

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Horizons Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Highway 65 Eckert, CO 81418	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to report and investigate allegations of abuse involving three (#2, #3 and #7) of six residents reviewed for abuse out of 11 sample residents. Specifically, the facility failed to timely report potential abuse towards Resident #2, Resident #3 and Resident #7. Findings include: I. Facility policy and procedure The Resident Protection Freedom from Abuse, Neglect, and Misappropriation policy, revised 11/3/22, was provided by the nursing home administrator (NHA) on 1/5/26 at approximately 6:00 p.m. It read in pertinent part, Each individual has the right to be free from verbal, sexual, physical, and mental abuse, including injuries of unknown source, misappropriation of resident property, corporal punishment, mistreatment, including, but not limited to, facility/service staff, other resident, consultants, volunteers, or other individuals. Employees must always report alleged abuse/neglect immediately to the supervisor or the building supervisor. The executive director /or designated representative must be contacted immediately by the supervisor or reporter regarding all allegations of abuse/neglect. Immediately reporting may be reported via voicemail/answering machine. Document the date and time of notification. The director of nursing will be contacted per protocol and will involve social services or designee. If there is suspicion that abuse occurred, it will be reported to the state reporting agency in accordance with the state law immediately, not later than 2 (two) hours if the alleged violation involves abuse or results in bodily injury and 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. II. Resident #2 A. Resident status Resident #2, age greater than 65, was admitted on [DATE] and passed away on 10/31/25. According to the October 2025 computerized physician orders (CPO), diagnoses included major depressive disorder, single episode, hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting right dominant side, aphasia following cerebral infarction and Parkinson's disease without dyskinesia. The 9/11/25 minimum data set (MDS) assessment revealed the resident had moderate cognitive impairment with a brief interview for mental status (BIMS) score of eight out of 15. Resident #2 had functional limitations of range of motion with his upper and lower extremities and used a wheelchair for mobility. He required staff assistance for his activities of daily living (ADL) and was dependent on staff to bathe, toilet, dress and transfer from surface to surface. The MDS assessment documented Resident #2 did not have physical or verbal behaviors directed at others and did not have rejections of care. B. Record review The vulnerability care plan, resolved 6/18/25, identified Resident #2 was at risk for being vulnerable related to his cognition, hearing loss, slurred speech and use of a wheelchair. The care plan documented staff would provide a safe environment for the resident. -Review of the comprehensive care plan did not identify a care plan or care plan interventions between 6/18/25 and 10/31/25 that addressed the resident's vulnerability risk related to his physical and cognitive limitations. A 9/2/25 incident note documented a certified nurse aide (CNA) tried to get Resident #2's vital signs and he started fighting her</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: 065258	Facility ID: 065258 If continuation sheet Page 1 of 7

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