

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2026
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NAME OF PROVIDER OR SUPPLIER
MOUNTAIN PLAZA ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**4154 TALON DRIVE
CASPER, WY 82604**

(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	<p>General Comments</p> <p>A Life Safety Code complaint survey was conducted by Healthcare Licensing and Surveys on 01/15/2026. The survey was prompted by complaint intake LIC-26-020.</p> <p>The facility was a fully sprinklered single story buildings of Type V (111) construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and antifreeze branches, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a census of 53 residents.</p> <p>Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10, Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and regulation for Healthcare Facilities apply. Assisted Living Facilities in operation prior the effective date of those rules shall meet the Life Safety Code of National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.</p> <p>All references are based on the requirements of the 2006 NFPA 101, Life Safety Code, New Health Care, with a mixed occupancy of New Residential Board and Care unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour separation between the assisted living and the memory care portions of the building.</p>	S 000		
S7003	<p>NFPA Life Safety - Nfpa Means of Egress Components</p> <p>NFPA 101 Means of Egress Components</p>	S7003		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kenyne Brown 1/29/26 TITLE *Administrative* (X6) DATE

I notified Kenyne Brown via phone call on 01/29/26 at 9:55 AM of POC approval. ML

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S7003	<p>Continued From page 1</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure delayed-egress locking arrangements were installed in accordance with the 2006 NFPA 101, Life Safety Code. Failure to ensure proper operation of delayed-egress locking systems could impede egress leading to injury or death in the event of an emergency. The deficiency affected two (2) of two (2) delayed-egress doors. The deficiency could affect all residents, staff, and visitors at the Memory Care Unit. The findings were:</p> <p>Observation on 01/15/2026 at 11:23 AM revealed a delayed-egress locking arrangement on the Memory Care Dining Room door that exits into the Assisted Living Facility. The delayed egress lock assembly released the lock within fifteen (15) seconds of force being applied to the release device. Further observations revealed the door was not provided with the required regulatory signage in accordance with the 2006 NFPA 101, Section 7.2.1.6.1(5).</p> <p>Observation on 01/15/2026 at 11:25 AM revealed a delayed-egress locking arrangement on the Memory Care Dining Room door that exits to the exterior courtyard. The delayed egress lock assembly released the lock within fifteen (15) seconds of force being applied to the release device. Further observations revealed the door was not provided with the required regulatory signage in accordance with the 2006 NFPA 101, Section 7.2.1.6.1(5).</p> <p>Interview with the facility maintenance manager at</p>	S7003		

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S7003	Continued From page 2 the time of observation acknowledged the deficiency. Interview with the facility administrator and the facility maintenance manager at the time of exit confirmed the deficiency. REF: 2006 NFPA 101 Section 18.2.2, 18.2.2.2, 18.2.2.2.4, 7.2.1.6.1	S7003		
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review, and staff interview, the facility failed to conduct all required emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to conduct all required emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 01/25/2026 starting at 11:45 AM revealed the facility had conducted multiple emergency egress and relocation drills, but they were not conducted in accordance with the 2006 NFPA 101, Section 32.7.3.1 and the WDH Ch 12, Section 7 (o) Evacuation Capability, Emergency Procedures, and Fire Safety. The facility failed to conduct drills at least twelve (12) times per year	S8027		

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S8027	<p>Continued From page 3</p> <p>on a monthly basis with a minimum of one drill conducted each quarter on each shift with at least two (2) drills during the night when residents were sleeping. Additionally, the drills did not involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility maintenance manager at the time of exit confirmed the deficiency.</p> <p>REF: 2006 NFPA 101, 32.7.3, WDH Ch. 12 Section 7, (o)</p>	S8027		

PLAN OF CORRECTION – 01/28/2026

Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604
Inspection Date: 01/15/2026

S7003 – NFPA Life Safety – Means of Egress

Deficiency 1: No signage stating, "Push until alarm sounds. Door can be opened in 15 seconds."

Responsibility: Administrator and Maintenance Manager.

Corrective Action: MPAL will purchase and place a sign adjacent to the Memory Care door (AL exit) and Courtyard Door that states, "Push until alarm sounds. Door can be opened in 15 seconds." Signs has been ordered and awaiting delivery.

Identification of Others: No other doors were identified for signage.

Completion Date: Anticipated completion 03/05/2026.

PLAN OF CORRECTION – 01/28/2026

Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604
Inspection Date: 01/15/2026

S8027 – NFPA Life Safety – Emergency Egress and Relocation

Deficiency 2: MPAL failed to ensure twelve fire drills were completed during the course of the year, with one drill on each shift per quarter. Residents did not fully evacuate in the middle of the night for two drills.

Responsibility: Administrator and Maintenance Manager.

Corrective Action: MPAL will ensure twelve fire drills are conducted with full evacuation each year, with a drill occurring on each shift each quarter, and ensure two drills are completed in the middle of the night while residents are sleeping.

Monitoring: An annual fire drill tracker was created to ensure accuracy of annually scheduled drills with a reminder paragraph of the regulation from Chapter 12.

Completion Date: Anticipated completion 03/05/2026.

Annual Fire Drill Tracker 2026

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
6a-2p												
2p-10p												
10p-6a												
Other												

Chapter 12 – “Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility.”