioritizing its non-fiscal monitoring of private guardians by identifying those cases that require court orders to show cause to prompt filing of required reports. This information, along with information gathered through the complaint intake process, will allow application of the tools already utilized in monitoring the statewide public guardian contracts. Currently, private guardians, unlike public guardians, are not subject to any maximum ratio of wards to professional guardians. The OPPG will continue utilizing a survey to gather information, in addition to follow-up interviews with wards and/or service providers when the wards or providers agree to interviews. Staff vacancies continue so OPPG staff need to remain focused on guardians who are the subject of complaints or clerk fiscal audits before expanding the scope of the monitoring.*

**Office of Inspector General (OIG) Response:** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 2:** OPPG efforts to monitor Offices of Public Guardians (OPGs) continue to need enhancement to ensure that all OPGs are monitored at least once every 2 years, program monitoring results are supported by source documentation, and appropriate follow-up is made on noted deficiencies.

**Recommendation:** To better ensure that OPGs are providing public guardian services in accordance with applicable requirements, we recommend that OPPG management:

- Monitor each OPG at least once every 2 years or more frequently as warranted by an OPG's risk profile.
- Maintain appropriate source documentation to support monitoring results.
- Prepare Corrective Action Plans for all deficiencies noted during monitoring that cannot be resolved prior to report issuance and follow up on all such deficiencies to ensure that appropriate corrective action is taken.

**Original Response:** The Auditors correctly identified that the OPG in-person monitoring is not completed every 2 years; that there were instances where OPPG's public monitors did not save supporting documentation that was reviewed during the monitoring; and that, in some instances, the OPGs were not timely submitting reports.

Due to insufficient staffing, OPPG has not been able to complete monitoring for all OPGs every 2 years. Prior to the recent departure of an OPPG public monitor, OPPG was on track to complete monitoring all programs within a 2-year period. However, this is no longer feasible. Additional public monitor positions will be advertised until filled to ensure that monitoring is conducted at least every 2 years.

As part of the last phase of Sentry, all monitoring activities will be documented within the system, which includes saving all supporting documentation. Additionally, the monitoring forms have been designed to be completed and reviewed within Sentry. The final monitoring report will be compiled and submitted to OPPG's Executive Director within Sentry for review before providing the final version to the OPG.

As part of the last phase of Sentry, reports will be completed and submitted within Sentry. The independent audit will continue to be submitted to Quality Assurance, but OPPG will track the audit within the system and save a copy of the audit and Quality Assurance's review form in Sentry.

The Annual Report, 6-Month Report, and Quarterly Report will be completed by the OPG and submitted to OPPG within Sentry. Once submitted, they will be in a queue for the OPPG public monitor to review. If the public monitor finds the report is complete and has no follow up questions, the public monitor will save them with the status of complete. If the public monitor determines a report needs corrections, is incomplete, or has follow up questions, Sentry is designed to document the public monitor's concerns within the form. The public monitor will then send the report back to the OPG to address the concerns and resubmit it to OPPG. Upon resubmission, the report returns to the public monitor's queue to be reviewed. If all concerns are properly addressed, the public monitor marks it as complete, if not, the process repeats.

Moving forward, and pursuant to language within the existing OPG contracts, OPPG intends to initiate CAPs for all deficiencies observed during a monitoring that are not resolved prior to issuance of the monitoring report and follow up to ensure that appropriate and necessary corrective action is taken.

Sentry has been designed to develop, track, and resolve Corrective Action Plans (CAPs). This includes a process of submitting documentation and identifying how the CAP is resolved by the OPG. The OPG will document what they completed to address the CAP, save supporting documents within Sentry, and submit it to OPPG. This will also go into the public monitor's queue to be reviewed. If complete, the CAP is closed; if follow-up is needed, it will be returned to the OPG for further action.

Each of these activities are time-stamped with user information, and everything is designed to be captured in Sentry. This will resolve any concerns about whether a report was timely submitted, reviewed, and corrected.

