St. Louis Altenheim Corporate Compliance Program – 2014

Introduction

The St. Louis Altenheim is committed to providing resident centered services in a caring safe environment. Our operational philosophy is provision of those services based on integrity and competence guided by responsive management.

This Corporate Compliance Program and the Code of Conduct have been developed, to summarize our commitment to comply with all applicable laws and regulations governing our operation and to provide basic guidelines for making choices where specific direction does not exist; however, neither the Compliance Program or The Code of Conduct is intended to fully describe all applicable laws, regulations and policies and procedures.

The Corporate Compliance Program and Code of Conduct, combined with our facility's operational policies and procedures does provide our employees, residents, consultants, contractors, vendors, students and volunteers with a clear understanding of the professional, legal and personal expectations of the goals we strive to achieve on an ongoing basis. Every employee is, and will be held, responsible for adherence to compliance and ethical standards. Compliance with these standards will be included in job performance evaluations.

Failure to comply with the expectations outlined in this Corporate Compliance Program is a serious matter and subjects an employee to disciplinary measures up to and including termination. It should be noted, however, that this Compliance Program is not a contract so that the normal laws governing employment continue to apply.

Written Compliance Program

St. Louis Altenheim Board of Directors will adopt a written Compliance Program including a Code of Conduct, Annual Compliance and Quality Plan with policies and procedures reviewed, updated and trained on annually or when changes to laws and regulations necessitate modifications. The Annual Compliance & Quality Plans are developed, implemented and maintained under the direction of the Administrator, Compliance Officer and an operational Compliance and Quality Committee with Board Compliance & Quality Committee oversight.

Written Code of Conduct and policies and procedures, for which staff and vendors receive adequate training, provide a process for everyday decision making by management, staff and
vendors. The implementation and monitoring of performance related to policies and procedures elevates corporate performance and ensures consistency across the organization. The presence of written policies and procedures emphasizes the corporate intent to comply with all applicable laws and regulations.

Policies and procedures governing the operation and management of the facility set out below at a global level must cover, at a minimum:

1. Board of Directors composition, by-laws and governance;
2. Role of the Compliance Officer and Compliance & Quality Committees;
3. Processes and systems for revision of existing and creation of new policies and procedures (including distribution and updating requirements);
4. Processes for accounting and preparing financial reports;
5. Process for submitting accurate claims, bills and invoices;
6. Processes for refunding improperly billed services and credit balances;
7. Processes for internal assessment of risk areas;
8. Content and frequency of audits;
9. Method for responding to internal and external requests for documents or other investigations, search warrants, subpoenas, and/or unannounced surveys.
10. Record retention policies;
11. Protection of residents’ personal and property rights;
12. Protection of the confidentiality, integrity and availability of protected health information (medical information) and personally identifiable information (financial information);
13. Processes and systems to ensure provision of quality services in a safe environment free from discrimination of the basis of race, color, creed, religion, national origin, sex or handicap and from harassment and in accordance with applicable professional standards of care and practices identified as best practices;
14. A system to address grievances of residents, their families and staff grievances, concerns and recommendations;
15. Processes to ensure that residents and all who provide services in connection with the care and services provided them, such as employees, vendors, consultants, contractors, students, volunteers, etc., meet standards identified for determining appropriate fit with the facility, including selection, retention, performance appraisal and termination criteria;
16. Processes to credential medical staff including those for admitting privileges and retention of those privileges;
17. Systems and processes to ensure compliance with all federal, state and local laws governing the operation of the business and the provision of services, including ways to identify and address instances of fraud, waste and abuse;

18. Systems and processes to encourage good faith reporting of suspected non-compliance with all federal state and local laws, such as, methods for anonymous reporting and multiple means of reporting;

19. Systems and processes to investigate reports of suspected non-compliance or grievances in a confidential manner (to the extent allowed) and to take prompt and appropriate disciplinary action where indicated;

20. Systems and processes to ensure appropriate and effective human resources practices are in place and consistently applied across the work force, such as those related to hiring, staff development and education, performance management including disciplinary processes.

**Code of Conduct Policy**

*It is St. Louis Altenheim’s policy to comply with all applicable laws and regulations, including without limitation, those governing federal and state healthcare programs, employment, discrimination, health, safety, insurance, antitrust and environmental laws in all business practices and to act with integrity, respect and compassion in all of our business dealings.*

*The mission of the St. Louis Altenheim is to provide a hospitable haven to all elderly citizens regardless of religious or natural background, so each person can experience a high quality of life. Our goal is to provide the best in care while maximizing independence and resident choice. All employees have a responsibility to understand and follow the Code of Conduct and Corporate Compliance Program.*

