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## **Our Compliance Program**

At Capstone Center for Rehabilitation and Nursing we are committed to following and acting in compliance with all requirements of Federal and State laws, rules and regulations and all of the facility policies and procedures. It is our commitment and goal to prevent, detect and correct any fraud, waste, abuse and non-compliance and to promote resident safety and quality of life. It is our mission to do the right thing at all times. It is conducting our business with honesty, integrity, trust, compassion, wisdom and responsibility in our daily contact with all our residents and all affected individuals.

It is this commitment that our Compliance Program, which includes our Code of Conduct, is built upon and it defines what it means to be an affected individual of Capstone Center for Rehabilitation and Nursing. We believe that our reputation is the result of every affected individual's actions, integrity and their ability to comply with all laws, rules and regulations, in addition to maintaining a professional work environment.

The facility supports the government in their role to prevent financial loss to the Medicaid programs due to any fraud, waste or abuse and they are committed to promoting a culture of compliance throughout its operation. All employees, volunteers, interns, associates, consultants, vendors, agents, executives, and governing body members, hereafter referred to collectively as "affected individuals" are subject to the facility compliance program to the extent that they are affected by the facility risk areas and only within the scope of their contract authority. All affected individuals are expected to deliver high quality, both short and long-term, care service to the residents with honesty, integrity, and high ethical standards.

The purpose of our compliance program is to:

1. To set forth a clear commitment to compliance by taking actions to uphold the Federal and State laws, rules and regulations, including compliance with the billing requirements of Medicaid;
2. Encourage the highest level of ethical behavior and commitment to compliance from all affected individuals;
3. Promote safety and quality of all residents by providing requirements for internal reporting, investigation and corrective actions;

4. Educate all affected individuals on their responsibilities and obligations with complying with the Compliance Documents, and all federal, state laws, rules and regulations;
5. Establish policies and procedures for internal investigations of suspected misconduct and development of corrective action plans;
6. Reporting of potential and suspected violations;
7. Establish disciplinary policies for all affected individuals top level on down;
8. Reduce exposure to civil and criminal sanctions.

Capstone Center for Rehabilitation and Nursing recognizes that compliance is a serious business and a key component for their day to day operations. Therefore the Compliance Program Documents and Code of Conduct reflect their philosophy and reaffirm their commitment to:

- Prevent, detect and correct fraud, waste and abuse;
- Maintain the highest standards;
- Adhere to the letter and spirit of all laws;
- Provide high quality of care;
- Protect the safety of all residents;
- Respect and promote resident rights, including the confidentiality of resident information; and
- Assure non-discrimination and protection from retribution such as; retaliation, intimidation and harassment in the treatment of all Affected Individuals.

### **Compliance Program Component**

**Compliance Officer** – The Compliance Officer has been assigned by the Governing Body and is responsible for overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its' effectiveness. It is the responsibility of the compliance officer to carry out the day today activities of the compliance program. He or she reports directly to the Chief Operating Officer and to the corporate compliance officer as appropriate. As Compliance Officer they have access to all records and documentations, all information, and all Affected Individuals.

The compliance officer has direct access to the governing body and their working with the Compliance Committee enables them to have complete assessment to determine what resources and staffing is needed to satisfactorily perform their responsibilities and they may request their needs based on their risk areas and organizational experience. The governing body reviews all request and supplies the request as appropriate.

The compliance officer has chosen an individual to assist and support them in the compliance function. This individual is known as the Compliance Liaison and reports directly to the *Compliance Officer*.

### **Compliance Committee**

The Compliance Committee which consists of mainly senior management meets no less than quarterly and more often as deemed necessary. The committee works closely with the Compliance Officer to ensure that all business is conducted ethically and that it is consistent with the compliance program. There is a written compliance charter that outlines the responsibilities and duties of the compliance committee. Annually and as needed, the compliance committee reviews and updates all policies and procedures for accuracy and changes required to keep up with current regulations, both Federal and State.

Both the compliance officer and the compliance committee work to ensure that they detect, prevent, and correct any potential fraud, waste or abuse. The compliance officer has established a yearly work plan that the compliance committee helps to maintain and carryout. The compliance work plan is reported on at every compliance meeting with appropriate changes as applicable.

