

**DEKALB COUNTY REHAB & NURSING CENTER**

**Compliance Program Policy**

**September 2015**

Reviewed for updates March1, 2017

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**DeKalb County Rehab & Nursing Center  
Compliance Program Resolution of the Board of Directors  
Adopted at a Meeting Held on November 18, 2015**

At the regular meeting of the DeKalb County Rehab & Nursing Center Board of Directors (the "Board"), the following Resolution was adopted:

**Whereas**, DeKalb County Rehab & Nursing Center is committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

**Whereas**, DeKalb County Rehab & Nursing Center is committed to establishing a high level of quality and service in all aspects of its operation; and

**Whereas**, the Board believes it is important to document and demonstrate this commitment to DeKalb County Rehab & Nursing Center's residents, employees and our community;

**Be It Resolved** that the Board hereby reestablishes its commitment to the DeKalb County Rehab & Nursing Center Compliance Program which is designed to prevent and detect violations of applicable laws and regulations. The development of the program is based on the Office of Inspector General's seven fundamental elements of a compliance program:

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well-publicized disciplinary guidelines;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses and developing corrective action.

**Be It Further Resolved** that the Board hereby reestablishes its commitment to the Code of Conduct and the Policies and Procedures contained in the DeKalb County Rehab & Nursing Center Compliance Program;

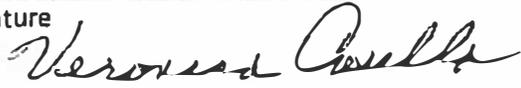
**Be It Further Resolved** that the following Compliance Program progress has occurred to date: the Compliance Program is distributed to employees and Directors annually; a Compliance Officer and Compliance Committee have been appointed (with regular meetings occurring); annual compliance training is provided to employees and Directors; a baseline audit, plus an annual review of the Compliance Program, have been completed; compliance risk area policies and procedures are in place and reviewed and updated on an ongoing basis; an auditing and monitoring program is in place; and a comprehensive monthly program for employee education is operational.

**Be It Further Resolved** that the Board hereby acknowledges a commitment to allocate adequate resources to the implementation and enforcement of the Compliance Program, as additional funds, personnel or contractors are required, to the fullest extent possible;

This resolution is hereby adopted by action of the DeKalb County Rehab & Nursing Center Board of Directors.

Chairperson, Board of Directors  
DeKalb County Rehab & Nursing Center

Signature



Printed Name

VERONICA CASSELLA

Date

11/18/2015

<b>DCRNC</b>	<b>Compliance Policy</b>	<b>Effective Date:</b> _____  <b>Signature:</b> _____
	<b>Compliance Program Policy</b>	<b>Previous Versions/Updates:</b> Implemented: Updated March 2014 Updated October 2015

**Introduction: Commitment to Compliance**

It is the intent of Nursing Home to comply in good faith and to the best of its ability and knowledge with applicable State and Federal laws, program requirements of Federal, State and private health plans, and ethical business practices. Nursing Home is also committed to exercising due diligence to prevent and detect criminal conduct. Nursing Home wants its employees to be fully informed about applicable laws and regulations so they are better able to do their jobs in a compliant manner.

To assure its commitment to compliance, Nursing Home has developed a Compliance Program with the following key elements:

- Written Compliance Policies and Procedures
- Responsibility for Corporate Compliance
- Education and Training
- Effective Lines of Communication/Reporting Compliance Issues
- Auditing and Monitoring
- Compliance as an Element of Employee Performance/Disciplinary Guidelines
- Responding to Non-Compliance and Taking Corrective Action
- Code of Conduct

This Compliance Program is intended to provide the framework for compliance. It is not intended to set forth all of Nursing Home’s programs and practices. Nursing Home will continue to modify practices and develop new programs as part of its compliance efforts. This Compliance Program Policy will be distributed to all Nursing Home employees, Directors, and contractors, as appropriate.