***Six-Month Follow-up Response:** The number of vacancies, especially in leadership since December of 2024, has continued to delay active on-site public monitoring. New leadership in OPPG is considering removing the distinction between public and private monitoring staff so that travel is less burdensome or at least more evenly distributed. The current staff has continued to monitor contract compliance as well as to hold its regular monthly meetings with the OPGs. We have held virtual meetings with individual offices as needed to address issues that have developed over the past months and there has been consistent communication between the OPGs and OPPG monitors that continue now that leadership is in place.*

***OIG Response:** We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 3:** As similarly noted in our report No. 2021-010, OPPG complaint processing controls need improvement to ensure that complaints are processed and related investigation activities are timely conducted in accordance with State law and OPPG policies and procedures and complaint records are complete.

**Recommendation:** We again recommend that OPPG management enhance complaint processing controls to ensure that complaints are timely processed and related investigations initiated, and all complaint information is recorded in OPPG records.

**Original Response:** As recommended by the Auditor General, complaint processing controls have been implemented to ensure that complaints are timely processed, investigations are timely initiated, and all complaint information is recorded in OPPG records.

Sentry's complaints phase is now live, and the issues identified during the audit regarding tracking complaints are now entirely within Sentry, eliminating the possibility of complaints and the related legal sufficiency review timeframe being overlooked.

Additionally, the investigations are now conducted by DOEA employees, who are initiating and completing investigations timely.

***Six-Month Follow-up Response:*** *Sentry is not only operational, but staff have had the opportunity to test and follow-up with Sentry (WellSky) staff to work through some of their specific concerns. Returning legal review to OPPG supervision is improving the timeliness of initial review and communication with investigations. There remains a backlog of cases needing final closure notification, but those few requiring disciplinary action have been identified. The new OPPG Executive Director (ED) has advertised to fill its attorney position and interviews are currently scheduled. The ED continues to review complaints for legal sufficiency as required so matters are moving on to investigation. The goal is at least to get all closure notifications out before the end of fiscal year; then, we can prioritize notices of disciplinary action. It should be noted that the relatively small backlog requiring action has been reviewed for urgency and many of those were the result of delays in SIA investigations, and subsequent OGC and OPPG transitions.*

***OIG Response:*** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG..*

**Finding 4:** The OPPG did not include in online registered professional guardian profiles information regarding all substantiated complaints and related disciplinary actions, frustrating the intent of State law and the public's ability to assess the fitness of a guardian.

**Recommendation:** To better ensure that the public has access to critical information necessary to assess the fitness of a guardian, we recommend that OPPG management include in each registered professional guardian's online profile information regarding all substantiated complaints and the related disciplinary actions taken.

**Original Response:** As recommended by the Auditor General, and pursuant to s. 744.2001(7)(a), F.S., OPPG will include, for each registered professional guardian, the number and type of substantiated complaints against the guardian, as well as any disciplinary action taken against the guardian, regardless of whether that discipline is imposed because of an administrative complaint, letter of concern, or notice of noncompliance.

***Six-Month Follow-up Response:*** *The definition of "substantiated complaints" mentioned in s. 744.2001(7)a3 creates some legal confusion. OPPG legal determines legal sufficiency for further investigation; then, the investigative team decides if there are facts sufficient to substantiate an allegation. The investigation returns to OPPG for final decision if the matter should proceed to some final action or if additional steps as listed in s.744.2004(1) or (2), F.S., are required.*



*If further OPPG review determines the complaint is no longer legally sufficient, the complaint may be subsequently dismissed. The statutory reference to a substantiated complaint is not identical to a substantiated allegation. If OPPG reports on a public site that one or more allegations in a complaint are substantiated, without providing some notice and the guardian's opportunity to be heard, OPPG and the state run the risk of interfering with the private right to conduct business. This statutory language needs to be read in the context of s. 744.2004, F.S. as well as s. 120.60, F.S. so when the complaint is substantiated, OPPG provides notice of the finding, before publication. Final rule development on the complaint procedure is still required but the question may still need some legislative clarification. (SB 108 regarding changes to rule promulgation submitted on June 18, 2025 and awaiting Governor's signature)*

**OIG Response:** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 5:** As similarly noted in our report No. 2021-010, OPPG controls did not adequately promote the timely submittal and processing of annual professional guardian renewal registrations.

