

**WEST RIDGE CARE CENTER  
(the “Facility”)**

**COMPLIANCE PLAN MANUAL**

**Adopted March 2013**

**All questions relating to the Compliance Plan Manual should be addressed to the Compliance Officer of West Ridge Care Center at (319) 390-3367 or via email at [richard@westridgecarecenter.com](mailto:richard@westridgecarecenter.com)**

## **I. Commitment to Compliance**

### **A. Policy Statement**

West Ridge Care Center (the “Facility”) has adopted a Corporate Compliance Program (the “Compliance Program”) to help ensure that the organization maintains a high level of honesty and ethical behavior in all aspects of its delivery of services and relations with residents, employees, third party payers, and contractors. The Facility’s intent is to design, implement and enforce a Compliance Program that will prevent, detect and disclose misconduct. This Compliance Manual outlines important details of this Compliance Program. All employees, officers, directors and contractors are expected to understand and adhere to the Compliance Program.

## **B. Standard of Conduct**

The Facility promotes adherence to its Compliance Program as a major element in the performance evaluation of all staff members. It is The Facility's goal to act at all times with the highest ethical standards and integrity

Facility employees are bound to comply, in all official acts and duties, with all applicable laws, rules, regulations, and standards of conduct, including but not limited to laws, rules, regulations and directives of the federal government and the state of Iowa, and rules, policies and procedures of Facility. These current and future standards of conduct are incorporated herein by reference in this Compliance Manual.

All candidates for employment shall undergo a reasonable and prudent background investigation, including criminal background checks. Due care will be used in the recruitment and hiring process to prevent the appointment to positions with substantial discretionary authority of persons whose record gives reasonable cause to believe the individual has a propensity to fail to adhere to applicable standards of conduct.

All new employees will receive orientation and training in compliance policies and procedures. Employees will also receive periodic training updates in compliance protocols as they relate to the employee's individual duties. Participation in required training is a condition of employment. Failure to participate in required training may result in disciplinary actions, up to and including, termination of employment.

Every employee is asked to sign a statement certifying they have received, read and understood the contents of the compliance plan. A copy of the statement is attached as Appendix A.

Non-compliance with the plan or violations will result in sanctioning of the involved employee(s) up to, and including termination of employment.

## **C. Compliance with Laws, Regulations and Guidelines**

Facility will provide healthcare services and conduct its business affairs in compliance with applicable laws, regulations and professional standards, including but not limited to:

- Refraining from engaging in illegal business practices, including bribery, kickbacks, or payoffs intended to induce resident referrals, admissions, favorable terms or treatment or for the purchase of goods or services;
- Refraining from entering into employment or other agreements with an individual or firm that has been excluded from participation in federal or state reimbursement programs;
- Truthful and accurate marketing and advertising;
- Conducting business relationships and entering into transactions with physicians, providers, consultants, clinical practitioners and vendors and entities/agencies in a manner which complies with the anti-kickback statute and Stark law, if applicable;
- Conducting financial matters in a manner consistent with generally accepted accounting principles in accordance with guidelines established by current Medicare and Medicaid cost reporting and consolidated billing requirements; and
- Complying with current OSHA, CDC, and risk management reporting policies and requirements.

## **II. IDENTIFIED RISK AREAS**

### **A. Quality of Care**

Facility is committed to providing high-quality care to its residents in compliance with all federal and state laws and regulations, including but not limited to the Medicare Conditions of Participation for Nursing Facilities at 42 C.F.R. Part 483. Employees receive training on federal and state laws and regulations applicable to their job duties upon hire and thereafter as needed. Facility will:

- Treat all residents with dignity, respect and courtesy and in a manner that respects each resident's background, culture, religion and heritage;
- Provide medical care, treatments and services within its capability to its residents without regard to race, color, creed, national origin, age, gender, or financial status;
- Listen to and do its best to understand the needs of its residents, families and visitors and act promptly to resolve grievances and complaints;
- Encourage residents to participate in decisions concerning their medical care and treatments and in the development of their plan of care;
- Ensure that clinical duties are performed in accordance with current acceptable professional standards of practice;
- Ensure that staff attend and participate in training programs that address resident care issues in an environment that supports teamwork and quality of care;
- Conduct appropriate background checks and verify credentials, licenses, certifications, etc. as well as qualifications of health care professionals providing care or services to residents;
- Unless otherwise allowed by law, provide residents with an opportunity to choose medical care, services, equipment, etc. from available sources in the community;
- Transfer residents in accordance with established policy that provides for continuing care based upon the resident's assessed needs at the time of the transfer; and
- Adhere to the Resident's Bill of Rights as set forth in Medicare and Medicaid conditions of participation where applicable as well as other applicable laws or regulations governing resident rights.

