

SUBJECT: CORPORATE COMPLIANCE & ETHICS POLICY	POLICY #: BOARD - 13
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DEPARTMENT: BOARD POLICIES	EFFECTIVE: 1/21/02
	REVISED: 5/17/10, 5/20/13, 6/2/14, 1/16/17, 11/01/2017, 1/1/19, 9/16/2019
APPROVED BY: BOARD OF DIRECTORS	



Apostolic Christian Home

OF EUREKA

Compliance Program

Original Effective Date: 1/21/2002
Updated: 09/16/19

This document includes:

- Corporate Compliance Program Resolution
 - Compliance Program Policy
 - Code of Conduct

Apostolic Christian Home of Eureka
Corporate Compliance Program Resolution of the Board of Directors
Adopted at a Meeting Held on September 16, 2019

At the regular meeting of the Apostolic Christian Home of Eureka Board of Directors (the "Board"), the following Resolution was adopted:

Whereas, Apostolic Christian Home of Eureka is committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

Whereas, Apostolic Christian Home of Eureka 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 Apostolic Christian Home of Eureka's residents, employees and our community;

Be It Resolved that the Board hereby implements the Apostolic Christian Home of Eureka 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 adopts the Code of Conduct and the Board Policies and Procedures contained in the Apostolic Christian Home of Eureka Compliance Program dated 1/16/17;

Be It Further Resolved that the Board hereby adopts the position of a Compliance Officer and has approved the transfer of duties for this position to Ed Leman, Business Manager effective 9/16/19. The Compliance Officer will have the authority and responsibility for implementation and oversight of the Compliance Program;

Be It Further Resolved that the Board hereby establishes the Compliance Committee whose composition and responsibilities are contained in the above-referenced Compliance Program.

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 Board of Directors, Apostolic Christian Home of Eureka.

Chairperson, Board of Directors


Signature

Merle Rocke
Print Name

9/16/2019
Date

Director, Board of Directors


Signature

DANIEL L. HEINDEL
Print Name

9/16/2019
Date

Apostolic Christian Home of Eureka **Compliance Program Policy**

Introduction: Commitment to Compliance

It is the intent of the Apostolic Christian Home of Eureka (“ACHE”) to comply in good faith and to the best of its ability with applicable Federal and State law, program requirements of Federal, State and private health plans, and ethical business practices. ACHE is also committed to exercising due diligence to prevent and detect criminal conduct. ACHE 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 honor its commitment to compliance, ACHE 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

The Compliance Program is intended to provide the framework for compliance. It is not intended to set forth all of ACHE’s programs and practices. ACHE will continue to modify practices and develop new programs as part of its compliance efforts. This Compliance Program Policy will be distributed to all ACHE employees and Board members. The Policy will also be distributed to vendors and contractors whose services relate to the compliance program. In addition a summary of the Policy will be distributed to volunteers and students as appropriate.

Written Compliance Policies and Procedures

ACHE 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 ACHE employees, vendors, contractors, volunteers and students about Federal and State laws, rules and regulations, and 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 address ACHE’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 and Security Rules (including Breach 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, Director of Nursing or other ACHE department heads, with the assistance and approval of the Compliance Officer. These policies and procedures will be communicated to ACHE’s employees, Board of Directors, vendors, contractors, students 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

ACHE’s Compliance Officer is:

Ed Leman, Business Manager
 309-467-2311 ext. 121
 eleman@each.org

The Compliance Officer’s name and contact information are available on employee bulletin board in breakroom hallway and on ACHE’s website. The Compliance Officer’s information will be provided to employees at hire, during compliance training and upon request.

