STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - COTTAGE B ...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 01	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/26. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. 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 facility had a capacity of 10 certified beds with a census of 10 residents. The overall campus had a capacity of 40 certified beds with a census of 20 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		
K0921 SS = F Bldg. 01	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance	K0921	K-0921 SS=F Electrical Equipment – Testing and Maintenance 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 the Patient Care Related Electrical Equipment (PCREE) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain PCREE could result in a failure in the equipment, resulting in injury or death. The deficiency affected PCREE in the facility, and could potentially affect all patients that utilize the equipment. Document review on 08/18/26 starting at 11:55 AM revealed that the facility failed to test all PCREE for electrical safety. No documentation was available at the time of the survey to confirm that the facility	09/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - COTTAGE B ...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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
K0921 SS = F Bldg. 01	Continued from page 1 are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the Patient Care Related Electrical Equipment (PCREE) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain PCREE could result in a failure in the equipment, resulting in injury or death. The deficiency affected PCREE in the facility, and could potentially affect all patients that utilize the equipment. The findings were: Document review on 08/18/26 starting at 11:55 AM revealed that the facility failed to test all PCREE for electrical safety. No documentation was available at the time of the survey to confirm that the facility was conducting the required electrical safety testing as required. The physical integrity, resistance, leakage current, and touch current tests shall be conducted before being put into service and after any repair or modification that might compromise electrical safety. Interview with the facility manager at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the facility coordination administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 10.3	K0921	Continued from page 1 was conducting the required electrical safety testing as required. The physical integrity, resistance, leakage current, and touch current tests shall be conducted before being put into service and after any repair or modification that might compromise electrical safety. Corrective Action(s): 09/25/2026 The Facility Manager or designee will ensure that our facility performs annual testing of all Patient Care-Related Electrical Equipment (PCREE) for electrical safety. All testing will be documented for record-keeping purposes. Monitoring and Tracking: The Facility Manager or designee will ensure the completion of this correction plan and provide documentation evidence of correction. Responsible Person(s): The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events, as presented in monthly reports, to improve event detection, optimize cause analysis, and build best practices. The committee will review and address any compliance issues.	09/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **03 - LARSEN PRO...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 03	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys from 08/18/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. The facility was a fully sprinklered, single-story building of Type II(000) renovated in 2023. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The overall campus had a capacity with of 40 certified beds with a census of 20 residents. The facility was determined to be in compliance with 42 CFR 483.90.	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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535058	A. BUILDING **04 - REC CENTER...** B. WING	**08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 04	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. 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 overall campus had a capacity of 40 certified beds with a census of 20 residents. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.90.	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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **05 - 410 CAFETE...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 05	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. The facility was a fully sprinklered, single-story building of Type V(III) 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 40 certified beds with a census of 20 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		
K0324 SS = E Bldg. 05	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the	K0324	K-0324 SS=E Cooking Facilities 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 the kitchen hood extinguishing system in accordance with the 2012 NFPA 101, Life Safety Code, and 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly inspect the kitchen hood extinguishing system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the kitchen hood's extinguishing systems, and has the potential to affect all staff and visitors in the kitchen. Document review on 08/18/2026 starting at 11:55 AM revealed that the facility failed to conduct the monthly owner's inspection of the kitchen hood	09/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **05 - 410 CAFETE...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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
K0324 SS = E Bldg. 05	Continued from page 1 corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the kitchen hood extinguishing system in accordance with the 2012 NFPA 101, Life Safety Code, and 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly inspect the kitchen hood extinguishing system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the kitchen hood's extinguishing systems, and has the potential to affect all staff and visitors in the kitchen. The findings were: Document review on 08/18/2026 starting at 11:55 AM revealed that the facility failed to conduct the monthly owner's inspection of the kitchen hood extinguishing system as required. No documentation was available at the time of the survey to confirm the kitchen hood extinguishing system had been inspected. Kitchen hood extinguishing systems shall be inspected monthly to verify the extinguishing system is in its proper location, the manual actuators are unobstructed, the tamper indicators and seals are intact, the maintenance tag is in place, no obvious damage, the pressure gauges are in the operable range, the nozzle blowoff caps, are intact