Facility has identified the following risk areas with respect to the provision of quality care and is addressing each as provided below.

#### **1. Sufficient Staffing.**

Facility believes the key to providing high quality care to its residents is having well-educated and qualified staff members who share Facility's commitment to quality. As discussed above under "Standards of Conduct", all employees are appropriately screened prior to hire. Employees receive training on Facility's policies and procedures, as well as applicable federal and state laws, upon hire and periodically thereafter.

Facility is aware of the high employee turnover rates in the long term care industry. It periodically evaluates its employee turnover ratios and is continually assessing ways to attract and retain experienced and qualified staff.

Facility periodically assesses its staffing patterns to evaluate whether it has sufficient staff members to care for its residents and their needs. In assessing its staffing patterns Facility considers many factors, including but not limited to, its resident case-mix, staff skill levels, staff-to-resident ratios, staff turnover, staffing schedules, disciplinary records, payroll records, timesheets and adverse event reports as well as interviews with staff, residents and residents' family or legal guardians.

Employees, residents and resident family members are encouraged to promptly report any staffing concerns to the Administrator.

## **2. Comprehensive Resident Care Plans**

Medicare and Medicaid regulations require nursing facilities to develop a comprehensive care plan for each resident that addresses the medical, nursing and mental and psychosocial needs for each resident and includes reasonable objectives and timetables. Facility makes every attempt to ensure that its care plans reflect the residents' actual needs and involve all disciplines in the care planning process. To do so Facility: (i) schedules meetings of care plan participants to accommodate the resident's full interdisciplinary team, (ii) promotes communication between all direct care providers and interdisciplinary team members; (iii) strives to complete clinical assessments prior to the care plan meeting; and (iv) involves the resident or resident's family members in the care planning process.

Facility also recognizes the importance of the resident's attending physician in the care planning process and works with individual physicians to help ensure their involvement in the resident's care plan. Facility periodically evaluates methods to increase physician involvement, including but not limited to scheduling and communication issues. If Facility identifies a lack of participation by a specific physician it will work with the physician to develop ways to increase his/her participation in the care planning process.

## **3. Medication Management**

Facility has developed policies and procedures relating to medication management which are incorporated herein and which attempt to advance patient safety, minimize adverse drug interactions and ensure that irregularities in a resident's drug regimen are promptly discovered and addressed. These policies also include maintaining accurate drug records and tracking of medications. Employees providing direct care to residents are provided with periodic training regarding Facility's medication management policies and procedures.

Facility also has a consultant pharmacist which assists it in providing pharmaceutical services and implementing its medication management policies and procedures. The consultant pharmacist also assists Facility with identifying, evaluating and addressing medication issues that may affect resident care, medical care and quality of life.

#### **4. Appropriate Use of Psychotropic Medications**

Facility makes every effort to ensure that psychotropic medications are not inappropriately used. Facility complies with federal regulations and generally accepted professional standards in the use of psychotropic medications. Medications are not used as a means of chemical restraint for purposes of discipline or convenience when not required to treat a resident's medical symptoms.

Facility monitors, documents and reviews the use of psychotropic medications and works with attending physicians, its consulting pharmacist and other resident care providers to help ensure that psychotropic medications are used appropriately.

#### **5. Resident Safety**

Facility is committed to providing its residents, their families, visitors and staff with a safe and healthy environment. To promote resident safety, Facility will:

- Identify, correct, repair and/or report unsafe practices, conditions or potential hazards that may violate a rule, regulation or safety standard to appropriate facility personnel and/or government agencies as required by current law and regulations;
- Use care in handling and disposing of medical waste or other potentially infectious materials;
- Take necessary steps to prevent and respond in a prompt and appropriate manner to any incidents of threats of violence and immediately report such information to appropriate security and law enforcement agencies;
- Follow manufacture's guidelines when using equipment, property and medical products; and
- Take necessary steps to identify and eliminate hazards to the health and safety of employees, residents and visitors.

