

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/07/2024
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK HOMES OF EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1949 WEST UINTA STREET 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 revisit survey was conducted by Healthcare Licensing and Surveys on 10/07/2024 for all deficiencies previously identified during the initial survey on 03/13/2024, and not corrected by the revisit survey conducted on 07/01/2024. All deficiencies have been corrected, and the facility is in compliance.	{S 000}			

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE