

PRINTED: 12/18/2025  
FORM APPROVED

## Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  WY9055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 12/11/2025
NAME OF PROVIDER OR SUPPLIER  EVERGREEN PLAZA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  536 EAST 20TH AVENUE TORRINGTON, WY 82240		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	General Comments	{S 000}		
<p>A life Safety Code Revisit Survey was conducted by Healthcare Licensing and Surveys on 12/11/2025 for all previous deficiencies identified on 10/21/2025. All deficiencies have been corrected. The facility is now back in compliance.</p>				

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Bingwall, AD* Executive Director *12/21/2025*

STATE FORM

6698

671712

TITLE

(X6) DATE

If continuation sheet 1 of 1