Facility prohibits the mistreatment, neglect or abuse of its residents and investigates all reports of such mistreatment, neglect or abuse and reports any suspected abuse to the appropriate law enforcement officials in accordance with federal and state law. All reports of suspected abuse, neglect or mistreatment are handled in accordance with Facility's policies and procedures which are incorporated herein by reference. Facility periodically evaluates its policies and procedures relating to the reporting and investigation of suspected mistreatment, neglect or abuse of residents and amends or revises the policies as needed.

Facility is also sensitive to the possibility that residents may harm one another and attempts to prevent such harm through thorough resident assessments, comprehensive care plans, periodic resident assessments and proper staffing. If a resident poses a risk to others, Facility implements appropriate interventions, which may include, to the extent appropriate, discharge from the facility.

## **6. Staff Screening**

Facility takes reasonable efforts to ensure that its workforce is qualified and maintains the safety of its residents. Facility screens employees by performing the following prior to hire:

- criminal background checks in Iowa as well as any other State the prospective employee has worked or resided;
- requesting verification of education, license certifications and training;
- checking the State nurse aide registry if applicable;
- checking the OIG excluded provider list; and
- reference checks.

In addition, Facility checks the OIG excluded provider list monthly to determine whether any employees have been excluded after their initial screening.

## **7. Restorative and Personal Care**

Restorative and personal care services are provided to residents to avoid pressure ulcers, improve passive range of motion, improve ambulation, fall prevention management, incontinence management and enhance bathing, dressing and grooming activities. Facility educates and trains staff on proper restorative care methods and documenting restorative services. All restorative services should be documented, including identifying the type of services provided, the frequency of such services, resident progress, and any basis for discontinuing restorative services.



## **B. Coding, Billing & Collection Practices**

### **1. Generally**

Facility is committed to integrity in its coding, billing and collection practices. Facility will:

- Maintain honest and accurate records of services provided to each resident;
- Follow current coding principles and applicable billing laws, regulations, and guidelines to facilitate the proper documentation, coding and billing of claims;
- Take necessary steps to prevent the submission of claims for payment and reimbursement of any kind that are fraudulent, abusive, inaccurate or medically unnecessary, including but not limited to the following:
  - Knowingly billing for items or services that do not meet industry/facility standards/guidelines for medical necessity;
  - Knowingly submitting claims to third party payors for items or services not ordered or certified by the appropriate healthcare professional;
  - Knowingly submitting false claims to Medicare Part A for residents who are not eligible for such coverage;
  - Knowingly providing misleading information about a resident's medical condition or upcoding the resident assessment to obtain a higher level of reimbursement;
  - Knowingly billing for items covered under the facility's basic per diem rate or reimbursed by a third party payor;
  - Unbundling claims;
  - Submitting duplicate bills;
  - Forging a healthcare professional's or beneficiary's signature on documents used to verify that such services were ordered and/or provided;
  - Knowingly falsifying information contained in and/or knowingly filing a fraudulent cost report;
  - Failing to maintain documentation consistent with professional/industry standards that supports the diagnosis, justifies treatment, and documents the course of treatment and results.
- Take immediate steps to correct billing errors, alert the payor of such discovery and promptly refund any overpayments;
- Provide an effective process to resolve resident billing issues; and
- Pursue collection of accounts in a professional manner and in accordance with facility policy.

## **2. Proper Reporting of SNF Resident Case-Mix**

Facility provides skilled nursing care as needed by residents. Medicare reimburses skilled nursing care based on RUG assignments which are assigned based on resident assessments. Staff members who collect data or perform resident assessments that impact RUG assignments as well as staff members who analyze the data receive special training to help ensure that RUG assignments are accurate. Facility may also periodically audit data reported to the federal government to ensure that accurate information is being reported. In auditing data relating to resident case-mix, the Facility will examine whether it is properly assessing, reporting and evaluating RUG assignments.

## **3. Therapy Services**

Facility contracts with physical, occupational and speech therapy providers to provide services to its residents. In order to help ensure that such services are medically necessary and appropriate, Facility implements the following safeguards: (1) therapy services must be documented on the resident's care plan and the benefit and medical necessity of such services discussed at care planning meetings; (2) physician orders for therapy services are kept up to date and in the resident's medical record; (3) contractors are required to provide the facility with complete documentation of the services being received by each resident; and (4) therapy services are discussed with the resident and/or his/her family members. In addition, staff members that question the medical necessity of therapy services are encouraged to report the issue to Facility for further investigation. In the event the medical necessity of therapy services is questioned, Facility shall discuss the issue directly with the resident's physician.

