

## ST. CABRINI NURSING HOME

Policy #

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*Department:* **Corporate Compliance**

*Title:* **Investigating Compliance Concerns**

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**Policy:** St. Cabrini Nursing Home (“Cabrini”) takes all reports of misconduct and policy violations seriously, and will seek to address any potential, or actual, misconduct as early as possible, and take steps to attempt to prevent recurrence in the future. Cabrini will investigate, manage and resolve all claims of compliance misconduct or wrongdoing brought to its attention, including disciplinary action, if indicated. All employees and other affected individuals/organizations are required to comply with this policy. This policy is available, accessible and applicable to all affected individuals, and comports with Cabrini’s mission to focus on elder-care and outreach to the community through compassionate and quality service with an emphasis on justice and respect for all.

**Purpose:** To establish protocols for how the Compliance Department receives, documents, investigates, resolves and disciplines, if necessary, compliance concerns.

### ***Responsibility***

All Affected Individuals (Employees, medical staff, Cabrini governance, Residents and Patients or their authorized representatives, contractors/vendors)

### ***Procedure***

Compliance reporting can be done in numerous ways: to a supervisor, administrator, compliance phone “hotline,” (914-999-5330), directly to the Compliance Officer (“CO”) (914-693-6800 x 573), in writing, in person or by email at [scnhcompliance@cabrini-eldercare.org](mailto:scnhcompliance@cabrini-eldercare.org) There is no specified reporting form. Written reports can be made on plain paper in order to assure convenient, rapid reporting.

Reports may be made anonymously. Any reports made, whether anonymous or not, should include as much detail as possible so that Cabrini can investigate the matter appropriately. Important details may include the names of the people involved in, or witness to, the matter; the dates and times of the incident(s) (approximate or exact); where it occurred and why the reporter believes the incident(s) should be reported. Insufficient detail may make it impossible for Cabrini to investigate the matter. Any employee who believes that they are personally involved in misconduct or a policy violation is still expected to report such incidents. Self-reporting will be considered when deciding whether or what disciplinary action is appropriate. Disciplinary action will be escalated based on intentional and/or reckless behavior.

Employees and other affected individuals are expected and required to cooperate fully with any Cabrini-designated investigators, providing truthful information. Any person who fails to cooperate with an investigation, or

intentionally lies to or misleads Cabrini investigators will be subject to disciplinary action up to and including employment termination for intentional or reckless behavior.

1. The individual receiving the report of a compliance concern will document as much detail as possible, whether anonymous or not, full contact information (phone, address, email address, and cellphone number—if possible. See the second paragraph in this section above for more detail.)
2. The Compliance Officer must be notified immediately, and the report forward to the Compliance Officer.
3. Any reports involving the Compliance Officer should be referred to the President/C.E.O.
4. The Compliance Officer will log the compliance concern in the log book, assigning it the next log number, and documenting all information provided.
5. The Compliance Officer will determine the appropriate individuals for the investigation based on those individuals having a sufficient level of expertise/knowledge with regard to the reported concern.
6. **Evidence Preservation.** Employees who have been informed or become aware of ongoing investigations for which they have potentially relevant records (e.g., email, instant messages, file, notes, photographs, recordings, etc.) must maintain these records and provide them to Cabrini. Any person who knowingly destroys potentially relevant records or information will be subject to disciplinary action, up to and including employment termination.
7. The Compliance Officer will add the compliance concern to the agenda of the next Corporate Compliance Committee meeting for review and discussion. It will remain on this agenda, with periodic updates, until resolved.
8. Those compliance concerns that involve referral to Cabrini's legal counsel will be investigated in collaboration with such counsel.
9. All compliance concerns that are logged, reported to the Corporate Compliance Committee, under investigation or resolved, are included in the Corporate Compliance Committee's report to the Audit and Compliance Committee of the Board of Trustees.

**Mandatory Reporting:** Those compliance concerns that are mandated to be reported to New York State or the federal government, or their authorized representatives, must be reported in the manner so designated by NYS or the federal government, including specified forms and/or formats. Examples of such reporting include, but may not be limited to, overpayments, reportable incidents, and breach of protected health information.

**Breach Notification:** For breaches of protected health information (“PHI”) and/or NYS-designated privacy information, examples include but are not limited to: emailing PHI without encryption, texting PHI, faxing PHI to the wrong recipient(s), and verbal exchange to unauthorized individuals, please see the “Breach Notification Policy.”

**Confidentiality:** While Cabrini cannot guarantee confidentiality in every circumstance, it will make every effort to protect the identity of any employee making a report in good faith. Such information will be shared only on a need-to-know basis with individuals responsible for investigating and/or otherwise resolving the concern. For each investigation undertaken, Cabrini will consider whether it is appropriate to require those employees interviewed as part of the investigation process not to discuss the matter with others and to maintain confidentiality.

**No Retaliation:** Cabrini does not tolerate retaliation against individuals for reporting issues of potential policy and/or legal violations in good faith.

**REFERENCES: 18 NYCRR Part 521-1.4(a)(1) and (2)(vi)  
HIPAA (45 CFR, Parts 160 and 164)  
NYS General Business Law 899-aa and bb (SHIELD ACT)  
NYCRR Title 23, Part 500**

Approved by:

Title: Patricia Krasnausky  
President/C.E.O

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*Effective*      November      *Revised Date:*  
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