*The guidelines in the Code of Conduct are designed to assist those affiliated with St. Louis Altenheim in making good choices with respect to matters not covered by the plan in addition to the Corporate Compliance Program described in this Manual; there are other St. Louis Altenheim policies and procedures with which employees must comply. The Code of Conduct reflects general principles to guide individuals in making ethical decisions but distribution of the Corporate Compliance Program and Code of Conduct is not intended to imply that all of the obligations of an employee or agent of the St. Louis Altenheim are contained in these documents.*

*St. Louis Altenheim and its employees, volunteers, medical staff members, nursing students and Board of Directors (collectively referred to as “Members”) have a reputation in the community as being an organization that operates in an honest manner; an organization that has both*
St. Louis Altenheim expects all Members to protect that reputation by performing their work with integrity and honesty including areas not specifically addressed by the Code of Conduct or Corporate Compliance & Quality Plan. A violation of the Code of Conduct may result in an appropriate disciplinary action including the possibility of termination without additional warning. St. Louis Altenheim strongly encourages dialogue among employees and their supervisors to make everyone aware of situations that give rise to ethical questions and to discuss acceptable ways of handling such situations. Each staff member has an obligation to annually certify that he or she has read and reviewed the Code of Conduct and must certify that to the best of his or her knowledge is in compliance with all provisions.

Access to Care   St. Louis Altenheim is committed to providing and supporting health care excellence in partnership with the communities we serve. Resident care and service is provided to retired persons needing independent senior housing, assisted level of service and nursing services consistent with the licensure granted this facility by the state of Missouri. Care and services are provided without regard to race, color, religion, national origin, disability, sexual orientation or gender identity. We make every attempt to provide high quality care with respect and dignity for all residents, staff and family in our facility.

Accuracy of Records   All documents, financial reports and records, which include medical information, are to be maintained honestly, accurately and consistent with professional/industry standards that support the diagnosis, justifies treatment, and accurately documents the care, treatment and results for each resident.

Antitrust Laws   St. Louis Altenheim will compete in the marketplace honestly and fairly, complying with laws and protecting the integrity of the marketplace. St. Louis Altenheim employees may never talk with or exchange information with competitors to fix prices, including setting minimum or maximum prices or to boycott a vendor.

Billing, Charging and Coding for Services   All staff must be careful to properly charge, code and bill for services in accordance with Federal and State health care program requirements and St. Louis Altenheim Policy. Billing for services not documented or provided could be considered a “false claim” and could result in financial penalties. Employees should never charge, code or bill solely to be paid if the service was not provided or documented. An employee who has concerns or questions should notify their Supervisor or the Corporate Compliance Officer right away.

Compliance Program   The Corporate Compliance Program provides a framework which helps St. Louis Altenheim ensure that it conducts business in an honest and ethical manner in accordance with state and federal rules and regulations. The Program also establishes a mechanism to help assure that detection, correction and prevention of errors that result in
violations of the laws and regulations governing health care and violations of St. Louis Altenheim policies. Ongoing training, education, auditing and monitoring projects are completed to assess compliance with all laws and regulations. Open communication of possible violations of our own policies and procedures or the federal and state regulations governing health care is an important part of the success of St. Louis Altenheim’s Compliance Program. Employees who report a possible concern in good faith will not be punished or retaliated against for making that report.

Anonymous Reporting In recognition that some people may fear retaliation of retribution, the St. Louis Altenheim has established a method for anonymous reporting. Those submitting reports may identify themselves or may choose to remain completely anonymous. There is a locked complaint/suggestion box placed near the dining room. Please place complaints/suggestions in a sealed envelope marked “Confidential” inside the box. The box will be checked daily except for weekends.

Confidentiality Members of St. Louis Altenheim will have access to information about our residents in the course and scope of doing their jobs. We have a duty to protect resident health records and our organization’s business records from, theft, fraud, loss and inappropriate use. Resident information and financial or business information is to be released only according to policy. We cannot talk about a resident or their condition in the elevator, hallway or in areas where visitors or other residents could overhear or with another employee who does not have a “need to know”. An employee may not look up information regarding their own family members or permit unauthorized access of information by a family member or friend of a resident. Because the unauthorized disclosure of confidential or proprietary information could present a serious risk to the St. Louis Altenheim, safeguarding such confidential and proprietary information is the responsibility of all Members. Information assets, including telephonic equipment, computer hardware and software and e-mail and internet are expected to be used to further St. Louis Altenheim goals and objectives. There is no expectation of privacy in the use of information assets; therefore, St. Louis Altenheim will monitor their use.

Contracting Due to the complexity of the laws and regulations governing health care, St. Louis Altenheim must carefully monitor existing agreements, and must examine proposed agreements for compliance with those laws. In addition, members of St. Louis Altenheim must not violate the Anti-kickback Statute, the Stark Law or St. Louis Altenheim policies relating to contractual relationships with outside entities.

