

CODE OF CONDUCT

IT'S ABOUT DOING THE RIGHT THING.

Code of Conduct

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OUR CODE OF CONDUCT IS ABOUT DOING THE RIGHT THING.

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.

It provides guidelines to help promote the caring and ethical work environment embodied in our Mission Statement: **We improve the lives we touch through the delivery of high quality health care and everyday compassion.**

The Code of Conduct promotes compliance with applicable governmental laws, rules, and regulations, as well as internal policies and procedures.

The Code of Conduct applies to everyone – all covered persons from entry-level to top management, including the Board of Directors. **Code of Conduct training is typically required within 30 days of hire/start of services and then once each year.**

Covered persons certify receipt, review, understanding, and agreement to abide by the Code of Conduct's principles as a condition of continued employment or service, within specific announced timeframes.

As covered persons, we all share a commitment to legal, ethical and professional conduct in everything we do. We support these commitments in our work each day, whether we care for patients, order supplies, prepare meals, keep records, pay invoices or make decisions about the future of the company. Success as providers of healthcare services, and their affiliates, depends on us – our personal and professional integrity, our responsibility to act in good faith and our obligation to do the right thing.

The principles in the Code of Conduct are not suggestions; **they are mandatory standards.** There is no justification for departing from the Code of Conduct, no matter what the situation may be. Violations of the Code of Conduct or policies and procedures are grounds for dismissal.

A supervisor or member of the Compliance Team is always available to discuss any issues or answer questions about this Code of Conduct or the Compliance Program.

The Code of Conduct supplements the Employee Handbook and the specific policies and procedures that apply to your job. Of course, no single resource can answer every question or cover every concern you may encounter at work. If you encounter a situation where there does not seem to be a specific policy that applies, discuss with local management or contact the Compliance Department for guidance or call the Reach Out Line as noted on page 6.

Let your own good judgment and professional responsibility also guide you. Seek to avoid even the appearance of improper behavior at work – with your colleagues, customers, and other business associates.

When in Doubt, Reach Out! Report your concerns. If you have questions or concerns about the Code of Conduct, or ANY moral, legal or ethical issue, use the **Reporting Process shown on page 6.**

Managers, at all levels and divisions of the company, have the primary responsibility for communicating – both formally and informally – the paramount importance of compliance to all covered persons, and for promoting adherence to the Program.

Formally, managers introduce the Compliance and Ethics Program, and require annual participation in the program. Informally, managers focus on open communication about integrity. They create an atmosphere that encourages integrity and that fosters reporting of compliance issues and non-retaliation.

STANDARD OF CONDUCT

The company is committed to the delivery of quality healthcare services. To achieve that goal, it is the policy of the company to conduct all business affairs with the highest level of integrity.

The company requires that every covered person strictly comply with all applicable laws and regulations.

The company Standard of Conduct applies to all aspects of operations including patient care, billing, maintenance of accurate corporate records, business conduct and all other facets of the company's operations.

THE COMPLIANCE AND ETHICS PROGRAM

The Compliance and Ethics Program was created as a structure to teach, support and monitor specific requirements (some of which are discussed further in this Code) and to help you apply standards of excellence to your specific position.

It provides principles, standards, training, and tools to guide you in meeting your legal, ethical and professional responsibilities.

The Compliance and Ethics Program comprises several elements which are detailed below. Supplemental Compliance Program Standards, which provide further detail about the Elements, are available for each business line.

Code of Conduct and Written Policies and Procedures (Standards)

The Code of Conduct and written standards, policies and procedures are the foundation of the Compliance and Ethics Program.

Compliance Leadership

The company has specific individuals who have the overall responsibility to oversee compliance with the Compliance and Ethics Program including the **Compliance Officer**, the Board of Directors, and the Corporate Compliance Committee which includes, but is not limited to, senior leaders from Compliance, Law, Operations, Clinical Operations, Finance, Human Resources, and Information Technology. In addition, **Compliance Liaisons** implement and oversee the Compliance and Ethics Program at the location level.

Sufficient Resources and Activity

The company devotes sufficient resources and authority to Compliance Leadership to reasonably assure compliance with the Compliance and Ethics Program Standards.

Due Care

The company undertakes due care not to delegate substantial discretionary authority to individuals who are known, or should have been known through the exercise of due diligence, to have had a propensity to engage in criminal, civil and administrative violations under the Social Security Act.

Effective Communication

The company takes steps to effectively communicate the Compliance and Ethics Program Standards to the entire staff, individuals providing services under contractual arrangements, and volunteers, consistent with the volunteer's expected roles. This includes mandatory participation and ongoing training programs and dissemination of information that explains requirements in a practical manner and a **mandatory annual training program** on the Compliance and Ethics Program and Code of Conduct.

Reasonable Steps to Achieve Compliance

The company takes reasonable steps to achieve compliance with the Compliance and Ethics Program Standards including auditing and monitoring processes, having and publicizing a reporting system for reporting violations anonymously and without fear of retribution, and having a process to ensure the integrity of reported data.

Consistent Enforcement

The company consistently enforces the Compliance and Ethics Program Standards through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect and report a violation to the Corporate Compliance Officer.

Corrective Action

After a violation is detected, the company ensures that all reasonable steps are taken to respond appropriately to the violation and to prevent further similar violations, including modification to the Compliance and Ethics Program.

OUR CORE VALUES

Employees, directors, officers and contractors are expected to uphold the principles of the Genesis Core Values.

OUR CORE BELIEF

Patients and residents are the center of our work. **Our employees** are the vital link between Genesis and our patients and residents. They are the service we provide, the product we deliver - they are our most valuable resource. Achievement of our vision comes only through the talents and extraordinary dedication they bring with them every day.

OUR CORE VALUES

- Care & Compassion for every life we touch.
- Respect & Appreciation for each other.
- Teamwork & Enjoyment in working together.
- Focus & Discipline on improving the quality of care.
- Creativity & Innovation to develop effective solutions.
- Honesty & Integrity in all dealings.



REPORTING ISSUES OF CONCERN

As a covered person, you have a duty to make sure that the company is doing everything practical to comply with applicable laws. That's why it's important for you to report – right away – any situations you believe may be unethical, illegal, unprofessional, or wrong. Tell someone immediately if you have a legal, ethical, financial, quality, or employment concern, or if you suspect a violation of this Code of Conduct. You are obligated to promptly report using the **Reporting Process**. **You may take any step at any time.** Also, comply with federal, state, and local reporting obligations like the Elder Justice Act. **Read page 18 for the specific reporting times you must meet under the Elder Justice Act.**

Reach Out Reporting Process – How to Communicate Compliance Issues

- Talk to your supervisor or manager. They are most familiar with the laws, regulations and policies that relate to your work.
- If you are not comfortable talking with your supervisor or are not satisfied with the response you receive, talk to another member of the management team, or someone from human resources.
- If you still have a concern, discuss with a market, region, area, or national representative.
- If none of the above steps resolves your questions or concerns, or if you prefer, call the toll-free Reach Out Line at (800-893-2094) for assistance. You may call anonymously.

What if I'm not sure if it's a compliance issue?

Talk about the issue with:

- your supervisor
- a member of management
- a Compliance Liaison
- the Compliance Officer

Do I have to give my name when I make a report?

No. You can make or file a report anonymously through the Reach Out Line (800-893-2094). Remember, though, you must give enough information to help someone start an investigation of your concern.

Can I get in trouble for reporting a compliance issue?