### **Training and Education**

Capstone Center for Rehabilitation and Nursing's Compliance plan has established and implemented an effective compliance training and education program for all Affected Individuals. All new hires are trained within 2 weeks of hire on the compliance program or within 30 days and then annually thereafter.

Specialized training for different types of affected Individuals may be conducted as applicable such as billing, coding, etc. Specialized training is based on the risk areas and organizational experiences. All training is done so as to ensure that all Affected Individuals understand the Compliance Program.

### **Communication**

All affected individuals are informed that they are mandatory reporters and it is their duty to report any suspected violations of the compliance program that they become aware of at any time. When reporting any compliance issues in "good faith" they are assured that there will be no retaliation or intimidation. A communication system has been established for all affected individuals and any service recipient that wishes to report any suspected violations. A Hotline number also may be called if any one wishes to be anonymous. Contact information for the Compliance Officer is posted along with

the Hotline number throughout the facility and is provided to all affected individuals during orientation and annually.

### **Discipline**

Discipline standards have been established along with a disciplinary procedure to address potential violations and to encourage good faith participation in the compliance program. The disciplinary process is the same for all levels of affected individuals and will be conducted fairly and consistently as applicable. Disciplinary actions will be escalated based on the specific behavior. Reckless or intentional noncompliance may result in more severe discipline including immediate termination and reporting to law enforcement, the Office of Medicaid Inspector General (OMIG) and/or the New York State Department of Health (NYSDOH).

Background checks are conducted on all affected individuals prior to hire and Monthly Exclusion checks are conducted thereafter. Anyone whose name is found on the monthly exclusion list will be terminated immediately.

### **Auditing & Response**

Routine auditing and monitoring of compliance risk areas will be performed. These audits may be internal, external, or a self-assessment, as appropriate and all results of audits will be reported to the compliance officer and to the Compliance committee for follow-up with a correction plan promptly put into place.

When an internal or external audit identifies any compliance issue prompt action will be taken to investigate and reduce the potential for reoccurrence.

If the investigation shows an overpayment was made an internal audit or investigation will be completed to identify the root cause of the identified finding(s) and any additional payments. The overpayment will be reported, returned and explained as per the Self-Disclosure Policy.

Our Code of Conduct and the Compliance Policies and Procedures provide standards and details of the policies and procedures. It is mandatory that all Affected Individuals support and participate in the Compliance Program.

## MISSION and VISION STATEMENT

Enhance the lives and health of our residents, support families, and inspire each other.

To offer superior nursing care and rehabilitation services that produces the best health outcomes;

The following values are part of our core beliefs in addition to our Mission and Vision statement:

**Innovation** – We recognize that healthcare providers must change to move health systems forward. We strive to create new ways to achieve the best health outcomes for our residents.

**Teamwork**- We value every employee and understand that we cannot be the best in our industry without everyone's dedication and input.

**Integrity** – We hold ourselves to the highest standards in compliance, ethics and care. We will ensure our decisions are made with our residents, families and staff in mind.

**Determination** – We will work harder in the face of adverse events and continue to strive to become the best.

**Compassion** – We will treat our residents, families and each other with respect, dignity and compassion.

**Quality** – We will focus on overall quality of care and services. We will continually measure our quality through outcomes.

The facility believes that an effective compliance program not only shows a commitment to their Mission Statement but it also helps to avoid the following:

Violations of Resident's Rights and Safety;

Inadequate Quality Care;

Violations of billing and cost reporting standards;

Kickbacks, Inducements and self-referrals;

Conflicts of Interest;

Financial and Accounting Irregularities;

Violation of non-retaliation and non-intimidation policy and laws;

Violations of the Code of Conduct

Violations of any Federal and state laws and facility policies;

Violation of the Compliance Plan and all Compliance Policies and Procedures;

Violations of resident confidentiality, including HIPAA protections.

All Affected Individuals are **mandated** to report any unethical, illegal or suspicious behavior **immediately** and are **encouraged** to ask questions and raise issues or concerns that they are uncertain about.

### **Reporting Compliance Concerns**

The facility has established and maintains an Open Door policy to allow for reporting of violations and asking of compliance related questions or concerns.

All affected individuals and service recipients (residents) who report any compliance issues in “Good Faith” will have their communication kept confidential and are free from any type of harassment.

