

During a limited review at the Department of Medical Examiner-Coroner (DMEC or Department), we noted areas where DMEC can strengthen its internal controls over the community service program to ensure that program participation records reported to the court are accurate. Please see Attachment I, Table of Findings and Recommendations for Corrective Action, for details of our observations and recommendation.

### **Review of Report**

We discussed our report with DMEC management. The Department's response (Attachment II) indicates agreement with our findings and recommendations.

We thank DMEC management and staff for their cooperation and assistance during our review. If you have any questions, please contact me at (213) 893-0243 or <u>ghellmold@auditor.lacounty.gov</u>, or your staff may contact Tim Takara, Supervising Investigator, at (213) 893-0918 or <u>ttakara@auditor.lacounty.gov</u>.

GH:AMS:TT:GLS:jc

Attachments

c: Arlene Barrera, Auditor-Controller Audit Committee Audit Division

# LOS ANGELES COUNTY AUDITOR-CONTROLLER

Robert G. Campbell ASSISTANT AUDITOR-CONTROLLER Greg Hellmold CHIEF INVESTIGATOR

## Office of County Investigations

# Report #IOR - 2021-18338

#### MEDICAL EXAMINER-CORONER IMPROVEMENT OPPORTUNITIES NOTED DURING LIMITED REVIEW #2021-18338

## BACKGROUND

California Government Code Section 27491 requires the Los Angeles County Department of Medical Examiner-Coroner (DMEC) to investigate and determine the circumstances, manner and cause of death for all violent, sudden, unattended, or unusual deaths. DMEC also operates a program which allows members of the public, including individuals ordered by the court, to complete community service hours. Community service program participants assist DMEC Institutional Laborers (janitorial and housekeeping staff) with tasks such as preparing/organizing supplies and washing/folding linens. Referrals to perform community service are made via various community service referral agencies. DMEC staff are responsible for documenting service hours worked and signing timesheets used by participants, which are then reported back to the referring agency and ultimately the court.

	TABLE OF FINDINGS AND RECOMMENDATIONS FOR CORRECTIVE ACTION			
ISSUE		RECOMMENDATION		
1	<b>Community Service Program Controls</b> – We noted that DMEC's community service program does not have formal			
	<ul> <li>policies and procedures or basic internal controls for critical program areas, including formally documenting the work of participants, segregating the duties of DMEC staff who oversee community service workers, ensuring that court reports of participant service hours are accurate, and periodic management review of the program to ensure that it is functioning as intended and achieving the results for which it was established.</li> <li>We noted the following deficiencies during our limited review:</li> <li>Community service activity logs were missing or incomplete, preventing us from validating reported service hours.</li> </ul>	<ul> <li>a) Establish formal policies and procedures for operating and managing the community service program, which at a minimum includes internal controls to ensure that:</li> <li>1. Program documentation is accurate and retained in accordance with legal and contractual requirements (including bi-annual recertifications);</li> <li>2. Key program duties are adequately segregated;</li> </ul>		
	<ul> <li>A single DMEC employee routinely controlled all key program activities. Specifically, she logged daily participant activity, validated/reconciled the entries, completed court- mandated reporting documents, and issued service completion certificates to participants. As a result, one DMEC employee was able to fraudulently record and report attendance for a participant on days when that participant did not actually complete any service hours. Those falsified reports were later transmitted to the referring agency and the court to substantiate that the participant complied with their court-ordered service requirements.</li> </ul>	<ul> <li>personnel at an appropriate level and who possess the required knowledge, skills, and abilities to oversee it;</li> <li>4. Official departmental stamps and other certifying instruments are properly secured; and</li> <li>5. A responsible manager actively</li> </ul>		

**Priority Ranking:** Recommendations are ranked from Priority 1 to 3 based on the potential seriousness and likelihood of negative impact on the Agency's operations if corrective action is not taken.