No. You may make reports in good faith without fear of reprisal, retaliation, or punishment for reporting. Anyone, including a supervisor who retaliates against anyone for reporting an issue will be subject to corrective action including possible dismissal.



What if I'm not clear about my duty under the Compliance Program?

Ask any questions you might have about the Compliance and Ethics Program. Ask a supervisor, a member of management, a Compliance Liaison, or the Compliance Officer. All covered persons are required to act in accordance with the Program as a condition of employment/service.

Do I have to report myself if I'm the one who is non-compliant?

Yes - Honesty is the best policy. When an employee promptly discloses his or her own noncompliance, this positive action will be considered when the company is deciding on the appropriate consequences.

What if I am a witness, or accused of a violation of company policy or the law?

You will be asked to cooperate in the related investigation. Cooperation means speaking truthfully and candidly to an internal investigator. You are expected to speak openly and honestly in an interview, and/or a written statement that documents your direct knowledge. Failure to cooperate with an internal investigation will subject any covered person to disciplinary action.

Reporting Violations to Other Agencies

Many laws obligate covered persons to make reports of suspected violations. Certain circumstances may lead a covered person to report concerns to state and/or federal agencies (e.g., Elder Justice Act).

Nothing in this Code of Conduct prohibits covered persons from reporting possible violations of law or regulation to any governmental agency or entity, or making other disclosures that are protected under "whistleblower" provisions of federal or state law or regulation.

Covered persons do not need the prior authorization of the company to make any such reports or disclosures, and do not need to notify the company that such reports or disclosures have been made.

CIVIL RIGHTS COMPLIANCE

Non-Discrimination

Each service location strives to fully comply with civil rights laws and does not exclude, deny benefits to, or otherwise discriminate or permit discrimination, including, but not limited to, bullying, abuse, or harassment, against any person (i.e., patients, employees, or visitors) or based on any person's association with another individual, based on actual or perceived race, color, religion, national origin, gender, gender expression, gender identity, sexual orientation, HIV status, age, disability, marital status, pregnancy, ancestry, citizenship, genetic information, amnesty, military status or status as protected veterans, or any other characteristic protected by applicable federal, state, and local laws. This prohibition applies in admission to, participation in, or receipt of the services and benefits under any of our programs and activities whether carried out by the location directly, or through a contractor or any other entity with which the location arranges to carry out its programs or activities.

The company is committed to compliance with civil rights regulations.

Auxiliary Aids & Services Commitment

We are committed to providing appropriate auxiliary aids and services to patients in a timely manner to provide effective communication and equal opportunity to participate in activities, programs and services. The company's focus is on equal access to services and equal opportunity for the disabled.

- We recognize that deaf, hard of hearing, blind, or otherwise disabled patients, and their companions, need and have a right to appropriate auxiliary aids and services in order to access and fully participate in the health care we provide
- In addition, we will take reasonable steps to provide persons with Limited English Proficiency (LEP) meaningful access and an equal opportunity to participate in the services, activities, programs, and other benefits as provided
- We will not retaliate, intimidate, threaten, coerce or discriminate against any person who has filed a complaint or who has assisted or participated in the investigation of any grievance

As health care providers, it is very important that we communicate effectively to provide appropriate, effective, quality health care services. Proper communication helps us understand the patient in the following ways:

- We understand the patient's symptoms and pain levels
- We understand the problem or diagnosis
- We provide the correct treatment
- Our patients understand medical instructions, warnings or prescription guidelines

Prior to, or within 24 hours of admission, patients should be fully assessed so we understand their capabilities and needs.

- After assessment, we document identified support services/aids in the individual's care plan and review the plan on a regular basis
- As needed, we update the plan to reflect any revised services/aids
- Onsite, telephonic, or video language interpreter services or sign language interpreter services may be necessary; we arrange for those services based on the assessed needs of each patient
- We accommodate individuals accompanied by service animals; specific conditions apply as discussed in our policies and procedures

Prohibited Discriminatory Acts

The prohibitions against discrimination apply to service availability, accessibility, delivery, employment, and administrative activities and responsibilities of organizations receiving federal financial assistance.

The company will not deny:

- the opportunity to participate in or benefit from federally funded programs, services or other benefits to individuals with disabilities and limited English proficiency
- access to programs, services, benefits or opportunities as a result of physical barriers
- employment opportunities, including hiring, promotion, training, and fringe benefits, for which individuals with disabilities are otherwise entitled or qualified

Additional information regarding compliance with civil rights regulations that affect employees and patients is found on Central, or by reviewing these laws and regulations:

- Title VI and VII of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990
- Age Discrimination Act of 1975
- Age Discrimination in Employment Act of 1967
- Title IX of the Education Amendments of 1972
- Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116
- Regulations of the U.S. Department of Health and Human Services, at Title 45 Code of Federal Regulations Parts 80, 84, and 91
- Other applicable federal and state civil rights statutes

PROFESSIONAL STANDARDS

These standards provide a brief summary of key professional expectations. Refer to associated policies and procedures for more information.

Standard	What it means
Behavior	No conduct which limits, restricts or interferes with our ability to respond to our customers' needs is acceptable.
Allegations of Abuse, Neglect, Misappropriation or Crime	The company will not tolerate any type of patient abuse or neglect. Covered persons must immediately report any incident of suspected or known abuse, neglect, misappropriation or crime against a patient.
Statement on Harassment	Effective working relationships must be based on mutual respect. Harassment is unacceptable.
Accurate Books and Records	<p>All books and records must be accurate, complete, and truthful, including those maintained for financial reporting, health care, and other business purposes. Documentation in all records must comply with regulatory and legal requirements and support business practices and actions. No one may falsify or tamper with any information in any record. Documenting treatment not performed, or documenting in advance of treatment is strictly prohibited.</p> <p>Employees have the professional responsibility to review for accuracy any invoices, bills, expenses, expense reports and time clock entries before these are submitted for approval and/or payment.</p>
Company Assets	Covered persons must strive to protect company electronic assets (e.g. phones, tablets, laptops, desktop computers, printers, scanners) from theft, loss, and carelessness. Any suspected incident must be reported immediately to IT Security.
Competition and Solicitation	Certain employees must not compete with or solicit clients or business away from the company, or influence employees to leave the company.

Gifts, Loans, Monetary Transactions, and Tips	Covered persons must not accept or offer any form of gifts (including resident property), gratuities, tips, loans, and/or monetary transactions from patients, their family members, suppliers, visitors, vendors, customers, or companies seeking to do business with the company.
Gambling	Covered persons are prohibited from gambling at the workplace. This includes online gambling, office “pools”, and wagering.
Licenses/Certifications	Covered persons who need licenses or certifications must maintain credentials in compliance with state and federal laws.
Political Contributions	Payments of company funds to any political party, candidate or campaign, donation of company property and/or use of the company’s name in support of political causes may be made only if permitted under applicable law and approved in accordance with company policy.
Substance Abuse	The illegal use, solicitation, sale, sharing, possession of, or impairment from narcotics, drugs, paraphernalia, alcohol or controlled substances in the workplace is prohibited.
Workplace Violence	Fighting, disorderly conduct, physical, verbal or mental abuse of any person is unacceptable.
Rules and Regulations	All covered persons must comply with the industry regulations and internal policies and procedures.
Disciplinary Procedure	The company supports a progressive discipline policy.
Complaints/Disputes	Give notice of complaint to supervisor, then to next level up and so on, or to the Reach Out Line (800.893.2094). The complaints/dispute resolution procedure is fully outlined in the Policies and Procedures.

WHAT IS HARASSMENT AND WHAT SHOULD YOU DO ABOUT IT?