Corporate Assets All employees are charged with protecting and preserving St. Louis Altenheim’s assets by following procedures to prevent their loss, theft or unauthorized use. Using corporate assets for unlawful purpose or unauthorized personal benefit and failing to keep accurate and complete records of all assets, liabilities, revenues, expenses or financial
transactions is prohibited. Travel and entertainment expenses shall be consistent with the needs of business. An employee should not gain financially as a result of business travel and entertainment. Reports filed reflecting the nature and extent of expenses incurred for travel and entertainment should be accurate. It is the responsibility of those who approve such reports to take reasonable steps to ensure their accuracy.

**Conflicts of Interest**  A conflict of interest is present in any situation in which an individual’s personal interest interferes with performing work for the St. Louis Altenheim in an unbiased and evenhanded manner. It is expected that Members will not knowingly place themselves in a position that does, or would have the appearance or could be construed to give any improper benefit to the individual or their immediate family. Some of the more common conditions that could arise include accepting, giving or offering of merchandise, products, services, discounts or personal favors from or to any individual with which St. Louis Altenheim does business under circumstances where it might appear that such acceptance or gift is likely to improperly influence business decisions. Outside employment and affiliations of Members or their immediate family may also create an actual or perceived conflict of interest. Staff members will report relationships that give rise to conflict of interest concerns to their direct Supervisor and the Corporate Compliance Officer to obtain written approval for the activity. Medical Staff conflicts of interest are addressed with the Administrator and Corporate Compliance Officer who may consult the Compliance Committee of the Board of Directors. Conflicts of interest for Board Members are handled as set out in the Bylaws of the Board of Directors. Vendor conflicts of interest are handled by the Administrator and Corporate Compliance Officer following established policies and procedures distributed at the time of contracting.

**Disruptive Behavior**  In order for St. Louis Altenheim to provide the highest level of resident care possible, all members of the health care team must treat each other with respect and dignity. Disruptive behavior may be broadly defined as a style of interaction with physicians, personnel, family members or others that interferes with the effective, efficient delivery of care, impacts morale negatively and prevents team members from effectively working with each other. Disruptive behaviors exhibited by employees, members of the medical staff, vendors, visitors and other associates of St. Louis Altenheim will not be tolerated. Disruptive behaviors will subject the offender to progressive disciplinary action pursuant to applicable St. Louis Altenheim policies and may lead to staff dismissal and will be considered grounds for terminating contracts.

Examples of disruptive behaviors include (but are not limited to) the following:

- The use of abusive, offensive or degrading language;
- Intimidating or threatening physical actions;
- Physical abuse/assault, including the striking of another person;
- Criticism of a personal rather than professional nature;
• Inappropriate touching;
• Throwing, dropping or intimidating use of instruments or equipment;
• Threats of violence of physical harm;
• The use of sexually explicit or suggestive language;

Examples of desirable behaviors include (but are not limited to) the following:

• Private, constructive criticism directed to correct an individual’s professional, performance-related deficiency;
• Supportive, encouraging comments directed to members of the care team whose performance exceeds expectations;
• The treatment of other care team members with respect, dignity and courtesy;
• The use of clear, concise language in all directions and other communications;
• Recognize colleagues who have done a good job or made a “good catch” to make care and/or service better or prevent an actual or potential error that could harm a resident, co-worker or visitor;
• Encourage others to share their ideas to make things better;
• Share thoughts that make care safer and/or more efficient;
• Say thank you;
• Encourage people to share ideas openly – encourage new employees and residents to share new ideas to solve problems or challenges;
• Be personally accountable to deliver results on ambitious goals;
• Empower team mates to make a positive difference;
• Ask questions if you don’t understand.

Incidents or patterns of disruptive behavior will be reported to an individual’s direct Supervisor, Administrator, or Corporate Compliance Officer and may result in disciplinary action up to and including termination.

**Employee Relations and Equal Opportunity Employment** Members of St. Louis Altenheim are expected to respect and cooperate with all personnel in each department within the facility. We are committed to equal opportunity for hiring, recruitment, retention, transfers, promotion, and education. In addition, we expect employees to treat each other, residents, and customers with respect and compassion and refrain from conduct that may be harmful to employees, residents, and/or customers.

**Environmental Health and Safety** St. Louis Altenheim is committed to providing a safe and healthy environment. To protect the safety of residents, themselves and others who are present on St. Louis Altenheim property Members are required to follow all safety instructions and procedures that the company adopts. It is policy of the St. Louis Altenheim to maintain a drug and alcohol free work environment. The use or possession of any alcohol or illegal drugs on St. Louis Altenheim property is strictly prohibited. It is also the obligation of employees to ensure that prescription drugs, controlled substances and medical supplies are administered to
residents as they were ordered and in the manner prescribed. Any other use is strictly prohibited and must be reported immediately to a Supervisor, Administrator or Corporate Compliance Officer. St. Louis Altenheim is committed to a workplace that is free from violence and physical harm. This means that any threat to a safe workplace will be investigated and appropriate action taken to eliminate the threat. The use or possession of any and all weapons at any time on St. Louis Altenheim property is forbidden.

