

PREFERRED CARE AT ABSECON

CORPORATE COMPLIANCE AND ETHICS PLAN

I. INTRODUCTION

A. OVERVIEW

Preferred Care at Absecon's (the "Facility") obligations to comply with all federal and state laws, rules, and regulations are paramount. This corporate compliance and ethics plan is designed to help the Facility comply with those rules in accordance with existing guidance from the U.S. Department of Health and Human Services, Office of Inspector General, the statutory requirements of the Patient Protection and Affordable Care Act, as well as any state specific laws.

In response to laws requiring an effective corporate compliance and ethics program, the Governing Body and senior management have adopted this corporate compliance and ethics plan and a Code of Conduct which are designed to emphasize to any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others working for the Facility ("Associates") the importance placed on maintaining high ethical standards and compliance with all applicable laws. In addition to containing generally applicable standards and procedures, the goal of the corporate compliance and ethics program is to ensure that the Facility adheres to all applicable Medicare and Medicaid laws, rules, and regulations related to the submission of claims. This includes, among other things, to ensure proper documentation of services, billing, coding, and claims submission, employee and independent contractor credentialing, and the prevention, prompt detection, and appropriate corrective action to detect, address, and prevent fraud, waste, and abuse.

Additionally, the corporate compliance and ethics program is designed to help Associates understand and meet the legal and ethical standards that govern the Facility's business; to emphasize the Facility's commitment to accurate and lawful documentation and submission of all claims for services to Medicare, Medicaid and other third-party payers; promote the prevention, detection, and resolution of any acts that do not conform to applicable federal and/or state laws, rules, and regulations; and minimize, through early detection and reporting, any potential loss to the

government from erroneous claims as well as reduce the Facility's potential exposure to damages and civil and criminal penalties that may result from noncompliance.

The corporate compliance and ethics plan is tailored to address specific issues of particular importance to the Facility, and has been designed to establish the framework by which the Facility will use reasonable efforts to ensure compliance with all such laws. It is emphasized, however, that an effective compliance and ethics program is a dynamic process and, accordingly, this compliance and ethics plan may be updated from time to time to meet the unique challenges facing the Facility.

B. COMPLIANCE WITH THE PLAN

a. Compliance and Ethics is a key component of the Facility's day-to-day operations and it is the responsibility of all Associates to use reasonable efforts to comply with all applicable laws, rules, and regulations as well as this Compliance and Ethics Plan, Code of Conduct, and any the Facility's policies and procedures. Associates who fail to comply with the elements of this Plan may face disciplinary action, up to and including termination.

b. Included within the corporate compliance and ethics plan are standards of conduct for all Associates. These standards of conduct shall be made available to all applicable Associates and periodically updated, as necessary. Associates are expected to sign an acknowledgment verifying that they have received a summary of the plan, including the Code of Conduct (see attachment A), and are familiar with the contents and requirements.

C. SCREENING FOR EXCLUDED INDIVIDUALS AND ENTITIES

No payment may be made by a Federal health care program for items or services furnished by an excluded individual. Companies that violate this ban may be assessed civil money penalties if the company knew or should have known an employee or contractor was excluded from Federal health care program participation.

The federal government strongly advises nursing facilities to screen all owners, officers, directors, employees, agents, and contractors (including, but not limited to, medical directors, physicians and other clinical professionals, vendors and suppliers) against the list of excluded individuals maintained by the OIG as well as the list prepared by the U.S. General Services Administration. Additionally, certain state laws require monthly

exclusion checks these individuals as well. As part of its compliance and ethics program, the Facility will screen as recommended by the government including all new employee hires and agent and contractor engagements. Furthermore, the Facility will perform appropriate background checks on all potential the Facility Staff and on all Contractors who have compliance and ethics-related duties, in accordance with the policies set forth in the Compliance and Ethics Policies and Procedures, the Facility's human resources policies, and the Facility's credentialing policies.

The Facility will also undertake screening of its Contractors with compliance and ethics related responsibilities, as determined by the Compliance and Ethics Officer or his or her designee, and require an affirmative statement in each such contract that the Contractor has not been excluded from participation in federal or state health care programs, and that the contract will terminate if such exclusion occurs. The Facility will provide all such contractors with a copy of its Code of Conduct and applicable sections of the Compliance and Ethics Policies and Procedures, and require compliance with the documents.

