

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

501



**FROM:** County Auditor-Controller

**SUBMITTAL DATE:**  
October 30, 2012

**SUBJECT:** Internal Audit Report 2011-305: County of Riverside Fire Department 2<sup>nd</sup> Follow-up Audit.

**RECOMMENDED MOTION:** Receive and file Internal Audit Report 2011-305: County of Riverside Fire Department 2<sup>nd</sup> Follow-up Audit.

**BACKGROUND:** We have completed the 2<sup>nd</sup> Follow-up Audit of the County of Riverside Fire Department. Our audit was limited to reviewing actions taken as of January 31, 2012, to correct the findings noted in our original audit report 2007-003 dated August 8, 2007 that remained uncorrected in the 1<sup>st</sup> Follow-up audit 2007-003.

(Continued on page 2)

*Paul Angulo*

Paul Angulo, CPA, MA-Mgmt  
County Auditor-Controller

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ 0	For Fiscal Year:	N/A

<b>SOURCE OF FUNDS:</b> N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *Karen L. Johnson*  
Karen L. Johnson

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Benoit, seconded by Supervisor Stone and duly carried, IT WAS ORDERED that the above matter is received and filed as recommended.

Ayes: Buster, Stone, Benoit and Ashley  
Nays: None  
Absent: Tavaglione  
Date: November 20, 2012  
xc: Auditor Fire

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

- Dep't Recomm.:
- Per Exec. Ofc.:

**Prev. Agn. Ref.:** 6/15/10, #2.1 | **District:** ALL | **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

2.6

**BACKGROUND continued:**

The original audit report contained 20 findings, all of which required corrective action and; therefore, were reviewed as part of the 1<sup>st</sup> follow-up audit. For an in-depth understanding of the original audit and the 1<sup>st</sup> follow-up audit, please refer to Internal Audit Report 2007-003 and 2009-301 respectively at [www.auditorcontroller.org](http://www.auditorcontroller.org). This 2<sup>nd</sup> follow-up audit found that of the four findings that remained open, all four were corrected.



# County of Riverside

## INTERNAL AUDIT REPORT

2011-305

### County of Riverside Fire Department 2<sup>nd</sup> Follow-up Audit

October 30, 2012

Office of  
**Paul Angulo, CPA, MA-Mgmt.**  
County Auditor-Controller

4080 Lemon Street  
P.O. Box 1326  
Riverside, CA 92502-1326



**COUNTY OF RIVERSIDE  
OFFICE OF THE  
AUDITOR-CONTROLLER**

County Administrative Center  
4080 Lemon Street, 11<sup>th</sup> Floor  
P.O. Box 1326  
Riverside, CA 92502-1326  
(951) 955-3800  
Fax (951) 955-3802

**ACC** | **AUDITOR  
CONTROLLER**  
**COUNTY OF RIVERSIDE**

Paul Angulo, CPA, MA-Mgmt.  
AUDITOR-CONTROLLER

October 30, 2012

Chief John Hawkins  
Fire Department  
210 W San Jacinto Ave.  
Perris, CA 92570

**Subject: Internal Audit Report 2011-305: County of Riverside Fire Department 2<sup>nd</sup> Follow-up Audit**

Dear Chief Hawkins:

We have completed the second follow-up audit of the Riverside County Fire Department to review the actions taken as of February 2012, to correct audit findings reported in Internal Follow-up Audit Report 2009-301 dated May 12, 2010.

We conducted our audit in accordance with the International Standards for the Professional Practice of Internal Auditing. These standards require that we plan and perform the audit to obtain reasonable assurance that our objective, as described in the preceding paragraph, is achieved. Additionally, the standards require that we conduct the audit to provide sufficient, reliable, and relevant evidence to achieve the audit objectives. We believe the audit provides a reasonable basis for our opinion.

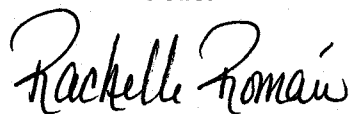
The original audit report contained six findings, all of which required corrective action and; therefore, were reviewed as part of this audit. For an in-depth understanding of the original audit, please refer to Internal Audit Report 2007-003 at [www.auditorcontroller.org](http://www.auditorcontroller.org).

