SUMMARY OF STANDARDS OF CONDUCT AND COMPLIANCE AND ETHICS PROGRAM OPERATIONS OF PINE HAVEN NURSING AND REHABILITATION CENTER

SUMMARY OF THE FACILITY'S COMMITMENT TO COMPLIANCE

Pine Haven Nursing and Rehabilitation Center **(**the "Facility") is committed to providing high quality and caring services pursuant to the highest ethical, business, and legal standards, including Federal health care program requirements (*e.g.*, Medicare and Medicaid).

Our Compliance and Ethics Program (the "Program") is designed to help us prevent fraud and abuse in Federal health care programs. To the extent that Contractors meet the definition of an "***Affected Individual***," they are subject to the Program.[1] Contractors are only subject to the Compliance and Ethics Program to the extent it is related to their contracted role and responsibilities within the Facility's identified compliance risk areas. ***Failure of an Affected Individual to meet the Program's requirements may result in termination of contract or affiliation with the Facility.***

SUMMARY OF STANDARDS OF CONDUCT FOR CONTRACTORS

- **Responsibility of Affected Individuals**. Affected Individuals are expected to comply and be familiar with all federal and state laws, rules, and regulations that govern their work for the Facility. ***All Affected Individuals are also expected to comply with the Program, these standards of conduct, and any applicable Facility compliance standards and policies.*** Compliance with the Program, standards of conduct and compliance policies and procedures is a condition of association with the Facility. Violations will result in discipline, including, termination of contract or affiliation.

- **Honesty and Lawful Conduct**. We expect and require all Affected Individuals to be law-abiding, honest, trustworthy, and fair in all business dealings. Affected Individuals should avoid all illegal conduct and not take any action that they believe violates any statute, rule, or regulation, strive to avoid the appearance of impropriety, and never act in a dishonest or misleading manner.

[1] "***Affected Individuals"*** means all persons who are affected by the Facility's compliance risk areas (which are discussed below in Element 6). This includes employees; the chief executive, other senior administrators and managers; contractors; the governing body and corporate officers.

- **Reporting Requirements**. Suspected misconduct or possible violations of the Facility's Program must be reported to a manager or supervisor, a member of senior management or the Compliance Officer. Affected Individuals (including contractors) may also report their concerns through the Compliance "Helpline." Questions or concerns may be raised anonymously, if you wish, via the Compliance Helpline. Reports will be treated confidentially, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in connection with a legal proceeding.

Facility	Compliance Officer	Contact Information
Pine Haven Nursing and Rehabilitation Center	**Ronie Rusea-Robinson**	**Ph: 929-782-1618** **E-mail: RRusea-Robinson@phcmservice.com**
Facility Compliance Helpline (can be used for anonymous reporting)		**Ph: 929-782-1618**

- **No Retaliation or Intimidation**. The Facility maintains a policy of non-retaliation and non-intimidation for good faith participation in the Program. Good faith participation includes, but is not limited to reporting actual or potential compliance issues to appropriate Program personnel (*e.g.*, the Compliance Officer); cooperating or participating in the investigation of compliance issues; assisting with or participation in self-evaluations and audits; assisting with or participation in remedial actions / resolution of compliance issues; reporting acts of retaliation or intimidation and reporting potential fraud, waste or abuse to appropriate State or Federal entities. Acts of retaliation or intimidation should be immediately reported to the Compliance Officer or to the Helpline and, if substantiated, the individuals responsible will be disciplined appropriately.

- **Non-Discrimination**. All residents will have access to admission and care without regard to race, creed, color, national origin, gender, age, citizenship or immigration status, actual or perceived sexual orientation, gender identity, gender expression, marital status, disability, human immunodeficiency virus (HIV) status or other characteristic specified by law, source of payment or sponsorship. Admission decisions are solely based on the ability of the Facility to adequately care for and provide services to the resident.