We strictly prohibit harassment of any kind. This includes conduct that offends any individual based on the items listed in our non-discrimination and harassment policy.

What is harassment? Harassment includes the following activities that are based on a protected category which is severe and pervasive to create an abusive work environment:

- Offensive remarks, comments, jokes, slurs, epithets, threats, or verbal conduct;
- Offensive pictures, drawings, photographs, cartoons, figurines, writings, or other graphic images, conduct, or communications including text messages, instant messages, websites, voice mails, social media postings, e-mails, faxes, and copies;
- Offensive sexual remarks, sexual advances, or requests for sexual favors regardless of the gender of the individuals involved;
- Offensive physical conduct including touching and gestures, regardless of the gender of the individuals involved

What is sexual harassment? One type of unlawful harassment is sexual harassment. Sexual harassment will not be tolerated regardless of whether it is perpetrated by males against females, females against males, or by someone against a person of the same sex.

There are two types of sexual harassment. First, sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where submission to such conduct is made, explicitly or implicitly, a term or condition of an individual's employment or submission to or rejection of such conduct is used as a basis for employment decisions. This is commonly referred to as "quid pro quo" ("this for that") harassment. For example: A supervisor tells an employee that they can earn a promotion or pay increase by dating the supervisor or by providing sexual favors, or the employee is threatened with demotion or termination if they fail to do so.

Second, sexual harassment includes any other unwelcome conduct toward another employee based on sex that is sufficiently severe and pervasive to create an abusive working environment or a situation that negatively affects a person's job performance (commonly referred to as hostile work environment harassment). For example: Repeated unwelcome comments about an employee's appearance or comments about an employee's clothing, particularly those that stress erotic appeal or the perceived tightness or revealing nature of a garment; comments about private parts of an employee's anatomy; or repeatedly asking for a date after being turned down in a way that does not encourage further invitations.

What should you do about harassment?

If you feel you are a victim of harassment, or have witnessed any act of harassment, you must promptly report it using the Reporting Process. (see page 6).

CARE EXCELLENCE: OUR FIRST PRIORITY

Our most important job is providing quality care to our patients. This means offering compassionate support to our patients and their families. It means working toward the best possible outcomes, while following all healthcare rules and regulations.

We care for people who are especially vulnerable. They may have impaired or limited cognitive abilities. They might have physical restrictions because of illness, injury or disease.

It is a top priority to respect, protect and care for every patient and resident with compassion and skill.

Providing Quality Care

Our primary commitment is to provide the care, services, and products our patients need to reach or maintain their highest possible levels of physical, mental, and psychosocial well-being. Our policies and procedures guide us toward the achievement of this goal.

To meet quality of care standards, we do the following:

- Develop interdisciplinary plans of care for all patients
- Review goals and plans of care to confirm our patients' ongoing needs are being met
- Provide only medically necessary, physician-prescribed services and products to meet patients' clinical needs
- Confirm that services, products, and medications are within accepted standards of practice for the patient's medical condition
- Provide and accurately document services and products that are reasonable in frequency, amount, and duration
- Measure clinical outcomes and patient satisfaction to confirm quality care goals are met
- Provide accurate and timely documentation and record keeping
- Confirm patient care is given only by providers with the appropriate background, experience and expertise

Patient Rights and Responsibilities

Patients receiving healthcare services have clearly defined federal and state rights which are summarized below. These rights are fully described in patient communication materials and postings. We must uphold these rights, including, without limitation to:

- Provide the same quality care to everyone without discrimination (see page 6)
- Provide a safe, clean, comfortable, and homelike environment
- Treat all patients with compassion, courtesy, professionalism and respect and provide care in a manner and environment that promotes maintenance and enhancement of quality of life as well as individuality
- Protect every patient from physical, emotional, verbal or sexual abuse or neglect
- Protect all aspects of patient privacy and confidentiality in accordance with the Notice of Privacy Practices. Limit access to medical and other records to employees, physicians, or other healthcare professionals who need the information to do their jobs and obtain permission from patients or their authorized representatives before releasing personal, financial, or medical information to anyone outside of the company verbally, or via paper or electronic media
- Respect patient's personal property and money and protect it from loss, theft, improper use and damage
- Respect the right of patients and their authorized representatives to be informed of and participate in decisions about care
- Recognize that patients have the right to consent to or refuse care
- Protect the patient's right to be free from physical and chemical restraints
- Encourage patients to communicate concerns without fear of retaliation
- Recognize that only a Medicare beneficiary, the beneficiary's authorized or designated representative, or the party authorized to act on behalf of a beneficiary under state law, can request enrollment in or voluntary disenrollment from a Medicare health or drug plan

Professional Boundaries

Caregivers develop professional relationships with our patients, and those relationships shape the patient experience. All covered persons must operate within proper boundaries with patients – both current and former patients. Failure to do so may result in negative outcomes for our staff and patients.

Covered persons must not receive personal gain at a patient's expense.

There are many ways to keep proper boundaries with patients. Here are a few examples:

- DO: Serve all patients equally
- DO: Treat all patients with compassion, courtesy, professionalism and respect
- DO: Ask your patients how they are doing and try to address any concerns
- Do Not: Talk about intimate or personal issues or personal problems with patients
- Do Not: Meet a patient or his/her immediate family members in a setting besides those used to provide direct patient care

- Do Not: Ask for, or accept tips, gifts, loans and/or monetary transactions from patients or their family members
- Do Not: Tell inappropriate jokes, or tease or engage in other similar verbal, visual, physical or sexual conduct
- Do Not: Engage in romantic or sexual relationships with patients or residents or their immediate family members, even when perceived to be consensual

Abuse and Neglect

Any employee who abuses, neglects or commits a crime against a patient may be dismissed.

In addition, legal or criminal action may be taken. If you ever observe any incident of suspected or known abuse, neglect, misappropriation, or crime against a patient, you must **immediately** report it using the **Reporting Process** (see page 6). You must also report to outside agencies if required. If you do not know if reporting to an outside agency is required, please discuss the situation further with your supervisor, or see the section on Elder Justice Act below. The notified supervisor will report the suspected abuse immediately to the Administrator, or designee, and other officials in accordance with state law.

Prompt reporting is important to maintain patient safety. Failure to report immediately may be considered gross misconduct and grounds for termination of employment.

Patients, family members or customers may contact the following with questions, concerns or feedback:

- Any staff member
- The Administrator or Location Manager
- The Customer Reach Out Line at 800-944-7776 or reachout@genesishcc.com

Zero Tolerance:

Patients have the right to be free from abuse, neglect, mistreatment, misappropriation, and exploitation. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any type of physical or chemical restraint not required to treat the patient's medical symptoms.

The company will not tolerate any type of patient abuse or neglect – physical, mental, verbal or sexual abuse, willful/deliberate infliction of injury, involuntary seclusion, mistreatment, misappropriation or exploitation. This includes unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, mental anguish, or deprivation of goods or services that are necessary to attain or maintain well-being. Any employee who abuses, neglects, or commits a crime against a patient, risks dismissal and legal action. Patients must be protected not only from employees, but also from other patients, volunteers, agency staff, family members, legal guardians, friends, or any other person. The standard is for all patients at all times.

Abuse

- Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish
- Includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being

Sexual Abuse

- Non-consensual sexual contact of any type with a resident

Neglect

- Failure, indifference or disregard of the facility, its employees or service providers to provide care, comfort, safety, or goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress
- This includes the failure to implement an effective communication system across all shifts for communicating necessary care and information between center, patient, practitioners, and patient representatives

Misappropriation

- Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent
- There is no minimum value associated with misappropriation

Mistreatment

- Inappropriate treatment or exploitation of a resident

Exploitation

- Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion

Instances of abuse, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. This includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology.

