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Residents' Rights

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Chapter 49

RESIDENTS' RIGHTS

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SYNOPSIS

EXHIBIT

Exhibit 49A—Colorado Local Long-Term Care Ombudsmen

§ 49.1 • INTRODUCTION

The landscape of long-term care facilities has changed a great deal in recent years. Colorado currently has 220 nursing facilities with a total of 20,685 beds and 612 assisted living residences with a total of 19,656 beds.[1] Nursing facilities are regulated by both federal and state law but, to date, there is no federal regulation of assisted living residences, even though they are a growth industry in Colorado and across the United States.

Residents' rights for persons living in long-term care facilities are essentially the same rights to which any citizen is entitled under the U.S. Constitution. It has been necessary to spell them out in law and regulation because residents are often unable to assert their rights due to physical or mental disabilities. Moreover, the disparity of power between staff and residents and the fear of retaliation against residents by staff contribute to an atmosphere in which residents are often reluctant to assert their rights.

This effort is made more difficult by society's pervasive prejudices against persons who are old, sick, or have physical or mental disabilities. These prejudices are compounded by the inclination of family members, caregivers, and physicians to shelter, protect, and make decisions for the resident.

Thus, the purpose of residents' rights laws and regulations is to safeguard and promote dignity, choice, and self-determination; and to protect civil, personal, and privacy rights, including the right to information; rights related to health-care decision-making, due process, transfer and discharge rights; the handling of personal finances; and the right to be free from abuse and restraints, both physical and chemical.

In Colorado, there are laws and regulations regarding residents' rights in hospitals, nursing homes, residential care facilities for the developmentally disabled and for the mentally ill, alternative care facilities, and assisted living residences. This article focuses on nursing homes and assisted living residences only.

Federal regulations apply to Medicare- and Medicaid-certified nursing facilities. These facilities are licensed under the Colorado Department of Public Health and Environment (CDPHE) regulations. Assisted living residences are regulated by the CDPHE; there is no federal regulation of assisted living residences. These latter regulations are found at 6 C.C.R. 1011, Standards for Hospitals and Health Facilities, Chapter 7, Assisted Living Residences.

§ 49.2 • SPECIFIC NURSING HOME AND ASSISTED LIVING RESIDENTS' RIGHTS UNDER FEDERAL AND STATE LAW[2]

§ 49.2.1—Exercise Of Rights[3]

- Residents retain all civil rights under federal and state law.
- Residents have the right to be free from interference, coercion, discrimination, or reprisal in exercising rights.

§ 49.2.2—Notice Of Rights And Services[4]

- The facility must inform the residents both orally and in writing in a language the resident understands of the resident's rights and of the rules of the facility.
- The facility must inform the resident of services available in the facility and of charges for those services not covered by the per diem rate.
- The facility must inform each Medicaid-eligible resident of items and services included in the Medicaid state plan for which the resident may not be charged.
- The facility must inform the resident when his or her personal fund is within $200 of the Medicaid eligibility limit.
- The facility must display information about how to apply for and use Medicare and Medicaid benefits.
- The facility must notify the resident and his or her legal representative or family member (if known) when there is a change in room or roommate assignment.

§ 49.2.3—Free Choice[5]

Residents have the right to:

- Choose a personal physician;
- Be fully informed, in advance, about care and treatment and any changes in that care and treatment that may affect well-being;
- Participate in treatment;
- Refuse treatment;
- Self-administer drugs unless the interdisciplinary team has determined, for each resident, that this is unsafe;
- Choose activities and make choices about life in the facility that are significant to the resident; and
- Reasonable accommodation of needs and preferences.

§ 49.2.4—Privacy And Confidentiality[6]

Residents have the right to:

- Privacy of personal and clinical records;
- Privacy in accommodations and medical treatment; and
- Privacy in written and telephonic communication, visits, and meetings of family and resident groups.

§ 49.2.5—Admissions[7]

- The facility may not require residents to waive their rights to Medicare or Medicaid benefits.
- The facility may not require a third-party guarantee of payment to the facility as a condition of admission or continued stay.
- The facility may not, with respect to a person entitled to receive Medicaid benefits, charge, solicit, accept, or receive any gift money, donation, or consideration other than the amount paid under the state plan.