## **4. Screening for Excluded Individuals and Entities**

To prevent hiring or contracting with individuals excluded from participation in federal government health care programs, Facility screens officers, directors, and employees prior to engaging their services. In addition, Facility screens contractors whose services may be billable by Facility to federal government health programs or who will provide resident care services or services related to resident care services. Examples of contractors subject to the screening requirement include, but are not limited to, medical directors, therapy companies, and food suppliers. Screenings are performed using the Office of Inspector General's web site. Additionally, Facility screens officers, directors, employees and contractors monthly to ensure they have not been excluded since their initial screening.

## **5. Ensuring Delivery of Necessary Services**

Facility will not bill residents or third party payors for services that are not rendered. To ensure services are provided as billed Facility requires staff members to accurately and completely document all services provided to residents in their medical records. Staff are also trained in medical record documentation. Additionally, Facility

may occasionally conduct resident and staff interviews, review medical record documentation and consult attending physicians or other providers to ensure that services are being appropriately provided to residents.

## **6. Proper Cost Reporting**

Facility is required to submit various cost reports to federal and state governments in connection with its operations and to receive payment. Such reports will be prepared as accurately as possible and in conformity with applicable law and regulations. If errors are discovered, billing personnel shall contact an immediate supervisor promptly for advice concerning how to correct the error(s) and notify the appropriate payor.

### **a. Cost Reporting Guidelines**

In the preparation of cost reports or the compilation of information to be sent to outside parties to prepare cost reports on Facility's behalf, all employees involved in the preparation shall ensure that:

- Costs are consistent with prudent buyer principle rules, and reasonably related to patient care;
- Information provided for or used in the cost report is adequately supported by documentation;
- Non-allowable costs are properly identified and removed;
- Costs are reported in the appropriate cost categories;
- Statistics are based on reliable information;
- Related parties are identified and their services treated in accordance with program rules; and
- Costs claimed in non-conformity with program rules, as interpreted by the Medicare or Medicaid program or the fiscal intermediary to the extent known when prepared are either disclosed in a letter accompanying the cost report or are included in protested amounts.

### **b. Reporting False Cost Reporting Practices**

An employee or agent who has any reason to believe that anyone (including the employee himself or herself) is engaging in questionable or false cost reporting or is engaged in questionable internal accounting practices shall immediately report the practice to his or her immediate supervisor, through the Compliance Program's reporting process, or the Compliance Officer or any of the officers directed to receive such report verbally or in writing. Employees or agents who report a suspected cost reporting or accounting irregularity in good faith shall not be retaliated against or subject to adverse action. Failure to act when an employee has knowledge that someone is engaged in questionable cost reporting or accounting irregularities shall be considered a breach of that employee's or agents responsibilities and shall subject the employee to disciplinary action by Facility, including possible termination of employment or their contractual relationship.

## **C. Federal Anti-kickback Statute**

### **1. Free Goods/Services**

Facility will not provide free goods and services of more than nominal value to a referral source or potential referral source. Additionally, Facility will not accept free goods or services of more than nominal value from vendors to whom Facility is in a position to make referrals to, including but not limited to, hospitals, pharmaceutical companies, hospices or durable medical equipment providers. Furthermore, Facility prohibits its officers, directors and employees from accepting gifts of more than nominal value from vendors to whom Facility is in a position to refer residents for services. Examples of gifts considered to be of “nominal value” include pens or other promotional type items and candy, provided the total value of any such items received in one year by any one individual does not exceed \$25.00. All such gifts must be reported by the individual to the Compliance Officer.

### **2. Service Contracts**

Facility periodically reviews contractor arrangements, including its physician contracts, to ensure: (i) there is a legitimate need for the services or supplies; (ii) the services or supplies are actually provided and adequately documented; (iii) the compensation is at fair market value in an arm’s length transaction; (iv) the arrangement is not related in any manner to the volume or value of federal health care program business. Facility makes every attempt to structure service contracts to meet the personal services safe harbor to the anti-kickback statute whenever possible and will consult with legal counsel as needed.

Facility also requires its consultant pharmacist to disclose all possible conflicts of interest he/she may have which could interfere with the pharmacist’s recommendations regarding resident medications. Facility will monitor drug records if it suspects inappropriate drug switching or steering that potentially implicates the anti-kickback statute

### **3. Discounts**

All discounts or rebates received by Facility are properly disclosed and accurately reflected in its cost reports (and any claims as appropriate) submitted to a federal government health care program, including discounts received from group purchasing organizations. Facility will make every attempt to meet the discount safe harbor to the anti-kickback statute and will refrain from “swapping” by accepting a low price on an item or service in exchange for referring other business to the supplier/provider.

