RICEVILLE FAMILY CARE & THERAPY CENTER

CORPORATE COMPLIANCE PLAN

With the recent enactment of the Affordable Care Act, health care providers are now required to have in place a compliance plan that establishes that Riceville Family Care and Therapy Center’s standards, policies, and procedures regarding compliance with applicable laws governing financial relationships among health care providers or other potential sources of referrals. That it is designed to ensure that the business and billing practices comply with applicable Federal and State law. The compliance plan also establishes quality of care and specifies a Code of Conduct to be followed by employees and contracted staff.

The compliance plan also provides for audits of the policies and procedures to ensure that Riceville Family Care and Therapy Center is adhering to the quality standards and policies and procedures that are in place.

The compliance plan further requires that residents, family members, employees, and the public shall have an opportunity to file a complaint with Riceville Family Care & Therapy Center should they believe that the facility is not in compliance with Federal or State statutes. The process shall allow that complaints keep the identity of the informant confidential if at all possible. The informant can file a complaint anonymously if they so desire. The compliance plan further provides that there shall be no retaliation against a resident, family member, or employee should they file a complaint.

There will be a number of opportunities for an individual to file a complaint including: via an email addressed to the Compliance Officer at [compliofficer@myomnitel.com](mailto:compliofficer@myomnitel.com), or by dropping a written complaint in one of the locked complaint boxes in the facility. One box located near the therapy entrance and the other in the entrance alcove at the front of the building. A complaint can be made via the mail or directly to the compliance officer at Riceville Family Care and Therapy Center by phone or in person.

A complaint form will be provided at the complaint boxes. All information provided will be kept as confidential as allowable. Complaintants are asked to be specific as to details, to include dates of events, and names of any residents or employees that may be involved. While they can file a complaint anonymously, it is helpful if they would include their name and a contact number in case there are questions or details that need to be cleared up.

RICEVILLE FAMILY CARE & THERAPY CENTER

COMPLIANCE PLAN - COMPLAINT FORM

NAME of COMPLAINTANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional)

CONTACT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional)

DESCRIBE THE NATURE OF THE COMPLAINT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE OR DATES OF THE INFRACTION, IF KNOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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NAMES OF ANY EMPLOYEES OR STAFF OF THE FACILITY INVOLVED IN THE INFRACTION, IF KNOWN.

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NAMES OF ANY RESIDENTS THAT MAY BE AFFECTED, IF KNOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOW DID YOU BECOME AWARE OF THE INFRACTION? FIRST HAND KNOWLEDGE OR SECOND HAND?

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WOULD YOU BE WILLING TO VISIT WITH THE COMPLIANCE COMMITTEE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feel free to use additional paper if necessary.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*COMPLIANCE COMMITTEE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Complaint ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Date complaint was received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint to be \_\_\_\_ investigated \_\_\_\_ not investigated

Complaint findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3/2013