



Compliance and Ethics Program

Code of Conduct

Code of Conduct



Parker Health Group, Inc.

Address: 1421 River Rd, Piscataway, NJ 08854

Phone: 732 565 2400

Website: <https://www.parkerlife.org>

Table of Contents

Scope of our Program	1
Compliance Officer	2
Compliance Program Management	2
Letter From the President/CEO.....	3
Introduction	4
A Shared Responsibility	4
A Personal Obligation.....	5
Reporting Compliance Concerns	5
Compliance Line	6
Care Excellence.....	7
Resident Rights	7
Abuse and Neglect.....	7
Elder Justice Act	8
Resident Confidentiality/HIPAA.....	8
Resident Property.....	8
Providing Quality Care	8
Medical Services	9
Professional Excellence.....	9
Hiring and Employment Practices	9
Employee Screening.....	10
Licensure, Certification and Exclusion Screening.....	10
Employee Relations	10
Workplace Safety.....	10
Drug and Alcohol Abuse	11
Organizational Relations.....	11
Proprietary Information	11
Gifts	12
Business Courtesies.....	12
Conflict of Interest.....	12
Use of Property	12
Computers /Internet.....	13
Vendor Relationships.....	13
Marketing and Advertising.....	13
Regulatory Excellence	13
Billing and Business Practices	14
Referrals and Kickbacks	14

Inducements to Prospective Residents	15
Copyright Laws.....	15
Financial Practices and Controls	15
Fair Dealing	15
Document Creation, Use and Maintenance.....	15
Voluntary Disclosure	16
Government Investigations	16
Accountability and Disciplinary Action.....	16
Compliance Questions.....	17
Conclusion.....	17



Scope of our Program

Our Compliance and Ethics Program Code of Conduct covers the compliance issues, laws and regulations, and guidelines that are relevant to a provider of senior services including Senior Living Communities that provide a wide range of healthcare services. This includes but is not limited to Medicare and Medicaid regulatory issues; guidelines from the Office of Inspector General, Internal Revenue Service, and the Office of Civil Rights of the Department of Health and Human Services, Occupational Safety and Health Administration; as well as other Federal and State regulatory and business issues. The program fosters a culture of compliance that promotes legal and ethical behavior in the workplace by creating processes that detect and prevent fraud, waste, abuse, and policy violations. The Code of Conduct is supported by our compliance policies and procedures and should be read and understood jointly with those policies and procedures.

We use the term Care Partners to define the various individuals who are associated with Parker Health Group, Inc. All individuals, including employees, s, , directors, and officers are members of our team in providing care and services to our residents. We use the term Resident to refer to individuals who receive the various types of healthcare and other services that we provide.

Any questions regarding the policies in this Code of Conduct, compliance policies, or related references, should be directed to your immediate supervisor, the Compliance Official, a member of the Compliance Committee, or the Compliance Officer.

Parker Health Group, Inc. is an Aging Services Organization licensed under the laws of New Jersey to provide the following services:

- Assisted Living
- Skilled Nursing
- Post Acute Skilled Nursing
- Home and Community Services
 - a. Adult Day Care
 - b. Rehabilitation at Home
 - c. Health and Wellness
 - d. Other supportive community-related services

Compliance Officer

The Friends Services Alliance (FSA) Vice President of Compliance, Karla Dreisbach, CHC, CHPC, serves as our Compliance Officer. She has the responsibility to assist the High-Level Compliance Official, the Chief Executive Officer (CEO), and the Board of Trustees in designing and overseeing efforts in establishing, maintaining, and monitoring compliance within our organization.

The Compliance Officer works with our High-Level Compliance Official and has direct reporting responsibility to the Board of Trustees. The Compliance Officer is responsible for continued coordination with the High-Level Compliance Official for the development, implementation, training, monitoring, and enforcement activities related to the overall compliance program. The Compliance Officer is assisted by the FSA Compliance Manager, Compliance Specialists, and Parker's Compliance Official in providing services to our organization.

Compliance Program Management

Our Board of Trustees, through the President / CEO Robert Muñiz, carries the overall responsibility for creating a culture that values and emphasizes compliance and integrity.