The Compliance Officer has the primary responsibility for overseeing compliance program implementation, maintenance and improvement at ACHE 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 on compliance matters. The Compliance Officer has direct access to the Compliance Committee, the Board of Directors, the Administrator, and ACHE’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 members are:

- Compliance Officer
- Administrator
- Director of Nursing
- Director of Environmental Services
- Director of Dining Services
- Social Service Director

- MDS Coordinator
- Vice President of Board of Directors

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

It is ACHE'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 includes taking the following actions before hiring management level employees:

- conducting a criminal background check
- checking the federal and state health care program exclusion lists
- calling prior employers
- verifying licensure/certification

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

All ACHE vendors and contractors whose services relate to the compliance program will receive a copy of this Compliance Program Policy and will be expected to comply with it. This includes appropriate physicians, other health care providers, suppliers, vendors, and other contractors. At the time a contract is signed, these parties will also be expected to sign an Acknowledgment (attached), which will be kept on file. Contracts will require all vendors and contractors to follow the Compliance Program and Code of Conduct.

Education and Training

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

Annually thereafter, employees and the Board of Directors will be given compliance training. ACHE will also provide periodic training and updates to maintain employee and Board awareness of compliance policies and procedures, including reports of compliance activities and updates.

The Compliance Officer will also distribute the Compliance Program Policy and Code of Conduct to appropriate vendors and contractors by mailing the Policy and Code and Acknowledgment form to contractors at engagement and annually.

The Compliance Officer will also distribute a Summary of the Compliance Program Policy and Code of Conduct to volunteers and students and obtain an Acknowledgment from them, as appropriate.

The Compliance Program Policy and Code of Conduct will be posted employee bulletin board in the breakroom hallway and on our website. It will be available to residents and their families upon request.

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

Attendance at all training sessions, and training curriculum, will be documented and kept 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 the Administrator, Compliance Committee, Board of Directors or the ACHE's legal counsel.

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 toll-free, confidential hotline: 1-855-372-8345. The hotline is available 24/7. Our company ID is EACH. The hotline will also be available to contractors/vendors, residents and their family.
- Report on-line at www.Fraudhl.com. Our company ID is EACH.
- Using the anonymous drop box located next to the Front Office door.

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, ACHE 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 to report potential compliance issues. The hotline number will also be listed on the employee bulletin board in the breakroom hallway and in the Employee Handbook.

ACHE posts 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. This information is posted on the bulletin board in the West Entrance hallway.

C. Non-Retaliation

Employees who ask a compliance question or report potential compliance issues to ACHE or to a government agency will not be subject to retaliation or harassment by ACHE as a result of the report. Concerns about potential retaliation or harassment should be reported to the Compliance Officer or via the compliance hotline. 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.

ACHE welcomes reports of non-compliance and views these reports as essential to improving ACHE'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 questions or issues raised (including all hotline reports) 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 compliance questions and complaints and their disposition will be tracked in ACHE's Compliance program and reported to the Compliance Committee.

Auditing and Monitoring

A. Baseline Review

ACHE completed a baseline review on September 2016 to assess its strengths and weaknesses in compliance risk areas. The results of the baseline review have been shared with the Administrator, and will be shared with the Compliance Committee and Board of Directors and used to implement standards, goals, and policies and procedures.

B. Ongoing Review

ACHE will establish a compliance calendar on an annual basis that includes scheduled auditing and monitoring activities in each identified area of compliance risk. Additional audits will be conducted if ACHE identifies a high-risk program or operation, or a deviation from its baseline compliance status. Audit tools may include but are not limited to: random sampling of records or charts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. When additional expertise is required, contractors may be used to conduct audits.

C. Annual Review

The Compliance Officer will direct an annual comprehensive audit to evaluate the effectiveness 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.

In addition to evaluating 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 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 auditing and monitoring 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 Board of Directors.

If an audit identifies potential compliance issues, the Compliance Officer will handle the matter according to ACHE's policies and procedures for investigating compliance matters. See Investigating Compliance Issues. 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. ACHE takes these obligations very seriously. See Corrective Action Plans. 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.

