

MENNONITE FRIENDSHIP COMMUNITIES, INC.

Compliance and Ethics Program

Code of Conduct

Code of Conduct



Mennonite Friendship Communities

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MFC

Guiding Principle and Operational Values

Mennonite Friendship Communities strives to answer Jesus Christ's call...

"In everything do to others as you would have them do to you." Matthew 7:12a

MFC GUIDING PRINCIPLE:

*WE ANSWER THIS CALL BY OFFERING **PERSON CENTERED, RELATIONSHIP-BASED CARE.***

SPECIFICALLY...

WE PROVIDE THE TYPE OF LIVING ACCOMMODATIONS, WORK PLACE, AND COMMUNITY CARE WE WOULD DESIRE FOR OURSELVES AND OUR LOVED ONES.

MFC OPERATIONAL VALUES:

WE ACHIEVE AND MEASURE THE FULFILLMENT OF THIS CALL BY UPHOLDING OUR OPERATIONAL VALUES WHICH INVITE US TO...

EXTEND HOSPITALITY ...BY CREATING AND MAINTAINING A WARM ENVIRONMENT ALLOWING EVERYONE TO FEEL WELCOME AND APPRECIATED.

BUILD FRIENDSHIPS ...BY GENUINELY GETTING TO KNOW THE PEOPLE IN OUR MFC COMMUNITY ALLOWING US TO APPROPRIATELY LISTEN, ANTICIPATE NEEDS OF, REACT AND RESPOND TO ONE ANOTHER.

EMBRACE THE CALL... BY BEING RESPONSIVE, ATTENTIVE, AND COMPASSIONATE, ILLUSTRATING A HEART AND DESIRE TO CARE FOR EACH OTHER.

OFFER LIFE WITH DIGNITY...BY PROVIDING THOUGHTFUL, RESPECTFUL CARE AND ATTENTION TO ALL RESIDENTS AND STAFF.

MENNONITE FRIENDSHIP COMMUNITIES, INC.

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 “Stakeholder” to define the various individuals who are associated with Mennonite Friendship Communities (**mfc**). All individuals, including employees, contractors, volunteers, 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.

MFC is a Continuing Care Retirement Community licensed under the laws of Kansas to provide the following services:

- Skilled Nursing (Long-term & Transitional Care)
- Assisted Living
- Residential Living
- Home Health Care

Compliance Officer

The Chief Executive Officer serves as our Compliance Officer. He has the responsibility to assist the Compliance Official and the Board of Directors in designing and overseeing efforts in establishing, maintaining, and monitoring compliance within our organization.

The Compliance Officer works with our Compliance Official and has direct reporting responsibility to the Board of Directors. The Compliance Officer is responsible for continued coordination with the Compliance Official for the development, implementation, training, monitoring, and enforcement activities related to the overall compliance program.

Compliance Program Management

Our Board of Directors, through the CEO/Compliance Officer, carries the overall responsibility for creating a culture that values and emphasizes compliance and integrity.

Laurie Brandt has been appointed by the CEO and Board of Directors as the Compliance Official and is responsible for coordinating the day-to-day compliance activities in conjunction with the Compliance Officer. These activities include audits, responding to hotline calls, and leading the organization's Compliance Committee.

The MFC Compliance Committee is comprised of members of the management team and other key staff positions. The Compliance Official is the chairperson for this committee. The committee meets at least quarterly, and more frequently as needed.

FROM THE BOARD OF DIRECTORS AND CEO

Dear Stakeholder:

We have a long tradition of providing healthcare services to older adults in a way that demonstrates Christian love and compassion. We strive to follow our faith-based heritage of ethical and moral decision making in the care we provide. This heritage enables us to share our values with the residents we serve.

The healthcare industry is constantly changing and being impacted by numerous laws and regulations. In our desire to establish a workplace that complies with these laws and regulations, we have developed a Compliance and Ethics Program that supports mfc's Stakeholders 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 a resident's quality of life.

The Compliance and Ethics Program and the Code of Conduct exist to guide our normal decisions that are both ethical and compliant with applicable laws, statutes, and regulations. Our Code of Conduct does not replace each person's obligation in making 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 share Christian love and compassion to those we serve.

We value your contribution to the residents and 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 mfc's values. Each Stakeholder is responsible for helping to protect our work environment and its compliance with laws and regulations. We thank you for your commitment and contribution to mfc's mission, values and, most importantly, to our residents.