Beth Sparling has been appointed by the Board of Trustees as the High-Level Compliance Official and is responsible for overseeing the Compliance Official in the performance of her duties and assure that all entities within the organization are included and held accountable, consistent with compliance program expectations and assures incorporation of new business lines into the compliance program.

The Privacy Officer (PO) and is responsible for privacy compliance-related activities and responsibilities. In general, the PO is charged with implementing Parker Health Group, Inc. policies and procedures, conducting educational programs, and administering reviews relating to the company's privacy program.

Antonette Chan has been appointed by the Board of Trustees as the Compliance Official and is responsible for coordinating the day-to-day compliance activities in conjunction with the High-Level Compliance Official, Beth Sparling. These activities include audits, responses to hotline calls, and leading the organization's Compliance Committee. As a function of this role, the Compliance Official also functions as the HIPAA Officer

The Parker Health Group, Inc. Compliance Committee is comprised of members of the management team and other key employee positions. The Compliance Official is the chairperson for this Committee. The Committee meets at least quarterly, and more frequently as needed.

FROM THE PRESIDENT / CEO ROBERTO MUÑIZ

Dear Care Partners:

We have a long tradition of providing healthcare services to older adults in a way that demonstrates Parker's mission-based heritage of ethical and moral decision-making in the services we provide. This heritage enables us to share our values with our residents, patients, and community participants.

The healthcare industry is constantly changing and being impacted by numerous laws and regulations. To continue maintaining a workplace that complies with these laws and regulations, we have developed a Compliance and Ethics Program that supports our Care Partners at Parker Health Group, Inc. in making the right decisions. This document, called the Code of Conduct, represents the primary focus for our Compliance and Ethics Program. The Code of Conduct not only reflects our heritage and values but also serves as a bold statement that influences how we enhance the quality of life for those we serve in our communities and programs.

The Compliance and Ethics Program and the Code of Conduct both exist to guide our decisions that are both ethical and compliant with applicable laws, statutes, and regulations. Our Code of Conduct does not replace each person's individual obligation to make wise, fair, and honest decisions. It is intended to explain our personal and organizational responsibility, and to reflect those areas in which improper or unwise decisions can harm our entire organization and impair our commitment to showing kindness and compassion to those we serve.

We value your contributions to the organization, and we appreciate your support in properly maintaining the most ethical workplace possible. We commend you for your commitment to honesty and integrity, which are also part of Parker Health Group's values. Each Care Partner is responsible for helping to protect our work environment and ensuring that we always remain in compliance with all applicable laws and regulations.

We thank you for your commitment to Parker Health Group's mission and, most importantly, for your dedication to those we serve.

Sincerely,

Roberto Muniz, President & CEO



Introduction

The Code of Conduct is the foundation of the Compliance and Ethics Program. The Code of Conduct is a guide to appropriate workplace behavior; it will help you make the right decisions if you are not sure how to respond to a situation. All Care Partners must comply with both the spirit and the letter of all federal, state, and local laws and regulations that apply to the healthcare and other services that our organization provides, as well as all laws that apply to our business dealings. Violations of these laws and regulations can result in severe penalties for us and the individuals we do work with including financial penalties, exclusion from participation in government programs, and, in some cases, imprisonment.

As Care Partners, we share a commitment to legal, ethical, and professional conduct in everything that we do. We support these commitments in our work each day, whether we care for residents, order supplies, prepare meals, keep records, pay invoices, or make decisions about the future of our organization.

The success of Parker Health Group, Inc. as a provider of healthcare and other services depends on you, your personal and professional integrity, your responsibility to act in good faith, and your obligation to do the right things for the right reasons.

The Compliance and Ethics Program provides principles and standards to guide you in meeting your legal, ethical, and professional responsibilities. As a Care Partner, you are responsible for supporting the Compliance and Ethics Program in every aspect of your workplace behavior. Your continued working relationship with our organization includes understanding and adhering to the Compliance and Ethics Program.

The Code of Conduct discusses the importance of:

- **Care Excellence** – providing quality, compassionate, respectful, and clinically-appropriate care.
- **Professional Excellence** – maintaining ethical standards of healthcare and business practices.
- **Regulatory Excellence** – complying with federal and state laws, regulations, and guidelines that govern healthcare, housing services, and other services we provide.

