

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 06 - 105 MEADOW... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center	STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789 , Lander, Wyoming, 82520
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(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 3ldg. 06	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 07 - 107 MEADOW... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789 , 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 3ldg. 07	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 08 - 109 MEADOW... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER
Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE
8204 Highway 789 , Lander, Wyoming, 82520

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K0000 Bldg. 08	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Stephanie Wright Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 09 - 111 MEADOW... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center			STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789 , 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 3ldg. 09	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 18 - 402 MEADOW... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789, Lander, Wyoming, 82520

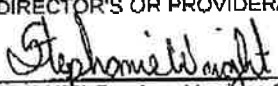
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000 Bldg. 18	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Stephanie Wright Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 22 - 106 CHAPEL B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center			STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789 , 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 3ldg. 22	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Stephanie Wright	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 24 - 115 WAREHO...	06/26/2026
		B. WING	

NAME OF PROVIDER OR SUPPLIER

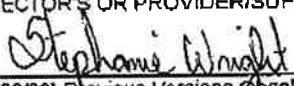
Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789, Lander, Wyoming, 82520

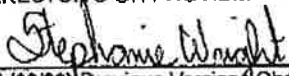
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K0000 3ldg. 24	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
 Stephanie Wright	Facility Coordination Administrator	7/27/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 25 - 116 GREENH... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026	
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789 , 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. 25	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Stephanie Wright	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 29 - 300 ADM(NI... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789, Lander, Wyoming, 82520

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K0000 3ldg. 29	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Stephanie Wright

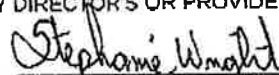
Stephanie Wright

Facility Coordination Administrator

7/27/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 36 - 410 CAFETE... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center			STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789 , 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 3ldg. 36	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Stephanie Wright	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 42 - COTTAGE C3 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center			STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789, 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 3ldg. 42	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 43 - DAY PROGRA... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER
Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE
8204 Highway789 , Lander, Wyoming, 82520

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K0000 3ldg. 43	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 44 - COTTAGE B1 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

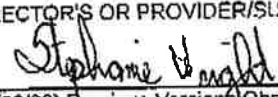
Canyons ICF/MR at Wyoming Life Resource Center

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8204 Highway 789, Lander, Wyoming, 82520

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K0000 Bldg. 44	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 45 - COTTAGE B2 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

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K0000 Bldg. 45	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 46 - COTTAGE B4 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

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K0000 3ldg. 45	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 47 - COTTAGE A1 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

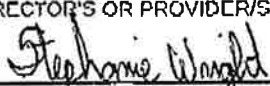
Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789 , 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 3ldg. 47	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 4 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 Stephanie Wright Facility Coordination Administrator	(X6) DATE 7/27/2026
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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 06/26/2026
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NAME OF PROVIDER OR SUPPLIER

Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE

8204 Highway 789, 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 3ldg. 48	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 49 - REC CENTER... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Canyons ICF/MR at Wyoming Life Resource Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8204 Highway 789, 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 3ldg. 49	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 <i>Stephanie Wright</i> Stephanie Wright	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 50 - DAY PROGRA... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026
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NAME OF PROVIDER OR SUPPLIER
Canyons ICF/MR at Wyoming Life Resource Center

STREET ADDRESS, CITY, STATE, ZIP CODE
8204 Highway 789, 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
0000 Bldg. 50	INITIAL COMMENTS A Life Safety Code revisit survey was conducted on 06/26/2026 for deficiencies identified on 05/20/2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all requirements in accordance with 42 CFR 483.470.	K0000		

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 10 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 <i>Stephanie Wright</i>	TITLE Facility Coordination Administrator	(X6) DATE 7/27/2026
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