§ 49.2.6—Freedom From Discrimination[8]

Nursing homes must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services required under the state plan for all individuals, regardless of the source of payment.

§ 49.2.7—Right To Information[9]

Residents have the right to:

- Be informed about their medical care and treatment;
- Review their own medical records. The facility must make the records available to residents or their legal representatives within 24 hours of a request, excluding weekends and holidays;
- Examine the most recent facility survey and any plan of correction; and
- Be informed of the name of and method of contacting their physician.

§ 49.2.8—Access And Visitation Rights[10]

- The facility must permit immediate access by any federal or state officials, the resident's physician, state and local long-term care ombudsmen, and the agency responsible for the protection and advocacy system; family members and other visitors may also visit, with the resident's consent.
- The facility must provide reasonable access by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent.
- The facility must allow representatives of the State Ombudsman to examine a resident's clinical record with the permission of the resident or the resident's representative, consistent with federal and state law. If the legal guardian refuses access and the ombudsman believes the guardian is not acting in the best interest of the resident, the ombudsman may review the records as necessary to investigate a complaint.

Residents have the right to:

- Receive visitors, subject to reasonable restrictions;
- Regular access to the use of a telephone;
- For married couples, share a room, subject to mutual consent; and
- Receive information from agencies acting as client advocates and be afforded the opportunity to contact these agencies.

If a resident is adjudicated incapacitated under state law, his or her rights will be exercised by a guardian, conservator, or other legally mandated persons pursuant to state law.

§ 49.2.9—Right To Participate[11]

Residents have the right to participate in:

- Resident groups; and
- Social, religious, and community activities.

A resident's family has the right to meet privately in the facility with families or other residents, without the presence of staff.

When resident or family groups exist, the facility must listen to their views and act upon grievances and recommendations of residents and their families concerning proposed policy and operational decisions affecting resident care and life.

§ 49.2.10—Protection Of Personal Funds[12]

The facility may not require residents to deposit personal funds with the facility.

If a resident signs a written authorization of deposit, the facility must:

1) If over $50, deposit funds in an interest-bearing account;
2) If over $50, keep a separate account and give the resident access to the records;
3) Convey funds within 30 days of the resident's death to the individual or probate jurisdiction administering the resident's estate; and
4) Purchase a surety bond.

§ 49.2.11—Grievances[13]

Residents have the right to:

- Voice grievances with respect to treatment or care without discrimination or reprisal; and
- Prompt efforts by the facility to resolve grievances, including those with respect to the behavior of other residents.

§ 49.2.12—Transfer And Discharge[14]

A resident may not be transferred unless:

- The transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
- The resident's health has sufficiently improved so that he or she no longer needs the services provided by the facility;
- The resident poses a danger to the health or safety of others in the facility;
- The resident has failed to pay for services after reasonable and appropriate notice; or
- The facility ceases to operate.

Notice before transfer:

- The facility must notify the resident and his or her family or legal representative (if known) of the reasons for the transfer.
- The notice must be in writing and in a language and manner that the resident understands.
- Thirty days' notice must be given unless the resident is endangering the health or safety of other residents, the resident has improved sufficiently to allow a more immediate transfer or discharge, the resident's urgent medical needs require a more immediate transfer, or the resident has not resided in the facility for 30 days.
- Written notice must include the reason for the transfer, the effective date of the transfer, the location to which the resident will be transferred, and a statement that the resident has the right to appeal the action.
- The notice must include the name, address, and telephone number of the State Long Term-Care Ombudsman and, for residents with developmental or mental illness, the mailing address and telephone number of the agency responsible for protection and advocacy.
- The facility must provide sufficient preparation and orientation to the resident to ensure safe transfer or discharge from the facility.
- The basis for the transfer must be documented in the resident's clinical record.

Notice of bed hold policy and readmission:

- Notice before transfer — before the facility transfers a resident to a hospital, it must provide written information to the resident and his or her family member or legal representative that specifies the terms of the bed hold policy.
- Right of readmission — if a resident's hospitalization exceeds the bed hold leave, the person must be re-admitted to the facility upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility and is Medicaid eligible.

