STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 42 - COTTAGE C3 B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 42	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026 Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA) The facility was a single-story building of Type II(000) construction built in 2021. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 1 resident. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j)	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery operated appliances. All testing will be documented for record-keeping purposes. Monitoring and Tracking: The Wyoming Life Resource Center (WLRC) Operations Manager or Operations Supervisor will ensure compliance with emergency lighting battery operated appliances.	6/25/2026
KA291 Bldg. 42	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by Based on document review and staff interview, the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 43 - DAY PROGRA... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 43	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026 Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Assembly, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered, single-story building of Type II(000) construction built in 2021. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j)	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 43	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		6/25/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 44 - COTTAGE B1 B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 44	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA) The facility was a single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 9 residents. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 44	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery operated emergency lighting	KA291		6/25/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 45 - COTTAGE B2 B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg 45	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 9 residents. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	6/25/2026
KA291 Bldg. 45	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside or the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 46 - COTTAGE B4 B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 46	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 5 residents. The overall campus had a capacity of 77 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery operated appliances. All testing will be documented for record keeping purposes.	
KA291 Bldg. 46	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 47 - COTTAGE A1 B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 47	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 5 residents. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 47	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		6/25/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 48 - COTTAGE A2 B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 48	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 3 residents. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** **This STANDARD is not met as evidenced by:** **Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors.** **Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025.** **The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.**	
KA291 Bldg. 48	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101 Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 49 - REC CENTER... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K000 Bldg. 49	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Section 42 CFR 483.470(j) except as otherwise provide in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Assembly, of the National Fire Protection Association (NFPA) The facility was a fully sprinklered, single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j)	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	6/25/2026
KA291 Bldg. 49	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 NEW Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 30.2.9 This STANDARD is NOT MET as evidenced by. Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 50 - DAY PROGRA... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 50	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/26. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, New Assembly, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered single-story building of Type II(000) construction built in 2022. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j)	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 50	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 06 - 105 MEADOW... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 06	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Section 42 CFR 483.470(j) except as otherwise provide in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code Existing Business, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered, single-story building of Type V(III) construction built in 1971. The building was equipped with a supervised, automatic NFPA 13R wet/anti-freeze sprinkler system with a zoned fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** **This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors.** **Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025.** **The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.**	6/25/2026
KA291 Bldg. 06	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 07 - 107 MEADOW... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 07	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Section 42 CFR 483.470(j) except as otherwise provide in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Residential Board and Care, of the National Fire Protection Association (NFPA) The facility was a fully sprinklered, single-story building of Type V(III) construction built in 1971. The building was equipped with a supervised automatic NFPA 13R wet/anti-freeze sprinkler system with a zoned fire alarm system. The facility had a capacity of 3 certified Medicare and Medicaid beds with a census of 1 resident. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** **This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors.**	
KA291 Bldg. 07	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXIST NG (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291	**Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025.** **The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.**	**6/25/2026**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 08 - 109 MEADOW... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 08	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Section 42 CFR 483.470(j) except as otherwise provide in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered, single-story building of Type V(III) construction built in 1971. The building was equipped with a supervised, automatic NFPA 13R wet/anti-freeze sprinkler system with a zoned fire alarm system. The facility had a capacity of 4 certified Medicare and Medicaid beds with a census of 1 resident. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** **This STANDARD is not met as evidenced by:** **Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors.** **Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025.** **The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.**	
KA291 Bldg. 08	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside or the building at grade level. 31 2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 09 - 111 MEADOW... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 09	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Section 42 CFR 483.470(j) except as otherwise provide in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Residential Board and Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered, single-story building of Type V(III) construction built in 1971. The building was equipped with a supervised, automatic NFPA 13R wet/anti-freeze sprinkler system with a zoned fire alarm system. The facility had a capacity of 3 certified Medicare and Medicaid beds with a census of 0 residents. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** **This STANDARD is not met as evidenced by:** **Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors.** **Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025.** **The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.**	**6/25/2026**
KA291 Bldg. 09	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level 31.2.9 This STANDARD is NOT MET as evidenced by Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 18 - 402 MEADOW... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 18	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Residential Board and Care, of the National Fire Protection Association (NFPA) The facility was a fully sprinklered, single-story building of Type V(III) construction built in 1970. The building was equipped with a supervised, automatic NFPA 13R wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 2 certified Medicare and Medicaid beds with a census of 1 resident. The overall campus had a capacity of 72 certified beds with a census of 55 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 18	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 22 - 106 CHAPEL B WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 22	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026 Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Assembly, of the National Fire Protection Association (NFPA) The facility was a non-sprinklered, single story building of Type V(111) construction built in 1987. The building was equipped with a zoned fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	6/25/2026
KA291 Bldg. 22	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 31.2.9 This STANDARD is NOT MET as evidenced by Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S3G003	A. BUILDING 24 - 115 WAREHO,.. B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 24	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026 Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Storage, of the National Fire Protection Association (NFPA). The facility was a non-sprinklered, single-story building of Type II(000) construction built in 1962. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview. the facilty failed to test and mainta n battery-operated emergency lighting in accordance with the 2012 NFPA 101. Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency. resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 24	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting ir accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade evel. 31 2 9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff, and	KA291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 29 - 300 ADMINI... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K0000 Bldg. 29	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Business, of the National Fire Protection Association (NFPA) The facility was a non-sprinklered, two story building of Type V(III) construction built in 1988. The building was equipped with a zoned fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record-keeping purposes.	
KA291 Bldg. 29	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside or the building at grade level 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency	KA291		6/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53G003	A. BUILDING 36 - 410 CAFETE... B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canyons ICF/MR at Wyoming Life Resource Center	8204 Highway789 , Lander, Wyoming, 82520

(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) COMPLETION DATE
K000C Bldg. 36	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/20/2026. Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities Section 42 CFR 483.470(j) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Assembly, of the National Fire Protection Association (NFPA). The facility was a fully sprinklered, single-story building of Type V(111) construction built in 1990. The building was equipped with a supervised, automatic wet sprinkler system with a zoned fire alarm system. The overall campus had a capacity of 72 certified beds with a census of 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.470(j).	K0000	**KA-291** **EMERGENCY LIGHTING** **CFR(s): NFPA 101** This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The deficiency affected all battery-operated emergency lights and could potentially affect all staff and visitors. Corrective Action: Document review during the survey revealed that not all required testing of the battery-operated emergency lights was conducted. Documentation was available to demonstrate that the monthly 30-second tests of the battery-operated emergency lights were conducted for ten (10) of the last twelve (12) months. Missing November and October of 2025. The Facility Operations Manager or delegate will conduct monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting battery-operated appliances. All testing will be documented for record keeping purposes.	
KA291 Bldg. 36	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in all buildings four or more stories in height or with more than 12 dwelling units, unless every dwelling unit has a direct exit to the outside of the building at grade level. 31.2.9 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery-operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain battery-operated emergency lighting could result in a delayed or inability to egress in an emergency, resulting in injury or death. The	KA291		6/25/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry George	Facility Administrator	6/18/2026

POC approved via phone call with Scott Mason, Facility Manager, on 06/24/26 at 11:55 AM.