#### **Know to whom you can report compliance concerns**

- **Talk to the immediate supervisor;**
- \*Service recipients (residents) are encouraged to report first to the Social Service Case Manager;
- **Talk to the Human Resource Director;**
- **Talk to any member of the Compliance Committee;**
- **Talk to the Compliance Liaison;**
- **Talk to the Compliance Officer; and/or**
- **Call the HOTLINE number (855) 363-7883**

The **Hotline** number may be used **anonymously** and **confidentially** for good faith reporting of compliance issues.

No matter to whom you talk regarding any compliance issue confidentiality shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit (MFCU), Office of Medicaid Inspector General (OMIG), or law enforcement, or required during a legal proceeding, and at that time such persons shall be protected under the non-intimidation and non-retaliation policy.

If the matter involves the Administrator, report to the Corporate Compliance Officer by calling the HOTLINE number **(855) 363 7883**

All concerns are taken seriously and every concern is investigated. The Compliance Officer in consulting with the Compliance Committee will assess every concern.

If the investigation confirms that violation of resident care and treatment policies caused fraud, waste, abuse, mistreatment *or neglect*, appropriate corrective action will be initiated to prevent recurrence. The compliance committee will be assigned to develop, implement and monitor the corrective action plan along with the Compliance Officer.

They will look for the root cause of the problem in an effort to develop the corrective action plan that will prevent any further misconduct and any further violation of applicable laws, rules, regulations and compliance policies.

The Compliance Officer will report their findings and corrective action plan to the Chief operating officer and to the governing body.

When required by law they will be reported to the Department of Health (DOH), Office of Professional Discipline (OPD) or to the Office of Medicaid Inspector General (OMIG) as appropriate.

## **Quality of Care**

### **The resident is #1**

We strive to provide and deliver high quality care that promotes comfort and well-being to all our residents. We are committed to and will:

- 1) treat residents with consideration, courtesy, respect;
- 2) be sensitive to resident background, culture, religion, heritage;
- 3) make no distinction in admission, transfer or discharge of residents;
- 4) provide care regardless of race, creed, religion, national origin; sex, sexual orientation, handicap, citizenship, age or source of payment;
- 5) accommodate needs of residents with disabilities;
- 6) provide services based on identified needs not on financial criteria;
- 7) strive to provide a caring and home-like atmosphere; and
- 8) welcome suggestions of family members, friends and volunteers.

Capstone Center for Rehabilitation and Nursing encourages the resident and family to participate in Resident Care Conferences, in their care plan and in the discharge process.

A Resident's Bill of Rights is provided in all Admission packets. Capstone Center for Rehabilitation and Nursing believes that all residents have the right to a dignified existence, self-determination, and communication with and access to persons

The following are part of the resident Bill of Rights but not all inclusive:

- Exercise his or her rights;
- Be informed about what rights and responsibilities they have;
- Choose their physician and treatment and participate in care conferences and care planning;
- If they wish to have the facility manage their financial funds;
- Privacy and confidentiality;
- Voice grievances and have the facility respond to their grievances;

- Examine survey results;
- Work or not work;
- Privacy in sending and receiving mail;
- Visit and be visited by others outside the facility;
- Use the telephone in private;
- Retain and use personal possessions to the maximum extent that space and safety permit;
- Share a room with a spouse, if mutually agreed;
- Self-administer medication, if the Interdisciplinary Team (IDT) determines it is safe;
- Refuse a transfer from a distinct part, within the facility.

Capstone Center for Rehabilitation and Nursing will involve all residents and/or their responsible party in their care and will obtain informed consent forms for treatment from the resident or their authorized representative, consistent with their mental and physical capacities.

A copy of NYS health care proxy form and information regarding advanced directives will be provided upon admission in order for the resident and/or the responsible party to be able to make an informed decision as applicable.

Residents have the right to refuse care, treatment, and services. We must be careful to determine the resident's wishes and exercise their wishes. Resident's wishes must be honored within the limits of the law and Capstone Center for Rehabilitation and Nursing's mission, philosophy, values and capabilities.

### **Resident Confidentiality**

All affected individuals shall maintain the confidentiality of Capstone Center for Rehabilitation and Nursing's business information and of information relating to Capstone Center for Rehabilitation and Nursing personnel, contractors including providers and service recipients. Affected individuals shall not use any such confidential or proprietary information except as appropriate for business. No affected individual shall seek to improperly obtain or misuse confidential information of any competitors.