§ 49.2.13—Right To Be Free From Abuse[15]

- The resident has the right to be free from verbal, sexual, physical, or mental abuse.
- The facility must not employ individuals who have been convicted of abusing, neglecting, or mistreating residents. In Colorado, certified nurse aides are subject to a criminal background check before hire.

§ 49.2.14—Physical And Chemical Restraints[16]

Residents have the right to be free from physical or chemical restraints used for purposes of discipline or convenience and not required to treat the resident's medical symptoms.

- Physical and chemical restraints can be used only upon a physician's order and only when necessary to prevent injury to the resident or others, based on a physical, functional, emotional, and medication assessment. If restrained, the resident must be released and given the opportunity to drink fluids, use the toilet, exercise, and move or be repositioned every two hours during waking hours, and, if physically restrained, must be monitored every 15 minutes.

- Nursing homes must ensure that residents' drug regimes are free from unnecessary drugs, residents who have not used antipsychotic drugs are not given these drugs unless necessary to treat a specific condition, and residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

Unnecessary drugs are drugs that are given:

- In excessive doses;
- For excessive duration;
- Without adequate indications for usage; and
- With adverse consequences that indicate the dose should be reduced or discontinued.

§ 49.2.15—Notice Of Change Of Condition[17]

The facility must notify the resident, the resident's physician, and his or her legal representative or interested family member (if known) when there is an accident that results in injury and has the potential for requiring physician intervention, a significant change in condition, a need to significantly alter treatment, or a decision to transfer or discharge.

§ 49.3 • GRIEVANCE PROCEDURE UNDER COLOROADO LAW[18]

Any resident or legal representative or member of the resident's family or the advisory council may file a grievance with the facility about any condition, treatment, or violation of rights by the facility or staff.

The facility must designate one full-time staff member to receive all grievances. The facility must establish a grievance committee consisting of the chief administrator or designee, a resident selected by the resident population, and a third person agreed upon by the administrator and the resident representative.

The complainant may write or state the grievance orally to the designee no later than 14 days after the occurrence. The designee then confers with persons involved and gives the complainant a written explanation of findings and any proposed remedies within three days.

If the complainant is dissatisfied with the findings, he or she may then make the same grievance orally or in writing, with any additional comments to the grievance committee no later than 10 days after the receipt of the explanation from the designee. The grievance committee will then confer with persons involved and give a written explanation of its findings and proposed remedies, if any, to the complainant within 10 days of the date of the appeal.

If the complainant is dissatisfied with the findings of the grievance committee, he or she may file the same grievance in writing, within 10 days, with the executive director of the CDPHE.

The CDPHE will investigate and make findings of fact, conclusions, and recommendations and send copies to the complainant and the nursing home administrator.

If the complainant or the nursing home administrator is aggrieved by the findings and the recommendations of the CDPHE, either party may request a hearing to be conducted by the CDPHE within 30 days pursuant to the Administrative Procedures Act.[19]

§ 49.3.1—*Macleod v. Miller* Decision

The Colorado Court of Appeals, in the 1980 case of *Macleod v. Miller*,[20] helped to clarify substantive and due process rights of nursing home residents who are facing involuntary transfers, and clarified that the burden is on the nursing facility to show that the transfer is in accordance with state statute. Colorado law states that a resident may be transferred only for medical reasons, his or her welfare or that of other patients, or non-payment for his or her stay.[21] Further, the resident must be given reasonable advance notice of any transfer unless the professional staff determines it is an emergency.[22]

§ 49.4 • ADDITIONAL RIGHTS UNDER COLORADO HEALTH DEPARTMENT REGULATIONS

Residents have the right to:

- Participate in activities of the community both inside and outside the facility;[23]
- Be informed of the address and telephone number for the CDPHE and the state and local ombudsmen;[24]
- Engage in private consensual sexual activities;[25] and
- Vote.[26]

For residents whose primary language is other than English, the facility shall arrange for persons speaking the person's language to facilitate communication and attend assessment and care-planning conferences.[27]

The facility must provide the resident and a family member or legal representative with five days' written notice before any involuntary room change and include in the notice an explanation of the resident's right to appeal.[28] The resident may not be moved until the expiration of the appeals process.

