NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

July 15, 2022

Samantha Loudermill, Administrator
Wheatfields Senior Living Community
4701 N Prince St
Clovis, NM 88101

License #: 7134

Dear Ms. Loudermill:

On **July 14, 2022,** a Complaint survey was conducted at your facility by the Department of Health to determine if your facility was in compliance with the current regulations for Assisted Living Facilities. Your facility was found to be in compliance. Please sign and date the attached State form and return.

Note: This notice of clearance is limited only to the survey mentioned above.

The entire survey report is available by accessing the Internet as follows: http://providersearch.health.state.nm.us/ Select the "Health Facility Provider Search " option, then facility type and the name of the facility, and then select the survey you wish to view and open the entire survey report.

If you have any questions regarding this notice, please contact me at (505) 476 - 9039.

Sincerely,

Maurella Sooh
District Operations Bureau Chief
Division of Health Improvement
cc: file

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7134	A. BUILDING: _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEATFIELDS SENIOR LIVING COMMUNITY	**4701 N PRINCE ST CLOVIS, NM 88101**

(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
A 000	Initial Comments No deficiencies were cited during a Complaint survey completed on 07/14/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake NM #58429 was unsubstantiated with no deficiencies cited. Complaint Intake NM #59467 was unsubstantiated with no deficiencies cited. Complaint Intake NM #49287 was unsubstantiated with no deficiencies cited.	A 000		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Samantha Loudermill Administrator 7/15/22