**Written Compliance Policies and Procedures**

Nursing Home has developed and adopted policies and procedures designed to prevent fraud and abuse and protect resident rights, while ensuring a high standard of quality care. These policies and procedures will educate Nursing Home employees, physicians, vendors, contractors, and volunteers to Federal and State laws, rules and regulations as well as Medicare, Medicaid and other payor requirements. They also will identify potential areas of non-compliance and list

procedures for reporting problems and adopting changes to prevent further non-compliance. These policies and procedures shall address Nursing Home's clinical, financial and administrative functions including:

- Quality of care
- Resident Rights
- Billing and Cost Reporting
- Employee Screening
- Kickbacks, Inducements and Self-referrals
- Submission of Accurate Claims
- Anti-Supplementation
- Medicare Part D
- HIPAA Privacy, Security, and Breach Notification Rules Notification)
- Creation and Retention of Records

The Compliance Officer, with the approval of the Compliance Committee and the Board of Directors, shall issue written policies and procedures relating to the Compliance Program. Some policies and procedures may be written by the Administrator, the DON, or other managers, with the assistance and approval of the Compliance Officer. These policies and procedures will be communicated to Nursing Home's employees (including management), Directors, contractors, and volunteers, as appropriate. The Compliance Officer and Compliance Committee will assess these policies and procedures and update them as necessary.

#### **Responsibility for Corporate Compliance**

The following parties share responsibility for the Compliance Program.

##### **A. Compliance Officer**

Primary responsibility for implementing and managing Nursing Home's compliance program shall be with the Compliance Officer:

Kris Decker, RN CSSC  
2600 N. Annie Glidden Rd. DeKalb, IL 60115  
815.217.0329  
kdecker@dekalbcounty.org

The Compliance Officer has the primary responsibility for overseeing compliance program implementation, maintenance and improvement at Nursing Home and assumes the managerial and administrative tasks involved in establishing, monitoring, and updating this program. For a complete list of Compliance Officer responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

The Compliance Officer will report to the Board of Directors. The Compliance Officer has direct access to the Compliance Committee, the Board of Directors, and Nursing Home's legal counsel.

## **B. Compliance Committee**

The Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance Program. The Compliance Committee will include:

- Administrator Bart Becker
- Director of Nursing Jocelyn Prall RN
- ADON Lisa Anger RN
- Department Directors:
  - Doreen Akers, Business Office
  - Linda McDowell, Social Services
  - Julie Beatty RN, MDS Coordinator
  - Andrea McCoy RN, Restorative RN
  - Amy Larson, Dementia Unit
  - Kathy Vickers, Community Life
  - Kim Rayphole, Dietary
  - Steve O'Bryan, Maintenance
  - Deb Swedberg, Environmental Services
  - Michelle Bergeson, Education Director
  - Andy Vanatta, IMO.

It is Nursing Home's policy not to assign any individual as Compliance Officer, a member of the Compliance Committee, or another position of substantial authority, without first exercising due diligence to verify that such individual has not engaged in illegal activities or other conduct inconsistent with an effective compliance program. Such due diligence may include taking the following actions before hiring management level employees: conducting background checks, checking the state and federal health care program exclusion lists, calling prior employers, and asking the potential employee to disclose any illegal conduct in writing.

## **C. Employees**

Each employee has a duty to:

- Attend compliance training
- Follow Compliance policies and procedures
- Seek guidance from supervisor/Compliance Officer regarding compliance questions
- Promptly report actual or suspected violations of the Compliance Program. See Effective Lines of Communication/Reporting Compliance Issues, below.

Failure to adhere to the Compliance Program may result in discipline up to and including termination. See Disciplinary Action.

## **D. Vendors and Contractors**

Nursing Home's Compliance Program applies to vendors and contractors, who will be expected to adhere to it. It is Nursing Home's goal to incorporate contractors into the Compliance Program as appropriate, for example by including contractors in training, distributing the Compliance Program to contractors, or addressing compliance in contracts.

