



COMPLIANCE  
CONSULTING  
GROUP, LLC

## QUARTERLY REPORT FROM COMPLIANCE AND ETHICS OFFICER TO THE GOVERNING BOARD\*

**Facility** \_\_\_\_\_

**Name of Compliance and Ethics Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*Performed as a component of the Quality Assurance/Quality Improvement Program*



<b><u>POLICIES AND PROCEDURES:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
The facility has implemented a set of policies and procedures.				<i>They are located at:</i> _____
Policies and Procedures are reviewed and updated, as necessary.				<i>The person responsible to see that this is done is:</i> _____
Specific Policies and Procedures are in place addressing areas such as: quality of care, employment issues, the compliance and ethics program, fraud, waste and abuse, and HIPAA Privacy and Security.				
Identity Theft (Red Flag) Protection: Policies and procedures are in place to identify, detect, and respond to possible identity theft.				

<b><u>GENERAL COMPLIANCE AND CODE OF CONDUCT:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
Signs are posted throughout the facility making the staff aware of my position as Compliance and Ethics Officer and my availability to discuss any issues that might arise.				<i>The signs are posted at:</i> _____
Effectiveness of the Corporate Compliance and Ethics Program is evaluated periodically, and changes are made, as necessary.				



A Code of Conduct is distributed and signed annually by all employees, contracted workers, and vendors.				<i>The most recent company-wide Code of Conduct with the acknowledgment notice was distributed on:</i> <hr/>
Conflict of Interest statements are distributed and signed annually by applicable staff.				<i>This was most recently done on:</i> <hr/>
Staff have received Corporate Compliance and Ethics Training.				<i>Dates and topics of the last 2 trainings are:</i> <hr/> <hr/> <hr/> <hr/>
Staff training, mock surveys, and audits are performed.				
The Governing Board or its managing members have received quarterly reports from the Compliance and Ethics Officer				<i>List date last report was provided to the Governing Board:</i> <hr/>
The Compliance and Ethics Officer, or designee, conducts or coordinates regular audits.				<i>List specific audits conducted this quarter:</i> <hr/> <hr/> <hr/> <hr/>



Corrective Action Plans (CAP) identified previously have been implemented and/or completed.				<p>List any CAPs created and implemented in the last quarter.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
A Work Plan has been determined and is on schedule				
An anonymous Compliance and Ethics Hotline is available, and notification is posted throughout the facility.				<p>The phone number is: _____</p> <p>The notification can be found hanging:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The hotline is monitored by:</p> <p>_____</p>
A log of Compliance and Ethics related issues and complaints is maintained. The log includes the call/complaint, results of any investigation, resolution and corrective action plans, if necessary.				<p>List all hotline calls from the previous quarter including the complaint issue, date, and follow-up action that was taken.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



<b><u>MISCELLANEOUS:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
DRA Acknowledgement forms are distributed and signed annually.				<i>This most recently dispersed company-wide on:</i> _____
Contracts have been reviewed and approved by legal counsel.				<i>Name of legal counsel reviewing contracts:</i> _____

<b><u>BILLING, SELF-DISCLOSURES AND OVERPAYMENTS:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
Policies and Procedures are in place to ensure proper and correct billing.				
Periodic billing audits are conducted.				
Training on overpayments has been given to billing and select administrative staff.				<i>The last training was conducted by:</i> _____ <i>On</i> _____
A process is in place to identify, self-disclose, and return any overpayments.				<i>List the date, amount, and refund of the most recent identified overpayment:</i> _____ _____ _____
All identified overpayments have been refunded within the required amount of time.				



<b><u>HIPAA COMPLIANCE:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
Policies and Procedures are in place to ensure proper HIPAA compliance and protocols.				
An audit has been conducted to ensure the proper Business Associate Agreements ("BAA") are in place.				<p><i>Executed BAA's are kept in the following place:</i></p> <p>_____</p> <p><i>The person in charge of ensuring the execution of BAA's is:</i></p> <p>_____</p>
A review has been conducted to ensure that residents have received the Notice of Privacy Practices upon admission and an acknowledgement is on file.				<p><i>List where Notice of Privacy Practices is prominently posted in the facility:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
A review has been conducted to ensure that staff has received appropriate HIPAA training.				<p><i>The last staff HIPAA training was provided on:</i></p> <p>_____</p>
Please list other audits conducted to monitor HIPAA Compliance in the comments section.				



<b><u>STAFFING/SCREENING/ CREDENTIALING:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
Monthly exclusion checks are conducted for all new and existing employees, independent contractors and vendors.				<i>This check was last completed on: _____</i>
Credentials are verified for all new employees, independent contractors, and vendors.				<i>Provide details of credentialing process (i.e. Who is responsible? What procedures are followed?).</i> _____ _____ _____
Criminal background checks are conducted for all new employees, independent contractors, and vendors, and volunteers.				
All newly hired personnel have received required compliance and ethics "on-boarding" and training.				<i>The staff member overseeing this is:</i> _____ <i>Provide details of on-boarding trainings:</i> _____ _____ _____
All staff have received required annual in-service training, including compliance and ethics, HIPAA, and required DOH trainings.				<i>List date of most recent training: _____</i>
Staff have demonstrated awareness and understanding of the compliance and ethics program.				<i>Provide two examples:</i> _____ _____



<b><u>QUALITY OF CARE:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
It is the facility's goal to ensure that each resident receives the necessary care to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the resident's comprehensive assessment and plan of care. Quarterly meetings of the Quality Assessment and Assurance Committee are held.				<i>Dates of the last two meetings are:</i>  _____  _____
A Comprehensive Assessment of each resident's functional capacity is conducted upon initial admission and periodically thereafter.				<i>The frequency of this is:</i>  _____  _____
A Comprehensive Care Plan is created for every resident ensuring that residents receive the necessary care, services, and appropriate treatments.				

<b><u>MEDICAL NECESSITY:</u></b>	<b>Yes</b>	<b>No</b>	<b>Any changes or updates this quarter (Y/N)</b>	<b>Comments/Outstanding Issues/Corrective Action Plans:</b>
Nursing notes are properly documented, demonstrate that skilled nursing services are being rendered, and support the assessment of the resident's functioning capacity.				<i>Please detail who is the person responsible to ensure this and how this is carried out:</i>
Proper documentation of doctor, therapist, rehab, and other professionals' treatments.				<i>Please detail who is the person responsible to ensure this and how this is carried out:</i>





**Additional Comments**

Issue/Item	Comments

Compliance and Ethics Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy furnished to: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_