and undamaged, the equipment has not been replaced, modified, or relocated. Interview with the facility manager at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the facility coordination administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 9.2.3; 2011 NFPA 96 10.2.6; 2009 NFPA 17A 7.2	K0324	Continued from page 1 extinguishing system as required. No documentation was available at the time of the survey to confirm the kitchen hood extinguishing system had been inspected. Kitchen hood extinguishing systems shall be inspected monthly to verify the extinguishing system is in its proper location, the manual actuators are unobstructed, the tamper indicators and seals are intact, the maintenance tag is in place, no obvious damage, the pressure gauges are in the operable range, the nozzle blowoff caps, are intact and undamaged, the equipment has not been replaced, modified, or relocated. Corrective Action(s): 09/25/2026 The Facility Manager or designee will ensure our facility performs monthly owner's inspection of the kitchen hood extinguishing system as required. A process will be implemented to ensure we follow the manufacturer's recommended maintenance schedule for monthly cleaning as necessary, and inspections of the discharge nozzles, fusible links, and extinguisher tank. Monitoring and Tracking: The Facility Manager will ensure the completion of this correction plan and provide documentation and evidence of correction. Responsible Person(s): The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events, as presented in monthly reports, to improve event detection, optimize cause analysis, and build best practices. The committee will review and address any compliance issues.	09/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **06 - COTTAGE C1...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 06	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/26. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. 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 facility had a capacity of 10 certified beds with a census of 10 residents. The overall campus had a capacity of 40 certified beds with a census of 20 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		
K0921 SS = F Bldg. 06	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance	K0921	K-0921 SS=F Electrical Equipment – Testing and Maintenance 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 the Patient Care Related Electrical Equipment (PCREE) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain PCREE could result in a failure in the equipment, resulting in injury or death. The deficiency affected PCREE in the facility, and could potentially affect all patients that utilize the equipment. Document review on 08/18/26 starting at 11:55 AM revealed that the facility failed to test all PCREE for electrical safety. No documentation was available at the time of the survey to confirm that the facility	09/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **06 - COTTAGE C1...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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
K0921 SS = F Bldg. 06	Continued from page 1 are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the Patient Care Related Electrical Equipment (PCREE) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain PCREE could result in a failure in the equipment, resulting in injury or death. The deficiency affected PCREE in the facility, and could potentially affect ll patients that utilize the equipment. The findings were: Document review on 08/18/26 starting at 11:55 AM revealed that the facility failed to test all PCREE for electrical safety. No documentation was available at the time of the survey to confirm that the facility was conducting the required electrical safety testing as required. The physical integrity, resistance, leakage current, and touch current tests shall be conducted before being put into service and after any repair or modification that might compromise electrical safety. Interview with the facility manager at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the facility coordination administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 10.3	K0921	Continued from page 1 was conducting the required electrical safety testing as required. The physical integrity, resistance, leakage current, and touch current tests shall be conducted before being put into service and after any repair or modification that might compromise electrical safety. Corrective Action(s): 09/25/2026 The Facility Manager or designee will ensure that our facility performs annual testing of all Patient Care-Related Electrical Equipment (PCREE) for electrical safety. All testing will be documented for record-keeping purposes. Monitoring and Tracking: The Facility Manager or designee will ensure the completion of this correction plan and provide documentation evidence of correction. Responsible Person(s): The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events, as presented in monthly reports, to improve event detection, optimize cause analysis, and build best practices. The committee will review and address any compliance issues.	09/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **07 - Cottage B5...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 07	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/26. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. 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 facility had a capacity of 10 certified beds with a census of 0 residents. The overall campus had a capacity of 40 certified beds with a census of 20 residents. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.90.	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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **08 - COTTAGE C3...** B. WING	(X3) DATE SURVEY COMPLETED **08/18/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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. 08	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/26. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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. 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 facility had a capacity of 10 certified beds with a census of 0 residents. The overall campus had a capacity of 40 certified beds with a census of 20 residents. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.90.	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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535058	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Skilled Nursing Community at WLRC	**8204 Wyoming State 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
E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 08/18/2026. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.73.	E0000		

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.

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