

DEKALB COUNTY REHAB & NURSING CENTER

Compliance Program Policy

September 2020

DeKalb County Rehab & Nursing Center
Compliance Program Resolution of the Board of Directors
Adopted at a Meeting Held on _____

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 remains committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

Whereas, DeKalb County Rehab & Nursing Center remains 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 continuing 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 Generals' 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 Board appoints Maggie Niemi as Compliance Officer, and will support Niemi in this role; and asserts that the Compliance Officer has direct access to this Board to report, discuss and seek guidance with compliance issues;

Be It Further Resolved that the Board establishes the following compliance goals for 2020: helping the new Compliance Officer transition to this new role and lead the program with success; continue to foster a culture of compliance; and continue to incorporate Phase 3 compliance guidance into the Compliance Program as such guidance is issued.

Be It Further Resolved that the Board hereby acknowledges an ongoing 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;

Be It Further Resolved I am aware of the following potential compliance concerns/potential compliance violations that need to be investigated:

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

Date

DCRNC	Compliance Policy	Effective Date: _____ Signature: _____
	Compliance Program Policy	Previous Versions/Updates: Implemented: Updated March 2014, October 2015, September 2016, Feb 2019, April 2019, November 2019, September 2020

Introduction: Commitment to Compliance

It is the intent of Nursing Home to comply in good faith and to the best of its ability 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, civil, and administrative violations of the law and promoting quality of care. 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 does not 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, members of the governing authority, contractors, agency staff, students, and volunteers in accordance with their expected roles.

Written Compliance Policies and Procedures

Nursing Home has developed and adopted compliance and ethics standards, policies and procedures designed to prevent fraud and abuse and protect resident rights, while promoting quality care. These policies and procedures will educate Nursing Home employees, physicians, vendors, contractors, students, 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 and Contractor 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 oversight 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, students, and volunteers consistent with the volunteers' expected roles. Where appropriate, policies will be translated into relevant languages. Policy communication may be done by disseminating information, or by mandatory training. 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.

Nursing Home has assigned the following high-level personnel with the overall responsibility to oversee Nursing Home's compliance program: the Board, and Compliance Officer Maggie Niemi.

Nursing Home has designated sufficient resources and authority to this high-level personnel to reasonably assure compliance with the compliance program, as follows: compliance officer; resources for Compliance Week and outside audits when needed; a Compliance Committee; contractor MPA for compliance management and training.

A. Compliance Officer

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

Maggie Niemi
2600 N. Annie Glidden Rd. DeKalb, IL 60115
(815) 217-0329
mniemi@dekalbcounty.org

The Compliance Officer has the primary responsibility for receiving reports of suspected compliance program violations, 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 directly 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/Privacy Officer
- Director of Nursing
- ADON
- Department Directors:
 - Business Office
 - Social Services
 - MDS Coordinator
 - RN, Restorative RN
 - Dementia Unit
 - Community Life
 - Dietary
 - Maintenance
 - Environmental Services
 - Education Director
 - IMO/Security Officer

For a complete list of Compliance Committee responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

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, Contractors, and Volunteers

Nursing Home's Compliance Program applies to vendors, contractors, and volunteers, who will be expected to adhere to it. As appropriate, Nursing Home will incorporate vendors, contractors, and volunteers into the Compliance Program, for example by including vendors, contractors, and volunteers in training, distributing the Compliance Program to vendors, contractors, and volunteers, and/or addressing compliance in contracts and screening requirements.

E. Screening

Nursing Home will take due care not to delegate substantial discretionary authority to individuals the Nursing Home knew, or should have known through the exercise of due diligence, had the propensity to engage in misconduct.

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, verifying license certification if applicable, and asking the potential employee to disclose any illegal conduct in writing.

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, contractors, students and volunteers, 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 week) 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.

Compliance training and/or tip sheets will be provided to contractors, students, volunteers, agency staff, and the media, as appropriate, and consistent with their roles.

Employees who work in highly regulated areas such as vendor relationships, 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 and training curriculum 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: 815-217-0303 or Maggie Niemi, mniemi@dekalbcounty.org, 815-217-0329.
- Calling the confidential hotline: 1-815-787-9676. The hotline is available 24/7. Using the anonymous drop box located in the lobby.

These reporting options are also be available to vendors, contractors, volunteers, vendors, agency staff, students, and residents and their families, and will be posted in Nursing Home's Break Rooms and Activity Boards.

All reports will be kept confidential to the fullest extent 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 investigation results.