A Shared Responsibility

Because we are in the business of caring for and providing services for others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups. We must act ethically and responsibly in our relations with all whom we encounter

- Residents and their families;
- Colleagues and care partners;
- Volunteers and affiliated colleagues;
- Healthcare payers, including the federal and state governments;
- Regulators, surveyors, and monitoring agencies;
- Physicians and Advanced Practice Professionals;
- Vendors and contractors;
- Business associates; and
- The communities we serve.

Any compromise in our standards could harm our residents, our care partners, and our organization. Like every organization that provides healthcare, we do business under very strict regulations and close governmental oversight. Fraud, waste, and abuse are serious issues. Sometimes even an innocent mistake can have significant consequences that could result in substantial penalties to Parker Health Group, Inc.

A Personal Obligation

As we are each responsible for following the Code of Conduct in our daily work, we are also responsible for enforcing it. This means that you have a duty to report any problems you observe or perceive, regardless of your role.

As a Care Partner, you must help ensure that you are doing everything practical to comply with applicable laws. If you observe or suspect a situation that you believe may be unethical, illegal, unprofessional, or wrong, or you have a clinical, ethical, or financial concern, you must report it. You are expected to satisfy this duty by complying with the **Three Step Reporting Process**.

Reporting Compliance Concerns

The Three-Step Reporting Process

✓ **First**, talk to your supervisor.

He or she is most familiar with the laws, regulations, and policies that relate to your work.

✓ **Second**, if you do not want to talk to your supervisor, seek out another member of the leadership team or someone from Human Resources.

✓ **Third**, if you still have a concern, contact the Compliance Official, a member of the organization's Compliance Committee, or the Compliance Officer.

You may also call the toll-free Compliance Line number at any time (1-800-211-2713).



Compliance Hotline

1-800-211-2713

**All calls are confidential, and you may call
ANONYMOUSLY if you choose.**

The Compliance Line is available 24 hours a day, 7 days a week, for callers to report compliance-related issues. Concerns that are reported to the Compliance Line are taken seriously.

You can make calls to the Compliance Line without fear of reprisal, retaliation, or punishment for your actions. Anyone, including a supervisor who retaliates against a Care Partner for contacting the Compliance Line or reporting a compliance issue in any other manner, will be disciplined.

Care Excellence

As Care Partners, one of our vital roles is providing a quality of care to our residents. This means offering compassionate support to our residents and working toward the best possible outcomes while following all applicable rules and regulations including Medicare Conditions of Participation, Federal, State, and Local laws that govern our business.

Resident Rights

Residents receiving healthcare and other services have clearly defined rights. A document describing these rights is provided to each resident upon admission and is posted in conspicuous locations throughout the organization for the residents' and your reference. To honor these rights, we must:

- Make no distinction in the admission, transfer, or discharge of a resident, or in the care we provide on the basis of race, gender, age, religion, national origin, disability, color, marital status, veteran status, medical condition, sexual orientation, or other protected class status, insurance, or financial status.
- Treat all residents in a manner that preserves their dignity, autonomy, self-esteem, and civil rights;
- Protect every resident from physical, emotional, verbal, or sexual abuse or neglect;
- Protect all aspects of resident privacy and confidentiality;
- Respect residents' personal property and money and protect it from loss, theft, improper use, and damage;
- Respect the right of residents and/or their legal representatives to be informed of and participate in decisions about their care and treatment;
- Respect the right of residents and/or their legal representatives to access their medical records as required by the Health Information Portability and Accountability Act (HIPAA);
- Recognize that residents have the right to consent to or refuse care and the right to be informed of the medical consequences of such refusal;
- Protect residents' rights to be free from physical and chemical restraints; and
- Respect the residents' right to self-determination and autonomy.

Abuse and Neglect

We will not tolerate any type of resident abuse or neglect, physical, emotional, verbal, financial, or sexual. Residents must be protected from abuse and neglect by Care Partners, family members, legal guardians, friends, contractors, volunteers or any other person. This standard applies to all residents at all times.

Federal law defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The failure to follow a resident's care plan may constitute abuse.

