

PRINTED: 03/12/2026
FORM APPROVED

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 R 03/06/2026	
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 Revisit Survey was conducted by Healthcare Licensing and Surveys on 03/07/2026, for all previous deficiencies identified on 01/15/2026. All deficiencies have been corrected. The facility is now back in compliance.</p>	{S 000}		

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

TITLE

(X6) DATE

Kenneth Brown

Administrator

3/12/26