### **Education and Training**

The Compliance Officer is responsible for ensuring the Compliance Program Policy and Code of Conduct are distributed to all employees, Directors, vendors, and contractors, as appropriate. When the Compliance Program is first implemented, and as part of new employee and Director orientation, and annually, employees and Directors will receive compliance training. Employees and Directors will review the Compliance Program Policy and Code of Conduct and be given an opportunity to ask questions. Employees and Directors should complete the attached Acknowledgment, which will be kept on file with each individual's personnel file and with the Compliance Officer's records.

The Compliance Officer will also distribute the Compliance Program and Code of Conduct to volunteers (10+ hours a month) and students (if any), and obtain an Acknowledgment from them. The Compliance Program and Code of Conduct will be posted outside the Compliance Officer's Office and on Nursing Home's website, and will be available to residents and their families upon request.

Employees and Directors will be given annual compliance training. Nursing Home will also provide periodic training and updates to maintain employee and Director awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Employees who work in highly regulated areas such as medical records, coding, billing, cost reporting and contracting will receive additional training specific to their job functions. Specific compliance-related training topics are listed in Nursing Home's Compliance Training and Education Policy.

Attendance at all training sessions will be documented and retained with each individual's personnel file and with the Compliance Officer's records.

### **Effective Lines of Communication/ Reporting Compliance Issues**

#### **A. Questions are encouraged**

Employees are encouraged to ask their supervisors or the Compliance Officer any questions they have about compliance. Supervisors who are unable to answer employee compliance questions will seek guidance from the Compliance Officer. When the Compliance Officer is unable to answer a compliance question, he or she will seek guidance from Nursing Home's Compliance Committee, legal counsel and/or the Board.

## **B. Reporting Non-Compliance**

Employees are required to report any and all suspected non-compliance, no matter how minor the issue may seem, so it may be investigated. Reporting may be done the following ways:

- Contacting your immediate supervisor
- Contacting the Compliance Officer
- Calling the confidential hotline: 1-815-787-9676. The hotline is available 24/7. The hotline will also be available to vendors, residents and their families, and posted in Nursing Home's Break Rooms and Activity Boards.
- Using the anonymous drop box located in the lobby.

All reports will be kept confidential to the fullest extent reasonably possible. Employees may make reports anonymously. When possible, and when the identity of the individual making the complaint is known, Nursing Home will follow up with the complainant to inform him or her of the results of the investigation.

Employee training will promote the use of the hotline and drop box to report potential compliance issues. The hotline # and drop box location will also be listed in the newsletter, and on the intranet.

Nursing Home will post the names, addresses and telephone numbers for the State survey and certification agency, State licensure office, State ombudsman program, State protection and advocacy network, State Medicaid fraud control unit, and HHS-OIG hotline number, and future required numbers, in the lobby.

## **C. Non-Retaliation**

Employees who ask a compliance question or report potential compliance issues to Nursing Home or to a government agency will not be subject to retaliation or harassment by Nursing Home as a result of the report. Concerns about potential retaliation or harassment should be reported to the Compliance Officer. Any reports of retaliation or harassment will be immediately and thoroughly investigated, and if retaliation or harassment is found, it will be met with disciplinary action.

Nursing Home welcomes reports of non-compliance and views these reports as essential to improving Nursing Home's operations. Harassment and retaliation in response to reporting will not be tolerated.

## **D. Documentation**

The Compliance Officer will keep a log reflecting any compliance issues raised and the results of the investigation of those issues. The Compliance Officer will use this log to update policies and procedures and improve training, as necessary. All complaints and their disposition will be tracked in Nursing Home's Compliance program and reported to the Compliance Committee and the Board, as appropriate.

## **Auditing and Monitoring**

### **A. Baseline Review**

Nursing Home completed a baseline audit in May 2013 to assess its performance in all compliance risk areas. The results of the baseline audit were shared with the Board of Directors, the Administrator, and the Compliance Committee and were used to implement standards and goals, and policies and procedures specific to risk areas identified in the baseline audit.