# los angeles county AUDITOR-CONTROLLER

	TABLE OF FINDINGS AND RECOMMENDATIONS	FOR CORRECTIVE ACTION
	ISSUE	RECOMMENDATION
•	The program was run by DMEC employees who held the position of Institutional Laborer. We noted that the specifications for this class of position do not appear to be aligned with the knowledge, skills, and abilities necessary to effectively administer the program.	reviews the program to ensure compliance. b) Formally train DMEC staff responsible for administering and operating the community service
•	The official stamp used to certify participant timesheets and certificates was routinely stored in an unsecured location where numerous staff could access and use it.	program on the new policy and procedures, and retain documentation of the training.
•	Management did not periodically review the program or related documentation to ensure compliance with one Memorandum of Understanding (MOU) that DMEC had with a referring agency, and we noted several examples where DMEC was not in compliance with the MOU requirements. Additionally, the DMEC employee who ran the program signed the MOU which authorized her to sign/stamp the forms to certify the hours worked.	<b>Department Response: Agree</b> Implementation Date: September 30, 2022
ead imp hel obj ope Ma bas	unty Fiscal Manual Section 1.0 states that management of ch County department is primarily responsible for designing, plementing, and maintaining a system of internal controls to p ensure that operations work as intended, and its goals and ectives are met. Internal controls should adapt to changing erating environments and reduce risks to acceptable levels. Inagement must monitor internal controls on an ongoing sis to ensure that any weaknesses or non-compliance are omptly identified and corrected.	
age MC [pa ap] tha Pro doo the Sta sub inf all tha ind tim	OUs between DMEC and two community service referral encies specified minimum internal control standards. One OU specified that DMEC shall "preserve the integrity of each articipant's] time sheet by ensuring it is neatly completed and proved by an authorized signatory." The MOU further states at the agency, the courts, and the Los Angeles County obtaion Department consider timesheets as official cuments, and the agency may contact the DMEC to verify a legitimacy of the service related to submitted timesheets. MOU also requires that the DMEC use and official mp/seal to verify the authenticity of signatures and dates on omitted documents. The second MOU specified that it is perative that DMEC keep "accurate and complete records of Court Referred Volunteers." Additionally, the MOU states at an MOU must be signed every two years and only those ividuals listed on the MOU are authorized to sign respective esheets for participants.	
	<b>pact:</b> The lack of internal controls and management ersight of this program impairs accountability and increases	

**Priority Ranking:** Recommendations are ranked from Priority 1 to 3 based on the potential seriousness and likelihood of negative impact on the Agency's operations if corrective action is not taken.

# LOS ANGELES COUNTY AUDITOR-CONTROLLER

	TABLE OF FINDINGS AND RECOMMENDATIONS FOR CORRECTIVE ACTION					
	ISSUE	RECOMMENDATION				
partic perfo court have recor the misco	risk that participant records are falsified, and that cipants receive credit for service hours they did not orm. This may result in false information reported to the c, and the discharge of sentences for which participants not met the court's requirements. Incomplete and missing rds also impair management's ability to periodically review program for integrity and compliance, to identify onduct, and to hold responsible parties accountable.					
Agen progr referr legall Speci forma agene copy Labor did r provis The C Code the Br actior may c to co witho Chief depar agree liabilit Impa DMEC Depa Coun hours no es	hal Agreements with Community Service Referral incies – We noted DMEC operates its community service ran in cooperation with at least three community service ral agencies, but DMEC did not have valid, appropriate, or ly sufficient agreements in place with any of them. ifically, DMEC management told us they did not have al agreements with any of the community service referral cies. However, two of the three agencies provided us a of an MOU signed by three DMEC staff (two Institutional rers and one Institutional Laborer Supervisor). The MOU not appear to contain any of the standard terms or sions included in County contracts with third parties. California Constitution, County Charter, and Government a indicate that authority for obligating the County rests with loard of Supervisors (Board) unless a specific law or Board in delegates that authority to someone else. The Board delegate authority to approve certain types of agreements out y officials, but agreements executed by persons but such a delegation of authority may be void or voidable. If Executive Office Risk Management indicated that each rtment should consult with their counsel when formulating ements with external entities to ensure respective ements include language limiting the County's risk of ty. Inct: The lack of an MOU or formal agreement between C and community service referral agencies from which the artment received referrals creates potential liability for the ty. There is also the potential that community service stablished standards and procedures for validating them the respective agencies.	<ul> <li>a) In consultation with County Counsel and CEO Risk Management (where appropriate), develop and execute formal and legally sufficient written agreements with community service referral agencies describing the community service program and each party's obligations under the agreement, and ensure such agreements are fully executed before accepting volunteers from or otherwise conducting business with the respective agencies.</li> <li>b) Ensure that contracts, MOU, and other documents which may obligate the Department or the County are legally sufficient and executed by staff at an appropriate level, and that DMEC employees are aware of this requirement.</li> </ul>				

For more information on our auditing process, including recommendation priority rankings, the follow-up process, and management's responsibility for internal controls, visit <u>auditor.lacounty.gov/audit-process-information.</u>

**Priority Ranking:** Recommendations are ranked from Priority 1 to 3 based on the potential seriousness and likelihood of negative impact on the Agency's operations if corrective action is not taken.

