



Code of Conduct

THE PRESBYTERIAN HOMES, INC.

Our Mission and Values

Our mission at The Presbyterian Homes, Inc. is:

to honor God by enriching the lives and touching the hearts of those we serve.

Our vision is:

to create an innovative, vibrant and diverse culture which provides security and enhances quality of life.

In carrying out its mission and vision, The Presbyterian Homes, Inc. and its communities value:

Empowerment: Provide an environment that fosters personal and professional growth, wellness and security.

Wellness: Encourage the pursuit of healthy lifestyles.

Choices: Strive to honor individual needs and preferences.

Excellence: Commit to excellence in all that we do.

Financial Strength: Operate with high ethical standards in a fiscally responsible manner as a nonprofit organization.

Our Communities



4000 Glennaire Circle
Cary, NC 27511



1575 John Knox Drive
Colfax, NC 27235



2200 Elm Avenue
Laurinburg, NC 28352

A Message from the President

Dear Friends,

As we reflect on the history and legacy of The Presbyterian Homes, Inc. (PHI) we are reminded of the milestones and achievements of our organization. Our communities, employees, and those we serve have depended on us for almost 70 years to act with the highest level of integrity and respect.

At PHI integrity is indispensable to our mission. We must act with honesty and adhere to the highest standards of moral and ethical values and principles through our personal and professional behavior. We must demonstrate our understanding of these values and principles and uphold them in every action and decision. Trust and trustworthiness go hand-in-hand with how we conduct ourselves as we fulfill our daily duties. We expect your actions to be consistent with your words, and your words to be consistent with your intentions. We must accept our responsibility to hold ourselves accountable for our words and our actions in order to maintain trust with our residents, with fellow team members and with vendors.

Each one of you has to be committed to acting with the highest level of integrity at all times. This commitment permeates all levels of the organization and all communities in our family. To assist you in fulfilling this commitment we have created this Code of Conduct. This Code of Conduct is designed to serve as a guide that address frequent situations that arise. It is not intended to cover every situation, but it is a compass that points us in the right direction.

Thank you for being a part of a team that is committed to serving our residents with the highest level of care and in an honorable manner. Your example of living this every day is what makes our communities such great places to live and work.

Tim Webster,

President



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Introduction to Our Code of Conduct

The Presbyterian Homes, Inc. (PHI) is committed to fulfilling our mission and vision by upholding the highest ethical standards and complying with rules and regulations. In today's operating environment, the rules that govern business practices are increasingly demanding and require a commitment from each of us to conduct our day to day activities in an honest, ethical, and legal manner. This Code of Conduct has been established to provide us with standards and guiding principles that direct our day-to-day decision making. The Code of Conduct is intended to help prevent, identify, and resolve compliance issues. It is not intended to cover every situation encountered in our day to day operations.

Scope – Who is Covered?

This Code of Conduct applies to all board members, company officers, directors, employees, vendors, volunteers, and any other entity whom PHI has entered into a business relationship. All of these individuals must review, become familiar with, agree to adhere to, and enforce the Code of Conduct.

Management should exercise proper oversight of vendors, consultants, and contractors who provide goods or services to or on behalf of PHI to ensure they are aware of this Code of Conduct and that they abide by PHI policies.

Compliance Program

PHI adheres to the highest ethical standards and all applicable laws and regulations. PHI's Compliance Program is led by the Compliance Director and Compliance Committee. PHI's Compliance Program contains seven core elements:

- ❖ Standards, Policies, and Procedures
- ❖ Compliance Program Administration
- ❖ Screening and Evaluation of Employees, Physicians, Vendors and Other Agents
- ❖ Communication, Education, and Training on Compliance Issues
- ❖ Monitoring, Auditing, and Internal Reporting Systems
- ❖ Discipline for Non-Compliance
- ❖ Investigations and Remedial Measures

Preventing Fraud, Waste, and Abuse

PHI is committed to preventing, detecting, and correcting, fraud, waste and abuse. As a continuing care provider, we have significant legal and ethical responsibilities. As such, we shall comply with all relevant laws, rules and regulations and adhere to ethical standards in the

conduct of our business. We shall operate in accordance with all applicable laws, regulations, and program requirements at all levels of government.

Fraud is a crime. It occurs when someone intentionally submits, or causes someone else to submit, false or misleading information for use in determining claims and benefit amounts payable. Abuse is similar to fraud. The difference between fraud and abuse is that fraud is intentionally committed whereas abuse is not. Abuse arises from practices not considered standard or sound from a business, fiscal, or clinical standpoint. Waste is an overutilization of products or services that result in unnecessary cost.

