

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 04/20/2026	
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>OPENING COMMENTS</p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020.</p> <p>Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A revisit survey was conducted on 4/13/26 through 4/20/26 for all previous deficiencies cited on 2/4/26. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</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

Hemmi Bran Administrator 4/22/06

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**** DO NOT POST ****

Resident/Patient/Client List

Facility Name: Mountain Plaza Assisted Living Facility
Standard and/or Abbreviated Survey
Beginning 4/13/26 and Ending 4/20/26

HIPAA Information Disclosure

During this regulatory event, the following Protected Health Information for these listed individual(s) was or may have been used or reviewed by Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys staff: the individual(s)' medical or personal records; and/or interviews with family members, covered entity staff or other outside parties such as clergy, volunteers, Ombudsmen, physicians, clinicians, et al., about the individual(s)' care, medical and mental condition, and daily living conditions and activities.

<u>#</u>	<u>Name</u>
1	Boden, Allison
2	Horner, Patricia
3	Clymore, Lois
4	Jussell, Berdina
5	Bingemer, Fred
6	Sedar, Virginia
7	Bransom, Kay
20	Tom Greet
21	Nick Nickerson
22	Deila Works



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Stefan Johansson
Director

Mark Gordon
Governor

Sent Via E-Mail to: kenyne@mountainplazaal.com

April 22, 2026

Ref: LH-2026-0424

Kenyne Humphrey, Manager
Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Ms. Humphrey:

We want to congratulate Mountain Plaza Assisted Living on the results of your recent revisit surveys. The facility was put back into compliance as of **April 1, 2026** for deficiencies written during the **February 4, 2026** state licensure health survey and complaint investigation survey. We know this took a lot of effort and hard work by you and your staff to achieve.

This action stands alone and is not related to any other survey at Mountain Plaza Assisted Living. If you have any questions, please do not hesitate to contact this office at 307-777-7123.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Hudspeth".

Laura Hudspeth, MSc, RD, LD
State Survey Agency Director
Healthcare Licensing and Surveys

LH/kp

Attachment: Resident Sample List - *DO NOT POST*

c: Centers for Medicare and Medicaid Services
State Medicaid Agency