*Any Care Partner who abuses or neglects a resident is subject to termination. In addition, legal or criminal action may be taken. Abuse and neglect **MUST BE REPORTED IMMEDIATELY** to your supervisor or other member of management.*

Elder Justice Act

The Elder Justice Act (EJA) requires timely reports of any reasonable suspicion of a crime against a resident of a long-term care facility. You must report your reasonable suspicion to the New Jersey Department of Health (NJDOH) and local law enforcement within two (2) hours if the suspected crime involves serious bodily injury or within 24 hours if the suspected crime does not involve serious bodily injury.

DO NOT call the Compliance Line for allegations of abuse or neglect.

Report abuse or neglect immediately to your supervisor!

Resident Confidentiality/HIPAA

All Care Partners must use and disclose medical, financial, or personal information only in a manner consistent with the HIPAA Privacy policies and procedures and state and federal law. You are responsible for keeping resident protected health information (PHI) confidential. PHI is defined as individually identifiable health information that is transmitted or maintained in any form or medium, including electronic health information.

Any unauthorized exposure of PHI which compromises the security or privacy of information is a potential breach.

If you become aware of a breach of any protected or sensitive information, it is important that you report it immediately to your supervisor or the HIPAA Privacy Officer, HIPAA Security Officer, and Risk Manager.

If the disclosure results in a breach, Parker Health Group, Inc. must investigate and comply with all state and federal HIPAA regulations for breach notification.

Resident Property

Care Partners must respect residents' personal property and protect it from loss, theft, damage, or misuse. Care Partners who have direct access to resident funds (e.g., resident trust funds) must maintain accurate records and accounts.

Providing Quality Care

As an Aging Services Organization, our primary commitment is to provide the care, services, and resources necessary to help each resident reach or maintain their highest possible level of physical, mental, and psychosocial well-being. Parker Health Group, Inc. has policies and procedures and provides training and education to help each Care Partner strive to achieve this goal.

Our care standards include:

- Accurately assessing the individual needs of each resident and developing interdisciplinary care plans that meet those assessed needs;
- Reviewing goals and plans of care to ensure that the residents' ongoing needs are being met;
- Providing only medically necessary, physician prescribed services and products that meet the residents' clinical needs;
- Confirming that services and products (including medications) are within accepted standards of practice for the resident's clinical condition;
- Ensuring that services and products are reasonable in terms of frequency, amount, and duration;
- Measuring clinical outcomes and resident satisfaction to confirm that quality of care goals are met;
- Providing accurate and timely clinical and financial documentation and record keeping;
- Ensuring that residents' care is given only by properly licensed and credentialed providers with appropriate background, experience, and expertise;
- Reviewing resident care policies and procedures and clinical protocols to ensure that they meet current standards of practice; and
- Monitoring and improving clinical outcomes through a Quality Assurance Performance Improvement (QAPI) Committee with established benchmarks.

Medical Services

We are committed to providing comprehensive, medically necessary services for our residents. The Medical Director provides oversight to physicians and other medical providers and services as defined by state and federal regulations. The Medical Director oversees the care and treatment policies and is actively involved in the Quality Assurance Performance Improvement (QAPI) Committee.

Professional Excellence

The professional, responsible, and ethical behavior of every Care Partner reflects on the reputation of our organization and the services we provide. Whether you work directly with residents or in other areas that support resident services, you are expected to maintain our standards of honesty, integrity, and professional excellence, every day.

Hiring and Employment Practices

Parker Health Group, Inc. is committed to fair employment practices. When hiring and evaluating, we:

- Comply with federal, state, and local Equal Employment Opportunity laws, hiring the best qualified individuals regardless of race, color, age, religion, national origin, gender identity, sexual orientation, genetic information, or disability. All promotions, transfer evaluations, compensation, and disciplinary actions also follow this policy.
- Conduct employment screenings to protect the integrity of our workforce and welfare of our residents and Care Partners.
- Require all who need licenses or certifications to maintain their credentials in compliance with state and federal laws. Documentation of licenses or certifications must be provided.

Employee Sanction Screening

Care Partners are screened in accordance with federal and state law to ensure the safety of our residents. Sanction screening procedures are implemented and conducted prior to hire and at a minimum of monthly thereafter.