**Ethical Standards**  St. Louis Altenheim is committed to maintaining its reputation as an organization with integrity, one that is honest in its dealings with others and has respect and compassion for those we serve (residents, family members, fellow employees, physicians, volunteers and vendors). St. Louis Altenheim recognizes, and takes seriously, its ethical responsibilities to residents, staff, the communities, and all others who do business within St. Louis Altenheim. Members of St. Louis Altenheim are expected to behave in a positive way that demonstrates our organization’s Mission, Vision and Values.

**Gifts**  Members of St. Louis Altenheim are not to solicit, take or offer any bribe, kickback, gratuity or other payment made to influence a business decision. Doing so is improper and against the law and St. Louis Altenheim policies. Members of St. Louis Altenheim may not take or ask for anything of value from a third party, residents, resident’s family members for these same reasons. Providing free services can also create a conflict of interest, a violation of Medicare/Medicaid and is inappropriate. Members of St. Louis Altenheim may not offer anything of value to a government official or other third party in an effort to influence business or to gain special treatment as an individual or for St. Louis Altenheim.

**Harassment**  Our organization is committed to maintaining a work environment that is free of discrimination and harassment. In keeping with this commitment, St. Louis Altenheim will not tolerate harassment of those coming in contact with St. Louis Altenheim (including employees, students, residents, visitors, physicians, volunteers, vendors and board members). If you feel you or someone else at St. Louis Altenheim is being harassed, please contact your Supervisor, Administrator, or the Corporate Compliance Officer.

**Independent Contractors/Vendors**  Vendors and independent contractors will be given a copy of and are expected to follow the St. Louis Altenheim Code of Conduct and Corporate Compliance Plan.

**Proprietary Information/Intellectual Property**  In the course of their duties, members of St. Louis Altenheim may have access to the proprietary information of St. Louis Altenheim. Proprietary information is information that is confidential, privileged or of a competitive value to St. Louis Altenheim (for example, management reports, marketing studies, marketing plans, financial statements, internal memoranda, reports of resident records or resident lists).
Members of St. Louis Altenheim must respect the confidential nature of this information. St. Louis Altenheim is committed to respecting the intellectual property rights of others. All software used in connection with St. Louis Altenheim’s business must be properly licensed and used in accordance with the license. Members of St. Louis Altenheim must respect patents, trademarks and copyrights.

Marketing St. Louis Altenheim trademark, trade names and service marks can only be used with permission of the Marketing Department. St. Louis Altenheim has a policy to maintain the quality, value and reputation of service and to insure our trade name is not misused. All marketing and advertising is intended to be truthful so as not to mislead, deceive or omit pertinent or significant information, nor to create unrealistic expectations in the consumer’s mind. Pictures and/or statements of residents or their families may not be used for marketing purposes without signed consent.

No Retaliation Retaliation against any person who, in good faith, reports a concern, potential violation of the Code of Conduct, Corporate Compliance Program, St. Louis Altenheim policy or applicable laws is strictly prohibited. Additionally, members of St. Louis Altenheim should be aware that the Federal False Claims Act protects whistleblowers from retaliation. Anyone initiating a qui tam case or a concern through the St. Louis Altenheim Corporate Compliance Officer, Administrator or a report to the Joint Commission or any regulatory agency may not be discriminated or retaliated against in any manner by their immediate supervisor or anyone at St. Louis Altenheim for filing the lawsuit or complaint. Anyone who believes they have been, or are being, retaliated against they should immediately contact the Corporate Compliance Officer.

Resident Rights Residents have a right to considerate care that protects their dignity and privacy. A resident’s spiritual and cultural values will affect a resident’s response to care. We will respect each resident’s spiritual and cultural values and beliefs consistent with the law and with ethical behavior. We encourage residents to be involved with their care, and we remain committed to talking to our residents about ethical responsibilities and resident’s rights. Residents shall be treated without regard to race, color, sex, religion, disability, sexual orientation or gender identity or any other classification protected by law.

Performance Evaluations St. Louis Altenheim reviews employees for their work performance on an annual basis. A discussion of compliance matters, following the Corporate Compliance Program and Code of Conduct, will occur during annual performance evaluations and must be documented. Compliance education must be completed annually, and attendance documented. Employees who do not attend mandatory compliance training shall be appropriately counseled and may be subject to disciplinary action.

Physicians, Directors, Supervisors Physicians and St. Louis Altenheim Management serve as
role models for day-to-day operations and are expected to be familiar with and carry out all provisions of the Code of Conduct.