All affected individuals must disclose medical, financial and or personal information only in a manner consistent with the HIPAA Privacy policies and procedures and Federal and State rules, laws and regulations. Protected health information (PHI) is the responsibility of every affected individual.

Any unauthorized use of PHI which comprises the security or privacy of information is a potential breach.



Any affected individual that is aware of a potential breach of any PHI should report it immediately. If the disclosure has resulted in a breach it will be investigated and reported according to all Federal and State regulations for breach notification.

## **Workplace Conduct**

All affected individuals are expected to show respect and consideration for each other regardless of their position or station. Capstone Center for Rehabilitation and Nursing will not tolerate discrimination based on race, color, religion, gender, age, national origin, sexual orientation, marital status, disability or any other protected class.

Capstone Center for Rehabilitation and Nursing will always strive to maintain a work environment that treats each and every person with fairness, respect and dignity. Everyone should have their ability to reach their full potential and be free of any type of harassment including physical, sexual, and verbal and or any other conduct and it can result in disciplinary action up to and including termination.

Harassment includes actions, language, written words, or any objects that create an intimidating or hostile work environment, such as;

- Sexual harassment, invitations or comments;
- Offensive language or jokes;
- Racial, ethnic, gender, or religious slurs;
- Degrading comments;
- Intimidating or threatening behavior;
- Unwanted physical activities such as: touching, hugging, or blocking someone's path

## **Workplace Violence**

Capstone Center for Rehabilitation and Nursing is committed to having a safe working environment. Workplace violence in any form is strictly prohibited. These include:

- Threats or any expression of hostility;
- Stalking, terrorism, hate crimes;
- Verbal assaults;
- Aggression or hazing

The possession of any type of weapon in the workplace is prohibited. This includes firearms, knives, explosive devices or any other dangerous materials and they must be reported **immediately** if you observe or experience any form of workplace violence.

Suspected workplace violence poses a risk to residents and staff safety and will be addressed on an **urgent basis**.

All affected individuals are expected to be familiar with safety regulations and emergency plans such as fire, weather and any disaster that could occur in the workplace. If at any time you notice a safety hazard you must report it immediately to the supervisor.

### **Employee Conduct**

All affected individuals must report to work free of the influence of alcohol, illegal drugs or controlled substance. If you come to work under the influence of drugs or alcohol it may result in **immediate dismissal**. If working under the influence of drugs, alcohol or any illegal substance, you pose an unacceptable risk to residents and staff safety. We perform our job duties free from the influence of any substances that could affect our performance.

### **Conflicts of interest**

No affected individual may use their positions at Capstone Center for Rehabilitation and Nursing to profit personally or assist others in profiting in any way at the expense of the facility.

### **False Claims Act and Deficit Reduction Act**

If you see an error or a potential false claim, **speak up!** Capstone Center for Rehabilitation and Nursing follows these laws and has policies to detect, report, and prevent waste, fraud and abuse. Capstone Center for Rehabilitation and Nursing also respects and protects Whistleblowers and includes anonymous reporting options and non-retaliation policies.

**Fraud:** Capstone Center for Rehabilitation and Nursing conducts all their business with the highest ethical standards which includes honesty and integrity. In every business deal avoiding the appearance of fraud. Fraud is considered when you intentionally conceal, alter, falsify, or omit information for your own benefit or the benefit of others. Examples of fraud include:

- Presenting false medical information to obtain benefits;
- Falsely reporting hours to avoid discipline or earn more pay;
- Misrepresenting or misstating financial information into the books or records.

**The Federal False Claims Act** and other statutes prohibit knowingly or recklessly submitting false claims to the Government, or causing others to submit false claims.

**The Deficit Reduction Act** contains a number of provisions intended to bolster Medicaid fraud, waste and abuse enforcement, including the requirement to notify whistleblowers of their rights.

**The Anti-Kickback Statutes** prohibits offering or paying (or asking for or receiving) anything of value to induce the purchase, order, or recommendation of products eligible for payment by a Federal healthcare program.

**The Stark Law** prohibits a physician from referring business to an entity in which the physician or an immediate family member has a “financial relationship.” It also prohibits the entity from billing Medicare, other payers, or the individual for “designated health services” performed based on a prohibited referral.

### **Elder Justice Act**

42 CFR 483.12 (b)(5) and Section 1150B of the Act protects all residents living in a nursing home and other health care facilities from physical abuse, mistreatment, neglect, exploitation and misappropriation of resident property.