II. OVERVIEW OF COMPLIANCE PLAN

An overview of the corporate compliance and ethics plan is set forth below:

A. PROCEDURES, DIRECTIVES, POLICIES, AND GUIDANCE

To assist healthcare providers in establishing effective corporate compliance and ethics programs, the federal government (and state government) has recommended that such plans include the following eight elements:

- a. Designating a Compliance and Ethics Officer
The Compliance and Ethics Officer is responsible to oversee the corporate compliance and ethics program. The Compliance and Ethics Officer functions independently and objectively reviews and evaluates compliance and ethics issues/concerns within the facility. The Compliance and Ethics Officer ensures that the owners, management, and employees are in compliance with the rules and regulations of regulatory agencies, that the Facility policies and procedures are being followed, and that all Associates' behavior meets the Facility's Standards of Conduct.
- b. The Compliance and Ethics Officer's duties and responsibilities include:

- i. Developing, initiating, maintaining, and revising policies and procedures for the general operation of the corporate compliance and ethics program and its related activities to prevent illegal, unethical, or improper conduct. The Compliance and Ethics Officer manages day-to-day operation of the program.
- ii. Developing policies that encourages the reporting of suspected fraud and other improprieties without fear of retaliation;
- iii. Developing and periodically reviewing and updating the Code of Conduct to ensure continuing currency and relevance in providing guidance to management and employees.
- iv. Monitoring developments and changes in relevant state and federal law, regulations, government agency guidance, and court rulings, which may affect the Corporate Compliance and Ethics Program, and revising the program when appropriate to reflect any changes in expectations and/or requirements.
- v. Periodically reporting directly to the governing body on the activities of the compliance and ethics program.
- vi. Collaborating with different departments to direct compliance and ethics issues to appropriate existing channels for investigation and resolution, and consulting with the Facility's corporate attorneys as needed to resolve legal compliance and ethics issues.
- vii. Responding to alleged violations of rules, regulations, policies, procedures, and standards of conduct by evaluating or recommending the initiation of investigative procedures, as well as developing and overseeing a system for uniform handling of such violations.
- viii. Working with individuals responsible for personnel decisions to ensure that the Facility does not delegate substantial discretionary authority to individuals whom the Facility knows or has reason to know has the propensity to engage in criminal, civil, and/or administrative violations;

- ix. Acting as an independent review and evaluation body to ensure that compliance and ethics issues/concerns within the Facility are being appropriately evaluated, investigated, and resolved.
- x. Monitoring, and as necessary, coordinating compliance and ethics activities of other departments to remain abreast of the status of all compliance and ethics activities and to identify trends.
- xi. Identifying potential areas of compliance and ethics vulnerability and risk; developing/implementing corrective action plans for resolution of problematic issues; and providing general guidance on how to avoid or deal with similar situations in the future.
- xii. Providing reports on a regular basis, and as directed or requested, to the Corporate Compliance and Ethics Committee and senior management to keep them informed of the operation and progress of compliance and ethics efforts.
- xiii. Ensuring proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
- xiv. Establishing and providing direction and management of the compliance and ethics Hotline.
- xv. Instituting and maintaining an effective compliance and ethics communication program for the Facility, including promoting (a) use of the compliance and ethics Hotline; (b) heightened awareness of the Code of Conduct; and (c) understanding of new and existing compliance and ethics issues and related policies and procedures.
- xvi. Ensuring that all Associates have read the Code of Conduct and signed a statement acknowledging their understanding of its requirements;
- xvii. Maintaining documentation and tracking all issues referred to the Compliance and Ethics Officer and/or the Compliance and Ethics Committee.
- xviii. Working with the Facility's compliance and ethics attorneys, compliance and ethics consultants, and others as appropriate to develop an effective compliance and ethics training program, including

appropriate introductory training for new employees as well as ongoing training for all employees and managers.

- xix. Monitoring the performance of the corporate compliance and ethics program and taking appropriate steps as necessary to improve its effectiveness.

_____ is hereby appointed as the Facility's Compliance and Ethics Officer.

c. Compliance and Ethics Committee

- i. The Facility has appointed a Compliance and Ethics Committee (the Committee), which will oversee and have overall responsibility for all compliance and ethics activities. The Committee will meet no less than quarterly to review reports on the Facility's compliance and ethics activities.
- ii. The Committee's duties consist of assessing the Facility's implementation of the Compliance and Ethics Program elements, including:
Staying up to date on current issues and standards specific to the Facility's business;
 - 1. Ensuring that the program reflects the latest state, national, and industry standards;
 - 2. Ensuring the Compliance and Ethics Officer's direct access to senior management and the allocation of sufficient funding, resources, and staff to fully perform his or her responsibilities;
 - 3. Ensuring that the Facility's Code of Conduct and written compliance and ethics policies and procedures that guide the Facility and the conduct of its staff in day-to-day operations is revised as necessary, and ensuring the relevant education and training for Associates;
 - 4. Reviewing reports on the Facility's compliance and ethics activities;
 - 5. Ensuring the implementation of appropriate mechanisms for Associates to seek guidance and to report concerns;