**Recommendation:** OPPG management revise professional guardian registration processes to promote the timely submittal and processing of renewal registrations in accordance with applicable rules.

**Original Response:** Consistent with the Auditor General's recommendations, OPPG recently hired a new registrar, who is sending manual renewal notifications to professional guardians 45-60 days before their registrations are due to expire. Sentry was recently updated and has the capability to send emails from the system. This needs to be configured and is anticipated to be explored once the last phase of Sentry goes live in early January 2025.

**Six-Month Follow-up Response:** *Sentry has gone live as far as reminders and the new Registrar is almost caught up with the processing backlog that existed when she started this past October. The OPPG is currently implementing procedures that will expand the window between notification of expiration and the deadline. The revised process will permit OPPG to simplify practices and update forms. Notifications of deadlines will be associated with a specific required action, for example, initial registration, renewal, CEU compliance, rather than tying one notification to all the registrant's upcoming deadlines which has resulted in delays for missing documents and frequent amendments.*

**OIG Response:** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 6:** Contrary to contract terms, the OPPG did not assess financial penalties when the OPGs did not timely provide contract deliverables.



**Recommendation:** In instances of OPG contractual noncompliance, we recommend that OPPG management apply financial penalties in accordance with established contract terms and conditions.

**Original Response:** The current OPG contracts have language to address financial penalties, following an OPG's failure to implement CAP provisions. The OPPG will implement CAPs and financial penalties, as needed, moving forward.

**Six-Month Follow-up Response:** *The standard contract language and the corrective action language in the Attachment I, Statement of Work are not changed in the new OPG contracts. The OPPG Operations Manager's duties provide for more routine communication, oversight, and follow-up between OPPG management and OPG leadership. OPPG remains prepared to follow-up enforcement of contract terms with imposition of penalties as provided by contract when needed.*

**OIG Response:** *We reviewed the follow-up response and supporting documentation, and determined action taken fully addresses the recommendation. Consequently, no additional follow-up will be conducted by the OIG.*

**Finding 7:** Controls over the collection and deposit of professional guardian registration fees need enhancement.

**Recommendation:** Division and OPPG management strengthen controls over the collection and depositing of registration fees to ensure the prompt endorsement of all checks and the reconciliation of collection and deposit records.

**Original Response:** Recognizing that this may become a finding, OPPG met twice with Finance and Accounting and has implemented an improved process to address this issue. OPPG now stamps each check as it is received. Finance and Accounting has committed to depositing these checks within three business days of receipt from OPPG. Thereafter, Finance and Accounting will send OPPG a confirmation email for each deposit with pertinent transaction information.

**Six-Month Follow-up Response:** *We have worked with the DOEA accounting department to enhance the process of guardian registration fees being deposited. We have also received the stamp indicating for deposit by DOEA to be stamped upon receipt as part of the endorsement process.*

**OIG Response:** *We have reviewed the follow-up response and supporting documentation, and determined action taken fully addresses the recommendation. Consequently, no additional follow-up will be conducted by the OIG.*

**Finding 8:** The OPPG did not always follow up on untimely OPG report submittals, assess financial penalties for late submittals, or document the review of OPG annual report resubmittals.

**Recommendation:** OPPG management ensure that required OPG reports are timely received, adequately reviewed, and appropriate follow-up is performed by OPPG staff. Additionally, we recommend that OPPG management assess financial penalties for OPG noncompliance in accordance with established contract terms and conditions.

**Original Response:** As documented by the Auditor General, OPPG did not ensure that OPG reports were timely received, adequately reviewed, and that appropriate follow-up was performed. This occurred because OPPG did not have a central way of tracking due dates and did not maintain documentation of OPPG's follow up with the OPGs on timely submission.

The last phase of Sentry tracks when these reports are due and provides a manner for OPGs to submit them to OPPG. Sentry will send a reminder to the OPG and OPPG in advance of the due date and provide a process for inputting the information into Sentry. The submissions will go through a review process, which will document when the report is submitted, reviewed, and if applicable, returned, corrected, resubmitted, and reviewed again by OPPG.