### **4. Hospice Arrangements**

Facility is aware that hospice arrangements may pose fraud and abuse risks and therefore, carefully scrutinizes its relationships with local hospices and engages the services of its legal counsel as necessary to review these relationships. All such relationships are structured to meet a safe harbor to the anti-kickback statute to the extent possible.

**5. Reserved Bed Payments**

Facility does not currently accept payments from hospitals to keep beds available and open. In the event Facility would accept such payments it will first discuss this issue with legal counsel and structure the reserved bed arrangement to serve the limited purpose of securing needed beds and not future referrals.

## **D. Conflicts of Interest**

Facility will conduct its business affairs with integrity, honesty and fairness to avoid conflicts between personal interests and the interests of the Facility. Facility will implement the following measures:

- Employees may not accept, either directly or indirectly, compensation or gifts of cash, services or any items or value from physicians, vendors, clinical practitioners, consultants, residents, resident families, visitors or others in exchange for favorable treatment, referral of residents, items or services.
- Employees must avoid accepting or providing benefits that could be construed as conflicting with the Facility's legitimate business and personal interests, including without limitation, meals, gifts, refreshments, transportation, or entertainment provided or received in connection with his/her job or position.
- Employees and/or agents involved in the negotiation of contracts for the Facility shall ensure that all statements, communications, and representations are accurate, complete and truthful and comply with current applicable laws and regulations.
- Employees may not ask or provide, directly or indirectly, compensation or gifts of cash, services or any items of value to physicians, vendors, clinical practitioners, consultants, residents, their families, visitors or others in exchange for referrals or items or services provided by or at the facility.
- Employees possessing or who have access to resident/provider information shall maintain such information so as to protect against improper access or use by individuals who do not have authority to access or use such information.
- Involvement, directly or indirectly, in outside commercial interests that could influence the actions of the employee constitutes a conflict of interest. This may include, without limitation, endorsing products or services on behalf of the Facility or residents without explicit prior consent or approval from the Facility or residents.
- Employees must avoid any actions that involve, or that may reasonably be construed as improperly influencing them or giving rise to an actual or potential conflict of interest with the facility or its business obligations, including without limitation, placement of business with a firm wherein the employee has a direct or indirect interest or employment or financial relationship with a competitor.
- The placing of Facility business with any firm in which there is a family relationship must have written approval from the Facility's governing board.

- All fundraising permitted by Facility policy must be conducted ethically.

Employees must report any compensation or gifts of cash, services or any items or value from physicians, vendors, clinical practitioners, consultants, residents, resident families, visitors or others that they receive to the Compliance Officer for consideration by the Compliance Committee. In the event the Compliance Committee determines that the compensation or gift creates a conflict of interest, violates any policy in this Compliance Manual, or raises a risk of non-compliance by Facility with any federal, state or local law or regulation, the employee will be required to return the compensation or gift or reimburse the individual for the fair market value of the item or service. For example, if an employee receives two tickets to a college football game from a vendor, the employee may be required by the Compliance Committee to either return the two tickets to the vendor or reimburse the vendor for the face value of the tickets.

Employees must also disclose to the Compliance Officer, for consideration by the Compliance Committee, any of the following financial interests the employee has, either directly or indirectly, through business, investment or family:

- An ownership or investment interest in any entity with which the Facility conducts business;
- A compensation arrangement with the Facility or with any entity or individual with whom Facility conducts business; or
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with whom Facility is negotiating a business arrangement.

Facility also has a conflict of interest policy for its Board of Directors which each Board member agrees to adhere to and signs each year.

## **E. Other Risk Areas**

### **1. Stark**

Facility makes every attempt to comply with Stark. All arrangements between Facility and physicians that may implicate Stark are scrutinized by legal counsel to ensure compliance. All compensation paid by Facility to physicians will be fair market value and documentation of this analysis retained. No physicians have an ownership interest in Facility and will be prohibited from having an ownership interest in Facility unless a legal opinion is obtained from Facility's legal counsel certifying that such ownership interest does not violate the Stark law.

### **2. Anti-Supplementation**

Unless otherwise allowed by applicable law, Facility accepts amounts paid by Medicare or Medicaid as payment in full for covered services provided to Medicare or Medicaid beneficiaries and will not charge or accept payments from beneficiaries or other sources intended to supplement such Medicare or Medicaid payments. Facility may, however, charge Medicare or Medicaid beneficiaries for items or services not reimbursed by Medicare or Medicaid provided it follows all applicable rules and regulations.