- **Exclusion Checks**. The Facility conducts appropriate background checks on Affected Individuals. The Facility also requires those Contractors who assign staff that may be providing services to residents on behalf of the Facility to check applicable federal and state databases prior to assignment and on a monthly basis thereafter to ensure Contractor employees are not excluded from participating in federal health care programs *(e.g.*, Medicare and Medicaid). The Facility maintains documentation demonstrating compliance with this condition. Contractors are required

to maintain similar documentation and to immediately disclose to the Compliance Officer if the contractor or any or its staff becomes excluded or otherwise ineligible.[2]

- **Compliance with the Federal Deficit Reduction Act of 2005 ("DRA").** In accordance with the DRA, the Facility has established written policies for all employees and Contractors that provide detailed information about the federal False Claims Act, federal administrative remedies for false claims and statements, the New York State false claims provisions, state penalties (both civil and criminal) for false claims and statements, whistleblower protections under such laws, and the role of these laws in preventing and detecting fraud, waste and abuse in federal health care programs (*e.g.*, Medicare and Medicaid). A copy of the DRA policy is provided to Affected Individuals and applicable Contractors and is also available upon request. We request that Contractors review the laws with their employees.

- **Quality of Care/Medical Necessity**. The Facility is fully committed to providing high quality services in accordance with all applicable laws, rules and regulations, including federal health care program requirements. Care and treatment are provided pursuant to comprehensive care planning and/or physician orders, but only to the extent that these services are reasonable and necessary for the treatment of the resident.

- **Abuse Prohibition and Reporting Requirements**. The Facility will not tolerate any abusive behavior or other inappropriate actions toward our nursing home residents by anyone, including Contractors and other personnel, other residents, family members or legal guardians, friends or other individuals.

  - **Reporting**. The Facility maintains policies and procedures concerning the reporting of abuse, neglect, exploitation, mistreatment and misappropriation of resident property for employees and staff who provide direct care. Contractors are required to immediately report abuse, neglect, exploitation, mistreatment and misappropriation of resident property to the **Administrator** or the **Director of Nursing.** Certain Facility personnel (including certain contractors) are also required to report injuries of unknown source, quality of care issues (*e.g.*, medication errors/diversion, elopement, burns, choking, etc.) and physical environment issues (*e.g.*, malfunction or misuse of equipment, physical plant issues, etc.). Facility personnel (including contractors) who engage in abusive or other prohibited conduct, commit crimes against residents or who fail to report such activity as required, will be subject to disciplinary action up to and including termination of contract or affiliation with the Facility.

- **Compliance with the Elder Justice Act (the "EJA")**. The EJA requires Facility Contractors (as well as employees) to report any reasonable suspicion of criminal activity including abuse against a resident of a long term care facility or against any person receiving care from the facility to the state survey agency (the Department of Health or "DOH") and local law enforcement agency. Contractors may satisfy this obligation by reporting the reasonable suspicion of a crime to the **Administrator** who will coordinate timely reporting to the DOH and to local law

[2] The applicable databases are: https://exclusions.oig.hhs.gov/ (the United States Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals/Entities); and https://omig.ny.gov/medicaid-fraud/medicaid-exclusions (the New York State Office of the Medicaid Inspector General's Medicaid Exclusion List).

enforcement, in accordance with the required timeframes, as set forth in the Facility's policy for Compliance with the EJA/Reporting Reasonable Suspicion of a Crime.

- **Gifts and Benefits**. The guiding principle is: Contractors may not be involved with gifts or benefits that are undertaken in return for or to induce referrals or the purchasing, leasing, ordering or arranging (or the recommending of any of the foregoing) of any item or service.

- **Confidentiality.** Contractors who learn confidential information about the Facility's residents may not share that information with anyone, including family or friends.

- **COVID-19 Requirements.** Contractors are required to comply with the Facility's policies related to COVID-19 and any applicable federal or state directive, order, statute or regulation governing the Facility's response to COVID-19, to the extent applicable.

- **Smoke-Free Environment.** The Facility maintains a smoke free environment, both indoors and outdoors. Smoking (including the burning of a lighted cigarette, cigar, pipe or any other matter or substance which contains tobacco, or e-cigarettes or vape mods) is prohibited anywhere on or near (*i.e.*, within 15 feet of) the grounds of the Facility and anywhere within the interior spaces.