### **B. Ongoing Review**

Nursing Home establishes a compliance calendar on an annual basis that includes auditing and monitoring activities in each identified area of compliance risk. Audit tools may include but are not limited to: random sampling of records or charts, reviewing written contracts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. If additional expertise is required, contractors may be used to conduct audits.

### **C. Annual Review**

The Compliance Officer will coordinate an annual comprehensive audit to evaluate Nursing Home's performance in all areas of the Compliance Program.

As part of the annual review, the Compliance Officer will recommend changes to current policies and procedures if improvements are needed. Employees will be promptly trained on policy and procedure changes.

In addition to testing each component of the Compliance Program, the annual review will assess the overall effectiveness of the Compliance Program using the following measures:

- Have adequate resources been allocated to compliance initiatives?
- Is there a reasonable timetable for implementation of the compliance measures?
- Have the Compliance Officer and Compliance Committee been vested with sufficient autonomy, authority, and accountability to implement and enforce appropriate compliance measures?
- Do compensation structures create undue pressures to pursue profit over compliance?
- Do employees understand the policies and procedures applicable to their job functions?
- Do employees feel they can report compliance issues without retaliation?
- Is discipline for non-compliance imposed consistently?

### **D. Auditing Procedures**

The purpose of compliance monitoring and auditing is to measure performance, identify problem areas, improve processes, and advance compliance with Federal and State laws and regulations, program requirements, ethical standards, and payor rules. Audits will be conducted by appropriate personnel under the direction of the Compliance Officer. The Compliance Officer

will document the procedures and findings of each audit and share the results with the Compliance Committee and the Board, as appropriate.

If an audit identifies potential compliance issues, the Compliance Officer will handle the matter according to Nursing Home's policies and procedures for investigating compliance matters. See Nursing Home's Responding to Non-Compliance and Taking Corrective Action policy and procedure. Any weaknesses or deficiencies identified in the Compliance Program will be promptly corrected. This includes promptly repaying any detected overpayments or self-disclosing misconduct to the authorities. Nursing Home takes these obligations very seriously. The Compliance Officer and Compliance Committee will use the audit results to improve and update the Compliance Program. Employees will be promptly trained on policy and procedure changes.

#### **E. Dashboard**

In order to foster an organizational culture and leadership that understands and promotes compliance, Nursing Home uses a compliance dashboard to track compliance related information, such as hotline reports, and training and audit progress.

#### **Compliance as an Element of Employee Performance/ Disciplinary Action**

Adherence to this Compliance Program is a condition of employment at Nursing Home. Employees who fail to comply with the Compliance Program will be subject to disciplinary action, regardless of their level or position. Managers and supervisors/the Administrator have a responsibility to discipline employees who violate the Compliance Program in a fair and consistent manner. Managers and supervisors should discuss with employees and contractors the compliance policies relevant to their functions, and the disciplinary consequences for failing to comply. Appropriate disciplinary action will be taken for:

- Participation in or authorization of actions that violate Federal and/or State laws and regulations, the Compliance Program (including the Code of Conduct), or Nursing Home policies and procedures.
- Failure to report a violation or suspected violation of Federal and/or State laws or regulations, the Compliance Program, or Nursing Home policies and procedures.
- Actively or passively encouraging, directing, facilitating or permitting non-compliant behavior.
- Failure by a violator's supervisor to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight.
- Refusal to cooperate in an investigation of a potential violation.
- Retaliation against an individual for reporting a compliance violation.

The Compliance Officer has no disciplinary enforcement authority; he or she may investigate, evaluate, and make recommendations to the Administrator consistent with Nursing Home policies and procedures as they apply to employees. The specific disciplinary action will be determined by the Administrator in conjunction with the appropriate supervisor, and in accordance with Nursing Home's disciplinary sanctions process as set forth in the **Employee**

**Handbook/Labor Agreement.** The degree of disciplinary action will range from verbal warning to termination of employment, and will depend on multiple factors, such as:

- The severity of the violation
- Whether the violation was committed accidentally, negligently, recklessly or intentionally
- Whether the individual has previously committed Compliance Program violations
- Whether the violation was self-reported
- Whether, and the extent to which, the individual cooperated with the investigation of the violation
- Whether the violation constitutes a crime; and if so, whether it is a misdemeanor or a felony
- Whether the violation is unethical
- Whether anyone was harmed by the violation

Disciplinary measures may include the following:

- Verbal warnings (kept in employee's permanent file)
- Written warnings (kept in the employee's permanent file)
- Demotion
- Pay reduction
- Suspension (with or without pay)
- Termination
- Institution of legal actions/reporting the conduct to the proper authorities

In addition to imposing discipline, Nursing Home will implement other remedial measures as appropriate.