The purpose is to ensure that any reasonable suspicion of a crime against a resident or an individual receiving care from the facility is reported to at least one or more law enforcement entities and the State Survey Agency (SA).

All “affected individuals” must: Report all allegations to the **Administrator Immediately** upon discovery of an incident and to the local law enforcement entity as per the timeframe:

- a.) Serious bodily injury - Immediately but not later than **two (2) hours** after forming the suspicion;
- b.) No serious bodily injury – not later than **twenty-four (24) hours**.

### **Gifts and Gratuities /Entertainment**

No affected individual should ever give favors or gifts to any individual or business with the hopes to do business with them in the future as it has the potential to create the perception that their business decisions are influenced by them. The facility is committed to winning business only on the merits of its products, services and people and complies with all legal requirements for giving and receiving gifts and entertainment. Any gift that creates a sense of obligation, coercion or that may be

viewed as a condition of compromise is inappropriate. (This applies to all affected individuals).

Employees are to:

- 1) Use sound judgment and comply with the law regarding gifts and other benefits;
- 2) Never allow gifts, entertainment and personal benefits to influence decisions or undermine the integrity of the facility's relationships;
- 3) Never accept gifts or entertainment that are illegal, immoral or would reflect negatively on the facility;
- 4) You may not borrow money from nor lend money to residents; nor may you engage with residents in the purchase or sale of any item; and
- 5) Never accept cash or cash equivalents.

Because of regulations imposed on government employees, you should never provide or pay for meals, refreshments, travel or lodging for government employees, or offer a gratuity to a government worker.

### **Billing and Business Practices**

Capstone Center for Rehabilitation and Nursing is committed to providing only those services that are reasonable and necessary for the diagnosis and treatment of a resident's condition. Providing medical unnecessary services violates Federal and state law and this Code of Conduct.

No individual may knowingly present or cause to be presented claims for payment or approval that are false, fictitious or fraudulent or misrepresent the type or level of service rendered. All costs reports submitted to Medicaid programs will be prepared consistent with Federal and state requirements and contain only information supported by the medical records of the facility. All Affected Individuals are expected to record and report information accurately and honestly. The documentation in the medical record must accurately support the services provided. It is critical that the medical record provides factual information.

Violations of this Code include but are not limited to the following:

- a) Submitting claims for services provided to ineligible people;
- b) Coding a service at a higher level than what was rendered to increase payment(i.e. up coding);
- c) Inappropriate or inaccurate documentation of services rendered;
- d) Submitting a claim for a service that was not provided;
- e) Misrepresenting or falsifying treatment plans, progress notes, dates of service rendered to justify payment;

- f) Providing services that are inappropriate , inadequate or not medically necessary or failing to provide medically necessary services;
- g) Duplicate billing;
- h) False or fraudulent filing claims, including alteration of claims to obtain a higher payment amount;
- i) Billing for non-covered services as covered services;
- j) Failure to repay for claims known to result in overpayment, including false or fraudulent claims;
- k) Soliciting, offering or receiving a kickback, bribe or a rebate that does not meet a specific requirement set forth by federal or state regulations as a safe harbor; and
- l) Knowingly misuse identification numbers that result in improper billing.

The Compliance Program Documents and the Code of Conduct cannot cover everything an affected individual of Capstone Center for Rehabilitation and Nursing may encounter. It is up to the affected individual to ask for help if they have a question regarding whether something is consistent with Capstone Center for Rehabilitation and Nursing's values, Code and policies. Many times individuals tend to think that everyone has the same questions, but it is their own responsibility to speak up when they find themselves asking if a situation or issue is proper or right to do. It may mean reaching out to speak with the Compliance Officer, Human Resources, a compliance committee member or calling the Hotline. It is Capstone Center for Rehabilitation and Nursing's goal to have every affected individual make sound decisions in line with the Mission and Vision Statement and support the facility's reputation through their actions, integrity, and by following all Federal, state laws, rules and regulations, compliance policies and procedures as well as maintaining a professional environment.

Capstone Center for Rehabilitation and Nursing will never approve or condone unethical or illegal behavior.

Please feel free to speak with the Administrator/Compliance Officer or any member of the Compliance committee or call the **HOTLINE (855) 363 7883** for further assistance.

**Compliance Officer/Administrator  
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