STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING _____ B. WING _____	C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	**1111 LANE 12 LOVELL, WY 82431**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation was performed on 4/1/25 to 4/2/25. The survey was prompted by complaints WY00004303 and WY00004321. The following common abbreviations are used throughout this document: MDS: Minimum Data Set BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant DON: Director of Nursing	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580		4/17/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/17/2025

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F 580	Continued From page 1 is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on medical record review, resident representative and staff interview, and policy and procedure review, the facility failed to notify family of changes for 1 of 3 sample residents (#1). The findings were: 1. Review of the annual MDS assessment dated 2/18/25 showed resident #1 had a BIMS score of 12 out of 15, which indicated s/he had moderate cognitive impairment, and diagnoses which included cerebral infarction due to occlusion. Review of the facility incident review showed the resident had a fall during a transfer on 2/16/25.	F 580	F580 A) Resident #1's family representative was updated on fall that occurred February 16, 2025 immediatley, and it was discussed during resident's #1 care conference February 26, 2025. All residents' representatives will be contacted immediatley after a fall and any other significant change to a resident or their plan of care. B) All nursing staff will be educated on regulation 483.10(g)(14)(i)-(iv)(15) titled "Notification of changes" and the facility	

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F 580	Continued From page 2 The following concerns were identified: a. Review of a progress note dated 2/18/25 and timed 3:30 AM showed the resident's representative called the facility on 2/17/25 at 7:40 PM to express a concern that the resident had a fall on 2/16/25 that was not reported to her, and the resident "may have hurt [his/her] wrist." Further review showed that following the call the resident was assessed by the nurse and had "no obvious open areas, no deformities or swelling, no apparent guarding or motor deficits in any limb; close inspection of left wrist shows no grimace or overt signs of pain elicited upon passive manipulation and observed active motion of the wrist: there is a slight bluish-colored bruising with indistince margins at lateral aspect of the wrist and a small, dry scab approx 1cm [centimeter] long x 2mm [millimeter] wide on the dorsal aspect of the wrist and this does not appear to need a bandage." b. Review of a progress note dated 2/18/25 and timed 3:24 PM showed an x-ray of the resident's left wrist showed no fracture. c. Interview with CNA #1 on 4/2/25 at 10:31 AM revealed the resident pulled his/her right foot up during the transfer, and when s/he started to slide out of the sling, the CNA called for assistance and lowered the resident to the floor. Further interview revealed the resident had not lifted his/her foot before during a transfer. The CNA revealed she reported the incident to the nurse on duty at that time. d. Interview with the DON on 4/2/25 at 11:04 AM confirmed the resident's representative was not called after the fall, and the facility policy was to notify the resident's family after a fall. Further interview revealed the nurse on duty was a traveler and was not aware of the policy to notify family after an assisted fall. Further interview	F 580	policy titled "Residents Falls." C) Quality Monitoring of representative notified immediately after a fall will be completed with the occurrence of a fall by the MDS Coordinator using the quality improvement tool until substantial compliance has been met. D) Staff will receive immediate in-service and corrective actions will be taken for any representative contacted after a fall is found out of compliance. E) Results will be reported quarterly as part of the facility's quality assurance program by the MDS Coordinator.	

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F 580	Continued From page 3 revealed immediate education was given to the nurse on the policy. e. Interview with the resident representative for resident #1 on 4/2/25 at 12:25 PM revealed that during a visit with the resident on 2/17/25 the resident had told her s/he had a fall during a transfer on 2/16/25. Further interview revealed the resident had a bruise on his/her wrist, and the representative was upset she had not been notified about the fall. 2. Review of the policy titled "Resident Falls" last reviewed on 5/1/23 showed "...In the event of a fall, family members of residents will be notified as well as the provider if the resident sustains an injury or possible injury...**A fall is anytime a patient falls, or a patient would have fallen if staff would not have been there to assist the patient to the floor."	F 580		