Elder Justice Act

All team members are obligated to report reasonable suspicion of crime against the elderly to the state survey agency and local law enforcement. Refer to the Elder Justice Act Policy for more information about your obligation to report suspected crimes against the elderly. Administrators and Directors of Nursing must assist in reporting.

The Requirements of Participation require skilled nursing facilities to:

Report allegations involving abuse not later than 2 hours after the allegation is made. Report allegations involving neglect, exploitation or mistreatment (including injuries of unknown source) and misappropriation of resident property not later than 2 hours after the allegation is made if the event results in serious bodily injury.

- *Serious bodily injury is defined as an injury involving extreme physical pain; involving substantial risk of death, involving protracted loss or impairment of the function of a bodily member, organ or mental faculty; or requiring medical intervention such as surgery, hospitalization or physical rehabilitation. Example: An allegation of neglect that results in hospitalization must be reported within 2 hours.*

Report allegations involving neglect, exploitation or mistreatment (including injuries of unknown source) and misappropriation of resident property within 24 hours if the event does not result in serious bodily injury. The Administrator (“Abuse Coordinator”) or designee is required to report allegations to the State Survey Agency and other agencies as required by state law. Please note that failure to report may also result in significant survey deficiencies, licensure actions, and fines or civil monetary penalties.

Patient Confidentiality

Federal law protects the confidentiality of patients’ medical, financial and personal information.

Patient information is exchanged in verbal, written and electronic forms. HIPAA regulations require that we protect patient information from being seen, heard, or read by anyone who is not authorized to do so.

- Only specified individuals are permitted to access patient records: the patient, or his or her authorized representative, the individual’s physician and the staff members who need the information
- No medical, financial, or personal information about a patient may be disclosed to anyone else, in any form, without permission from the individual or his/her authorized representative

The right to privacy means that we cannot answer questions from friends, relatives or the news media without written authorization.

- All inquiries from reporters must be referred to your supervisor

Patient Property

Covered persons must respect patients’ personal property and protect it from loss, theft, damage or misuse. Covered persons who have access to property or funds, including resident trust funds, must maintain accurate records and accounts and take reasonable steps to ensure that these funds are properly safeguarded.

LEGAL STANDARDS

These standards provide a brief summary of some, but not all, key legal/regulatory requirements. Please refer to associated policies and procedures for more information.

Standard	What it means
Medically Necessary Services	The company will bill only healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.
Billing for Services Rendered	The company will bill only for medically necessary services that are actually rendered. Bills and claims for services should be reviewed for accuracy prior to submission. Any post-submission discovery of errors should be reported via the Reporting Process, with corrections submitted promptly.
False Claims	The company will not make false statements on medical claim forms to obtain payment, or higher payment, to which it is not entitled.
Anti-Kickback	The company will not submit claims for customers who were referred to the company under contracts or financial arrangements that induce such referrals, nor accept money in exchange for referrals. More information is provided below.
Cost Reports	The company will submit cost reports that accurately reflect actual allowable operating costs.
Billing Codes	The company will use billing codes that actually reflect the service furnished and which provide for the appropriate payment rate.
Bundling of Services	The company will bill for tests or procedures that are required to be billed together as a single bill and not in a piecemeal or fragmented fashion.
Covered Services	The company will not bill for non-covered services as covered ones.
Carriers	The company will not bill the wrong carrier to receive higher reimbursement.
Physician Self-Referral	The company will not permit physicians to make referrals to an entity in which the physician or an immediate family member has a financial interest.
Retention of Records	The company will maintain all medical documentation required by federal and/or state law and internal policies. Destruction of records will be consistent with federal and state law and company policy.

False Claims

We are committed to ethical and honest billing practices. As such, the company works to ensure compliance with all relevant rules and laws. Relevant rules and laws include, but are not limited to, the federal False Claims Act (FCA) and similar state laws. We expect every covered person to carefully maintain these standards at all times.

The company provides information to all covered persons about the state and federal fraud laws. The information includes the FCA, remedies available under these laws, and whistleblower protections available to anyone who claims a violation.

What is a false claim? A false claim is defined by law. In general, this could include a request for payment for a medical service or item that is determined to not be reasonable or necessary for the patient's diagnosis or treatment, or a request for payment for services that were not provided. The FCA is designed to prevent providers from presenting for payment "false" claims to the government. Healthcare providers and suppliers can be subject to civil monetary penalties and damages for each false claim submitted.

We will not tolerate any deliberately false or inaccurate billing. Any covered person who violates laws that prevent actions such as knowingly submitting a false claim to any payor – public or private, or provides such information that may contribute to submission of a false claim as falsified clinical documentation, is subject to dismissal. The legal stakes are very high. Misconduct could result in criminal action against you.

We must follow policies and procedures which enable us to detect fraud, waste, and abuse in accordance with all federal and state requirements. Staff must always be extra careful when preparing billing documentation. Staff must follow all instructions from regulatory agencies, Medicare Administrative Contractors (MACs) and insurance carriers. For covered persons who are not directly involved in billing activities, maintaining regulatory compliance with the FCA includes providing accurate, timely, and complete documentation of the services they provide so that claims are based on the correct information.

False or Fraudulent claims may include:

- billing for services or items that were not provided or costs that were not incurred
- duplicate billing (billing for the same item or services more than once)
- billing for items or services that are not medically necessary
- assigning an inaccurate code or patient status to increase reimbursement
- providing false or misleading information about a patient's condition or eligibility
- failing to identify and refund credit balances
- submitting bills without sufficient medical record documentation
- claims for service without complete and accurate documentation

If you observe or suspect that false claims are being submitted, immediately report the situation using the Reporting Process on Page 6.

The FCA allows any person who discovers that an organization is fraudulently receiving funds from the government to report fraud and possibly file a complaint on behalf of the government. Covered persons who report the submission of such claims to appropriate governmental agencies are protected as whistleblowers. This means that they cannot be retaliated against in accordance with the FCA.

PROFESSIONAL INTEGRITY

Confidential Information

Confidential Information is information that is not generally known to the public. It includes, but is not limited to:

- personally identifiable information (PII) like social security numbers
- clinical records
- financial information
- pricing and cost data
- information pertaining to acquisition and divestitures and other business combinations
- strategic and marketing plans
- proprietary documents
- policies
- computer software
- medical records
- patient/resident or employee personal and protected health information (PHI)
- other data

Confidential information may only be used to perform job responsibilities. Confidential information cannot be shared with others, unless it is necessary to carry out specific obligations.

Covered persons must also consider the **Insider Trading and Health Insurance Portability and Accountability Act** sections of the Code of Conduct when determining whether confidential information may be shared.

Conflicts of Interest

Covered persons must report actual or potential conflicts of interest. Use the Reporting Process on Page 6. Conflicts of interest in the workplace can pose a potential for harm to the company's business interests, or create an appearance of improper influence.

A conflict of interest exists when a person's private interests interfere, or appear to interfere, in any way with the interests of the company.

Conflicts of interest also arise when a covered person or a member of his or her immediate family receives improper personal benefits as a result of his or her position in the company.

Covered persons cannot employ or engage family members in company positions that create conflicts of interest. Examples include, but are not limited to, an employee: having other employment or business interests that may interfere with your employment or duties, having direct supervisory authority over a family member (unless an approved exception by the Senior Vice President of Human Resources and Chief Executive Officer); having payroll responsibility over a family member; or having significant influence over the pay, benefits, career progression or performance of a family member without the express permission of the engaging employee's supervisor.