§ 49.5 • HEALTH DEPARTMENT SURVEYS

Nursing homes and assisted living residences with more than three unrelated residents are licensed by the CDPHE. In addition, nursing facilities that receive Medicare and Medicaid must be in compliance with federal law. The Centers for Medicare and Medicaid Services (CMS) contract with the CDPHE to certify nursing homes for Medicare and Medicaid funding. Assisted living residences are licensed by the CDPHE if more than three unrelated residents reside there.

Nursing homes are generally surveyed every nine to 15 months. Assisted living residences are generally surveyed every one to three years, after initial certification and licensing. The facilities with substantiated compliance issues are surveyed more often. The most recent survey must be posted in the

facility. Surveys are also available through www.colorado.gov/pacific/cdphe/facilities-and-providers-type, which takes the user to the general list of all of the health facility types that are inspected; the user would select the type, go to consumer resources, and find the survey.

The CDPHE also accepts complaints against all licensed facilities. These complaints may be submitted in writing or by telephone at: (303) 691-4045.

Medicare and Medicaid statutes require states, under contract with CMS, to maintain procedures and staff to investigate and report on nursing home complaints.[29] States are required to investigate complaints alleging immediate jeopardy within two business days and those alleging serious harm within 10 business days. State investigators must consult with ombudsmen to determine whether they have substantiated any complaints similar to those reported to state investigators.

A useful source of information on nursing homes can be found at: www.medicare.gov/nursing homecompare.

§ 49.6 • COLORADO'S OMBUDSMAN PROGRAM[30]

There is a federally mandated Long-Term Care Ombudsman program in every state. The program has a special responsibility in the protection of resident rights. The mandate, as stated in the Older Americans Act, is, in part, to:

> [I]dentify, investigate and resolve complaints that –
>
> (i) are made by, or on behalf of, residents; and
>
> (ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of –
>
> (I) providers, or representatives of providers, of long-term care services;
>
> (II) public agencies; or
>
> (III) health and social service agencies. . . .[31]

Long-term care ombudsmen are advocates for residents of nursing homes and assisted living residences. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems and can assist with complaints. Unless the resident or the resident's legal representative gives permission to share these concerns, all matters are kept confidential. The Ombudsman Program is administered by the federal Administration on Aging (AoA). The national network has 8,700 volunteers certified to handle complaints and more than 1,300 paid staff.

A long-term care ombudsman:

- Resolves complaints made by or for residents of long-term care facilities;
- Educates consumers and long-term care providers about residents' rights and good care practices;

- Promotes community involvement through volunteer opportunities;
- Provides information to the public on nursing homes and assisted living residences, residents' rights, and legislative and policy issues;
- Advocates for residents' rights and quality care in nursing homes, assisted living residences, and other long-term care facilities; and
- Promotes the development of citizen organizations and family and resident councils.

Disability Law Colorado contracts with the State Unit on Aging of the Colorado Department of Human Services to provide the services of the Colorado Long-Term Care Ombudsman. Local long-term care ombudsman programs are operated through each of the 16 Area Agencies on Aging in the state. The ombudsmen visit nursing homes at least once a month and assisted living residences on a quarterly basis. The purpose of these visits is to inform residents about their rights, attend resident council meetings, and provide individual problem solving and advocacy. Additional visits may be made to investigate specific complaints. Local ombudsman programs differ greatly throughout Colorado, depending on available resources. Some programs have full-time staff and volunteers; others use part-time staff who have other responsibilities. All receive training and supervision and have annual certification requirements. The Colorado Long-Term Care Ombudsman provides technical assistance, training, certification, and information on current issues.

The Colorado or local long-term care ombudsman is available to provide information regarding long-term care facilities or to assist in the resolution of complaints. The telephone numbers for the Colorado Long-Term Care Ombudsman are: (303) 722-0300 and (800) 288-1376 (toll free) (both numbers are voice and TTY for the hearing impaired). Contact information for local long-term care ombudsman programs is listed in Exhibit 49A to this chapter.