[Federal False Claims Act](#)

The Federal False Claims Act, 31 U.S.C. §§ 3729-3733, applies to persons or entities that knowingly and willfully submit or cause to be submitted an improper claim for payment to a federally funded program.

[North Carolina False Claims Act](#)

The NC FCA, N.C. GEN. STAT. §§ 1-605—1-618, is virtually identical to the Federal False Claims Act. The NC FCA allows private individuals to file a lawsuit, called qui tam claim, on behalf of the State of North Carolina against a person(s) or business for submitting or causing the submission of an improper claim to the state of North Carolina, or becoming aware of mistakenly submitted claims and failing to submit repayment.

[Federal Anti-Kickback Statute](#)

The Medicare and Medicaid Patient and Program Protection Act of 1987, 42 U.S.C. § 1320a 7b(b), as amended (the "Anti-Kickback Statute") is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

[The Stark Law](#)

Also known as the Physician Self-Referral Law, the Stark Law, 42 U.S.C. § 1395nn, is specific to physicians and their immediate family members. It prohibits a physician who has a financial relationship with an entity from referring patients to that entity to receive a designated health service for which payment may be made under Medicare or Medicaid. Financial relationships include both ownership/investment interests and compensation arrangements. Unlike other statutes, the law can be violated even if the intent is not to do so.

North Carolina Prohibition on Self-Referrals

North Carolina has a similar prohibition against self-referrals. NC 28 § 90-406(a) states that a health care provider shall not make any referral of any patient to any entity in which the health care provider or group practice or any member of the group practice is an investor.

Care Excellence

Quality of Care

PHI and its employees are committed to delivering high quality care to those who have entrusted us to coordinate and deliver health related services. We meet the needs of our residents through teamwork, professional commitment and continuous improvement. The rights and privacy of individuals within this organization are safeguarded at all times and shall be considered during every interaction.

Abuse and Neglect

Our highest priority is the health and safety of our residents and ourselves. Abuse is never tolerated in any form. Allegations of abuse will be promptly and vigorously investigated. We shall strive to do our jobs so that no harm is caused to ourselves, our residents, or the public. Every individual is entitled to be treated with dignity, respect, and free from all forms of abuse. If you witness abuse or are made aware of it, you are required to report it immediately to a supervisor. Any employee found to have violated our abuse and neglect policies may be immediately dismissed and reported for possible criminal prosecution.

Elder Justice Act

Passed in 2010, the Elder Justice Act (EJA) is a comprehensive legislation that addresses the abuse, neglect, and exploitation of older adults at the federal level. Under the EJA, PHI must report any reasonable suspicion of a crime against individuals who reside in our communities. The EJA requires that any allegation where there is a reasonable suspicion of a crime that involves serious bodily injury is to be reported within two hours and within 24 hours if there is no suspicion of serious bodily injury. In order to comply with the EJA, it is imperative that all allegations are reported to a supervisor immediately. Allegations of this nature should not be left on voicemail.

Confidentiality of Information

The Health Insurance Portability and Accountability Act (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), protects the privacy and confidentiality of patient information. Our organization collects a vast amount of information on a daily basis. This information is primarily financial, social, and healthcare related. This information is considered highly confidential and is protected. The PHI Notice of Privacy

Practices outlines our legal duties under HIPAA. Our commitment to those who have entrusted us with that information is to disclose it only as described in the Notice of Privacy Practices and to require written authorization for any other use or disclosure.

Professional Excellence

Hiring and Employment Practices

PHI shall only employ or work with persons with proper credentials, experience and expertise. Employees and agents are expected to have those credentials and experience, and should expect other agents to have them. PHI is an equal opportunity employer. Each job applicant and employee will be afforded equal opportunities for employment, promotions, evaluations and compensation. Disciplinary actions, terminations, and all other personnel actions are also equally applied. The employment practices of PHI are applied equally in every regard and will never be based on a person's race; color; creed; religion; ethnic or national origin; sex; gender identity; age; disability; physical attributes; sexual orientation; marital status; citizenship status; military or veteran status; political affiliation; or any other characteristic protected by applicable law.

Employee Screening

The integrity of our workforce is vital to protect the integrity of our organization. PHI utilizes a number of methods to screen employees. These screening methods are in accordance with federal and state law. Screening takes place prior to hire and as needed post hire.

Licensure, Certification, Registration

There are roles within the organization that require the applicant and active employee to have and maintain a specific licensure, certification, or registration. PHI will assure applicants and its employees and agents have sufficient education, licenses, background experience, on the job training and supervision to fulfil the position for which they were hired. After hire, PHI will monitor the status of these licensures, certifications, and registrations on a regular basis. As an employee or vendor of PHI, it is required that if there is an actual or expected change to your license, such as disciplinary action or expiration you shall report this action to your supervisor.