No covered person may personally gain from any purchase or business decision in which that person participated on behalf of the company.

Covered persons must avoid situations that create, or appear to create, conflicts that may make it difficult for the person to perform work, or make decisions objectively and effectively. No covered person should engage in undisclosed or unapproved business arrangements on behalf of the company with family members.

Each full-time employee is expected to serve the company's interests on a full-time basis. Such employee should disclose, to his/her supervisor, any other employment for an employer who is in the same business as the company. An officer or member of management will determine if the other employment relationship constitutes a conflict of interest.

- Such employee may not be involved as an owner, consultant, or employee of any business in competition with the business of the company.
- The continuation of the same facts and circumstances occurring in the ordinary course of business, as well as interests arising out of those circumstances, will not constitute a conflict of interest, if they have been disclosed to, and approved by, the company's Board of Directors as of the date of the Directors' adoption of this Code.

Care to Relatives

You must tell your supervisor or location manager if you are providing direct care or supervising the care of one of your relatives, or doing the same for anyone for whom you have power of attorney or guardianship. Keep in mind that acting as a power of attorney, or guardian, and as an employee is prohibited in some states.

Your supervisor or location manager will evaluate the situation to decide if there is a conflict of interest and what is in the best interest of the relative, patient, or resident.

Each situation will be addressed on a case-by-case basis.

Ineligible Persons

You are obligated to **immediately notify your supervisor or location manager and the Compliance Officer** of any communication to you from an outside party about your inability to provide services that are reimbursed by Medicare or Medicaid.

The Compliance Department routinely searches the Department of Health and Human Services' Office of Inspector General list of excluded individuals/ entities, the Systems for Award Management exclusions list, and similar state exclusions lists, to ensure that excluded individuals are not employed or contracted with the company.

Why does the Compliance Department do that routine search?

Federal Law prohibits us from contracting with, employing, or billing for services provided by an individual or entity that;

- is excluded, or ineligible to participate in, federal healthcare programs
- is suspended or debarred from federal government contracts
- has been convicted of a criminal offense related to the provision of healthcare items or services and
- has not been reinstated in a federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility
- has been found guilty, by a court of law, of abuse, neglect, exploitation, misappropriation of property or mistreatment
- has been disciplined by a licensing authority as a result of abuse, neglect, or misappropriation

Background Screening

All job offers for new employees, or eligible former employees applying for rehire, are contingent upon successful completion of a comprehensive criminal background check, including review of eligibility described above.

- Transferring employees may also be subject to criminal background screening when the transfer involves a promotion or change in the state of employment or applicable law. **This policy protects the patients and residents we serve, ensuring they are safe and secure in our care.**

Drug and Alcohol Testing

Our ability to provide quality care can be dangerously affected by drug and alcohol abuse. **New employees in selected positions are required to undergo a drug test as a condition of employment.**

- Under certain circumstances, existing employees are also subject to drug/alcohol testing.

Arrest and Indictment or Conviction

You must notify your location manager or supervisor if you are arrested (unless prohibited by state law), indicted, or convicted of a misdemeanor or felony, or have pleaded guilty or no contest. You may also notify the company by contacting the Employee Reach Out Line at 800-893-2094.

The location manager or supervisor in conjunction with Human Resources, will review all available information before taking any action. If you are convicted of certain serious crimes, or if you fail to report this activity, you may not be permitted to continue employment.

What else do I need to know?

In the event of a conflict between this policy and applicable state law, the applicable state law will apply. If you have information of a co-worker's arrest, indictment or conviction, report this information.

Use the Reporting Process described on page 6 in this manual.

Licensure and Certification

If your position requires that you be licensed, certified and/or registered, you must provide evidence of certification before starting employment.

- During your employment or service with us, it is your responsibility to renew your license as required by law, to provide verification to your supervisor, and to notify all appropriate agencies if your name or address changes
- You are also required to immediately report to your supervisor or location manager if any licensing agency has initiated an investigation, if any action has been taken against your license or certification, or if you have worked when your required license/certification has expired or lapsed
- We are required to report to the state nurse aide registry or licensing authorities any knowledge of actions by a court of law against any employee which would indicate unfitness for service as a nurse aide or other facility staff

BUSINESS INTEGRITY

Business Opportunities

All covered persons have an obligation to advance the company's interests when the opportunity to do so arises.

If an executive officer or director of the company wishes to pursue a business opportunity - that is in the company's line of business and was discovered or presented through the use of corporate property or information, or because of his or her position with the company - they must first fully present the business opportunity to the company's Board of Directors.

- If the company's Board of Directors elects not to pursue the business opportunity, then the executive officer or director may pursue the business opportunity in his or her individual capacity on the same terms and conditions as originally proposed and consistent with the other ethical guidelines set forth in this Code

All other covered persons who wish to pursue a business opportunity - that was discovered or presented through the use of corporate property, information, or because of the covered person's position with the company - must first fully disclose the terms and conditions of the business opportunity to the employee's immediate manager. The immediate manager will contact the General Counsel and the appropriate management personnel to determine whether the company wishes to pursue the business opportunity. If the company waives its right to pursue the business opportunity, the covered person may pursue the business opportunity in his or her individual capacity on the same terms and conditions as originally proposed and consistent with the other ethical guidelines set forth in this Code.

Proper Use of Resources and Assets

Business assets (including but not limited to, employee time, supplies, equipment, and information) must be used in a responsible manner and only for legitimate business purposes. A business asset should not be used for personal purposes without the prior approval of a supervisor. The occasional personal use of telephones, copying machines, the computer (including e-mail), where the costs are insignificant, are permitted, but the company reserves the right to review the personal use of company assets and does not ensure privacy protection for such personal use. Any use of business assets for personal reasons is prohibited. Use of any business asset for any charitable or political purpose must be in accordance with company policy.

No employee may use corporate property, information, or his or her position with the company, for personal reasons, nor should employees compete with the company.

Fair Dealing

All covered persons are expected to compete vigorously in business dealings on behalf of the company, but, in doing so, must deal fairly with other covered persons and the company's investors, service providers, suppliers, and competitors.

- Covered persons must not take unfair advantage through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair dealing practice
- Covered persons must never seek to induce another party to breach a contract in order to enter into a transaction with the company
- Purchase decisions should be made only on sound business principles and in accordance with ethical business practices.

Business Arrangements

The company has pre-approved purchasing arrangements with many vendors, suppliers, and service providers to deliver quality cost-effective services. Proposals for items or services to be obtained outside these arrangements must comply with guidelines for approval authority, documentation, and pre-approval. **Any questions or concerns should be discussed with the Law Department.**

The company has developed standard form agreements appropriate to document most business arrangements. These forms can be obtained from the Law Department.

Proposals for modification to a form agreement or utilization of a non-form agreement must receive advance approval from the Law Department.

Antitrust Laws

Business activities must be conducted in accordance with applicable antitrust and competition laws. Some of the most serious antitrust offenses are agreements between competitors that limit independent judgment and restrain trade. Examples include agreements to fix rates, or to divide a market for customers, territories, products or purchases. Any communication with a competitor's representative, no matter how innocent it may seem at the time, may later be subject to legal scrutiny and form the basis for accusations of improper or illegal conduct. All covered persons should avoid situations from which an unlawful agreement could be inferred.