Employees' non-adherence to the Compliance Program will be considered as a criterion in performance reviews. Prompt and complete self-disclosure of one's own non-compliance may be considered a mitigating factor in determining discipline or sanctions. Likewise, employees' adherence to the Compliance Program and efforts to advance compliance initiatives in Nursing Home will be considered as a positive criterion in performance reviews.

### **Responding to Non-Compliance and Taking Corrective Action**

#### **A. Investigating Compliance Issues**

All reports of potential compliance violations will be immediately investigated by the Compliance Officer to determine whether there is reasonable cause to believe the Compliance Program has been violated. The Compliance Officer will conduct an investigation with assistance from Nursing Home's legal counsel, as appropriate. Please see Nursing Home's [Responding to Non-Compliance and Taking Corrective Action](#) policy and procedure for detailed procedures for internal investigations.

Nursing Home employees should cooperate fully with all Compliance Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. If the Compliance Officer determines the integrity of the investigation could be compromised by the

presence of employees under investigation, those employees will be put on administrative leave until the investigation is complete.

The investigative file should contain a completed Compliance Report Intake Form (attached). All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation. The Compliance Officer will attempt to obtain additional information if possible. If not possible, the Compliance Officer will document the reason an investigation did not take place.

The Compliance Officer will include compliance reports and their results in his or her reports to the Compliance Committee and the Board.

### **B. Corrective Action Plans**

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address the issue (exception: discipline requires action by the Administrator). In developing the corrective action plan, the Compliance Officer should consult with the Administrator, legal counsel, Compliance Committee and appropriate clinical and administrative personnel, as appropriate. All compliance issues will be addressed promptly, and on a case-by-case basis. When assessing corrective action, the Compliance Officer will seek advice from Nursing Home's legal counsel to determine the appropriate course of action. Some non-compliance might require further auditing/internal investigation, and/or returning overpayments or self-disclosing misconduct to the government. Strict timelines might apply.

Possible corrective actions include:

- Returning overpayments
- Self-reporting to the law enforcement, the OIG, or other authorities
- Updating the Compliance Program
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures

The corrective action plan will be provided to the Administrator and included in reports to the Compliance Committee and the Board of Directors. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur.

\* All alleged incidents of mistreatment, neglect or abuse (including injuries from an unknown source), and misappropriation of resident property, must immediately be reported to the Administrator, and to the authorities within required timelines.

**C. Abuse.** All alleged incidents of mistreatment, neglect or abuse (including injuries from an unknown source), misappropriation of resident property or anything that makes you feel uneasy or just doesn't seem right must **immediately** be reported to a supervisor, department head or Administrator. Supervisor or department head must **immediately** notify the Administrator or designee. Administrator or designee will report to IDPH Rockford office as

soon as possible, but within a maximum of 24 hours. Employees will be protected from retaliation from others.

#### **D. Governmental Investigations**

If a state or federal investigator arrives at Nursing Home to investigate potential or alleged non-compliance (e.g. with a subpoena or search warrant, or requests documents or to interview employees), Nursing Home's policy is to cooperate. However, please notify the Compliance Officer immediately. If the Compliance Officer is unavailable, contact the Administrator. Nursing Home has specific procedures to follow, and will want to contact legal counsel immediately for guidance. See Nursing Home's Responding to Non-Compliance and Taking Corrective Action policy for detailed procedures for governmental investigations.