Exclusion Programs

PHI does not employ, contract with, grant privileges to, or enter into any type of arrangement with individuals, entities or vendors if it or any of its officers, directors, or employees are currently excluded by the Office of the Inspector General (OIG) or debarred by the General Services Administration (GSA) from participating in federal programs, including Medicare or Medicaid. In addition to federal exclusion programs, some states have enacted Medicaid exclusion lists. PHI does not employ individuals excluded under state exclusion lists. Before

employing or conducting business with any person or vendor, the individual or business will be screened against both federal and state exclusion lists. Employees or vendors of PHI are required to immediately notify PHI if they have been or will be placed on any exclusion list.

[Policies and Procedures](#)

Policies and procedures are an essential piece of PHI's service excellence model. PHI has specific policies and procedures that provide specific guidance on each area of our business. Every individual is responsible for being aware of and following our policies and procedures. If an individual is not familiar with the applicable policy, that person should reach out to their supervisor, department director, or Compliance Director.

[Official Investigations](#)

PHI is committed to cooperating with all governmental agencies. PHI's policy is to comply with all reasonable and lawful request for information and documents. Governmental agencies include local, state, and federal agencies. These agencies may send requests for information or may be conducting an investigation in person. In order to comply with these requests and provide accurate and timely information notify your supervisor immediately of any request or on-site presence of a governmental agency.

[Protecting Company Assets](#)

PHI assets are available to employees for business purposes. Employees are responsible for the safe and proper use of PHI property. Improper use of PHI assets will lead to disciplinary action up to and including termination, and possible criminal charges. Company assets include a wide array of equipment, supplies, and information. You should hold no expectation of privacy in anything created, stored, sent, or received on a company computer, mobile device or telephone system.

[Workplace Safety](#)

PHI has implemented work and safety rules throughout the organization. Work and safety rules were created to protect us all. Employees and agents are expected to comply with those rules. Each person shall be familiar and comply with all community and OSHA requirements related to work and safety. As an organization, PHI is committed to providing an environment that is safe. Everyone is responsible for maintaining the safety of our work environment. If anyone notices anything that may be a threat to the health and safety of anyone, you are obliged to report it immediately to your supervisor.

Substance Abuse

PHI is committed to protecting the safety and health of all employees and other individuals in the workplace. Drug and alcohol use potentially pose a threat to this commitment. PHI prohibits the use, possession, distribution or sale of drugs and alcohol. If you, as a PHI employee attend or participate in events where alcohol is being served and consumed, YOU are responsible to exercise sound judgement and act in a manner that upholds your integrity and the integrity of our organization. If your work performance appears to be impaired due to the use of drugs or alcohol, a drug and/or alcohol screening may be required, and appropriate disciplinary action taken.

Discrimination and Harassment

PHI believes that all employees have the right to a working environment free from discrimination, intimidation, and harassment. No form of discrimination or harassment will be tolerated. As defined further in its policies, PHI strives to maintain a working environment free from all forms of sexual harassment or intimidation. By way of example, unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature are serious violations of the standards of conduct and will not be condoned or permitted. Any employee who believes that he/she have been subjected to any form of harassment must report this immediately to their supervisor. If the response to this report is not satisfactory, immediately notify the Human Resources Director or the Director of Compliance.

Financial Excellence

Healthcare Billing Standards

Employees or agents who perform billing and/or coding of claims must take every reasonable precaution to ensure that their work is accurate, timely, and in compliance with federal and state laws and regulations and PHI's policies. PHI will bill only for services that are medically indicated, ordered by the resident's physician, actually rendered and which are properly documented in residents' medical records. If the services must be coded, then only billing codes that accurately describe the services provided will be used. Employees or agents who perform billing and/or coding of claims must take every reasonable precaution to ensure that their work is accurate, timely, and in compliance with federal and state laws and regulations and PHI's policies. No claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious may be submitted. No falsification of medical, time or other records that are used for the basis of submitting claims will be tolerated.

Creating and Maintaining Clinical and Business Records

PHI values excellence and financial strength. The records that we create provide vital and necessary information for our providers, residents and our business as a whole. It is evidence of our actions and demonstrates that we have fulfilled our obligations. Our financial, clinical, and employment related records must be created timely, and must be accurate and complete. Failure to document and record our actions accurately, omitting, falsifying, or altering our records, or causing others to do so in any way, and is strictly prohibited. This is not only a violation of our policies but may constitute fraud.