Sincerely,

Mennonite Friendship Communities Board of Directors and CEO

Mennonite Friendships Communities Code of Conduct

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 Stakeholders 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 work with, including financial penalties, exclusion from participation in government programs, and, in some cases, imprisonment.

As Stakeholders, 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 mfc 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 Stakeholder, 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:

- Residents and their families;
- Colleagues and co-workers;
- Volunteers and affiliated colleagues;
- Healthcare payers, including the federal and state governments;
- Regulators, surveyors, and monitoring agencies;
- Physicians, Nurse Practitioners, Physician Assistants;
- Vendors and contractors;
- Business associates; and
- The communities we serve.

Any compromise in our standards could harm our residents, our co-workers, 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 mfc.

All Stakeholders are required to complete training on the Code of Conduct and the Compliance and Ethics Program 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 Stakeholder is responsible for ensuring that he or she complies with the Code of Conduct and all policies and procedures. Any Stakeholder who violates any of these standards and/or policies and procedures is subject to discipline up to and including termination.

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 Stakeholder, 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**. If you fail to report noncompliance with the Code of Conduct, policies and procedures, or applicable federal or state laws, you will be subject to discipline up to and including termination. There is a zero tolerance for retaliation: no one may retaliate against a member who reports a concern in “good faith”.

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.

Compliance Line

**You may also call the Compliance Line any time at
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 Stakeholder for contacting the Compliance Line or reporting a compliance issue in any other manner, will be disciplined.

Care Excellence

Our most important job is providing quality 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 the Medicare Conditions of Participation.

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 whether it be physical, emotional, verbal, financial, or sexual. Residents must be protected from abuse and neglect by Stakeholders, family members, legal guardians, friends, 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, 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.

The State of Kansas defines abuse as:

Any act or failure to act, performed intentionally or recklessly, that causes or is likely to cause harm to a resident, including:

- infliction of physical or mental injury;
- any sexual act with a resident when the resident does not consent or when the other person knows or should know that the resident is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
- unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm a resident;
- unreasonable use of a physical or chemical restraint, medication, or isolation, as punishment, for convenience, in conflict with a physician's orders, or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the resident or another resident;
- a threat or menacing conduct directed toward a resident that results or might reasonably be expected to result in fear or emotional or mental distress to a resident;
- fiduciary abuse: a situation in which any person who is the caretaker of, or who stands in a position of trust to, a resident, takes, secretes, or

appropriates the resident's money or property, to any use or purpose not in the due and lawful execution of such person's trust; or

- omission or deprivation by a caretaker or another person, of goods or services which are necessary to avoid physical or mental harm or illness.

Definitions

Neglect means the failure or omission by one's self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being, and to avoid physical or mental harm or illness.

Exploitation means misappropriation of resident property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

Mistreatment means the use of medications, isolation, or physical or chemical restraints which harm or are likely to harm the resident. No federal definition provided at this time.

Any Stakeholder 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 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 **Kansas Department for Aging and Disability Services (KDADS)** 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. (Only use highlighted language if you received \$10,000 or more in federal funds in the last calendar year.)

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

Report abuse or neglect immediately to your supervisor!

Resident Confidentiality/HIPAA

All Stakeholders 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 Privacy Officer. If the disclosure results in a breach, mfc must investigate and comply with all state and federal HIPAA regulations for breach notification.

Resident Property

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

Providing Quality Care

As a CCRC, our primary commitment is to provide the care, services, and resources necessary to help each resident reach or maintain his or her highest possible level of physical, mental, and psychosocial well-being. MFC has policies and procedures and provides training and education to help each Stakeholder 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 residents' 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 Stakeholder 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

MFC 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, or disability, 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 stakeholders.
- 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 Screening

Employees are screened in accordance with federal and state law to ensure the safety of our residents. Screening procedures have been implemented and are conducted prior to hire and at a minimum of quarterly thereafter.

MFC 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 Stakeholders through the Office of Inspector General's List of Excluded Individuals and Entities, GSA's System of Award Management, and the Kansas Medicaid Excluded Provider List database is conducted prior to hire and at a minimum of quarterly thereafter.

As long as you are employed or affiliated with **MFC**, 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 facility;
- 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 and/or Certification Verification

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.