6. Overseeing the Facility's systems and processes that are designed to: (a) Periodically assess the Facility's compliance and ethics obligations and associated risks; (b) Monitor and audit the Facility's systems, processes and transactions; (c) Investigate alleged misconduct; and (d) Promote and enforce standards through incentive and disciplinary actions;
- ix. Making necessary modifications to the Compliance and Ethics Program;
- x. Advising and assisting the Compliance and Ethics Officer in his/her responsibilities; and
- xi. Ensuring that the Facility meets the highest standards of compliance and ethics.

B. IMPLEMENTING WRITTEN POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT

The Facility is committed to conducting business with honesty and integrity and in compliance with the requirements of applicable laws and sound business practices. The Facility has written policies and procedures that (1) describe compliance and ethics expectations as embodied in the Facility's Code of Conduct, (2) implement the operation of the compliance and ethics program to ensure compliance with state and federal regulatory agency standards and applicable laws and regulations, (3) provide guidance to Associates on dealing with potential compliance and/or ethics issues, (4) identify how to communicate compliance and/or ethics issues to appropriate compliance and ethics personnel, and (5) describe how potential compliance and ethics problems are investigated and resolved. The Facility has implemented policies and procedures in a number of areas, including such areas as:

- a. The Deficit Reduction Act of 2005
- b. Fraud, Waste, and Abuse and False Claims Laws
- c. Stark Self-Referral Prohibitions
- d. Federal and State Anti-Kickback laws
- e. Privacy/Security (the Health Insurance Portability and Accountability Act (HIPAA));
- f. Non-Intimidation and Non-Retaliation for good-faith reporting of compliance and/or ethics issues;

- g. Federal and State Employment standards; and
- h. Federal and State standards for resident safety and quality of care.

The Compliance and Ethics Officer is responsible for developing and maintaining all compliance and ethics-related policies and procedures. All written policies and procedures will be reviewed and revised periodically to reflect changes to the Facility's business practices as well as changes to applicable laws, rules, and regulations. Revised policies and procedures shall become effective upon approval by the Compliance and Ethics Officer and Compliance and Ethics Committee.

The Facility's policies and procedures also include the adoption of a Code of Conduct designed to assist Associates in avoiding both the appearance and commission of improper activities. The Code of Conduct is distributed to all staff members. The Compliance and Ethics Officer is responsible for ensuring that all Associates have certified that they have received, read, and fully understand the Code of Conduct.

C. EFFECTIVE EDUCATION AND TRAINING PROGRAMS

To ensure that Associates are effectively educated on specific regulatory compliance and ethics issues and their responsibilities under the compliance and ethics program, the Facility will oversee the training and education of Associates, including executives and governing body members, on compliance and ethics issues, expectations, and the compliance and ethics program operation. These trainings are mandatory for Associates, shall be geared to the level of responsibility and job function of the specific Associates, shall occur periodically throughout the year, and shall be made a part of the orientation for each new employee, associate, executive, and governing body member.

Training sessions may be in person, online, or via other electronic methods (e.g. DVD or videotape) in order to accommodate individual schedules and appropriate to accommodate the skills, experience, and knowledge of the trainees. Other forms of education will be employed, such as the use of posters, bulletin boards, paycheck stuffers, etc., to inform employees of new compliance and ethics issues or to reinforce various aspects of past training. No matter how the information is presented, that training occurred must be thoroughly documented, including the date, attendees, and agenda. Associates that fail to participate in the mandatory trainings will be subject to disciplinary action.

Members of the Governing Body will receive training on the Facility's Corporate Compliance and Ethics Program, including training on an overview of fraud and abuse laws, the False Claims Act, a summary of the Code of Conduct, and explanation of the elements of the Corporate Compliance and Ethics Plan and Compliance and Ethics Policies and Procedures applicable to their conduct and responsibilities. This training shall include information about the complaint or reporting process, and a statement of the Facility's commitment to integrity in its business operations and compliance with applicable laws and regulations. The Facility Contractors that have compliance and ethics-related duties, including but not limited to health care professionals, will receive a copy of the Code of Conduct and the elements of the Compliance and Ethics Policies and Procedures that relate to their duties and services to the Facility, and shall also be informed of their duty to report violations of the Facility's Compliance and Ethics Program and other misconduct under the Code of Conduct and Compliance and Ethics Policies and Procedures.