## Code of Conduct

This Code of Conduct is part of Nursing Home's Compliance Program. It provides guidance to Nursing Home employees, Directors, contractors, and volunteers, and helps us follow ethical and legal standards. These obligations apply to our relationships with residents, physicians, third-party payors, vendors, consultants and each other. This Code of Conduct does not represent a change from Nursing Home's prior practices, but is a recordation and compilation of these practices. The Code of Conduct is available for review by residents and their families, physicians, and independent contractors.

It is the intent of Nursing Home to comply in good faith and to the best of its ability with State and Federal laws, and ethical standards. More detailed guidance can be found in Nursing Home's policies and procedures. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should not "guess" the correct answer. Employees will not be penalized for asking compliance-related questions. Nursing Home strives to create a culture in which every individual is comfortable asking questions about how to conform their job duties to the Compliance Program.

This Code of Conduct summarizes Nursing Home's commitment to meet ethical standards and comply in good faith and to the best of its ability with laws, statutes and regulations in the following areas:

1. Quality health care services
2. Resident rights
3. Billing and coding integrity
4. Business practices
5. Ethical culture

### 1. Quality Health Care Services

We will:

- Use professional skill and judgment when providing health care services.
- Provide high quality health care services in accordance with applicable federal and state regulatory requirements and standards of care.
- Provide health care services that are individualized for each resident
- Provide health care services that attain and maintain each resident's highest practicable medical, mental and psychosocial needs, based on a comprehensive and accurate assessment of the resident's functional capacity.
- Document health care services in a complete and accurate medical record.
- Maintain, dispense and transport all drugs and controlled substances according to applicable laws and regulations.
- Continually work to improve the quality of patient care.

## **2. Residents Rights**

We will:

- Promote the resident's right to a dignified existence with freedom of choice, self-determination, and reasonable accommodation of individual needs.
- Provide treatment without discrimination as to race, color, religion, sex, national origin, disabilities, source of payment, sexual orientation, or age.
- Provide considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Provide residents information in order to make intelligent decisions. This includes information about Nursing Home and its policies, procedures and charges, and who will provide services on behalf of Nursing Home.
- Respect residents' right to make their own health care decisions if able. Consult family and/or durable power of attorney on behalf of residents who are unable to make their own decisions.

## **3. Billing and Coding Integrity**

We will:

- Not knowingly engage in any form of improper up-coding of any service.
- Ensure billing and/or coding work is accurate, timely, and complies with 1) federal and state laws and regulations; 2) federal, state, and third party payor requirements; and 3) Nursing Home policies and procedures.
- Ensure no false, fraudulent, inaccurate or fictitious claims are submitted. No falsification of medical, time or other records will be tolerated.
- Promptly investigate and correct billing issues (including making any required repayments) if errors are discovered.
- Maintain complete and thorough medical and billing records.
- Be knowledgeable of billing policies and procedures established by government programs and private third party payors.

## **4. Business Practices**

We will conduct Nursing home's business affairs with integrity, honesty and fairness, and without conflict with personal interests.

### **A. Books and Records**

We will:

- Keep accurate books and records, such as financial transactions, cost reports, and documents used in the ordinary course of business.

- Not make false or artificial entries or misstatements.
- Not give or receive any payments (or anything else of value), or agree to a purchase price, with an intention or understanding that part of that payment will be used for any purpose other than what is listed in the document supporting the payment.
- Document facts truthfully and accurately. We will not conceal or fail to document any transactions.
- Immediately notify the Compliance Officer upon receipt of an inquiry, subpoena (other than for medical records or other routine licensing or tax matters) or other government request for information regarding Nursing Home.

#### **B. Gifts**

We will:

- We will not accept gifts or benefits in exchange for patient referrals.
- We will not provide gifts to residents or potential residents that could induce the resident to obtain our services.
- All gifts will be disclosed to, and tracked by the Compliance Officer

#### **C. Conflicts of Interest**

We will:

- Not enter into any joint venture, partnership or other risk sharing arrangement with a potential or actual referral source unless the arrangement has been reviewed and approved by Nursing Home legal counsel.
- Avoid any activity that conflicts with the interests of Nursing Home or its patients.
- All employees and Directors who are in positions to influence business decisions must submit a semi-annual Conflicts of Interest Disclosure Statement, disclosing all business and familial interests that compete with or are associated with Nursing Home.