This 2<sup>nd</sup> follow-up audit found that all four findings that remained open from the 1<sup>st</sup> follow up audit have been corrected.

Detailed statuses of the findings identified in the original audit are provided in the body of this report.

We appreciate the cooperation and assistance extended to us by staff of the Fire Department during this follow-up audit. Their assistance contributed significantly to the successful completion of the audit.

Paul Angulo, CPA, MA-Mgmt.  
Auditor-Controller

A handwritten signature in black ink that reads "Rachelle Román". The signature is written in a cursive style with a large initial "R".

By: Rachelle Román, MPA  
Chief Internal Auditor

cc: Board of Supervisors  
Executive Office  
Grand Jury

**Internal Audit Report 2007-003**

**Finding 8:**

Safeguards affecting Patient Care Reports (PCR), which contain individually identifiable health information that are protected under HIPAA Privacy Rule, are not adequate. As a result, this information may be disclosed.

- As a practice, the fire stations keep the current year's PCRs in locked filing cabinets. Two of the three fire stations we visited had their past years' PCRs packed in boxes and stored in the attics. The attics, which are used for general storage due to lack of available office space, are open and accessible to all personnel.
- The procedures in place do not completely cover the protection of all PCR copies. Although the procedures describe the process for securing the PCR white copy (copy 1), the procedures do not address the steps for securing other PCR copies. The procedures indicate that the yellow copy (copy 2) is sent to the Quality Improvement Program (QIP) but do not describe how the copy is to be used, secured, retained, and eventually disposed of by the QIP. Likewise, the procedures do not address how the pink copy (copy 3) for the ambulance, if not used for its intended purpose, will be securely disposed of.

**Finding 9:**

The EMS management believes that the Fire Department is not a HIPAA-covered entity since it is not billing for services rendered. Relative to this, management has opted to provide the "Notice of Privacy Practices" only to patients that are being billed. This practice conflicts with Board Policy B-23, which declares the county is a single-covered entity under HIPAA, requiring that the "Notice of Privacy Practices" be provided to each individual receiving health care and related services from the county.

**Current Status for Findings 8 & 9: Corrected.**

The County Fire Department obtained legal counsel regarding the issuance and safekeeping of medical records and other County forms from Riverside County Counsel. The objective was to determine if the Fire Department was required to provide County forms to patients when State personnel (EMTs/Paramedics, who are not County employees) provide emergency medical services to patients. And if this was the case, would they need to seek an exemption from the Board of Supervisors to not issue/release these forms.

It was determined since CAL Fire personnel maintained control of the generation, maintenance, and release of these patient records; they are records of the State and not the County of Riverside. Furthermore, since County forms do not apply to State medical records, it was concluded it was not necessary for State personnel to issue County required forms or request an exemption from the County Board of Supervisors. The responsibility for the safeguarding of patient records remains with the State. Any County employee who responds to emergency calls will issue the required forms pertaining to County Policy to ensure compliance with HIPAA.

**Finding 17:**

Controls over the Grant Management function did not adequately ensure the efficiency of operations in the event of employee turnover or extended absence. There were no written policies and procedures to provide guidance concerning the performance of Grant Management related duties. Inefficient operations could negatively affect the Unit's ability to effectively obtain and manage grants and grant-related contracts.

**Current Status for Finding 17: Corrected.**

The Fire Department has developed and implemented policies and procedures for the Grant Management function.

**Finding 20:**

Abatement assessment fees charged for the 2006 abatement season did not adequately recover program costs. The current abatement assessment fees were calculated more than ten years ago and had never been updated. The actual cost of providing this service has significantly increased since that time. Based on fiscal year 2007 budget information and the number of parcels abated during the 2006 abatement season, we estimate the fee of \$126 should be increased from \$126 to about \$237 to recover costs for the 2007 abatement season. As such, an additional \$187,923 of cost incurred for abatement services should have been recovered from parcel owners.

**Current Status for Finding 20: Corrected.**

The Fire Department calculated a new weed abatement rate, which was submitted to and approved by the Board of Supervisors on June 28, 2011.