Attachment II Page 1 of 2



### COUNTY OF LOS ANGELES



DEPARTMENT OF MEDICAL EXAMINER-CORONER 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

> Jonathan R. Lucas, M.D. Chief Medical Examiner-Coroner

DATE June 28, 2022

TO: Robert G. Campbell, Chief Office of County Investigations

FROM: Jonathan R. Lucas, M.D. Medical Examiner-Corog

#### SUBJECT: RESPONSE TO AUDITOR-CONTROLLER FINDINGS AND RECOMMENDED CORRECTIVE ACTIONS - REPORT #2021-18338

The Department has reviewed the Auditor-Controller's report and agrees with the findings and recommendations. Attached is the Department's plan of corrective action.

If you have any questions, please contact me at (323) 343-0522, or your staff may contact Wendy Myring, Administrative Deputy, at (323) 343-0784 or by email at wmyring@coroner.lacounty.gov.

JRL:AT:wmm

Attachment

c: Akiko Tagawa, Medical Examiner-Coroner, Chief Deputy Wendy Myring, Medical Examiner-Coroner, Administrative Deputy Silvia Gonzalez, Medical Examiner-Coroner, Administrative Services Manager

#### Accreditations:

National Association of Medical Examiners (Provisional) California Medical Association-Continuing Medical Education Accreditation Council for Graduate Medical Education ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories Peace Officer Standards and Training Certified

Law and Science Serving the Community

### Attachment II Page 2 of 2

Attachment Page 1 of 1

DEPARTMENT OF MEDICAL EXAMINER-CORONER IMPROVEMENT OPPORTUNITIES NOTED DURING LIMITED REVIEW #2021-18338 DEPARTMENT ACTION PLAN/RESPONSE					
ISSUE 1: COMMUNITY SERVICE PROGRAM CONTROLS					
A/C Recommendation	<ul> <li>A. DMEC establish formal policies and procedures for operating and managing the community service program, which at a minimum includes internal controls.</li> <li>B. Formally train DMEC staff responsible for administering and operating the community service program on the new policy and procedures and retain documentation of the training.</li> </ul>				
Priority	PRIORITY 1				
Agree/Disagree	Agree				
Department Action Plan <sup>1</sup>	<ul> <li>A. DMEC will establish formal policies procedures for operating and managing the community service program.</li> <li>B. DMEC will formally train staff responsible for administering and operating the community service program on the new policy and procedures and will maintain documentation of the training.</li> </ul>				
Planned Implementation Date	Implement by September 2022				
Additional Information (optional) <sup>2</sup>					
ISSUE 2:1	FORMAL AGREEMENTS WITH COMMUNITY SERVICE REFERRAL AGENCIES				
A/C Recommendation	<ul> <li>A. In consultation with County Counsel, and the CEO Risk Management (where appropriate) will develop and execute formal and legally sufficient written agreements with community service referral agencies describing the community service program and each party's obligations under the agreement, and ensure such agreements are fully executed before accepting volunteers from or otherwise conducting business with the respective agencies.</li> <li>B. Ensure that contracts, MOU, and other documents which may obligate the Department, or the County are legally sufficient and executed by staff at an appropriate level, and that ME employees are aware of the requirement.</li> </ul>				
Priority	PRIORITY 1				
Agree/Disagree	Agree				
Department Action Plan <sup>1</sup>	<ul> <li>A. In consultation with County Counsel, and CEO Risk Management (where appropriate), DMEC will develop and execute formal and legally sufficient written agreements with community service referral agencies.</li> <li>B. DMEC will ensure contracts, MOU, and other documents which may obligate the Department, or the County are legally sufficient and executed by staff at an appropriate level, and DMEC employees are aware of the requirement.</li> </ul>				
Planned Implementation Date	Implement by September 2022				
Additional Information (optional) <sup>2</sup>					

<sup>&</sup>lt;sup>1</sup> In this section the Department should only describe the efforts they plan to take to implement the recommendation. Any other information should be included in the Additional Information section below.

<sup>&</sup>lt;sup>2</sup> In this section the Department can provide any background or clarifying information they believe is necessary.

**Priority Ranking:** Recommendations are ranked from Priority 1 to 3 based on the potential seriousness and likelihood of negative impact on the Agency's operations if corrective action is not taken.