**Physicians Self-Referral "Stark"** The self-referral, or “Stark”, law prohibits physicians from making referrals for specific health services to any entity or business in which the physician or a family member has a financial relationship unless an exception applies. St. Louis Altenheim is committed to complying with the requirements of the physician self-referral law. All members of St. Louis Altenheim must comply with both these regulations and St. Louis Altenheim policies addressing physician self-referrals. Violations of the Stark Law may result in the imposition of significant penalties against St. Louis Altenheim and individual violators, including significant civil monetary penalties or exclusion from participation in Federal health care programs. Do not provide anything of value (cash payment or gift of any kind) to any physician or physician's family member without contacting the Corporate Compliance Officer. It is important to ensure that the payment or giving of non-monetary compensation is tracked and falls into a Stark Exception prior to providing it. This includes honorariums for speaking engagements, CME, event tickets, flowers for an event, meals, etc. Questions regarding these referrals should be directed to the Corporate Compliance Officer.

**Political Activity and Contributions** St. Louis Altenheim encourages all employees to vote and be active in politics if they so choose; however, the activity must be on personal time and without any financial expense to St. Louis Altenheim. Employees should consult with the Corporate Compliance Officer or Administrator before agreeing to participate in a political activity that could involve our organization.

**Product Endorsement** Members of St. Louis Altenheim are not permitted to endorse or recommend any particular product or service that is allied with or connected to the health care industry, as a representative of St. Louis Altenheim without the prior approval of the Administrator.

**Referral for Business “Anti-kickback”** Anti-kickback statutes do not allow payments, gifts, or other compensation to be made or accepted in exchange for the referral of health care business. The Anti-kickback Statute has safe harbors that may apply. St. Louis Altenheim will not participate in, and will not permit any of its members to participate in, arrangements that violate the Anti-kickback statute unless an applicable safe harbor is satisfied. Since this is a criminal statute, violations may expose St. Louis Altenheim and individual violators to substantial fines, exclusion from participation in Federal health care programs or even prison. Contact the Administrator or the Corporate Compliance Officer if you have questions.

**Reporting Responsibility** Members of St. Louis Altenheim will promptly notify their supervisor, Administrator, or the Corporate Compliance Officer to report any possible violations of law or
any improper activity by employees, physicians, volunteers, vendors or agents of St. Louis Altenheim. Any employee, volunteer, physician with staff privileges or other member of St. Louis Altenheim that becomes ineligible to participate in any federal health care program, whether by listing in a “disqualifying database”, conviction of a crime under 42 U.S.C §1320a-7(a), or any other reason, shall immediately report their disqualification to their supervisor, Administrator, or the Corporate Compliance Officer. The failure of an individual to immediately report their disqualification to St. Louis Altenheim shall be grounds for immediate termination. For purposes of this paragraph, the “disqualifying databases” include the List of Excluded Individuals and Entities, the Excluded Parties List System, and/or Specially Designated Nationals List.

**Violations** The standards contained in this Code of Conduct are important, and therefore any violation will subject the offender to some form of discipline. The St. Louis Altenheim discipline policies will be applied to any violations of the Code of Conduct. The failure to report suspected improper activity, including violations of federal or state health care program requirements or St. Louis Altenheim policies may also constitute a violation. Possible disciplinary measures may range from a verbal or written warning to termination, removal from the Medical Staff, approved vendor list or Board of Directors. In addition, the matter will be referred to the appropriate government agencies as required by regulation/law. The employee may also be responsible in a civil suit for losses or other damages caused by his or her conduct.

~See Exhibit A” for version with an employee signature box.

**Corporate Compliance Plan**

There are seven elements outlined by State and Federal Guidelines for an effective Compliance Plan. Following is a description of each along with components that will ensure compliance with those elements.

1. Written policies and procedures and standards of care. This includes a written Code of Conduct and a comprehensive policy and procedure manual.

2. Designated Compliance Officer and Committee. A Compliance Committee Charter as well as job descriptions to define the responsibilities of the Officer and Committee members.

3. Effective education and training. This requires development of a specific curriculum for all training topics, appropriate assessment of learning and attendance. An orientation checklist will be used to ensure all employees receive the required training. Audits will be completed at least quarterly to ensure documentation of compliance with effective education and training.
4. Effective lines of communication. Components of this include clear understanding of the chain of command, chain of communication and non-retaliatory grievance process, the anonymous reporting process and use of the locked suggestion box.

5. Enforcing standards through well-publicized disciplinary guidelines. This requires a specific policy and procedure and education of staff regarding the disciplinary steps. Consideration of Union contract guidelines may be necessary.

6. Internal monitoring and auditing. Development of tools and methods to consistently audit, monitor and improve department processes on a regular basis, as well as policy and procedure for timely, appropriate follow up. Staff will be trained on a performance improvement methodology, use of tools to effectively audit and monitor performance and how to perform root cause analysis to help ensure that identified issues are addressed appropriately.

7. Responding promptly to detected offenses. This includes resident, staff and/or visitor incidents and requires a policy and procedure that is effective 24 hours/day, 7 days/week. Education and training for all staff regarding reportable offenses and the process for doing so appropriately.