Nursing Home documents all complaints and maintains this documentation to ensure the integrity of reported data.

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/or 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 promptly 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

Nursing Home will take reasonable steps to achieve compliance with the Compliance Program's standards, policies and procedures by using monitoring and auditing systems reasonably designed to detect criminal, civil and administrative violations of the law by staff, contractors and volunteers.

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, including areas where misconduct has been identified. Audit tools may include but are not limited to: random sampling of records or charts, reviewing written contracts, observing clinical staff, HIPAA walk-throughs, 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

Nursing Home will review its compliance program annually and revise its program as needed to reflect changes in applicable laws or regulations and within the operating organization and its facilities to improve its performance in deterring, reducing and detecting violations of the law and promoting quality care. Employees will be promptly trained on policy and procedure changes.

In addition to evaluating each component of the Compliance Program, the annual review will assess the overall effectiveness of the Compliance Program.

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. Audit findings will be documented and shared with management, the Compliance Committee, and the Board.

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 may use 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. The reason(s) for discipline will be communicated to disciplined employees. 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 detect and/or 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; 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 (e.g. training).

Consequences for non-employees (volunteers, agency staff, vendors, and contractors) follow this procedure:

- 1) Follow the employee Handbook and Labor Agreement
- 2) Identify level of recommended disciplinary action
- 3) Determine if that individual should be given future access to the Nursing Home.
- 4) Relay the information from 2 and 3 to the vendor, volunteer coordinator.
- 5) If necessary, reconsider continuing the relationship (e.g. with a contractor or agency).

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

Upon receipt of audit results, a complaint or other information suggesting a possible compliance violation, the Compliance Officer shall make a record of the information using the Compliance Report Intake Form. All reports of potential compliance violations will be promptly investigated by the Compliance Officer to determine whether there is reasonable cause to believe the Compliance Program, the law, or health care program requirements have 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 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 or assigned to other duties until the investigation is complete.

If the investigation reveals a billing problem, Nursing Home will take immediate steps to determine the scope of any suspected billing deficiency and whether the investigation needs to be expanded.

The Compliance Officer will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.

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 investigation results in his or her reports to management, 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 and prevent further similar violations (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:

- Imposing disciplinary action upon an employee (See Compliance Program Policy, Disciplinary Action)
- Reporting alleged incidents of mistreatment, neglect, abuse, or misappropriation of resident property to the Administrator and the authorities*
- Returning overpayments to the government
- Notifying criminal and/or civil law enforcement authorities
- Self-reporting potential fraud using the OIG's voluntary self-disclosure protocol
- Expanding the investigation to include a broader audit of systems
- Updating the Compliance Program to prevent and detect criminal, civil, and administrative violations of the law
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures

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

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.

C. 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), 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, agency staff, students, 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.

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 individual is unsure whether an activity or practice is illegal or inappropriate, the individual should not "guess" the correct answer. Seek guidance from your supervisor and/or the Compliance Officer. 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 care
2. Resident rights
3. Billing and coding integrity
4. Business practices
5. Ethical culture

1. Quality Care

We will:

- Use professional skill and judgment when providing health care services.
- Provide high quality health care in accordance with applicable federal and state 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, payment source, 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 the durable power of attorney on behalf of residents who are unable to make their own decisions.
- Immediately report abuse to the Administrator.

3. Billing and Coding Integrity

We will:

- Not knowingly engage in up-coding.
- 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 when if errors are discovered, including making any required repayments.
- 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 entries or misstatements.
- Not alter or destroy documents in anticipation of or in response to a request for documents by a government agency or a court.
- 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 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 residents.
- Disclose potential conflicts of interest to the Compliance Officer.

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 the Board and, if appropriate, legal counsel.
- Nursing Home will only make referrals based on the preferences of the resident or, if the resident does not express a preference, 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 services from Nursing Home.
- Contract terms will specifically describe services to be performed; payment terms will be appropriate; work will be performed; and compensation will match services provided.

E. Privacy, Confidentiality and HIPAA

We will:

- Ensure the confidentiality, integrity, and availability of all protected health information (“PHI”) and electronic 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 (use the minimum necessary PHI to perform job duties).

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; or 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.

G. 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.
- Follow the ethical standards of applicable professional organizations or licensure requirements

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),
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 or dropbox. 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 could 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.

I am aware of the following potential compliance concerns/potential compliance violations that need to be investigated:

Signature

Print name

Date

Please check the most appropriate:

- Employee
- Board Member
- Volunteer
- 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.