As long as you are employed or affiliated with Parker Health Group, Inc., you must immediately report to your supervisor:

- If you are arrested or indicted for a criminal offense;
- If you are convicted of an offense that would preclude employment in a healthcare organization;
- If action has been taken against your license or certification; or
- If you are excluded from participation in a federal or state healthcare program.

Licensure, Certification and Exclusion Screening

We are committed to ensuring that only qualified professionals provide care and services to residents. Practitioners and other professionals treating residents must abide by all applicable licensing, credentialing, and certification requirements. In addition, every effort is made to validate licenses and certification through the appropriate state or federal agency.

Parker Health Group, Inc. is prohibited by federal law from employing, retaining, or contracting with anyone who is excluded from any federal or state funded programs. Screening of all Care Partners through the Office of Inspector General's List of Excluded Individuals and Entities, General Services Administration (GSA) System of Award Management, and the New Jersey Medicaid Excluded Provider List database is conducted prior to hire and at a minimum of quarterly thereafter.

Employee Relations

To maintain an ethical, comfortable work environment, care partners must:

- Refrain from any form of sexual harassment or violence in the workplace;
- Treat all colleagues and co-workers with equal respect, regardless of their national origin, race, color, religion, sexual orientation, age, gender identity, or disability;
- Protect the privacy of other Care Partners by keeping personal information confidential and allowing only authorized individuals access to the information;
- Not supervise or be supervised by an individual with whom they have a family relationship; and
- Behave professionally and use respectful communication at all times.

Workplace Safety

Maintaining a safe workplace is critical to the well-being of our residents, visitors, and Care Partners. That is why policies and procedures have been developed describing the organization's safety requirements. Every Care Partner should become familiar with safety regulations and emergency plans regarding fire and disaster in their work area.

In addition to organizational policies, we must abide by all environmental laws and regulations. You are expected to follow organizational safety guidelines and to take personal responsibility for helping to maintain a secure work environment. If you notice a safety hazard, you must take action to correct it if you can or to report it to your supervisor immediately.

Drug and Alcohol Abuse

We are committed to maintaining a team dedicated and capable of providing quality resident services. To that end, you are prohibited from consuming any substance that impairs your ability to provide quality services or otherwise perform your duties.

You may never use, sell, or bring on our property alcohol, illegal drugs, and/or narcotics or report to work under the influence of alcohol, illegal drugs, and/or narcotics. For Care Partner who appears to have work performance problems related to drug or alcohol use, a drug and alcohol screening will be conducted, and appropriate action will be taken, if necessary.

Illegal, improper, or unauthorized use of any controlled substance that is intended for a resident is prohibited. If you become aware of any improper diversion of drugs or medical supplies, you must immediately report the incident to your department supervisor, the Compliance Official, the Compliance Officer, or use the Compliance Line.

Organizational Relations

Professional excellence in organizational relations includes:

- Complying with federal tax law to maintain tax exempt status under section 501(c)(3) of the Internal Revenue Code;
- Maintaining company privacy and keeping proprietary information confidential;
- Avoiding outside activities or interests that conflict with responsibilities to Parker Health Group, Inc. and reporting such activity or interest prior to and during employment;
- Allowing only designated management care partners to report to the public or media; and
- Requiring that Parker Health Group, Inc. complies with the licensing and certification laws that apply to its business.

Proprietary Information

In the performance of your duties, you may have access to, receive, or may be entrusted with confidential and/or proprietary information that is owned by Parker Health Group, Inc. and that is not presently available to the public. This type of information should never be shared with anyone outside the organization without authorization from a member of the leadership team.

Examples of proprietary information that should not be shared include:

- Resident and care partner data and information;
- Details about clinical programs, procedures, and protocols;
- Policies, procedures, and forms;
- Training materials;
- Current or future charges or fees or other competitive terms and conditions;
- Current or possible negotiations or bids with payers or other clients;
- Compensation and benefits information for staff;
- Stocks or any kind of financial information; and
- Market information, marketing plans, or strategic plans.

Gifts

You may not accept any tip or gratuity from residents, and you may not receive individual gifts from residents. You may not give gifts to residents.

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. No Care Partner may accept any gift from a resident under a will or trust instrument except in those cases where they are related by blood or marriage.

Care Partner may not serve as a resident's executor, trustee, administrator, or guardian or provide financial services or act under a power of attorney for a resident except in those cases where they are related by blood or marriage unless otherwise allowed by state law.