#### **D. Kickbacks and Referrals**

It is against State and Federal law to pay or give anything of value to an individual, provider, or vendor to induce or reward referrals. We will follow the following standards of conduct:

- Nursing Home will not pay incentives to employees, contractors, physicians, suppliers, vendors, or other referring parties based on number of Federal or state health care program beneficiary referrals. Financial relationships with entities that refer patients to Nursing Home will be based on the fair market value of terms or services provided and will not be in any way related to the value or volume of referrals or contain an inducement to refer.

- All financial relationships with potential referral sources will be reviewed by legal counsel.
- Nursing Home will only make referrals based on the preferences of the resident or, if the resident does not express a preference for a particular provider, what is best for the resident.
- Nursing Home will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to obtain health care services from Nursing Home.

#### **E. Confidentiality**

We will:

- Ensure the confidentiality, integrity, and availability of all protected health information, electronic or otherwise (“PHI”).
- Immediately notify the Compliance Officer of any potential privacy or security breaches involving PHI.
- Protect residents’ rights to privacy and confidentiality of their medical records (including electronic records), in accordance with HIPAA, state law, and Nursing Home’s HIPAA Privacy, Security and Breach Notification policies and procedures.
- Refrain from engaging in unauthorized review or disclosure of medical records (snooping).

#### **F. Employee Screening**

- Nursing Home will not employ individuals who have been excluded from participation in Federal or State health care programs; convicted of crimes of neglect, violence, abuse, theft, dishonesty, financial misconduct, or other offenses relevant to the job for which they are applying; who do not have an active license/certification (if applicable).
- Nursing Home will periodically conduct employee screens. Employees have an ongoing duty to notify Nursing Home if their qualifications or employment eligibility changes.
- Nursing Home will not contract with any party that is excluded from participating in Federal or State health care programs. Periodic vendor screens will be conducted.

### **5. Ethical Culture**

We will:

- Perform our duties in good faith and to the best of our ability.
- Refrain from illegal conduct in personal and business matters.
- Participate in compliance training.

- Immediately report all suspected violations of the law, this Code of Conduct, the Compliance Program, or any Nursing Home policy or procedure, to the Compliance Officer or by anonymous drop box or Compliance Hot Line.

DeKalb County Rehab & Nursing Center  
Compliance Program and Code of Conduct Acknowledgement

This form acknowledges receipt of the Compliance Program Policy and Code of Conduct and commitment to comply.

I, \_\_\_\_\_ (name and title),  
acknowledge that on \_\_\_\_\_ (date), I received a copy of the  
Compliance Program Policy, including the Code of Conduct, and read it in its entirety. I was also  
given a meaningful opportunity to ask questions about the Compliance Program Policy. I agree  
to comply with the Compliance Program, and to report any violations or suspected violations of  
the Compliance Program to my immediate supervisor, the Compliance Officer, and/or via the  
hotline. I further agree that if I have questions about the Compliance Program at any time, I will  
seek guidance from the Compliance Program Policy and policies and procedures; my immediate  
supervisor; and/or the Compliance Officer, as appropriate. Except as written below or on the  
attached document, as of this date I have no knowledge of any transactions or events that  
appear to violate the Compliance Program. I understand that compliance with the Compliance  
Program is a condition of employment, and violation of the Compliance Program will result in  
discipline up to and including possible termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Please check the most appropriate:

- Employee
- Director
- Medical Staff
- Contractor (please identify: \_\_\_\_\_)
- Other (please identify: \_\_\_\_\_)

This form will be collected following the New Employee Orientation or Annual Compliance Training, and is required to be in your personnel file as a condition of employment. The Compliance Program Policy and Code of Conduct will be acknowledged on an annual basis.