### **3. Medicare Part D**

Facility will work with the pharmacies it has relationships with to help ensure that the pharmacies accept the Part D plans of its residents and to ensure that residents have access to pharmacies who accept their Part D plans.

### **4. Respecting & Protecting Confidentiality of Information**

Facility will respect and protect the use of and/or release of confidential information concerning its business, residents, or employees. Facility will:

- Maintain confidentiality of its business information and release such information only to authorized individuals or agencies with a need to know or in accordance with current laws and regulations governing the release of information to federal/state agencies as the result of the Facility's participation in Medicare or Medicaid Programs;
- Maintain confidentiality of information concerning a resident's medical treatment, finances, and assessments by using and sharing such information only in accordance with applicable laws and regulations including but not limited to the HIPAA privacy and security regulations;
- Follow Facility policies and procedures with respect to the proper authorization and disclosure of confidential information;
- Limit restricted information;
- Respect the resident's privacy and information by discussing confidential information at appropriate times and in appropriate places.



Facility has implemented numerous policies and procedures to comply with the privacy and security regulations promulgated under the Health Insurance Portability & Accountability Act of 1996. The Compliance Officer will work with the Privacy and Security Officers to address any compliance issues relating to the HIPAA privacy and security provisions.

### **III. Oversight Responsibility**

#### **A. Establishment of Compliance Committee**

The Facility's Compliance Committee has the ultimate responsibility for overseeing the Facility's Compliance Program. The Compliance Committee shall consist of the following individuals: Compliance Officer and each Department Head. The Compliance Committee will meet periodically, but no less than quarterly and is responsible for:

- Overseeing and monitoring the implementation of the Compliance Program;
- Assisting in establishing methods to improve efficiency and quality of services and to reduce the vulnerability to allegations of fraud, waste and abuse;
- Assisting with the development of compliance policies and procedures and periodically revising these policies and procedures as necessary to comply with changes in the law or regulations;
- Determining the appropriate strategy/approach to promote compliance with the Compliance Program and detection of any potential problems or violations;
- Creating awareness of the Compliance Program among Facility employees, directors and contractors;
- Developing and coordinating educational programs for employees to train them on the Compliance Program and Facility's compliance policies and procedures;
- Ensuring that independent contractors and business associates of Facility are aware of the Compliance Program and Facility's compliance policies and procedures;
- Reviewing the findings of internal investigations conducted by the Compliance Officer and recommending action to the Administrator or Board of Directors, as applicable;
- Any other actions necessary to effectively implement the Compliance Program as may be assigned from time to time by the Facility's Administrator or Board of Directors.

## **B. Designation of Compliance Officer**

Facility designates Administrator to serve as its Compliance Officer and coordinator of its compliance activities. The Compliance Officer shall also serve as a liaison between the Compliance Committee and the Facility's staff and Board of Directors.

The responsibilities of the Compliance Officer are:

- Serving as Chair of the Compliance Committee;
- Providing periodic reports to the Board of Directors, but not less than annually, on the progress of implementation of the Compliance Program and Compliance Committee activities;
- Coordinating internal compliance review and monitoring activities;
- Conducting internal investigations of compliance matters and summarizing his/her findings for the Compliance Committee;
- Developing a system to solicit, evaluate and respond to complaints, including policies and procedures that encourage employees to report suspected misconduct without fear of retaliation; and
- Any other actions necessary to effectively implement the Compliance Program as may be assigned from time to time by the Compliance Committee or Facility's Board of Directors.

#### **IV. COMPLIANCE CONCERNS & REPORTING GUIDELINES**

It is the responsibility of all employees, contractors, physicians, residents, family members, consultants, vendors and anyone else acting on behalf of Facility to follow all laws, regulations and guidelines set forth by the Facility and applicable government agencies. If anyone believes a violation has occurred, or suspects a violation, he/she must report the concern to his/her supervisor, the Compliance Officer, or the Administrator.

Anonymous reports of compliance concerns or complaints may be reported by sending a written report to the attention of the Compliance Officer or by calling the designated compliance hotline at :1-855-402-6116. Use the Facility Code: WESTR313. Reports may also be made by calling the Facility and asking for the Compliance Officer. The Facility will publicize how compliance concerns and complaints may be reported.