Business Courtesies

Parker Health Group, Inc. prohibits any Care Partner from offering, giving, soliciting, or accepting business or professional courtesies including entertainment and gifts that could be interpreted as attempts to influence decision making. Under no circumstances will a Care Partner solicit or accept business courtesies, entertainment or gifts that depart from the Business Courtesies policy.

Conflict of Interest

A conflict of interest exists any time your loyalty to the organization is, or even appears to be, compromised by a personal interest. There are many types of conflict of interest and these guidelines cannot anticipate them all, however the following provide some examples:

- Financial involvement with vendors or others that would cause you to put their financial interests ahead of ours;
- Care Partner/Officer participation in public affairs, corporate or community directorships, or public office;
- An immediate family member who works for a vendor or contractor doing business with the organization and who is in a position to influence your decisions affecting the work of the organization;
- Participating in transactions that put your personal interests ahead of Parker Health Group, Inc. or cause loss or embarrassment to the organization;
- Taking a job outside of Parker Health Group, Inc. that overlaps with your normal working hours or interferes with your job performance; or
- Working for Parker Health Group, Inc. and for another vendor that provides goods or services at the same time.

All Care Partners must seek guidance and approval from our CEO or Compliance Official before pursuing any business or personal activity that may constitute a conflict of interest.

Use of Property

We must protect the assets of the organization and ensure their authorized and efficient use. Theft, carelessness, and waste have a direct impact on the organization's viability. All assets must be used solely for legitimate business purposes.

Everyone must make sure that they:

- Only use property for the organization's business, not personal use;
- Exercise good judgment and care when using supplies, equipment, vehicles, and other property;
- Respect copyright and intellectual property laws; or
- If unable to assess the copyright or intellectual property laws, never copy material and/ or download software.

Computers /Internet

Care Partners are expected to use computers, email, and internet/intranet systems appropriately and according to the established policy and procedure. You are not permitted to use the Internet for improper or unlawful activity or download any games or music without prior approval.

Internet use can be tracked and how you use your time on the Internet may be monitored. You should have no expectation of privacy when you use our computers, email, and internet/intranet system. Our organization has the right to sanction or discipline employees who violate the Code of Conduct in a digital, cyber, or other non-face-to-face environment. You should be familiar with our Social Media policy and abide by it.

Vendor Relationships

We take responsibility for being a good client and dealing with vendors honestly and ethically. We are committed to fair competition among prospective vendors and contractors for our business. Arrangements between Parker Health Group, Inc. and its vendors must always be approved by management. Certain business arrangements must be detailed in writing and approved by management. Agreements with contractors and vendors who receive resident information, with the exception of care providers, will require a Business Associate Agreement (BAA) with the organization as defined by HIPAA. Contractors and vendors who provide resident care, reimbursement, or other services to resident beneficiaries of federal and/ or state healthcare programs are subject to the Code of Conduct and must:

- Maintain defined standards for the products and services they provide to us and our residents;
- Comply with all policies and procedures as well as the laws and regulations that apply to their business or profession;
- Maintain all applicable licenses and certifications and provide evidence of sanction screening, current workers compensation, and liability insurance as applicable; and
- Require that their employees comply with the Code of Conduct and the Compliance and Ethics Program and related training as appropriate.

Marketing and Advertising

We use marketing and advertising activities to educate the public, increase awareness of our services, and recruit new Care Partners. These materials and announcements, whether verbal, printed, or electronic, will present only truthful, informative, non-deceptive information.

Regulatory Excellence

Because we are in healthcare, we must follow the many federal, state, and local laws that govern our business. Keeping up with the most current rules and regulations is a big job – and an important one. We are all responsible for learning and staying current with the federal, state, and local laws, rules, and regulations, as well as the policies and procedures that apply to our job responsibilities.

Billing and Business Practices

We are committed to operating with honesty and integrity. Therefore, all Care Partners must ensure that all statements, submissions, and other communications with residents, prospective residents, the government, suppliers, and other third parties are truthful, accurate, and complete.

We are committed to ethical, honest billing practices and expect you to be vigilant in maintaining these standards at all times. We will not tolerate any false or inaccurate coding or billing.