Compliance as an Element of Employee Performance/ Disciplinary Action

Adherence to this Compliance Program is a condition of employment at ACHE. Employees who fail to comply with the Compliance Program will be subject to disciplinary action, regardless of their level or position. The Administrator and the department heads have a responsibility to discipline employees who violate the Compliance Program in a fair and consistent manner. Department heads should discuss with employees and appropriate vendors and contractors the compliance policies and legal requirements relevant to their functions, and the disciplinary consequences for failing to comply. Appropriate disciplinary action will be taken for conduct such as:

- Participation in or authorization of actions that violate Federal and/or State laws and regulations, the Compliance Program (including the Code of Conduct), or ACHE policies and procedures.

- Failure to report a violation or suspected violation of Federal and/or State laws or regulations, the Compliance Program, or ACHE 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 ACHE policies and procedures as they apply to employees. Any disciplinary action shall be determined by the Administrator in conjunction with the appropriate supervisor. All disciplinary action will be taken in accordance with ACHE's disciplinary policy as set forth in the Grievance, Disciplinary and Termination Practices Section of the Employee Handbook.

The degree of disciplinary action will range from a verbal warning to termination of employment. In addition to the factors listed in Grievance, Disciplinary and Termination Practices Section of the Employee Handbook, the following factors may influence the imposition of discipline for a compliance violation:

- 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 warning
- Written warning
- Suspension
- Termination

In addition to imposing discipline, ACHE will implement other remedial measures as appropriate (e.g. training).

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 at ACHE will be considered a positive criterion in performance reviews. Employees' non-adherence to the Compliance Program will also be considered as a criterion in performance reviews.

Responding to Non-Compliance and Taking Corrective Action

A. Investigating Compliance Issues

Upon receipt of audit results, a hotline report 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 immediately investigated by the Compliance Officer to determine whether a violation of the Compliance Program, the law, or health care program requirements has occurred. The Compliance Officer will also notify all other individuals as required by facility policy (i.e. Abuse Prevention Coordinator will be notified in case of a report of suspected abuse or neglect). The Compliance Officer will conduct the internal investigation with assistance from legal counsel, as appropriate.

Upon receipt of reports of suspected compliance violations, the Compliance Officer shall review the report and, if appropriate, directly or through an appropriate designee, conduct an investigation of the facts related to the report. The Compliance Officer shall have discretion to determine the appropriate scope of the investigation, including the party(s) best suited to conduct the investigation.

If the Compliance Officer believes that the integrity of an investigation, ACHEs' continued compliance or the safety or any individuals may be compromised because of the continued presence of employee(s) under investigation, the Compliance Officer may remove such employee(s) from his/her work activity for the length of time as appropriate to conduct the investigation.

During any stage of the investigation, the Compliance Officer may, at his/her discretion, seek the advice and guidance of legal counsel. All legal analysis and legal conclusions related to compliance with laws will be documented only after consultation with qualified legal counsel. To the extent legal counsel becomes involved in the investigation, the investigation materials and information may be protected by the attorney-client privilege. The Compliance Officer shall work with legal counsel to ensure all privileges are maintained during the course of an investigation and thereafter.

While the Compliance Officer will strive to keep all concerns/complaints confidential, the Compliance Officer may seek advice and guidance from others. Prior to involving another employee, officer, director, or agent of ACHE to assist with the investigation, the Compliance Officer shall contact legal counsel to ensure the additional involvement is appropriate under the circumstances. If the Compliance Officer wishes to contact government agencies or other contractors for advice or guidance during an investigation, the Compliance Officer shall contact legal counsel before involving other entities or retaining contractors to assist.

During the course of the investigation, the Compliance Officer shall, at a minimum, maintain documentation that includes:

- Compliance Report Intake Form;
- List of witnesses interviewed, with dates and times of each interview;
- List of documents reviewed;
- List of other items reviewed (i.e. video footage, social media, websites, etc.)
- Description of investigation steps taken;
- Summary of investigation findings and conclusions;
- Corrective Action Plan; and
- All reports made to individuals, entities or government agencies following the investigation.

