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	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Horizons Care Center	1111 Lane 12 Lovell, WY 82431

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50485 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 [DATE] 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. 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 revealed immediate education was given to the nurse on the policy. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.