Prohibited practices include, but are not limited to:

- Billing for services or items that were not provided or costs that were not incurred;
- Duplicate billing - billing items or services more than once;
- Billing for items or services that were not medically necessary;
- Assigning an inaccurate code or resident status to increase reimbursement;
- Providing false or misleading information about a resident's condition or eligibility;
- Failing to identify and refund credit balances;
- Submitting bills without supporting documentation;
- Soliciting, offering, receiving, or paying a kickback, bribe, rebate, or any other remuneration in exchange for referrals; and/or
- Untimely entries into medical records.

If you observe or suspect that false claims are being submitted or have knowledge of a prohibited practice, you must immediately report the situation to a supervisor, the Compliance Official, the Compliance Officer, or call the Compliance Hotline.

Referrals and Kickbacks

Care Partners and related entities often have close associations with local healthcare providers and other referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest, and legal.

Resident referrals are accepted based solely on the clinical needs and our ability to provide the services. Parker Health Group, Inc. never solicits, accepts offers, or gives anything of value in exchange for resident referrals or in exchange for purchasing or ordering any good or service for which payment is made by a federal health care program. Anything of value includes any item or service of value including cash, goods, supplies, gifts, "freebies," improper discounts or bribes.

Accepting kickbacks is against our policies and procedures and against the law. A kickback is anything of value that is received in exchange for a business decision such as a resident referral. To assure adherence to ethical standards in our business relationships, you must:

- Verify all business arrangements with physicians or other healthcare providers or vendors in a written document; and
- Comply with all state and federal regulations when arranging referrals to physician-owned businesses or other healthcare providers.

You cannot request, accept, offer, or give any item or service that is intended to influence – or even appears to influence – the referral, solicitation, or provision of healthcare service paid for by any private or commercial healthcare payer or federal or state healthcare program, including Medicare and Medicaid, or other providers.

Inducements to Prospective Residents

You may not provide anything of value including goods, services, or money to prospective residents or any beneficiary of a federal or state healthcare program that you know or should know will likely influence that person's selection of a provider of healthcare services.

For the purposes of this policy, anything of value includes but is not limited to any waiver of payment, gift, or free service that exceeds a value of \$10 per item or \$50 annually in total. If you have a question about whether a particular gift or service would be considered "of value," ask your supervisor or the Compliance Official.

Copyright Laws

Most print and electronic materials are protected by copyright laws. Care Partners are expected to respect these laws and not reproduce electronic print or printed material without obtaining permission as required by the writer or publisher. When in doubt, ask your supervisor.

Financial Practices and Controls

Ensuring that financial and operating information is current and accurate is an important means of protecting assets. Each one of us must make sure that all information provided to bookkeepers, accountants, reimbursement care partners internal and external auditors, and compliance care partners are accurate and complete. This includes ensuring the accuracy of clinical documentation which supports our reimbursement. We must also comply with federal and state regulations when maintaining clinical records, accounting records and financial statements, and cooperate fully with internal and external audits.

Fair Dealing

All Care Partners must deal fairly with residents, suppliers, competitors, and each other. No Care Partner, manager, or director shall take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair dealing practice.

Document Creation, Use and Maintenance

Every Care Partner is responsible for the integrity and accuracy of documents, records, and e-mails including, but not limited to, resident medical records, billing records, and financial records. No information in any record or document may ever be falsified or altered.

You must not disclose, internally or externally, either directly or indirectly, confidential information except on a need to know basis and in the performance of your duties. Disclosure of confidential information externally must follow organization policies.

Upon termination of employment, you must promptly return all confidential information, medical and/or business, to the organization. Examples of confidential business information include potential or threatened litigation, litigation strategy, purchases or sales of substantial assets, business plans, marketing strategies, organizational plans, financial management, training materials, fee schedules, department performance metrics, and administrative policies.

Voluntary Disclosure

It is our policy to voluntarily report known overpayments and any improper/irregular conduct, including fraudulent conduct, which affects any federal or state healthcare program. Reporting will be completed within the time frames identified under the Patient Protection and Affordable Care Act.