Employee Relations

To maintain an ethical, comfortable work environment, staff 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, (specific to organization policy) or disability;
- Protect the privacy of other Stakeholders 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 close personal 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 co-workers. That is why policies and procedures have been developed describing the organization's safety requirements. Every Stakeholder should become familiar with safety regulations and emergency plans regarding fire and disaster in his or her 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 to, 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 to the best of your ability.

You may never use, sell, or bring on to our property, alcohol, illegal drugs, and/or narcotics, or report to work under the influence of alcohol, illegal drugs, and/or narcotics. For a Stakeholder 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. Failure to report a known instance of noncompliance with this policy may result in disciplinary action against the Stakeholder, up to and including termination.

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 mfc and reporting such activity or interest prior to and during employment;
- Allowing only designated management staff to report to the public or media; and
- Requiring that mfc 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 **MFC** 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 Stakeholder 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. All circumstances that depart from this procedure must be disclosed and approved by the Compliance Officer.

Stakeholders may accept gifts from “gift funds” established from resident funds so long as the gifts provided to employees are of equal value to all employees and the contributions by residents to the “gift fund” are voluntary and anonymous such that there is no way for an employee who benefits from the fund to determine whether a resident contributed to the fund.

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 Stakeholder 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.

Stakeholder 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

MFC prohibits any Stakeholder from offering, giving, soliciting, or accepting business or professional courtesies including entertainment and gifts that could be interpreted as attempts to influence decision making.

Conflict of Interest

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

- Financial involvement with vendors or others that would cause you to put their financial interests ahead of ours;
- Stakeholder/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 mfc or cause loss or embarrassment to the organization;
- Taking a job outside of mfc that overlaps with your normal working hours or interferes with your job performance; or
- Working for mfc and another vendor that provides goods or services at the same time.

All Stakeholders must seek guidance and approval from our CEO /Compliance Officer 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; and
- 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

Stakeholders 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 mfc 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 Stakeholders. 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 Stakeholders 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. Any Stakeholder who knowingly submits a false claim, or provides information that may contribute to submitting a false claim such as falsified clinical documentation, to any payer – public or private – is subject to termination. In addition, legal or criminal action may be taken.

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. Failure to report a known prohibited practice will subject you to disciplinary action up to and including termination.

Referrals and Kickbacks

Stakeholders 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 clinical needs and our ability to provide services. MFC 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 forbidden by our policies and procedures and also is 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 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 to 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 Officer.

Copyright Laws

Most print and electronic materials are protected by copyright laws. Stakeholders 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 staff, internal and external auditors, and compliance staff is 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 Stakeholders must deal fairly with residents, suppliers, competitors, and one another. No Stakeholder, 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 Stakeholder 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 medical and/or business information 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

MFC 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 Stakeholder 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.

Disciplinary Action

Disciplinary action will be taken against anyone who fails to act in accordance with this Code of Conduct, the Compliance and Ethics Program, and applicable federal and state laws. Disciplinary action may be warranted in relation to violators of the Compliance and Ethics Program and to those who fail to detect violations and fail to respond appropriately to a violation. Managers will discipline stakeholders under their supervision in an appropriate and consistent manner. The type of disciplinary action will be determined on a case-by-case basis and, where appropriate, in consultation with the Compliance Officer or designee and/or the Director of Human Resources. These disciplinary processes may also lead to the termination of business relationships and agreements.

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 that 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 MFC'S continued success. You are crucial in ensuring the integrity of MFC. 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:

- MFC and all of our Stakeholders 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 the CCRC 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 Stakeholders.

The success of the MFC'S Compliance and Ethics Program depends on our commitment to act with integrity, both personally and as an organization. As a Stakeholder, 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.

Compliance Officer

Lowell Peachey

620-382-5419

Compliance Official

Laurie Brandt

620-727-3279

Toll-Free Compliance Line

1-800-211-2713

Peace Church Compliance Program

Friends Services for the Aging (FSA), along with the Brethren, Mennonite, and Quaker organizations involved in providing services to the elderly, have established a collaborative Compliance and Ethics Program known as the Peace Church Compliance Program (PCCP).

FSA
670 Sentry Parkway
Suite 120
Blue Bell, PA, 19422-2325
215-646-0720

Orig by PCCP: Jan 2009; Revised by PCCP Sept 2014

Orig by MFC: Oct. 2012; Reviewed by MFC March 2013;
Revised by MFC August 2015; Reviewed by MFC June 2016;
Reviewed by MFC August 2017; Revised by MFC March 2018