The Compliance and Ethics Officer will arrange for additional training for Associates involved in specific areas of risk, as necessary. The Compliance and Ethics Officer will coordinate and schedule this training as needed and will supplement the core training with additional or specialty materials. The Compliance and Ethics Officer or the Director of Human Resources will maintain records of all formal training and educational activities.

D. REPORTING SYSTEM AND DEVELOPING OPEN LINES OF COMMUNICATION

The effectiveness of the corporate compliance and ethics program rests upon the ability of Associates to openly and freely report potential compliance and/or ethics issues to their supervisors, the Compliance and Ethics Officer, and the Compliance and Ethics Committee. All Associates receiving any such reports are required to report such issues to the appropriate compliance and ethics personnel such as the Compliance and Ethics Officer or his/her designee(s). The Facility will take no adverse action or retaliation against any Associate who makes a good faith report of a compliance and/or ethics concern.

The Facility's methods for maintaining open lines of communication to assist Associates in making good faith reports of

potential compliance and/or ethics issues include but are not be limited to:

The ability to make a good-faith report of potential violations or any concerns regarding compliance and/or ethics to the Compliance and Ethics Officer without fear of retaliation. When requested, confidentiality shall be maintained unless the matter is turned over to law enforcement or disclosure is required during a legal proceeding.

The option to make an anonymous report via the Facility's Compliance and Ethics Hotline at 800-610-2544.

The name and contact information for the Compliance and Ethics Officer is posted throughout the Facility, the Facility's compliance and ethics documents and related policies and procedures are available to associates 24/7 in the administration office and at _____. In addition, the name and contact information for the Compliance and Ethics Officer and the Hotline number will be posted throughout the facility, and will be provided to all Associates during compliance and ethics training.

E. ENFORCING DISCIPLINARY STANDARDS THROUGH WELL-PUBLICIZED GUIDELINES

The Facility has established disciplinary policies and procedures to encourage good faith participation in the compliance and ethics program by all Associates. This includes policies that articulate the Facility's expectations requiring the reporting of compliance and ethics issues and assisting in their resolution, as well as policies that outline sanctions for:

- a. failing to report suspected problems;
- b. participating in non-compliant behavior in violation of the compliance and ethics program or federal or state law and regulations; or
- c. encouraging, directing, facilitating, or permitting non-compliant behavior.
- d. Discipline will be handled on a case-by-case basis, after an investigation of the specific facts presented. The Facility will impose sanctions fairly, uniformly, and firmly in accordance with well-publicized guidelines. Thus, as a general rule similarly situated Associates committing similar offenses under similar circumstances shall be subject to the same

discipline. However, the form of correction or discipline provided will be case specific and may be based on a variety of factors, including whether the Associate promptly reported his/her own violation, severity of the offense, previous incidents involving the individual, whether the Associate cooperates fully in investigating/correcting the violation, and the individual's commitment to a positive change in behavior.

The range of disciplinary action to which Associates may be subject include the following:

- a. Verbal warnings;
- b. Written warnings;
- c. Paid or unpaid suspension from employment or revocation of contract;
- d. Termination.

The Facility will not take disciplinary action against an Associate for merely reporting what the person reasonably believed to be a violation of the Compliance and Ethics Plan, the Code of Conduct, the Compliance and Ethics Policies and Procedures, or state or federal laws or regulations. However, an Associate will be subject to disciplinary action if, after an investigation into the matter, the Administrator or Compliance and Ethics Officer concludes that the individual knowingly fabricated a report of wrong doing to injure someone else or to protect himself/herself or others. An Associate whose report contains admissions of personal wrongdoing will not be guaranteed protection from discipline or enforcement action.

F. POLICY OF NON-INTIMIDATION AND NON-RETALIATION

The Facility strictly prohibits intimidation, retaliation, discrimination, harassment, or any other adverse action by management or any other person or group, either directly or indirectly, against any individual or group for good-faith participation in the Facility's Compliance and Ethics Program, including but not limited to:

- reporting potential issues;
- investigating issues;
- self-evaluations;
- audits and remedial actions; and

- reporting to appropriate officials;

for reporting a potential violation of the Compliance and Ethics Program; or for other misconduct in good faith. No individual may intimidate or threaten to retaliate against another individual for filing such a report or for participating in good faith in an investigation of any compliance and ethics matter, including matters related to resident safety and treatment or resident confidentiality.

a. Prohibited retaliation includes, but is not limited to,

- i. Termination
- ii. Suspension
- iii. Demotion
- iv. Failure to consider for promotion
- v. Harassment
- vi. Reduction in compensation
- vii. Adverse change in working conditions.

