PRINTED: 09/25/2026
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	09/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE JOURNEY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 09/16/2026. The facility was a fully sprinklered, single story building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet 13R sprinkler system, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 14 residents. Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities in operation prior to the effective date of these rules shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. All references are based on the requirements of NFPA 101, Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an	S8012		

Compassionate Journey Assisted Living
Survey Date: 9/16/2026

Tag Number: S8012

Corrective action: Emergency lighting systems will be evaluated and necessary parts and/or fixtures replaced based upon need. All residents in the facility could be affected by the lack of emergency lighting in the shower rooms and the exit doors at the end of each wing of the building.

Measures to be put in place:

1. Emergency lights that are currently defective will be evaluated.
2. Parts and/or entire fixtures will be replaced to bring the facility into compliance.
3. Emergency lights will be evaluated monthly to ensure that they are functioning as they should be.

Monitoring of corrective action:

1. Emergency lights that are in need of repair or replacement will be added to the monthly test list for all emergency lighting in the facility.
2. Each light in the facility will be tested for 30 seconds monthly, and a 90 minute block of time each year.
3. Based on testing, emergency lights and/or parts for emergency lighting will be replaced as testing dictates.
4. Maintenance staff will monitor each emergency lighting fixture monthly.
5. Maintenance staff will document findings in the maintenance manual each month.

Date for completion: October 23, 2026

Tag Number S8019

Corrective action: The four (4) fire extinguishers placed throughout the facility will be inspected by the local vendor responsible for and qualified to inspect the extinguishers. Fire extinguishers will be inspected monthly to ensure that they are within the range required to be effective if needed.

Measure to be put in place:

1. The fire extinguishers will be inspected by an outside approved vendor annually, based on past testing of said extinguishers.
2. All fire extinguishers will be inspected monthly by facility maintenance staff to ensure that they are all within required working range for each unit.

Monitoring of corrective action:

1. Maintenance staff will monitor each fire extinguisher by sight monthly.
2. Confirmation of staff inspection will be documented in the maintenance manual each month.

Date of completion: October 5, 2026

Tag number S8027

Corrective action:. Fire exit drills will be conducted monthly on a set date and according to the timeframes set forth by the State of Wyoming Rules for Assisted Living facilities. Evaluation drills will be conducted by staff members at various times. Each new resident will be instructed on drills and egress from the facility. Staff members will be trained on facilitating the fire drills.

Measure to be put in place:

1. Fire drills will be scheduled on a set date each month, with the time to be determined.
2. Staff members will be responsible for conducting drills each month and reporting to the owner with regard to the evacuation.
3. Evacuation completion will be within time frames allotted for assisted living facilities.

Monitoring of corrective action:

1. Fire drills will be conducted and documented each month.
2. The drills will be conducted at various times, during each shift.
3. Residents not able to evacuate the building will be assessed for ability to evacuate in the timeline needed.
4. A fire drill binder will be created and all documentation from the fire drills will be included in the binder.

Date of completion: October 16, 2026