Policies and Procedures

Comprehensive policies and procedures are necessary to clearly communicate the when, where, why and how staff are to perform their duties. It is the policy of this organization to maintain policies and procedures that are consistent with industry best practices, laws and regulations, to make such policies and procedures available to all staff at the point of care or use and that adequate training is provided to ensure understanding of expectations. Ensuring that policies and procedures are updated to accurately reflect organizational practices and expectations as well as changes in laws and regulations ensures that the Compliance Program remains relevant. This will be accomplished by adopting a policy and procedure management process that requires review when there is a change in applicable laws or regulation, but in no event less frequently than annually.

~See Exhibit B for a list of Required/Recommended Policies and Procedures.

Compliance Officer and Compliance & Quality Committee

The St. Louis Altenheim Board of Directors shall establish and maintain a Corporate Compliance Program that oversees identification and handling of compliance issues and monitors quality of
The Board of Directors shall adopt a Board Resolution accepting the Corporate Compliance Program and delegate the authority to the Administrator for the actions necessary to establish the role of Compliance Officer and Compliance & Quality Committee within the organizational structure.

The primary focus of the compliance officer role is to:

▪ Design, implement and oversee the compliance program;
▪ Report on a regular basis to the Board of Directors, Administrator and Compliance Committee;
▪ Revise the Compliance Program as appropriate;
▪ Develop and coordinate an education and training program for staff, vendors and contractors;
▪ Serve as a source of information to employees, management, vendors, contractors and the Board;
▪ Ensure that internal compliance review and monitoring activities are being carried out; and
▪ Investigate compliance related matters.

The St. Louis Altenheim Compliance Officer will work with an operational committee with designated compliance responsibilities, including:

▪ Analyzing potential risk areas;
▪ Regularly, but no less than annually, reviewing and assessing policies and procedures for accuracy along with adherence to the policies and procedures;
▪ Assisting with revisions to or development of policies and procedures as necessary;
▪ Reviewing industry guidelines and best practices regularly and integrating new information and practices into compliance program;
▪ Act as “Compliance Champions” to promote adherence to Compliance Program;
▪ Collaborate in development of system to solicit, evaluate and respond to compliance related complaints and problems.

The Compliance Officer must always be authorized to report directly to the Board of Directors and should establish a mechanism to receive periodic reports from the Compliance Officer and the Compliance and Quality Committee. The Compliance and Quality Committee is an on-going special committee within the organization and is directed to provide periodic reports to the Administrator and Board of Directors. At a minimum the Board should receive a report on the following issues annually:
1) Provision of Quality Care and Services, including but not limited to:

   a. Identification of negative and positive outcomes of care and services;
   b. Identification and reporting on publicly reported and other relevant Quality and Patient Safety Measures, such as the Quality and Performance Improvement (QAPI) Measures;
   c. Status of review of written policies and procedure (annual review and update);
   d. Status of employee education and training (mandatory annual training);
   e. Physician staff performance and satisfaction

2) Safeguarding and protecting the confidentiality, availability and integrity of Protected Health Information (PHI) and Personally Identifiable Information (PII), including but not limited to:

   a. Annual Information Security Risk Assessment and Mitigation plan, such as status of development, implementation, and updating of facility HIPAA policies and procedures;
   b. Status of development of security procedures and guidelines for the protection of PHI and PII in whatever form maintained by facility;
   c. Status of HIPAA/HITECH Compliant Business Associate Agreements;
   d. Incidents involving exposure of PHI or PII including evaluation and reporting;
   e. Status of development of disaster management and recovery plan.

3) Compliance with Laws, Regulations and Guidelines

   a. Survey readiness report (e.g. Mock Survey);
   b. Fire inspection result;
   c. Elevator inspection result;
   d. Disaster preparedness results (e.g. fire drills);
   e. Resident significant change events/unusual occurrences;
   f. MDS audit results;
   g. Resident grievance activities and results; and
   h. Monthly meal quality review results.

4) Human Resources Compliance

   a. Audit of employee files to ensure adequacy of practices related to hiring, training and education, performance management, staffing, competency, qualifications and proficiency (in-service education);
b. OSHA training; and
c. Reports of suspected non-compliance with laws and regulations (investigation, findings, actions).

5) New and evolving issues related to changes in the regulatory environment including the Work Plan set out by the Office of Inspector General (OIG) for the Department of Health and Human Services that signals the enforcement focus.

See Exhibit C for Corporate Compliance Officer Job Description.

Effective Education and Training Program

There are common steps to be followed for any and all education and training topics. Development of an effective program requires diligent management of topics, content, scheduled and actual attendance tracking and measure of knowledge/training retention. There is also a list of required semi-annual and annual training topics for various staff working in a Skilled Nursing/Long Term Care Facility. This role may be combined with the role of Compliance Officer and the responsibilities given to one individual.