Intimidation and retaliation is prohibited even if it is determined that the allegedly improper conduct covered by a report was proper or did not occur, provided that the report was made in good faith. The Facility reserves the right to take disciplinary action against any employee who maliciously or intentionally files a report he or she knows to be untrue.

G. CONDUCTING INTERNAL AUDITING AND MONITORING

The Facility shall establish a system for routine identification of compliance and ethics risk areas, for self-evaluation of such risk areas including internal audits or external audits by outside attorneys or consultants, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits. Data will be collected and analyzed on a regular basis to assess the Facility's compliance with established standards of practice, in particular, documentation, billing, and reimbursement guidelines.

The Compliance and Ethics Officer, in consultation with the Compliance and Ethics Committee and relevant supervisors, should regularly identify priorities for periodic audits or monitoring. Such audits or monitoring will follow the policies set forth in the Compliance and Ethics Policies and Procedures. The Compliance and Ethics Officer will work together with both inside and outside auditors and report the results of audits and

monitoring to the Governing Body in writing at least quarterly. Any areas of potential noncompliance shall be kept confidential. Based on these reports, the Compliance and Ethics Officer and Compliance and Ethics Committee shall determine an appropriate response.

The Facility's compliance and ethics program shall be applicable to:

- a. billings;
- b. payments;
- c. medical necessity and quality of care;
- d. governance;
- e. mandatory reporting;
- f. credentialing; and
- g. other risk areas that are or should with due diligence be identified by the Facility.

The Facility will employ a variety of monitoring techniques, including but not limited to the following:

- h. Periodic interviews with management personnel regarding their perceived levels of compliance within their departments or areas of responsibility;
- i. Questionnaires developed to poll personnel regarding compliance and ethics matters as well as the effectiveness of individual training techniques;
- j. Periodic written reports of department managers, utilizing assessment tools developed to track specific areas of compliance;
- k. Audits designed and performed by internal and/or external auditors using auditing guidelines; and
- l. Exit interviews of departing employees.

The Compliance and Ethics Officer will report the results of audits and monitoring to the Governing Body in writing at least quarterly. Any areas of potential noncompliance shall be kept confidential. Based on these reports, the Compliance and Ethics Officer and Compliance and Ethics Committee shall determine an appropriate response.

Data obtained from the auditing and monitoring processes will be used to identify opportunities for improvement and assess compliance. The Compliance and Ethics Officer and Compliance and Ethics Committee will review monitoring and auditing efforts for their effectiveness, and to identify additional areas of risk, violations of the Compliance and Ethics Documents and applicable federal and state laws, and the Facility's response to identified problems. The Facility will respond to identified deficiencies through education/training and corrective action

plans, an assessment of the obligation to report fraud and abuse to the appropriate agencies, and to repay funds to federal or state health care programs.

H. RESPONDING APPROPRIATELY TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION

As discussed above, the Compliance and Ethics Officer, with the assistance of legal counsel as necessary, will coordinate the investigation of all reported compliance and ethics violations as they are raised in a timely manner. The confidentiality of any Associate who requests confidentiality and who makes a report shall be maintained unless the matter is turned over to law enforcement or disclosure is required during a legal proceeding.

The Compliance and Ethics Officer will:

- a. Document all reports received through either a reporting mechanism or through some other mechanism (e.g., auditing),
 - i. If the initial assessment indicates that there is a basis for believing that the conduct reported constitutes noncompliance, the matter shall be reported to the Compliance and Ethics Committee for review,
- b. Respond to compliance and ethics problems as identified in the course of self-evaluations and audits in a prompt manner,
 - i. all instances of potential noncompliance shall be evaluated carefully to determine whether the allegation appears to be well founded.
- c. Be responsible to conduct a comprehensive investigation of all potential compliance and ethics issues,
- d. The Compliance and Ethics Officer shall promptly begin an investigation in accordance with the following procedure:
 - i. The Compliance and Ethics Officer shall commence an investigation as soon as reasonably possible, but in no event more than thirty (30) days following reasonable suspicion of a compliance and ethics violation.
 - ii. The investigation may include:
 1. Interviews of the person(s) involved in or having knowledge of the potential noncompliance;