Document Retention

PHI creates and receives a substantial amount of documentation. This documentation includes medical and business documents on various mediums, both electronic and on paper. PHI's Records Retention Policy sets forth guidelines by which we identify records that are retained, the duration that we retain them, and method and frequency we dispose of those records. It is the responsibility of everyone covered under this code to read and become familiar with the policy.

Protecting Information

PHI is committed to ensuring the privacy and security of all personal, financial and medical information, maintained for its employees, business partners, and our residents. Protected Health Information may be in electronic, written, or verbal forms. Protected health information should only be disclosed with proper authorization. PHI complies with federal and state laws that protect this information such as the Health Insurance Portability and Accountability Act. Printed copies of medical records should not be taken out of the workplace without permission. Copies of medical records and devices that hold sensitive information, such as a laptop, must be kept secure and out of plain sight in vehicles or in establishments. No protected health information should ever be posted on social media without appropriate authorization. The Employee Handbook has detailed policies on cell phone use, texting, and social media use that offer further guidance to employees on the use and transmission of protected health information.

Breach of Protected Health Information

Any acquisition, access, use, or disclosure of Protected Health Information not permitted under the HIPAA Privacy Rule is a breach and must be reported immediately to your supervisor or the Privacy Officer. PHI will investigate and comply with all federal and state regulations regarding breach notification. If you know of or suspect a breach, you must notify the Privacy Officer immediately. Examples of a possible breaches are:

- Discussing medical conditions with those not authorized to receive the information.
- Theft of medical records from a vehicle (printed or electronic).
- Misdirected faxes, email, or mail that contain Protected Health Information.
- Loss of a laptop or smartphone that contains Protected Health Information.

Gifts, Loans, Gratuities, and Entertainment

Patients and Families

While residents and families often wish to show their appreciation for the care and services rendered by staff, we must ensure that residents and family members do not feel obliged to give employees gifts or gratuities in order to assure a resident receives quality care. A gift may give the impression that the employee would favor the resident or family and provide special treatment or that the employee is taking advantage of the resident. In order to comply with this policy, we have set forth policies that state the following:

1. Employees may not ask or suggest that a resident, or any other person on behalf of a resident, offer or give gifts, loans, or gratuities to the community staff.
2. Employees may not accept cash or currency of any kind including but not limited to tips, from a resident or any other source or individual. Employee bonuses and/or gifts provided by PHI do not constitute gifts or gratuities.
3. Under no circumstance shall an employee accept a gift with a value in excess of twenty-five dollars (\$25).

Accepting cash, currency, gifts, or loans is a violation of PHI policies and may be against the law. This violation is subject to disciplinary action, up to and including termination, and may be reported to law enforcement for potential criminal charges.

Business Related

PHI's employees and agents will not pursue any business opportunity that requires engaging in unethical or illegal activity. Placing business with any firm in which there is a family relationship may constitute a conflict of interest. Advance disclosure and approval are required in such a situation. Employees or agents shall not use or reveal any confidential information concerning PHI or use, for personal gain, confidential information obtained as an employee or agent of PHI.

Kickbacks and Referrals

Gifts and benefits to clinicians or other staff for referral sources are not appropriate. Occasional non-cash gifts that are limited to reasonable meal expenditures or entertainment, or that are of

nominal value less than twenty-five dollars (\$25), although not expressly prohibited, are discouraged. Employees and agents should not accept or provide benefits that could be seen as creating conflict between their personal interests and PHI's legitimate business interests. This includes accepting expensive meals, gifts, refreshments, transportation, or entertainment provided or received in connection with the job.

Conflicts of Interest

A conflict of interest may exist if you have an interest that interferes, or appears to interfere, with your responsibilities at work, or may affect your judgment when working on behalf of PHI. Employees and agents should avoid any activity that conflicts with the interests of PHI or its residents. They should try to avoid even the appearance of impropriety. It is imperative that any actual or potential conflict of interest be disclosed and appropriately managed according to PHI policies and laws. Potential conflicts of interest must be reported upon hire or prior to the start of the creation of the relationship. Examples of potential conflicts of interest include employment outside the organization, supervising a close relative or someone in a dating relationship. It may also include causing PHI to contract with vendor with whom you have a personal or financial interest. If you have questions regarding what may be considered a conflict of interest, speak with your supervisor or the Director of Compliance.