Facility is committed to ensuring that persons reporting violations are allowed to report such concerns without fear of retaliation. Any complaint or concern reported will be addressed as discussed below under “Investigations of Potential Violations.”

## **V. INVESTIGATIONS OF POTENTIAL VIOLATIONS**

### **A. Internal Investigations**

The Compliance Officer will review all complaints regarding compliance issues to determine whether such complaint warrants further investigation. Additionally, the Compliance Officer will identify compliance issues during his/her internal audit of the Compliance Program. The Compliance Officer shall keep a list of complaints determined not to warrant further investigation and present such list to the Compliance Committee at its next meeting.

Prior to initiating an investigation, the Compliance Officer may notify legal counsel for assistance. Any investigation shall be protected, to the extent possible, by the attorney-client privilege. Steps in an internal investigation may include interviews and a review of relevant documentation. Records of the investigation should contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of witnesses interviewed and the documents reviewed, the results of the investigation and corrective actions implemented.

At the conclusion of such investigation, the Compliance Officer shall prepare a summary of his/her findings and present it to the Compliance Committee. If the Compliance Committee determines that a violation of a policy or procedure contained in this Compliance Plan Manual has occurred, the individuals involved will be dealt with in the manner determined to be in the best interests of Facility given the severity of the conduct at issue. Examples of possible action that could be taken to address a violation include, but are not limited to:

- Requiring additional training;
- Taking disciplinary action against an employee, up to and including termination;
- Terminating Facility's relationship with a contractor/vendor;
- Removing a board member; and
- Reporting the conduct to the appropriate government or law enforcement officials

The Compliance Committee shall recommend action to the Administrator who shall ultimately determine what, if any, action should be taken and shall either implement the action or if Board approval is needed, recommend the action to the Board of Directors. Any action taken must be done in accordance with other applicable policies of Facility.

In the event the Compliance Officer is the subject of a complaint or investigation, another member of the Compliance Committee shall determine whether an investigation is warranted and if so, handle the investigation. In the event the Administrator is the subject of a complaint or investigation, the Administrator will not be allowed to attend

any meeting of the Compliance Committee discussing such complaint or investigation. The Compliance Committee will forward any recommendation regarding a complaint or investigation involving the Administrator directly to the Chairman of the Board of Directors for action by the Board. Any member of the Compliance Committee who is the subject of a complaint or investigation will not be allowed to attend any portion of the Committee's meeting that discusses such complaint or investigation. If each member of the Compliance Committee is the subject of a complaint or investigation, the Board shall appoint another individual to handle the investigation and make a full report to the Board of Directors who shall determine what further action is necessary.

Facility shall keep a record of all complaints and investigations that outlines the alleged conduct, the subsequent investigation and its resolution. This information will be, to the extent possible, protected by the attorney-client privilege and retained for a minimum of ten (10) years.

## **B. Outside Investigations**

Investigations conducted by government agencies or third parties will be handled as follows:

- The Compliance Officer and Administrator will be immediately notified and may immediately notify the Facility's legal counsel of the investigation;
- Staff members are not to talk to or provide any information to an individual who presents to the Facility claiming they are conducting an investigation until the Compliance Officer or Administrator arrives;
- The Compliance Officer or Administrator will request that the investigating individuals/agencies provide them with appropriate identification and the authority for their investigation such as their search warrant;
- The Compliance Officer or Administrator will record the names of all agents and the agencies they represent;
- The investigating individuals will be accompanied at all times by a staff member while present at the Facility;
- The beginning and ending times of the investigation or search will be documented as well as areas searched, types of documentation taken, photographs taken, questions asked or comments made and requests made by agents;
- Any employees interviewed will be debriefed by the Compliance Officer or Administrator; and
- A request will be made for copies of any documents taken during an investigation that are essential to daily operation of the Facility or resident care.

Facility employees should remain respectful and courteous to government investigators. Employees should be advised that they may be contacted individually at home or at work by investigators. Employees should be aware that they have the right to refuse to speak to investigators or refuse to be interviewed unless they have an attorney to represent them. After an investigation has begun, employees will be instructed not to speculate about the nature of the investigation and not to create memoranda, letters, emails or other electronic or paper documents related to the investigation. Employees contacted by government investigators should notify the Administrator. Employees may not offer to provide access to Facility's documents. All request for information and documents should be processed through the Administrator.

