

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Atlas Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 Jones Ave Pueblo, CO 81004	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to provide treatment and care in accordance with professional standards of practice for one (#2) of three out of 12 sample residents. Specifically, the facility failed to notify the provider when Resident #2's pain medication was unavailable to be administered. Findings include: I. Professional reference According to PharMerica (undated) Missed Medication Administration retrieved on 2/5/26 from chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://pharmerica.com/wp-content/uploads/2022/03/Di Suggested steps for potential unavailable meds include: call pharmacy to order medication (faxing is also recommended for reproducible verification, but call for time sensitive medications); consult pharmacy staff to determine the appropriate delivery time (next scheduled delivery, STAT, etc); notify pharmacy of pertinent diagnoses and if any doses have already been missed; document the name of pharmacy staff you spoke to for your records, as well as keeping any fax confirmations; notify Prescriber of missed dose; and document in progress note that dose was missed and prescriber was notified (with any further instruction given by provider)II. Resident #2 A. Resident status Resident #2, age [AGE], was admitted on [DATE]. According to the February 2026 computerized physician's orders (CPO), diagnoses included protein calorie malnutrition, contractures (tightening or shortening of tissue around a joint) to the right and left knee, chronic pain syndrome, generalized osteoarthritis and open wounds to the right and left lower leg. The 1/12/26 minimum data set (MDS) assessment documented the resident was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15. He was dependent on staff for transfers, toileting, bathing and dressing. B. Resident interview Resident #2 was interviewed on 2/4/26 at 2:03 p.m. He said he had missed his pain medication three or four separate times since he moved into the facility. He said when he missed his immediate release oxycodone, he started to feel increased pain in his legs and withdrawal symptoms that felt like he was craving the medication. He said he also takes a long acting version of the same medication so that helped dampen the effects a little bit of missing the medication. He said he was always in pain and the pain medication helped the pain but did not take it away completely. He said when the facility ran out of the pain medication, he was told they were waiting on it from the pharmacy. He said he relied heavily on the staff and if they messed up his medications, he was the one who had to suffer. C. Record review A review of the February 2026 CPOs included the following orders: -Oxycontin oral tablet extended release (ER) 12 hour abuse-deterrent 20 milligrams (mg), give one tablet by mouth two times a day for pain, ordered 4/28/25-Roxicodone oral tablet 5mg, give two tablets by mouth every four hours for chronic pain, ordered 10/14/25-Oxycodone HCl oral tablet 5mg, give two tablets by mouth every 24 hours as needed for breakthrough pain 5-10 out of 10, ordered 1/27/26-Monitor the level of pain and document 1-10. The resident's acceptable pain is 5/10. Use non-pharmacological interventions before the as needed (PRN) pain medication. Record non-pharmacological interventions in supplementary</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 065232
		If continuation sheet Page 1 of 3

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