Communicating with the Public

When communicating with the public and the media on behalf of PHI, it is important that we speak with an accurate, clear and consistent voice. In order to ensure that, the Messages conveyed to the public should only be made by employees authorized to speak on behalf of the company. PHI has designated individuals within our organization to serve as our official company spokespersons. If you are not one of these designated individuals and are approached by the media, do not make any public statement on behalf of PHI. Instead, inform the inquirer that the appropriate PHI representative will return the call.

Using Social Media

Over the past decade social media has become an integral part of society. There are multiple social media networks – Facebook, Instagram, LinkedIn, Snapchat, MySpace, Twitter and others are only a few of the popular networks. These networks are used for both professional and private purposes, however, sometimes the line between these two purposes are blurred. An active social media presence in any capacity whether professional or private can lead to repercussions if not used wisely. PHI encourages you to use good judgment prior to ever posting

online. Despite the options of public or private post, assume that any post you make is discoverable.

It is important to be fair, accurate, respectful of others and aware of the privacy and confidentiality of the organization, our employees, and the people we serve. Never post malicious, obscene, threatening or discriminatory content. Never take or transmit photographs or recordings of those that reside in our communities, rely on our services, visitors or staff in the workplace except as permitted by our policies. If you have any questions related to posting content, reach out to your supervisor or the Privacy Officer.

Non-Retaliation and Duty to Report

It is the responsibility of all PHI employees and contractors to in good faith promptly report any suspected violations to their direct supervisor, other management personnel or the Director of Compliance. Failure to report a suspected or known violation of the code of conduct is a serious offense and will require disciplinary action up to and including termination. Retaliation for good faith reporting of actual, potential or perceived wrongdoing, or for participation in an investigation of an alleged violation is prohibited. Any employee, supervisor, director, or senior executive who commits or condones any form of retaliation, retribution, or harassment against a reporting employee shall be subject to appropriate discipline up to and including termination in accordance with applicable policies and laws. Any person who intentionally provides false information with the intention of harming or retaliating against an employee or the company will be subject to disciplinary action up to and including termination.

How to Report a Concern

An employee, agent, residents, or third party may report suspected misconduct or improper behavior confidentially and anonymously through the Integrity Hotline System. The Director of Compliance will strive to preserve and protect the identities and confidentiality of persons reporting suspected noncompliance to the extent possible without jeopardizing any investigation. The Compliance Director may withhold from other management the names of staff who report information, if necessary. It is imperative that callers leave a detailed message in order to ensure that a thorough investigation can be completed. The Integrity Hotline can be reached at **(336)-886-6553; extension 5116 (24 hours a day, 365 days of the year)**. A concern may also be reported via email at compliance@presbyhomesinc.org or sent vial postal mail to: The Presbyterian Homes, Inc., Attn: Compliance Director – 2109 Sandy Ridge Road, Colfax NC 27235

How is Your Concern Addressed

PHI treats all reported concerns seriously regardless of how it is reported. PHI will promptly and thoroughly investigate any suspected violation in as confidential a manner as possible, and take appropriate disciplinary action if warranted. Employees are expected to participate in investigations when they have factual knowledge of the concern at hand. If appropriate, you may be contacted by the investigator or designee either during or at the conclusion of the investigation to discuss the outcome. The Director of Compliance may seek assistance from, or refer matters entirely to, others for handling, including, but not limited to Human Resources, internal or external auditors, and/or external compliance counsel.

Accountability for Adherence to this Code

All PHI employees must comply with PHI's policies and procedures, the Compliance Program Code of Conduct, and applicable laws and regulations. Every person accountable to this Code of Conduct has an obligation to speak up and report anything you may believe violates the law or the Code of Conduct. Leaders within the organization have a duty to set an example, through their own adherence to this Code, for all PHI employees and vendors.

Corrective/Disciplinary Action

Compliance with this Code of Conduct is mandatory. PHI takes compliance very seriously. Violations of this Code of Conduct or PHI policies will lead to disciplinary action, up to and including termination. Certain violations may require Federal, State, or local law enforcement notification and may lead to criminal prosecution. The Disciplinary Policy will be applied equitably to all covered persons and strictly enforced. It is the responsibility of everyone to know, understand, and comply with the PHI Compliance Program, Code of Conduct, and all applicable laws and regulations.

Conclusion

PHI has an unwavering commitment to excellence in all that we do. At the heart of that commitment lies a core of ethical and sound business conduct. This Code of Conduct sets forth those principles for conducting business. It is not a substitution for the detailed policies or procedures PHI has adopted. Nothing in the Code of Conduct is intended to, nor shall be construed as, providing any additional employment or contractual rights to the employees or other persons.

While PHI will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, PHI reserves the right to modify, amend, or alter this Code of Conduct as needed without notice to any person or employee.