ACHE employees and contractors should cooperate fully with all compliance investigations. To the extent possible, the inquiries and information gathered will remain confidential. In some cases, outside help of clinical/billing and other experts may be used to support the investigation. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation,

those employees may be put on administrative leave until the investigation is complete or assigned to other duties so as not to hinder the investigation.

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

If the investigation reveals a billing problem, ACHE management will take immediate steps to determine the scope of any suspected billing deficiency and whether the investigation needs to be expanded. If the investigation suggests there may have been an overpayment, the Compliance Officer shall notify legal counsel as soon as practicable to conduct further investigation and to ensure all reporting requirements and deadlines are met.

The Compliance Officer will include all compliance reports and their investigation results in reports to the Compliance Committee and Board of Directors. The Compliance Officer will retain compliance reports and investigation documentation as required by ACHE policy and applicable law.

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 and correct the issue and in the case of employee discipline, recommend action be taken against the offending employee(s) as determined by the Administrator (in consultation with Human Resources and legal counsel as appropriate) and as required by law. All compliance issues will be address promptly, and on a case-by-case basis.

In some instances of non-compliance, there may be reporting requirements that have strict and/or immediate deadlines. All mandatory reports shall be made within the timeframe specified by law and facility policy. In some instances, reports may have to be made before a corrective action plan is created. In the event of any questions, the Compliance Officer shall seek advice from ACHE's legal counsel

In developing the corrective action plan, the Compliance Officer should consult with the Compliance Committee and appropriate clinical administrative personnel, and legal counsel as appropriate to ascertain the source of the non-compliance to the extent possible and develop strategies to prevent non-compliance in the future. The Compliance Officer may also seek advice from ACHE's legal counsel to determine the appropriate corrective course of action if appropriate. Some non-compliance might require further auditing/internal investigation, and/or returning overpayments or self-disclosing misconduct to the government. Strict timelines might apply and thus corrective action plans should be generated as quickly as reasonably possible.

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 in other areas of the facility. The corrective action plan shall, at a minimum, include:

- How the specific instance of non-compliance will be corrected;
- When ACHE will have corrected the specific instance of non-compliance;
- How ACHE will determine whether other instances of non-compliance have occurred;
- How ACHE will prevent similar instances of non-compliance in the future
- How ACHE will monitor for ongoing compliance; and
- Who will be responsible for overseeing the corrective action and/or continuing compliance.

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
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures

Once implemented, the corrective action plan will be provided to the Administrator and included in quarterly reports to the Compliance Committee and the Board of Directors.

* 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 (see Abuse Prevention and Response Policy).

C. Handling Government Investigations

ACHE is committed to full compliance with all state and federal laws, rules and regulations and agrees to cooperate with all reasonable demands made in any government investigation of ACHE and its Employees. A government investigation may include the issuance of a subpoena, issuances of a search warrant, requesting documents and/or requesting interview(s).

ACHE deems it essential that the legal rights of ACHE, its Employees, officers, and members of the Board of Directors are protected in the event of an investigation.

If any Employee, member, officer, director or the Medical Director receives a subpoena, inquiry or other legal document in regards to ACHE business, whether at home or in the workplace, from any governmental agency, such individual shall immediately notify his/her supervisor, the Administrator or the Compliance Officer. In the event a supervisor or the Administrator is notified first, they shall immediately notify the Compliance Officer.

If any Employee is visited at home by a governmental agent concerning ACHE's business, the Employee should ask the agent to leave and return at another time and immediately contact the Compliance Officer to discuss the matter.

Upon notification of an investigation, the Compliance Officer will contact legal counsel, if necessary. The Compliance Officer and/or legal counsel will obtain all documentation related to the investigation available and obtain as much information from the investigators as possible. The Compliance Officer and/or legal counsel will coordinate the response to any investigation if appropriate.

No employee shall disclose documents or participate in an interview with an investigator without first notifying and involving the Compliance Officer.

Any requests for information will be answered with complete, factual and accurate information. ACHE, its employees, officers, and members of the Board of Directors will cooperate with and be courteous to all government inspectors and provide them with the information to which they are entitled during an inspection.