Government Investigations

Parker Health Group, Inc. is committed to cooperating with requests from any governmental inquiry, audit, or investigation. You are encouraged to cooperate with such requests, conscious of the fact that you have the following rights:

- You have the right to speak or decline to speak;
- You have the right to speak to an attorney before deciding to be interviewed; and
- You can insist that an attorney be present if you agree to be interviewed.

In complying with our policy, you must not:

- Lie or make false or misleading statements to any government investigator or inspector;
- Destroy or alter any records or documents;
- Attempt to persuade another Care Partner or any person to give false or misleading information to a government investigator or inspector; or
- Be uncooperative with a government investigation.

If you receive a subpoena or other written or oral request for information from the government or a court, contact your supervisor, the Compliance Official, or the Compliance Officer before responding.

Accountability and Disciplinary Action

The Code of Conduct and the Compliance and Ethics Program training is required as a condition of employment or business relationship. The Code of Conduct sets forth mandatory standards.

*There is no justification for departing from the Code of Conduct
no matter what the situation may be.*

Every Care Partner is responsible for ensuring that he or she complies with the Code of Conduct and all policies and procedures. Any Care Partner who violates any of these standards and/or policies and procedures is subject to discipline up to and including termination.

Disciplinary action will be taken against anyone who fails to act in accordance with this Code of Conduct, the Compliance and Ethics Program, supporting policies and procedures, and applicable federal and state laws. We have a zero tolerance for retaliation. No one may retaliate against a member who reports a concern in good faith. Disciplinary action may be warranted in relation to violators of the Compliance and Ethics Program and to those who fail to detect violations or who fail to respond appropriately to a violation,

whatever their role in the organization. When taking disciplinary action against a Care Partner, we will utilize standard disciplinary processes which may lead to the termination of employment and agreements. The Compliance Officer may initiate and recommend corrective or disciplinary action against a Care Partner through the Compliance Official, Compliance High Level Official, and CEO and may also monitor appropriate implementation of the disciplinary process. We will discipline anyone who engages in prohibited retaliatory conduct.

Compliance Questions

The laws applicable to our operations are numerous and complicated. When you are not sure whether a particular activity or practice violates the law or the Compliance and Ethics Program, you should not guess the correct answer. Instead, you should immediately seek guidance from your department supervisor or the Compliance Official. You will not be penalized for asking compliance-related questions. In fact, we are intent on creating a culture in which you should feel comfortable asking questions to ensure you understand the duties that are imposed upon you under this Code of Conduct, the Compliance and Ethics Program, and other applicable federal and state laws.

Conclusion

The Compliance and Ethics Program is critical to Parker Health Group, Inc.'s continued success. You are crucial in ensuring the integrity of Parker Health Group, Inc. The Code of Conduct and the Compliance and Ethics Program set standards for the legal, professional, and ethical conduct of our business. Some key points to remember are:

- Parker Health Group, Inc. and all our Care Partners are committed to personal and organizational integrity, to acting in good faith, and to being accountable for our actions.
- The Code of Conduct and the Compliance and Ethics Program prepare us to deal with the growing complexity of ethical, professional, and legal requirements of delivering healthcare in an Aging Services environment.
- The Compliance and Ethics Program is an ongoing initiative designed to foster a supportive work environment, provide standards for clinical and business conduct, and offer education and training opportunities for Care Partners.

The success of the Parker Health Group, Inc. Compliance and Ethics Program depends on our commitment to act with integrity, both personally and as an organization. As a Care Partner, your duty is to ensure that the organization is doing everything practicable to comply with applicable laws. You are expected to satisfy this duty by performing your responsibilities in accordance with professional standards, the regulations guiding our business practices, and our policies and procedures.

Your Compliance Officer
Karla Dreisbach, CHC, CHPC
Vice President of Compliance at Friends Services Alliance
215-646-0720

Your Compliance High-Level Official
Chief Operating Officer
732-418-8644

Your Compliance Official
Director of Clinical Quality and Compliance
732-418-8630

Toll-Free Compliance Line
1-800-211-2713

FSA Compliance Services

Friends Services Alliance (FSA) has established a collaborative Compliance and Ethics Program known as the FSA Compliance Program.

FSA
460 Norristown Road, Suite 300
Blue Bell, PA, 19422-2325
215-646-0720

Orig: Jan 2009; Rev. Sept 2014; Rev. March 2019, Rev June 2023