- **Substance Abuse Free Environment**. It is the Facility's policy to maintain a substance abuse free workplace. We do not tolerate substance abuse in the workplace, nor permit anyone to work here who is under the influence of drugs or alcohol. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance or alcohol while on the Facility's premises or while in a work status is prohibited.

- **Cleanliness**. The Facility maintains a clean and litter free environment. Contractors are required to maintain a clean work area while on the Facility's premises and discard all litter in the appropriate receptacles.

- **Discipline.** Affected Individuals who violate the Program, standards of conduct or commit illegal acts are subject to discipline, including termination of contract or affiliation with the Facility. Discipline will be enforced for:
    - Failure to report suspected problems;
    - Participation in non-compliant behavior;
    - Encouraging, directing, facilitating or permitting non-compliant behavior;
    - Failure by a violator's supervisor(s) to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight;
    - Refusal to cooperate in the investigation of a potential violation;
    - Refusal to assist in the resolution of compliance issues; and
    - Retaliation against, or intimidation of, an individual for their good faith participation in the Compliance Program.

HOW THE COMPLIANCE AND ETHICS PROGRAM OPERATES

The Compliance and Ethics Program includes the following operational elements:

(1) Written Standards and Procedures

The Facility has developed and distributed written standards of conduct (embodied in a Code of Conduct), as well as written policies and procedures that promote our commitment to compliance, address specific areas of potential fraud and abuse, and give guidance to Affected Individuals about how the Program operates and how compliance issues are investigated and resolved. The Code of Conduct and written policies and procedures are available to all affected individuals. Policies and procedures include, but are not limited to:

- Compliance with Federal and State False Claims Laws: Overview of the Laws Regarding False Claims and Whistleblower Protections (the DRA Policy);
- Compliance with the EJA/Reporting Reasonable Suspicion of a Crime;
- Gifts, Gratuities, and Entertainment Policy
- Protocols for Investigations and Implementing Corrective Action;
- Reporting Compliance Issues: Whistleblowers and Non-Retaliation/Non-Intimidation Policy; and
- Protocols for Investigations, Implementing Corrective Action & Discipline Policy

There may be additional compliance policies and procedures that are applicable to the services a Affected Individual renders to or performs on behalf of the Facility. Copies are available upon request. You may also contact the Compliance Officer if you wish to inquire about specific aspects about the Program, specific policies or procedures, or questions you may have.

(2) Oversight

The Facility has designated a Compliance Officer and a Compliance Committee charged with the responsibility for developing, operating, and monitoring the Program. The Compliance Officer and the Committee are accountable to and report directly to the governing body and Facility leadership.

(3) Mandatory Education and Training

The Facility has developed and conduct effective education and training programs that cover, among other things, compliance risk areas, expectations, disciplinary standards and the operation of the Program.

(4) Reporting System

The Facility has established and implemented effective lines of communication, ensuring confidentiality, that are accessible to all Affected Individuals and all residents receiving services from the Facility. This includes an anonymous method for reporting (*i.e.*, the Helpline) and allows for questions regarding compliance issues to be asked and for compliance issues to be reported.

(5) Disciplinary Standards

The Facility has established well-publicized disciplinary standards to encourage good faith participation in the Program by all Affected Individuals. It is our policy that discipline is enforced fairly and consistently.

(6) Auditing and Monitoring System

The Facility uses audits and/or other risk evaluation techniques to monitor compliance, identify risk areas, such as coding, billing and documentation and payment practices; issues relating to quality of care and medical necessity of services; the credentialing process; compliance with mandatory reporting requirements; governance standards; contractor oversight and other potential compliance risk areas that may arise from complaints, risk assessments, or that are identified by specific compliance protocols or through other means.

(7) Response System

The Facility has established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly, including reporting of any violations of State or Federal law. These steps reduce the potential for recurrence, and ensure ongoing compliance with Federal health care program requirements (*e.g.,* the Medicare and Medicaid Programs).