2. Interviewees with relevant information may be required to submit a signed, dated, written statement;
 3. If the Compliance and Ethics Officer does not request a written statement from Interviewee, the Compliance and Ethics Officer shall document the interview and he/she should sign and date the record.
 - iii. The creation of a timeline of events;
 1. Review of related documents, if appropriate;
 2. Review of applicable federal and state laws, rules, and regulations as well as the Facility's policies and procedures;
 3. Collaboration with the Compliance and Ethics Committee; and
 4. Consultation with legal counsel, auditors, healthcare consultants, etc.
- e. Every effort to investigate potential compliance shall be documented and kept with the original report.
 - i. be responsible for establishing a plan – including implementing procedures, policies, and systems as necessary – to correct such problems promptly and thoroughly and to reduce the potential for recurrence.
 - ii. be available to participate or assist in compliance and ethics investigations by the Facility's Contractors, at their request
- f. If allegations made in a report are substantiated, the Compliance and Ethics Officer shall take the following steps:
 - i. determine whether the alleged activity violates federal, state, or the Facility's policies and procedures,
 - ii. determine whether the allegation warrants reporting
 - iii. determine what corrective actions, if any, should be taken such as
 1. identifying and reporting the compliance and ethics issues to the appropriate government offices,
 2. refunding overpayments as appropriate,

3. instituting whatever disciplinary action is necessary,
 4. implementing system changes to prevent a similar violation from recurring in the future,
 5. revising applicable policies and procedures to clarify proper protocols and/or development of new systems to safeguard against future noncompliance of a similar nature,
 6. requiring additional mandatory training for Associates,
 7. increasing auditing and/or monitoring of the affected areas
 8. Focusing a review of records made by Associates for a defined period of time following discovery of noncompliance,
- iv. Report the issue to an outside government agency such as the Office of Inspector General (OIG)
 - v. Other reasonable corrective measures calculated to ensure adherence to applicable federal and state laws, rules, regulations, and the corporate compliance and ethics program.

If an allegation is not substantiated, the Compliance and Ethics Officer shall keep a clear record of the investigation's conclusion as well as what factors were considered in making that determination.

It is the responsibility of all associated with the Facility to assist in resolving compliance and ethics issues by participating in good faith in the Facility's response to potential compliance and ethics violations, including cooperating when the Facility is conducting investigations and abiding by corrective action put into place.

As provided for above, the Facility has a policy of non-intimidation and non-retaliation non-intimidation for good faith participation in the Compliance and Ethics Program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials.

I. PERIODIC REASSESSMENT OF THE CORPORATE COMPLIANCE PROGRAM

An effective and efficient compliance and ethics program must remain current – properly reflecting contemporary laws and policies, existing conditions in the facility, and the latest focus trends of regulatory enforcement agencies. Periodic reassessment of the corporate compliance and ethics program is necessary. Thus, the Facility shall undertake to internally monitor and audit the corporate compliance and ethics program as appropriate. The Compliance and Ethics Officer and the Compliance and Ethics Committee will have applicable federal, state and local rules, laws, alerts and regulations monitored for changes that are relevant to the Facility. The Compliance and Ethics Committee may also manage a reassessment, enlisting the assistance of various staff members to study the latest compliance and ethics developments and identify areas of the corporate compliance and ethics program that require modification. These efforts are in addition to – rather than in place of – reviews of the fundamental effectiveness of the program systems and structures and assessments of the overall success of the program in general, as well as each of its basic elements. The Facility also recognizes the need for ongoing external auditing and monitoring to ensure objectivity in implementing, enforcing and updating a proper compliance and ethics program. As such, the Compliance and Ethics Officer and the Compliance and Ethics Committee may procure the services of independent third-party consultants, as needed. These efforts will help the corporate compliance and ethics program remain relevant and useful in effectively guiding the Facility to achieve full regulatory and ethics compliance.

III. CONCLUSION

The Facility's priority is and should always remain providing the highest level of care practicable to our residents. The Facility appreciates the pivotal role an effective and efficient compliance and ethics program plays in achieving its mission. The Facility counts on all Associates' full support of the Facility's compliance and ethics efforts and looks forward to working together in making this corporate compliance and ethics program an enduring success.

.AdventureWorks Cycles, the fictitious company on which the AdventureWorks sample databases are based, is a large, multinational manufacturing company.

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