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	06/10/2026

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** Based on medical record review, and staff and resident representative interview, the facility failed to notify the responsible party following a change of condition in 1 of 3 sampled residents (#1) reviewed. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed resident #1 had severe cognitive impairment, and had diagnoses which included, Alzheimer's dementia, diabetes mellitus, and urinary incontinence. Further review showed the resident required staff assistance with bed mobility and personal cares. Review of a 7/30/25 Braden score assessment showed the resident was at severe risk for developing pressure ulcers. The following concerns were identified:a. Review of the nursing progress note dated 7/13/25 and timed 12:14 PM showed . There was a small opening on [his/her] coccyx. Wound was cleaned and a 4X4 Mepilex was applied.b. Review of the nursing progress note dated 7/14/25 and timed 12:23 PM showed . Spoke with wound care nurse. about residents coccyx wound. if worsening occurs to notify wound care nurse right away.c. Review of the nursing progress note dated 7/15/25 and timed 9:52 PM showed . Resident has a coccyx wound with calazime getting applied, when this LPN checked the residents wound it was tender and resident had a reaction when LPN was assessing it. Calazime was reapplied in a thin layer to open area.d. Review of the 7/30/25 document titled Care Plan Conference Summary showed the coccyx wound was discussed with the resident's representative. Review of the resident's medical record showed no evidence the resident's representative was notified of the wound prior to the care conference. 2. Interview with the wound care nurse on 6/9/26 at 8:59 AM confirmed the resident's representative was not notified of the coccyx wound prior to his/her care plan conference on 7/30/25. 3. Interview with the resident's representative on 6/9/26 at 8:45 AM confirmed she had not been notified of the coccyx wound prior to the care conference on 7/30/25. 4. Interview with the DON on 6/9/26 at 3:39 PM revealed staff were expected to notify the resident representatives Anytime there is a change of condition, from outside their norm.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, incident report review, and policy and procedure review, the facility failed to protect the resident's right to be from physical abuse by a resident for 1 of 4 sample residents (#3) reviewed for abuse. This failure resulted in actual harm to resident #3 who suffered fractures. The findings were: 1.Review of the quarterly MDS assessment dated [DATE] showed resident #3 had a BIMS score of 3 out of 15, which indicated severe cognitive impairment, and had diagnoses which included Alzheimer's dementia, anxiety disorder, and depression. Further review showed resident #3 (victim) was independent with mobility, including walking. Review of the quarterly MDS assessment dated [DATE] showed resident #2 (perpetrator) had severe cognitive impairment and diagnoses which included Alzheimer's dementia, and anxiety disorder. Further review showed resident #2 was independent with mobility, including walking. Review of the resident's behavioral care plan dated 10/2/25 showed the resident displayed physical and behavioral symptoms directed toward others, including hitting, pushing, and grabbing. Further review showed interventions which included Evaluate for signs of irritation when interacting with others and Attempt to redirect when . upset with others. The following concerns were identified:a. Review of the facility incident report dated 4/15/26 showed at 2:05 PM resident #3 was standing in the atrium and was uncomfortable with how close resident #2 was standing next to him/her. Resident #3 told resident #2 to leave or move and waved a hand in a swatting motion. Resident #2 then pushed resident #3 with both hands against resident #3's abdomen. Resident #3 fell backwards landing on his/her coccyx. The two residents were separated following the fall. Resident #3 expressed pain in both wrists, exhibited wrist swelling and bruising, and became unresponsive at which time emergency services was called. Further review showed resident #3 was sent to the emergency room for further evaluation.b. Review of the emergency room report dated 4/15/26 and timed 5:23 PM showed resident #3 had fallen and experienced a syncopal episode. The resident reported both wrists hurt bad and was unable to squeeze the physician's fingers.c. Review of the wrist X-ray report dated 4/15/26 and timed 7:35 PM showed resident #3 had a mildly displaced intra-articular fracture of the right distal radius, mildly displaced fracture of the left distal radius with intra-articular extension and fracture of the styloid process of the ulna.d. Interview with LPN #1 on 6/9/26 at 11:03 AM revealed she had witnessed resident #3 fall to the ground. Further, she revealed resident #2 had been walking around aggressively that day prior to him/her pushing resident #3.e. Interview with CNA #1 on 6/9/26 at 10:31 AM revealed she witnessed resident #2 push resident #3 and saw resident #3 land on his/her buttocks. She revealed It happened so fast; we didn't have time to redirect.f. Interview with the DON on 6/9/26 at 3:57 PM revealed staff were expected to redirect and follow care plans when the residents act out. 2. Review of the facility policy titled Resident to Resident Altercations last revised 9/3/2024 showed .1. Facility staff will monitor residents for aggressive / inappropriate behavior towards other residents. and .2. If two residents are involved in an altercation, staff will .a. separate the residents and institute measures to calm the situation. 3. Review of the facility policy titled Abuse Prevention Program last revised 9/3/24 showed .Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation . This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal. mental, sexual, or physical abuse, and physical or chemical restraint not required to treat resident's symptoms . As part of the residents' abuse prevention, the administration will .1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents . or any individual.