An effective education and training course begins with the development of the curriculum with handout material. This should contain objectives for learning, potentially, a pretest, clear and concise training content that is updated as needed. There may be physical demonstration required as part of the training content. Finally, a written, oral or return demonstration post-test is effective for ensuring effective training was provided. Meticulous scheduling for the required training courses is needed as well as records of the actual attendance at those training in services.

The required training courses identified in Missouri regulations (19 CSR 30-85) are as follows:

➢ Upon hire and every 6 months for all staff
  o Fire Safety

➢ Upon hire and annually for all staff
  o Prevention and Control of Infection
  o Emergency Protocols
  o Job Responsibilities
  o Lines of Authority/Chain of Command
  o Confidentiality/HIPAA Requirements
  o Resident Dignity (Privacy and Property Rights)
  o Code of Conduct
Upon hire and annually for Nursing staff (provided by RN or Therapist)
  o Turning and Positioning for Bedridden Residents
  o Range of Motion Exercises
  o Ambulation Assistance
  o Transfers
  o Activities of Daily Living
  o Bowel and Bladder Retraining

Other required training topics that are not specifically listed in State and Federal Guidelines but are referred to generally as areas identified during auditing and monitoring will be included as needed. These could be for all staff or a specific department depending on the need identified. A comprehensive orientation checklist should be developed and carefully managed to ensure all initial training is completed within required timeframe for newly hired staff. This checklist would include the required training and all other facility specific training requirements, such as the dining room procedure etc...

**Effective Lines of Communication**

Clear identification of the lines of communication requires a written chain of command (organizational chart) with concise guidelines regarding when and who needs to be notified depending on the staff member position. This is easily accessible on each floor and kept up to date at all times. Providing the staff and visitors with an anonymous method of reporting any concerns is also required. A locked suggestion box is the current method used to manage this. The Compliance Officer may also be contacted directly by employees, visitors or vendors as an additional resource for communication.

**Enforcement of Disciplinary Standards**

St. Louis Altenheim takes the requirements of its compliance and quality plans seriously; therefore, employees at all levels are required to comply with the Compliance Program.

1. Any employee, vendor, contractor, student or volunteer, who engages in a deliberate or reckless violation of standards established in the Compliance Program or Code including the Code of Conduct, or any other federal or state law or regulation, shall be subject to disciplinary action, up to and including termination of employment, contract or relationship with the St. Louis Altenheim.
2. St. Louis Altenheim will not consider a claim that any impermissible behavior was undertaken for the good of the facility. Any violation of the standards established by the Compliance Program including the Code of Conduct, or any other federal or state
law or regulation is not for the benefit of the St. Louis Altenheim and is expressly prohibited.

3. St. Louis Altenheim employees, vendors, contractors, students and volunteers have an affirmative duty to report impermissible behavior. Discipline may be enforced against an employee, vendor, contractor, student or volunteer for failing to report known impermissible behavior. In circumstances where wrongdoing should have been detected in the normal course of responsibilities, discipline may be enforced as well.

4. The standards established in the Compliance Program, Code of Conduct and policies and procedures shall be consistently enforced through disciplinary procedures and sanctions. These may include the full range of discipline up to and including termination.

5. In determining the appropriate discipline for any violation of the Compliance Program, Code of Conduct and policies and procedures, St. Louis Altenheim shall treat all employees equally without taking into account a particular employee’s title, position, or function within this organization.

**Internal Monitoring and Auditing**

The St Louis Altenheim Compliance Program has ongoing monitoring and auditing components to ensure long term success. There are tools for intermittent review of departments and processes in the Exhibits listed below. The use of these tools requires coordination and scheduling to effectively identify areas of concern and follow up planning.

The Compliance and Quality Committee identifies the monitoring and auditing tools that will be adopted along with the scheduling of those audits. The frequency of each audit may vary depending on whether the facility is within their survey window and prior audit results. The findings of the auditing process are to be reported to the Compliance and Quality Committee monthly or as appropriate if the audit is not on a monthly schedule. The Compliance Officer is responsible to monitor the process to ensure auditing is being completed according to the adopted schedule. The audits include the following:

- Dietary & Kitchen Audit & Observations – complete monthly by supervisory and peer to peer audits, unless within the survey window, then weekly
- Meal Quality & Meal Audit - complete monthly by supervisor and peer to peer, unless within the survey window, then weekly
- Nursing Revised Audit to include all elements listed below as applicable to unit population – to be completed monthly by supervisor and peer to peer each shift unless within survey window and then weekly
  - Wound Care Observation - Note that audit is not completed if no residents with wound care in house.
o Medication Pass Observation
o Oxygen Monitoring – Note that audit is not completed if no residents with oxygen in house.
o Blood Glucose Monitoring – Note that audit is not completed if no residents with blood glucose monitoring in house.
o Restraint Audit – complete more frequently if restraint use increases. Audit is not completed if no restraints are in use. Goal is to be restraint-free
o Catheter Audit – Audit is not applicable/not completed if no foley catheters in use.