## **C. Enforcement & Discipline**

The Compliance Program will be consistently enforced through appropriate disciplinary measures, subject to the Facility's personnel policies. Disciplinary procedures for an employee's failure to adhere to the Compliance Program will follow the guidelines under the Facility's existing personnel policies and may result in immediate discharge. These disciplinary procedures apply to all employees of the Facility. An employee accused of a failure to adhere to the Compliance Program will be provided with the grievance procedures, if any, outlined in the Facility's existing personnel policies. The appropriate disciplinary measures will be determined on a case-by-case basis, may involve the advice of legal counsel, and may take into consideration any actual or potential fines, civil monetary penalties, criminal penalties, or other actions resulting from the non-compliance.



## **D. Self-Reporting**

If an internal investigation reveals that misconduct may have occurred which may violate criminal, civil or administrative law, Facility will contact its legal counsel for assistance in determining whether to self-report the incident. Facility will self-report the incident if required by law or if not required by law to the extent voluntary disclosure is deemed appropriate. Facility will make every attempt to self-report within a reasonable period of time but no longer than 60 days after identifying the violation. To the extent the self-report involves an identified overpayment by a federal government health care program, the report will be accompanied with a check from the Facility to the payer in the amount of the determined overpayment. In the event the overpayment exceeds an amount which the Facility can reasonably pay back in a lump sum, the Facility will request a payment plan providing for full repayment of the overpayment within a proposed period of time.

## **VI. TRAINING & EDUCATION**

All staff members will receive training on the Compliance Program upon implementation, including receiving a copy of this Compliance Manual. Additionally, new staff members will receive training on the Compliance Program within 30 days of commencing employment as well as receiving a copy of this Compliance Manual. Employees will receive additional training as determined by Facility. The Compliance Officer and Compliance Committee will coordinate and develop training programs for employees. Board members and contractors may also be asked to attend training programs from time to time. The Administrator, Compliance Officer, Compliance Committee members, or other staff members may also periodically attend compliance programs outside of Facility that are sponsored by other entities.

Facility will keep documentation of training programs provided to employees, contractors and board members.

## **VII. Monitoring & Auditing Procedures**

The Compliance Committee will regularly review the Compliance Program no less than annually to ensure that it is effectively implemented. This review will include, but not be limited to, an evaluation of the overall success of the program as well various elements of the Compliance Program, including but not limited to, the role and responsibilities of the Compliance Officer and Compliance Committee, the compliance policies and procedures developed under the Compliance Program, the training of employees regarding the Compliance Program, internal monitoring and auditing, the Facility's response to compliance issues, and enforcement of disciplinary standards. The review will initially be conducted by the Compliance Officer who will provide a written report to the Compliance Committee, with any recommendations for improvement. A full report of the review's findings will be made to the Board of Directors annually.

In addition to routinely monitoring and auditing the Compliance Program, the Facility may periodically identify additional issues or problem areas to specifically review and audit. These issues may be reviewed due to incidents occurring at the Facility or because of regulatory changes, recent enforcement efforts, or risk areas identified by the Facility and/or outside consultants or legal counsel.

Periodically, Facility may engage an outside consultant or legal counsel to review general or more specific issues such as compliance with billing issues. Any problems detected by the outside consultant will be reported to the Compliance Officer for follow-up.

## APPENDIX A

### EMPLOYEE ATTESTATION STATEMENT

I have reviewed and received a copy of West Ridge Care Center's Compliance Plan Manual as a part of my compliance training. I understand and acknowledge and accept its contents as they relate to my position. I have also had the opportunity to ask questions and discuss any aspects of the Compliance Program.

Further, I currently have no knowledge of any transaction or events that appear to violate the Compliance Program. I acknowledge my affirmative obligation to adhere to the principles and standards of the Compliance Program and other established policies and procedures of Facility and my responsibility to report any violations or suspected violations of such data.

I understand that I have the right, subject to federal and state investigation, to remain anonymous in any report or complaint filed with the Compliance Officer relating to alleged violations of the Compliance Program. I also recognize that in the event an investigation by federal or state authorities is conducted it may no longer be possible for me to maintain my anonymity.

I understand that Facility has a policy of non-retaliation for the benefit of reporting suspected violations of the Compliance Program.

I understand that if I am directly implicated in a compliance investigation and if my presence threatens the conduct of an investigation, Facility may remove me from my position pending the outcome of such investigation.

I understand that if I am named to any list of individuals excluded from participation in federal or state government health care programs, my employment with Facility will be immediately terminated.

Employee's Printed Name: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_