Stark Law

The Stark Law says that if a medical facility has a financial relationship with a physician or a family member of the physician, then that physician may not refer patients to the facility for designated health services and the facility may not bill for such services, unless an exception to the law is met. This prevents the physician from receiving money for referring patients, and ensures that the physician acts in the patient's best interest, not their own.

Patient Inducement

Federal law states that healthcare providers cannot influence a person's choice of where to receive care by giving or offering the person anything of value that is likely to influence their choice of healthcare provider. Giving or offering something to someone means providing the item for free or charging less than fair market value. Examples of inappropriate inducement include giving or offering: cash (e.g. cash value or in-kind), items (e.g. prizes, gifts, or giveaways), services (e.g. transportation), or waivers of copayments or deductible amounts.

Kickbacks and Referrals

A "kickback" is a receipt of anything of value, including cash, goods, supplies, services, or other remuneration, in exchange for referring business reimbursable under federal, state, or certain private reimbursement programs.

All agreements with referral sources and agreements where the company is the referral source must be in writing; and, if a format to be utilized has not been pre-approved by the Law Department, it must be submitted for review and approval before the agreement is finalized. This means we may not give or receive anything of value in exchange for referrals to our business (e.g. patient services) or someone else's business (e.g. a supply vendor).

Unlike the Stark Law, this law applies to everyone, not just physicians.

Accepting or offering kickbacks in exchange for referrals is against the law and is not tolerated.

Physician, Hospital, Health Care Provider/Supplier Arrangements

Federal and state laws and regulations govern the relationship among skilled nursing facilities, physicians, other health care facilities, and ancillary health care providers. Covered persons who negotiate contracts or other transactions, file claims for payment, or make payments for services rendered, must be aware of the laws, regulations, and policies that address relationships between these health care providers/entities. Proposed transaction structures must comply with applicable legal requirements imposed by federal/state laws, and receive advance approval from the Law Department.

Once implemented, transactions must be conducted consistent with the approved structure to maintain compliance with legal requirements.

Intellectual Property Rights

The company's intellectual property includes all registered service marks, i.e., trademarks, trade names, logos, etc. All intellectual property must be properly used. Any infringement by others should be reported to the Law Department. No covered person may infringe upon the intellectual property rights of others. Use of the name, trademarks, logos or printed materials of another company, must be done properly and in accordance with applicable law. Works of authorship such as books, articles, drawings, computer software and other materials may be covered by copyright laws. It is a violation of those laws to make unauthorized copies of, or derivative works based upon, copyrighted materials. The company licenses the use of much of its computer software from outside companies. In most instances, this computer software is protected by copyright. Unauthorized copies of computer software must not be made, used or acquired.

Government Investigations and Litigation

Obeying the law, in both letter and spirit, is the foundation on which the company's ethical standards is built. You must respect and obey the laws of the cities, states, and country in which the company operates. If a law ever conflicts with a policy in this Code, you must comply with the law.

WHEN IN DOUBT, REACH OUT!

If you are contacted about investigations related to the company or your employment or service, ask your supervisor or location manager for guidance (see Reporting Process on page 6).

Supervisors must obtain guidance from the Law Department. The Law Department can verify the investigator's credentials, determine whether or not the contact is legitimate, and help make sure the proper procedures are followed for cooperating with the investigation.

It is company policy to cooperate with government investigations. Government investigations are part of the healthcare environment today. The procedures for cooperating with these investigations can be complicated. The company has specific policies and procedures that provide more detailed information on how to respond in such situations. **If someone who claims to be an investigator or inspector contacts you at work, we request that you tell your supervisor or location manager that you need advice about a possible government investigation.**

Because we are in a heavily regulated industry, government investigators or inspectors, or people saying they are, may contact you outside the workplace. Whether you choose to cooperate in the investigation is your decision; however, we ask that if you do have concerns about any matter affecting your workplace, you also bring those concerns to our attention so that we may address them with remedial action as appropriate. As a reminder, if you do not feel comfortable bringing your concerns to the attention of your supervisor or location manager, you can report your concerns using the other steps in the Reporting Process on page 6 of this Code.

- You have a legal right to contact an attorney before you respond to an investigator's questions. In some cases, the company may provide an attorney
- Contacting an attorney or your supervisor before talking with an investigator does not in any way suggest improper conduct

If you receive a subpoena or other written request for information (such as a civil investigation demand) from the government or a court, inform your supervisor or location manager and contact the Law Department's Regulatory Team immediately who will coordinate the response to the requestor. Supervisors are required to contact the Law Department for advice in these matters.

To comply with Government Investigations and Litigation Procedures, you must **NEVER**:

- Lie or make false or misleading statements to any government investigator or inspector
- Destroy or alter any records or documents in anticipation of a request from the government or court
- Attempt to persuade any person to give false or misleading information to a government investigator or inspector
- Be uncooperative with a government investigation

As may be directed by the Law Department, covered persons must retain and preserve all records (documents, e-mail, electronic data, voicemails, etc.) in their possession or control that may be responsive to the subpoena, or relevant to the litigation or investigation. Once a directive is issued to retain records, covered persons must not destroy relevant records and must stop the destruction cycle of records pursuant to record retention policies.

Lobbying Activities

Laws of some jurisdictions require registration and reporting by anyone who engages in such a lobbying activity as contacting government officials to obtain or retain business.

Failure to register can lead to a ban on business as well as other civil or criminal penalties.

Individuals who do not normally participate in lobbying activities, as part of their duties with the company, should contact the Government Relations Department for guidance in these efforts.

Vendor Relationships

The company is committed to fair competition among vendors and contractors with whom we may do business. Arrangements between the company and its vendors must always be approved by management.

Contractors or vendors, who provide patient care, reimbursement, or other services to beneficiaries of federal healthcare programs, are subject to the Compliance and Ethics Program, and must:

- maintain our standards for the products and services they provide to our company and patients
- comply with all policies and procedures as well as the laws and regulations that apply to their business or profession - including the Federal False Claims Act and similar state laws and federal and state laws governing confidentiality of resident and employee information
- maintain all applicable licenses and certifications, and have available current documentation of that information
- require that their employees comply with this Code of Conduct, the Compliance Program, and training as appropriate

The company encourages vendors to adopt their own comparable ethical standards in their business agreements for healthcare services. Business Associate Agreements must be obtained in writing and approved by the Law Department prior to the provision of services to residents. Contact the Law Department for more information about business arrangements.

Marketing and Advertising

The company uses marketing and advertising activities to educate the public, increase awareness of our services, and recruit new employees. Promotional materials and announcements (whether verbal, printed, or electronic/Internet) will present only truthful, informative, non-deceptive information. Individual resident information will not be used for marketing without appropriate authorization.

FINANCIAL INTEGRITY

Financial Reports & Accounting Records

The company promotes fair, full, accurate, timely, and understandable disclosures in all public communications. This includes reports and documents that are filed with, or submitted to, governmental authorities.

Covered persons involved in creating, processing, or recording financial reports and accounting records, are responsible for the integrity of the information. They must make sure that all information is accurate and complete.

Such covered persons shall not create, nor submit, false claims, false invoices or expense reports, or forged or altered checks; nor shall they participate in the misdirection of payments, unauthorized handling or reporting of transactions, creation or manipulation of financial information so as to artificially inflate or depress financial results, or any improper or fraudulent interference with, or coercion, manipulation or misleading of, the company's auditors or the Board of Directors.

Any covered person who observes or suspects any such activity must immediately report the concern to a supervisor or location manager and to the Reach Out Line, in accordance with the **Reporting Process** (page 6). Involvement in or failure to report such activities will result in disciplinary action up to and including termination, and, as may be appropriate, referral to authorities for possible prosecution.