- Environmental Walkthrough/First Impression Leadership Walking Rounds Audit – complete monthly unless within the survey window, then weekly. Should be done at least annually as with Board members, residents and/or with addition of family. May be combined with Life Safety/Physical Plant Audit.
- Life Safety/Physical Plant Audit – State Survey w/Tag # – Complete Quarterly unless within the survey window, then as needed.
- Any publicly reported measures not already included above plus any state or other survey tags not already included in audits (Ex. Falls, pressure ulcers, weight loss, Loss of ADL’s, influenza & pneumococcal vaccination, hospital readmissions, use of antipsychotics, moderate to severe pain)
- Any Sentinel/safety/HIPAA or code of conduct event involving resident, staff or visitor
- Annual Resident, Family, Physician and staff satisfaction survey results

Prompt follow up on urgent situations may be required outside of the Compliance and Quality Committee meetings and is part of the policy and procedures. Audits may be abbreviated to include problem areas if portions are indicated more frequently than recommended. Understanding of how to perform a root cause analysis is also to be established for appropriate, effective intervention.

See Exhibits F - I for examples of auditing and monitoring tools.

**Response to Reported/Alleged Misconduct**

St. Louis Altenheim prohibits any retaliatory action against an employee, vendor, contractor, volunteer, visitor or student for reporting verbally or in writing, communication of a good faith belief that an incident of non-compliance or misconduct has occurred.

Although employees are encouraged to report their own misconduct/non-compliance, such oral or written reports may not be used in an effort to insulate themselves from the consequences of their own non-compliance/misconduct.
Employees and/or supervisors shall not prevent, or attempt to prevent, an employee from communicating by the established compliance communication channels or to a designated official of St. Louis Altenheim. If an employee attempts such action, he or she is subject to disciplinary action up to and including termination.

When a report of suspected non-compliance or misconduct, including reports of suspected violation of applicable federal or state statutes or regulations is brought to the attention of the St. Louis Altenheim, the subsequent procedure will follow:

**Investigation**

Determine whether the report raises compliance issues. If a compliance issue is raised, a compliance report shall be created, a copy of which shall be saved to Compliance Incidents file.

- Investigate the suspected non-compliance/misconduct and/or delegate the investigation an analysis of suspected non-compliance/misconduct as is deemed appropriate. A memorandum regarding the investigation will be prepared, and copies forwarded to members of the Compliance Committee of the Board of Directors. The memo will, at a minimum, include: 1) the specific complaint, 2) the specific steps and/or method of investigation, 3) the specific findings and/or results of the investigation, and 4) a proposed plan of action (disciplinary, policy and procedure change, in-service training, etc.) to prevent future non-compliance/misconduct. The Compliance Officer may contact the Chair of the Compliance Committee and/or Board President at any time deemed necessary based on analysis of the compliance issue.

- Based on the results of the investigation and defined plan of action, the Administrator will be responsible for assuring that appropriate corrective and/or disciplinary action is taken or a recommendation for appropriate action may be made by the Compliance Committee of the Board. The Board of Directors will bear the ultimate responsibility for assuring that corrective action is taken. Files regarding corporate compliance matters are to be maintained in a secure location. Access to files will be limited to those with a need to know.

**Confidentiality of Investigative Reports**

St. Louis Altenheim employees questioned about alleged non-compliance/misconduct will maintain confidentiality of all investigative activity.

- The Compliance Officer will keep the identity of those reporting suspected incidents of non-compliance/misconduct confidential to the fullest extent permitted by law. However, confidentiality cannot always be guaranteed. Generally, information will only be released to:
Third parties such as lawyers and accountants needed to fully investigate and evaluate such reports of non-compliance/misconduct;

- Appropriate committees of the Board of Directors;
- Law enforcement officials where required.

Employees, vendors, contractors, students, volunteers filing reports should not disclose the contents of the report to anyone other than their Supervisor or the Compliance Officer or an individual designated by them. Anonymous reports will be treated seriously and investigated as thoroughly as those filed by identifiable individuals.

**Discipline for Violations**

Violations of the Corporate Compliance Program will not be tolerated. Disciplinary action, which may include the full range of possibilities, may be taken for any of the following:

- Participating in or authorizing an action that violates the Corporate Compliance Program;
- Failing to report a violation of the Corporate Compliance Program that is known or should have been known through adequate supervision or oversight;
- Refusing to cooperate in the investigation of a suspected violation of the Corporate Compliance Program;
- Retaliating against an individual for making a good faith report of a suspected violation of the Corporate Compliance Program.
- Consistent with facility policy and any applicable collective bargaining agreements the full range of disciplinary actions, up to and including termination, may apply to violations of the Corporate Compliance Program.

Employees leaving employment with the St. Louis Altenheim may be asked to participate in an exit interview that includes questions about any knowledge they may have of improper, unsafe practices that may expose the organization to risk.