**Six-Month Follow-up Response:** *Sentry is set up to track when the reports are due and OPGs are currently able to submit them through Sentry, but additional testing is needed to ensure the system is working properly. The Operations Manager does follow-up on those OPGs that do not submit timely and reminders continue through monthly meetings. As we begin the next fiscal year, we will initiate another stage in the process to check system compliance.*

**OIG Response:** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 9:** Contrary to State law, the Department still had not adopted rules for certain OPPG processes, including the process for investigating complaints against guardians.

**Recommendation:** To ensure that OPPG management, staff, and other parties are provided authoritative Department direction, we again recommend that Department management adopt rules governing complaint, disciplinary proceeding, and enforcement processes.

**Original Response:** The OPPG agrees with this finding and has been working with stakeholders to finalize the draft rule and initiate the formal rulemaking process soon.

**Six-Month Follow-up Response:** *Section 744.2004, F.S. is actually very specific about the steps to be taken during the investigative process and lists out what notices are required and when. As discussed in the update to Finding 4, Sentry has improved the tracking of a complaint through the investigative process.*

*Neither the statute nor the original rule detailed the steps necessary following an investigation after OPPG has determined that a complaint is substantiated. This will be addressed in the promulgation process. (SB 108 regarding changes to rule promulgation submitted on 6/18/2025, and awaiting Governor's signature)*

**OIG Response:** *We have reviewed the follow-up response and determined proposed actions are still pending implementation; therefore, additional follow-up will be conducted by the OIG.*

**Finding 10:** User access privileges to the Sentry system used to register professional guardians were not periodically reviewed for appropriateness nor always timely deactivated upon an employee's separation from Department employment.

**Recommendation:** Department management conduct periodic reviews of Sentry user access privileges and ensure that such access privileges are deactivated immediately upon a user's separation from Department employment.

**Original Response:** Consistent with the Auditor General's recommendations, the current OPG contracts require the OPGs to notify OPPG of a change resulting in an OPG employee no longer needing access to Sentry. Additionally, pursuant to the new contract, OPPG sends a quarterly user access review to each OPG. The OPG is required to review and confirm the users identified who continue to need access and if any user needs to be removed. The contract requires a response from the OPG within 10 business days.

OPPG's procedure manual for the public monitor position requires the quarterly user access report and email be sent on the first business day after the start of each calendar quarter. If the OPG confirms no changes are needed, the email response is then saved in SharePoint along with the Sentry report of users. If the OPG identifies changes are needed, the public monitor documents the changes and runs the report a second time to confirm the changes are made. These emails and the initial and updated report are saved on SharePoint.

**Six-Month Follow-up Response:** *It isn't clear from the original response if the original finding involved only DOEA employees' access to the system or if the problem also extended to contract provider employees. The contracted OPGs are now required to report employee departures to the OPPG Operations Manager so those users can be identified and access deleted. Internal OPPG employee access is now consolidated within the OPPG and the Operation Manager has authority to delete access upon an employee's departure. Since OPPG functions were not centralized through the period of the earlier audits, it is possible DOEA staff assigned some OPPG functions may have departed and it was not communicated to the correct OPPG staff. Investigators who are DOEA employees but work outside OPPG offices have 'read only' access to Sentry but initial access and removal remain the responsibility of the recently appointed Operations Manager.*

**OIG Response:** *We reviewed the follow-up response and supporting documentation, and determined action taken fully addresses the recommendation. Consequently, no additional follow-up will be conducted by the OIG.*

**Confidential Finding 11:** Certain security controls related to Sentry system user authentication need improvement.

**Recommendation:** Department management enhance certain security controls related to Sentry system user authentication to ensure the confidentiality, integrity, and availability of Sentry system data and related IT resources.

**Original Response:** Corrective measures have been taken to address the finding and recommendation. Specific details are not included in this document as they are confidential and exempt from public disclosure pursuant to section 282.318, Florida Statutes.

***Six-Month Follow-up Response:*** *Corrective measures have been taken to address the finding and recommendation. Specific details are not included in this document as they are confidential and exempt from public disclosure pursuant to section 282.318, Florida Statutes.*

***OIG Response:*** *We have reviewed the follow-up response and supporting documentation, and determined action taken fully addresses the recommendation. Consequently, no additional follow-up will be conducted by the OIG.*