Audit Processes

No covered person, or agent acting under the direction of such, shall directly or indirectly take any action to coerce, manipulate, mislead, or fraudulently influence any independent public, or certified public accountant engaged in the performance of an audit or review of the financial statements of the company, if that person knows or should know that such action, if successful, could result in rendering the company's financial statements misleading.

Disclosure Procedures

Any person designated to make disclosures must be aware of, and act in compliance with, company procedures for developing and making public disclosure in order to prevent making inadvertent or selective disclosure to analysts or others.

Securities Fraud

No covered person may knowingly execute, or attempt to execute, a scheme or artifice to defraud any person in connection with any security of the company in order to obtain, by means of false or fraudulent pretenses, representations, or promises, any money or property in connection with the purchase or sale of any security of the company.

Insider Trading

Genesis HealthCare, Inc.'s stock may be bought and sold through the stock market. The law prohibits a person from buying or selling securities of a public company at a time when that person is in possession of "material nonpublic information." This conduct is known as "insider trading." Passing such information on to someone who may buy or sell securities (known as "tipping") is also illegal.

- Information is "material" if (a) there is a substantial likelihood that a reasonable investor would find the information "important" in determining whether to trade in a security; or (b) the information, if made public, likely would affect the market price of a company's securities

Do not disclose material nonpublic information to anyone, including co-workers, unless specifically authorized to do so in accordance with the company's insider trading policy. If there is any question as to whether information regarding the company or another company with which it has dealings is material or has been adequately disclosed to the public, contact the Law Department.

Return of Monies

There may be circumstances where a return of monies to an external party is required, sometimes referred to as an overpayment. Concerns regarding funds received in error (overpaid) are required to be reported through the Four Step Reporting Process. The Compliance Department evaluates and coordinates overpayment activity in accordance with regulatory timelines.

Loans

The company does not extend loans/credit to directors and officers, or covered persons. Temporary travel advances are not considered loans, and are permissible. However, permanent travel advance arrangements are considered loans and are not permitted.

Payments to Government Personnel

The U.S. Foreign Corrupt Practices Act prohibits giving anything of value, directly or indirectly, to officials of foreign governments, or foreign political candidates, to obtain or retain business. Illegal payments to government officials of any country are strictly prohibited.

In addition, federal laws and regulations guide business gratuities that U.S. government personnel may accept. The promise, offer or delivery to an official or employee of the U.S. government of a gift, favor or other gratuity, in violation of these rules, would not only violate company policy, but could also be a criminal offense. State and local governments, as well as foreign governments, may have similar rules. All employees, officers and directors are prohibited from offering any form of bribe or inducement to any person.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA Standards

The company's intent is to comply with all aspects of the HIPAA Privacy and Security Rules, in policy and in practice.

All covered persons with access to Protected Health Information ("PHI") must assure that resident/patient information is maintained in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules.

Only persons authorized by law may access residents'/patients' medical records and other PHI.

The HIPAA Security Rule applies to maintaining electronic information and communications secure and encrypted.

- All information and communication in electronic format must remain secured and encrypted; and must not be stored outside of the company's direct control, including but not limited to unencrypted storage devices (such as flash drives and removable disks), home computers or personal email accounts

Unauthorized disclosure of PHI or other HIPAA violations must be reported using the Reporting Process on Page 6.

HIPAA Standard	What it means
The Law	The Health Insurance Portability and Accountability Act (HIPAA) and the HiTech Act are federal laws which require health care providers to protect the privacy of the patients and residents we serve. In that effort, we are required to safeguard their electronic protected health care information (EPHI).
Policy	All covered persons must comply with company policies and Federal HIPAA rules and regulations.
Training	Each covered person must attend HIPAA training as part of orientation and annual compliance training.
Privacy Officer	Any violation of a patient's or resident's privacy should be immediately reported to a supervisor and/or privacy officer designee . The privacy officer designees include: <ul style="list-style-type: none"> • Center Administrators/Compliance Liaisons • Other freestanding site managers • Corporate Compliance Officer
Release of Information	Disclosure of patient or resident PHI and/or photograph will only be allowed with a properly completed and signed authorization . Refer to the Corporate Policies regarding health information management for information.
Authorized Parties	Only authorized parties should access patient and resident PHI. Authorized parties include: <ul style="list-style-type: none"> • The patient or resident • A health care provider treating the patient • An authorized family member of the patient or resident
Operational Safeguards	Patient or resident PHI must always be protected from unauthorized parties. <ul style="list-style-type: none"> • Discuss a resident's care only with authorized parties and always in a protected area • Discard PHI utilizing a secure HIPAA bin, or shred each document • Retain, secure, and destroy records in accordance with Corporate Policy 4.13, <i>Retention and Destruction of Records Containing Protected Health Information (PHI)</i> • Fax PHI only to a pre-programmed designation or verify the fax number before transmission • Secure PHI when transporting and never leave it unattended • Never remove PHI from the business location without authorization
Technical Safeguards	Patient or Resident EPHI must always be protected. <ul style="list-style-type: none"> • Never share your computer password with anyone • Always use secure/strong passwords • Log off or lock your computer when left unattended • Encrypt electronic mail containing EPHI sent to an external location • Keep laptop computers in a secure location • Never use unauthorized storage devices such as unencrypted USBs or external hard drives
Unauthorized Usage	Patient and company information must never be used for personal reasons. <ul style="list-style-type: none"> • Never take or use a patient/resident photograph. Photographs of patients/residents are only permitted for business purposes under limited circumstances and with appropriate authorization. • The discussion of confidential company and patient information on external websites is not permitted • The sharing of patient/resident information on social network websites is unacceptable at any time

INFORMATION SECURITY

Electronic media, equipment and services are provided by the company primarily for business use.

Limited, occasional, or incidental use of electronic media and equipment for personal purposes is permitted, but the company reserves the right to track and review the personal use of company assets and does not ensure privacy protection for such personal use.

However, **you are not permitted to use the Internet for improper or unlawful activity**—including visiting pornographic, gambling, or other inappropriate sites – or to download or play games on company computers during scheduled work hours and when connected to the company network.

Internet use can be tracked. The company may monitor Internet usage. Such tracking may include routine audits of email, Internet-based chat rooms, blogs, video-sharing web sites or social networking web sites for unauthorized disclosure of confidential information related to patients, or other employees, or for revealing proprietary business information.

Email is for business purposes and should be professional and objective. No disruptive, harassing, soliciting, or offensive message may be sent by email.

Unauthorized disclosure of patient, employee or certain company information on Internet-based chat rooms, blogs or social networking web sites (such as Facebook, Instagram, Snapchat, Twitter, TikTok, WhatsApp, or any other social media platform), and in email and text messages sent outside the company, **may violate HIPAA privacy protections, patient rights and company policies** prohibiting the release of proprietary and internal information.

Such electronic communications often occur under the cover of an on-line alias and they may be accessed by the public. **Online aliases** do not permit any covered person to discuss any confidential information, whether related to patients, other employees or covered persons, or proprietary business information.

User IDs and passwords are provided to access, as well as to secure and protect, electronic information from inappropriate disclosure. They create electronic signatures and track data entries.

- User IDs and passwords must be kept confidential
- Sharing login or access information is strictly prohibited
- Managers are prohibited from directing subordinates to share passwords

Covered persons are responsible for ensuring that electronic information is protected.

VIOLATIONS OF THIS CODE

It is company policy that any covered person who violates this Code will be subject to appropriate discipline, including possible termination of employment or services.