§ 49.7 • REPORTING SUSPICION OF A CRIME

Section 1150B of the Social Security Act (codified at 42 U.S.C. § 1320b-25), as established by § 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010, requires specific individuals in long-term care facilities to report a reasonable suspicion of crimes committed against a resident of that facility in a timely fashion to law enforcement. (This does not supplant any other reporting requirements under state or federal law.) A report must be made under the following circumstances:

1) If the event or events that cause the suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion *but not later than two hours* after forming the suspicion.
2) If the event or events that cause the suspicion do not result in serious bodily injury, the report must be made *not later than 24 hours* after forming the suspicion.[32]

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*Based on a chapter originally written by Virginia Fraser and Valerie L. Corzine, Esq. The authors wish to thank Vinni Ferrara at Disability Law Colorado for her significant participation in creating the 2015 Supplement.

NOTES

1. 2013 Annual Report of the Colorado Long-Term Care Ombudsman Program & Legal Assistance Developer Program, at 4.

2. 42 U.S.C. § 1395i-3(c); 42 U.S.C. § 1396r(c); 42 C.F.R. §§ 483.10 through 483.15; C.R.S. § 25-1-120; 6 C.C.R. 1011-1, ch. V, pt. 12.

3. 42 C.F.R. § 483.10(a); 6 C.C.R. 1011-1, ch. V, § 12.1.3.

4. 42 C.F.R. § 483.10(b); 6 C.C.R. 1011-1, ch. V, § 12.1.5; 6 C.C.R. 1011-1, ch. VII, § 1.106(1)(q).

5. 42 C.F.R. § 483.10(b)(1); 6 C.C.R. 1011-1, ch. V, §§ 12.1.5 and 5.1.13; 6 C.C.R. 1011-1, ch. VII, § 1.106(1)(m).

6. 42 C.F.R. § 483.10(e); 6 C.C.R. 1011-1, ch. V, §§ 12.1.7 and 12.1.12; 6 C.C.R. 1011-1, ch. VII, § 1.106(1)(b).

7. 42 C.F.R. §§ 483.12(d)(1) and (d)(2).

8. 42 C.F.R. §§ 483.12(d)(2) and (3); 6 C.C.R. 1011-1, ch. V, § 12.1.16.

9. 42 C.F.R. §§ 483.15(b), (c), and (d)(4); 6 C.C.R. 1011-1, ch. V, § 12.1.2(4).

10. 42 C.F.R. § 483.10(j); 6 C.C.R. 1011-1, ch. VII, § 1.106(1)(k).

11. 42 C.F.R. §§ 483.15(b), (c), and (d)(4); 6 C.C.R. 1011-1, ch. V, § 12.1.2(4).

12. 42 C.F.R. § 483.10(c); 6 C.C.R. 1011-1, ch. VII, § 1.105(3).

13. 42 C.F.R. § 483.10(f); 6 C.C.R. 1011-1, ch. V, § 12.1.3; 6 C.C.R. 1011-1, ch. VII, §§ 1.106(4) and 1.106(1)(h).

14. 42 C.F.R. § 483.12; 6 C.C.R. 1011-1, ch. V, §§ 12.1.11 and 12.6; 6 C.C.R. 1011-1, ch. VII, § 1.105(6).

15. 42 C.F.R. § 483.13(b); 6 C.C.R. 1011-1, ch. V, § 12.1.8; 6 C.C.R. 1011-1, ch. VII, §§ 1.106(1)(e) and (f) and 1.106(1)(d).

16. 42 C.F.R. § 483.13(a); 6 C.C.R. 1011-1, ch. V, § 7.11; 6 C.C.R. 1011-1, ch. VII, §§ 1.106(1)(e) and (f) and 1.106(1)(d).

17. 42 C.F.R. § 483.10(b)(11); 6 C.C.R. 1011-1, ch. V, § 12.1.6; 6 C.C.R. 1011-1, ch. VII, § 1.106(1)(q).

18. C.R.S. § 25-1-120(3).

19. C.R.S. § 24-4-105.

20. *Macleod v. Miller*, 612 P.2d 1158 (Colo. App. 1980).

21. C.R.S. § 25-1-120(1)(k).

22. *Id.*

23. 6 C.C.R. 1011-1, ch. V, §§ 5.1.1, 12.1.2(4).