Employees, officers, and members of the Board of Directors agree never to conceal, destroy or alter any documents, lie or make misleading statements to a government representative.

No individual shall attempt to cause another individual to fail to provide accurate information or obstruct, mislead or delay the communication of information or records relating to a possible violation of law.

Apostolic Christian Home of Eureka **Code of Conduct**

This Code of Conduct is part of the Apostolic Christian Home of Eureka's ("ACHE's") Compliance Program. It provides guidance to ACHE employees, directors, contractors, and volunteers, and helps us follow ethical and legal standards. These obligations apply to our relationships with residents, physicians, third-party payers, vendors, consultants and each other. This Code of Conduct does not represent a change from ACHE's prior practices, but is a recordation and compilation of these practices.

It is the intent of ACHE 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 ACHE's policies and procedures. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should not "guess" as to the correct answer. Seek guidance from your supervisor and/or the Compliance Officer. Employees will not be penalized for asking compliance-related questions. ACHE 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 ACHE's commitment to meet ethical standards and to 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

Please read the Code of Conduct carefully. Failure to follow the Code of Conduct could result in discipline, up to and including termination.

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 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, disability, 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 ACHE and its policies, procedures and charges, and who will provide services on behalf of ACHE.
- Respect residents' right to make their own health care decisions if able. Consult family and/or durable power of attorney on behalf of residents unable to make their own decisions.
- **Immediately report abuse to your immediate supervisor and the Administrator.**

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 is accurate, timely, and complies with 1) federal and state laws and regulations; 2) federal, state, and third party payor requirements; and 3) ACHE policies and procedures.
- Ensure no false, fraudulent, inaccurate or fictitious claims are submitted. No falsification of medical, time or other billing records will be tolerated.
- Promptly investigate and correct billing issues (including making any required repayments) when errors are discovered.
- Maintain complete and thorough medical and billing records.
- Be knowledgeable of billing requirements and policies and procedures established by government programs and private third party payors.

4. Business Practices

We will conduct ACHE'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 alter or destroy ACHE documents in anticipation of or in response to a request for documents by a government agency or a court of competent jurisdiction.

- 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 ACHE.**

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.
- Employees may not give or receive any gifts or favors to or from any resident, family member, health care provider, physician or supplier without the prior consent of the Compliance Officer or the Administrator.
- The acceptance of common business hospitality such as meals, entertainment, or nominal gifts with a value of \$25.00 or less may not be considered a violation of this section, but must be approved by the Compliance Officer or Administrator prior to acceptance.
- All gifts will be disclosed to, and tracked by the Compliance Officer.
- This policy shall remain in effect for a period of one year after the date on which the employee terminates employment with the Home.

C. Conflicts of Interest

We will:

- Not enter 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 Administrator and the Board of Directors.
- Avoid any activity that conflicts with the interests of ACHE 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:

- ACHE will not pay incentives to employees, contractors, physicians, suppliers, vendors, or other referring parties based on number of referrals. Financial relationships with entities that refer patients to ACHE

will be based on the fair market value of items 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 Administrator and Board of Directors.
- ACHE 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.
- ACHE 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 ACHE.

E. Confidentiality

We will:

- Ensure the confidentiality, integrity, and availability of all resident protected health information, electronic or otherwise (“PHI”).
- **Notify the Administrator or Business Manager immediately 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 ACHE’s HIPAA Privacy, Security, and Breach Notification policies and procedures.
- Refrain from engaging in unauthorized review or disclosure of medical records.

F. Employee & Vendor Screening

- ACHE conducts criminal backgrounds checks on all potential employees.
- ACHE 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, financial misconduct, or other offenses relevant to the job for which they are applying; or who do not have an active license/certification.
- ACHE will periodically conduct employee screens. Employees have an ongoing duty to notify ACHE if their qualifications or employment eligibility changes.
- ACHE 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 ACHE policy or procedure, to the Compliance Officer or by using the hotline.