Who is responsible for enforcing violations of this Code?

The Board of Directors is ultimately responsible for enforcing violations of this Code by officers and directors. The Chief Executive Officer is ultimately responsible for enforcing violations of this Code by all other employees.

How is it determined that a violation has occurred?

The determination will be based upon the facts and circumstances of each particular situation.

If a covered person is suspected of violating the Code, what happens next?

The covered person will be given an opportunity to present his or her version of the events at issue prior to any determination of appropriate discipline.

What are the penalties for violations of this Code?

Appropriate disciplinary penalties may include counseling, reprimands, warnings, suspension with or without pay, demotions, salary reductions, dismissals, and restitution.

Covered persons who violate government laws, rules or regulations, or this Code risk substantial civil damages, criminal fines, and prison terms.

The company may also face substantial fines and penalties. The company may incur damage to its reputation and standing in the community. Any conduct that does not comply with applicable laws or with this Code can result in serious consequences for both the person and the company.

Everyone must cooperate, as reasonably requested, in internal or external investigations of misconduct. **Failing to cooperate with an internal investigation will subject any covered person to disciplinary action.**

All questions and reports of known or suspected violations of the law or this Code will be treated with sensitivity and discretion.

- The company will protect a reporting person's confidentiality to the extent possible consistent with the law and the company's need to investigate any reported concern
- Any reprisal or retaliation against a person because they sought help or filed a report will be subject to disciplinary action, including potential termination of employment or service or removal from office

COMPLIANCE RESOURCES

The Compliance Team

Each affiliated company has a team that takes care of compliance activities.

Team members include Compliance Liaisons, or contacts, who implement and monitor compliance activities.

Compliance Department

- Oversees the Compliance Program
- Coordinates and communicates the design, implementation and monitoring of the Compliance Program
- Works with the management of each business line to adopt and ensure adherence to the policies, procedures, and laws that govern its business activities

Compliance Officer

- Administers and oversees the Compliance Program for all business lines
- Answers questions, initiates internal investigations when necessary, and resolves problems
 - Call 800-893-2094 to reach the Compliance Officer with any questions, complaints, concerns, or suggestions regarding the Program
- With the agreement of the Chief Executive Officer, may use any of the company's resources, including any outside consultants considered useful or necessary, to evaluate and resolve compliance issues and ensure the overall effectiveness of the Compliance Program

Compliance Liaisons

- Ensure the Compliance Program is implemented and followed
- Ensure all covered persons have direct and immediate resources for reporting and resolving compliance issues
- Available to address questions, complaints, concerns, or suggestions regarding the Program
- Attempt to resolve any compliance issues brought to their attention
- Must report all significant compliance issues to the Compliance Officer and assist in their resolution in any necessary way

Compliance Liaisons - Who are they?

- **Centers:** each Administrator, Market President, Senior Vice President, and Chief Operating Officer
- **Powerback Rehabilitation Services & Powerback Respiratory Health Services:** each Clinical Operations Area Director, Regional Vice President, and Senior Vice President
- **Genesis Physician Services:** each Medical Director, Regional Medical Director, Vice President of Medical Affairs and President
- **CareerStaff Unlimited:** each Area Manager, Regional Director, Vice President, and Senior Vice President and Chief Operating Officer

Compliance Liaisons - What do they do?

- Comply with and promote adherence to applicable legal requirements, standards, policies, and procedures, including, but not limited to, those within the Compliance and Ethics Program, Standard/Code of Conduct, Federal False Claims Act, and HIPAA
- Lead and support the Compliance and Ethics Program within their management area
- Ensure timely and accurate reporting and responses to compliance and HIPAA-related issues, and monitor corrective action plans related to issues
- Ensure staff participation in and documentation of orientation and training programs (including, but not limited to, all required compliance courses and relevant policies and procedures)
- Participate in compliance and other required training programs
- Provide access to the Reach Out Line and, within management area, open lines of communication for compliance issues
- Ensure no retaliation against staff who report suspected incidences of non-compliance
- Promptly report concerns and suspected incidences of non-compliance to supervisor, Compliance Liaison, or, via the Reach Out Line, to the Compliance Officer
- Participate in education, monitoring, and auditing of activities and investigations
- Implement quality assurance and performance improvement processes as required
- Complete performance reviews; determine compensation and promotions based on the accomplishment of established standards that promote adherence to compliance and quality standards
- Act as Privacy Officer Designee and Civil Rights Compliance Coordinator for their business area; prepare compliance reports as required

NOTE: Genesis uses monitoring, auditing, and/or other risk evaluation techniques to monitor compliance, identify problem areas, and assist in reducing identified problems. These efforts are generally focused on internal operations. Reviews of contractors and partners are completed as necessary based on risk assessment and reported issues.

Thank you for doing your part to maintain the company's integrity.

You are so important to our success! Today, the healthcare industry faces many complex challenges. We must provide care more efficiently, manage costs, and obey the growing number of healthcare laws and regulations. Consumers, regulators, and the government are watching us to make sure we provide quality care and obey the law.

Your compliance with the requirements of this Code of Conduct is critical for the company's continued success. The success of the Compliance Program depends on each of us and our commitment to act with integrity – both personally and as a company. It is all of our responsibility to:

- Study the Code of Conduct and information about the Compliance and Ethics Program
- Complete required training programs
- Comply - at all times – with ethical, professional, and legal responsibilities
- Perform our duties as directed by the regulations and standards that govern our professions

When in Doubt, Reach Out!

Report any observation or suspicion of any situation you believe may be unethical, illegal, unprofessional, or wrong.

Examples include, but are not limited to:

- substandard care
- altered or falsified medical records
- inaccurate claims
- improper payments or questionable accounting
- internal accounting controls or auditing matters
- any clinical, ethical, or financial concern

REMEMBER: If you fail to perform your professional duties or if you suspect a violation and do not report it, you will face disciplinary action. In some cases, you may even face legal action.

However, you can make a report without fear of retaliation, retribution or harassment. The company will look more favorably on covered persons that report his or her own errors.

The law mandates that you report known or suspected instances of abuse. Failure to do so is a crime. When you make a report, you are acting in accordance with the law and in an ethical manner.

CODE OF CONDUCT ACKNOWLEDGMENT

I acknowledge that I have received my copy of the Code of Conduct. I have read the Code and have had the opportunity to ask questions about the Code and my obligation to comply with its requirements. If I have more questions I will ask my supervisor, another member of management or call the Reach Out Line.

I understand how the Code of Conduct relates to my position with the company and I agree to abide by all Code requirements. **I agree to report Code of Conduct violations that I become aware of in accordance with the Reporting Process.** I acknowledge that my duty to make such prompt disclosure is a vital part of my responsibilities, and that **my failure to report known or reasonably suspected unlawful or improper conduct may be grounds for discipline or termination of services.** **Unless detailed below, I acknowledge that as of this date I have no knowledge of any transactions or events that appear to violate the Code of Conduct.**

I understand that I am required to report **all** concerns and conflicts of interest, either below or by using the Reporting Process:

- Talk to your supervisor or manager
- Talk to another member of the management team, or someone from human resources
- Talk to a market, region, area or national representative
- Call the toll-free Reach Out Line at (800-893-2094), available 24 hours a day, 7 days a week

I am aware of the following specific situations, issues, or conflicts of interest that have not been reported previously or that I am concerned have not been addressed. I am concerned these issues are violations of the Code of Conduct (leave blank if nothing to report):

Name: _____

Signature: _____

Date: _____