24. 6 C.C.R. 1011-1, ch. V, §§ 5.1.14, 12.1.3(2).

25. 6 C.C.R. 1011-1, ch. V, § 12.1.7(3).

26. 6 C.C.R. 1011-1, ch. V, §12.1.2(3); C.R.S. §§ 1-1-103, 1-1-104(18.5), 1-1.5-101(1)(d), 1-2-101, and 1-2-505.

27. 6 C.C.R. 1011-1, ch. V, § 12.1.6(4).

28. 6 C.C.R. 1011-1, ch. V, § 12.6.9.

29. Centers for Medicare & Medicaid Services (CMS), *State Operations Manual*, ch. 5, *available at* www.cms.gov (click on "Regulations and Guidance," then "Manuals").

30. C.R.S. §§ 26-11.5-101, *et seq.*

31. 42 U.S.C. § 3058g(a)(3)(A).

32. 42 U.S.C. § 1320b-25(b)(2).

EXHIBIT 49A • COLORADO LOCAL LONG-TERM CARE OMBUDSMEN

COLORADO LOCAL LONG-TERM CARE OMBUDSMEN

Region	County	Contact
1	Morgan, Phillips, Logan, Sedgwick, Washington, Yuma	Marlene Miller Northeast Colorado Area Agency on Aging 231 Main St. Ft. Morgan, CO 80701 970-867-9409 Ext. 234
2A	Larimer	Amber Franzel Larimer County Area Agency on Aging 2601 Midpoint Dr. Ft. Collins, CO 80525 970-498-7754
2B	Weld	Raegan Maldonado Weld County Dept. of Human Services 315C N. 11th Ave. Greeley, CO 80632 970-346-6950 Ext. 6128
3A	Adams, Arapahoe, Denver, Jefferson, Douglas	Shannon Gimbel DRCOG 1290 Broadway, Ste. 700 Denver, CO 80203 303-480-5621
3B	Boulder	Janet Ibanez Boulder County Aging Services Div. 3482 N. Broadway Boulder, CO 80304 303-441-1170
4	El Paso and Park	Scott Bartlett Pikes Peak Area Agency on Aging 15 S. 7th St. Colorado Springs, CO 80905 719-471-7080 Ext. 113
5	Cheyenne, Elbert, Kit Carson, Lincoln	Debbie Conrads East Central Council of Governments P.O. Box 28 Stratton, CO 80836 719-348-5562

Region	**County**	**Contact**
6	Baca, Bent, Crowley, Kiowa, Otero, Prowers	Terri Leffingwell Lower Arkansas Valley Area Agency on Aging P.O. Box 494 13 W. Third St. Room 110 La Junta, CO 81050 719-383-3142
7	Pueblo	Becky Espinoza Pueblo Area Agency on Aging 2631 E. 4th St. Pueblo, CO 81001 719-583-6123
8	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	Dee Horton South Central Colo. Seniors, Inc. P.O. Box 639 Alamosa, CO 81101 719-589-4511
9	Archuleta, La Plata, San Juan	Chris Coffield San Juan Basin Area Agency on Aging 450 Lewis St. B-1 Pagosa Springs, CO 81147 970-264-0501
10	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel	Eva Veitch Area Agency on Aging 300 N. Cascade Ave., Ste. 1 Montrose, CO 81401 970-249-2436 Ext. 18
11	Mesa, Garfield, Moffat, Rio Blanco, Routt, Mesa	Dave Norman Associated Governments of Northwest Colorado P.O. Box 20000-5035 510 29 1/2 Road Grand Junction, CO 81502
12	Eagle, Grand, Jackson, Pitkin, Summit	Jean Hammes Northwest Council of Governments P.O. Box 2308 Silverthorne, CO 80498 970-468-0295

Region	**County**	**Contact**
13	Chaffee, Custer, Freemont, Lake	Stephen Holland Upper Arkansas Area Agency on Aging 139 E. 3rd St. Salida, CO 81201 719-539-3341
14	Huerfano, Las Animas	Carol Reynolds South Central Council of Governments 918 Russell Walsenburg, CO 81201 719-738-2205 Ext. 5