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 06/03/2025

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
8 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 06/03/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Census: 89 Complaint Intake NM[redacted] was investigated and deficiencies were cited. Complaint Intake NM[redacted] was investigated and deficiencies were cited.	8 000		
8 024	8 NMAC 370.14.24 Assistance with Daily Living The facility shall supervise and assist the residents, as necessary, with health, hygiene and grooming needs, to include but not limited to the following: A. eating; B. dressing; C. oral hygiene; D. bathing; E. grooming; F. mobility; and G. toileting. [8.370.14.24 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.24 G Based on record review and interview, the facility failed to ensure for 1 (R [Resident] #1) out of 5 (R #s 1-5) residents that they were assisted with toileting in a timely manner. This deficient practice resulted in R #1 being	8 024	8.024 8 NMAC 370.14.24 Assistance with Daily Living A-D. Facility alarm system has been fixed as of 12.13.2024. In the event of the system going down, we will have our team leaders (medication assistants) as another checking system to ensure no residents are missed during the round of clock checks. We will have a system for the resident assistant's to mark on their sheet if a resident was left for any reason and needs a return visit to ensure this occurrence does not happen. The check lists will be monitored during each shift to ensure all team members are correctly doing their rounds. Daily Wellness Director/Environmental Director will do one last check to ensure all checks are being done and accounted for. Completion Date 6.26.2025	

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8 024	Continued From page 1 forgotten about and left sitting on the toilet without being able to call for assistance when the call light system next to the toilet was down (broken); and could likely result in the resident being at risk for falling if staff were not aware [redacted] needed assistance getting off the toilet. The findings are: A. Record review of Intake NM [redacted] received on 10/29/24 revealed the facility's call light system had been down for a week and residents were not being checked on as frequently as they should have been. The report also stated that R #1 had been left alone in the bathroom on the toilet. B. Record review of a grievance (a written complaint to the facility submitted by either a resident or their family) dated 11/14/24 revealed R #1 called [redacted] grandson crying stating [redacted] had been left in the bathroom for an hour and was forgotten about and could not get up by [redacted] The only reason [redacted] (R #1) was discovered was because Former Direct Care Staff (DCS) #1 went around to collect trash, and noticed [redacted] (R #1) was not in [redacted] recliner and that Former DCS #1 had forgotten about R #1 in the bathroom. Upon finding R #1 in the bathroom, Former DCS #1 stated, "Oh fuck, I am so sorry." C. On 06/03/25 at 1:45 pm, during an interview, Former DCS #1 confirmed she forgot R #1 was on the toilet on 11/13/24. She stated she left the room to get some wipes, and got caught up doing other tasks and accidentally left R #1 on the toilet for about 30 minutes between 6:00 pm and 6:30 pm. D. On 06/03/25 at 2:22 pm, during an interview, the Administrator confirmed that the facility's call light system was down from 10/25/24 through	8 024		

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8 024	Continued From page 2 12/13/24 while a replacement part was ordered to repair the system. She confirmed that Former DCS #1 was given a written warning for leaving R #1 on the toilet on 11/13/24 and for using profanity when she apologized to [redacted]	8 024		
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 15 days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident's functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six months or when there is a significant change in the resident's health status. C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc.; (3) communication and hearing; ability to communicate needs and understand instructions, etc.; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions;	8 025		

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8 025	Continued From page 3 (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 C (11) Based on record review and interview, the facility failed to ensure for 1 (R [Resident] [redacted]) of 5 (R #'s 1-5) resident reviewed that the evaluations were not updated with the new interventions that are in place following the [redacted] incident that occurred on 03/06/25. This deficient practice could likely result in the residents being at risk of not getting the care and services needed if the Direct Care Staff (DCS) does not know what the residents' correct needs are. The findings are:	8 025	8.025 8 NMAC 370.14.25 Resident Evaluation A-C For the Evaluation going forward the team understands that even when no new orders are implemented from a physician and we implement new interventions that a change of condition needs to be done as soon as possible so the direct team knows the appropriate care to the resident. On 6.27.2025 all evaluations have been reviewed to ensure current orders and interventions are reflected accurately. Going forward, all evaluations will be updated if new interventions are provided to a resident and classified as a "change of condition" by the Wellness Director and/or the Administrator. Completion 6.27.2025	

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8 025	Continued From page 4 A. Record review of R[redacted] chart notes dated 03/06/25, revealed a [redacted] incident occurred on 03/06/2025, the resident was given [redacted] and evaluated by EMS (emergency medical service) personnel and appeared to be fine. B. Record review of R[redacted] resident evaluation record dated 05/21/25 revealed the evaluation did not include interventions or any dietary or meal restrictions that have been implemented after the resident had a [redacted] incident on 03/06/25. C. On 06/03/25 at 2:12 pm during an interview, the Administrator confirmed R[redacted] evaluation form did not contain any documentation of any interventions from the [redacted] incident on 03/06/25.	8 025		
8 026	8 NMAC 370.14.26 Individual Service Plan An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status. B. The ISP shall include the following: (1) a description of identified needs as noted in	8 026	8.026 8 NMAC 370.14.26 Individual Service Plan A-C For the ISP going forward the team understands that even when no new orders are implemented from a physician and we implement new interventions that a change of condition needs to be done as soon as possible so the direct team knows the appropriate care to the resident. On 6.27.2025, all ISP's have been reviewed to ensure current orders and interventions are reflected accurately. Going forward, all ISP's will be updated if new interventions are provided to a resident and classified as a "change of condition" by the Wellness Director and/or the Administrator. Completion 6.27.2025	

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8 026	Continued From page 5 the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [8.370.14.26 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.26 A (2) Based on record review and interview, the facility failed to ensure for 1 (R [Resident] [redacted] of 5 (R#'s 1-5) residents whose Individual Service Plan (ISP) was reviewed for compliance, that the residents' ISPs were reviewed and, if needed, revised by a licensed practical nurse, registered nurse or a physician extender, following a [redacted] incident that occurred on 03/06/25. This deficient practice could likely cause harm to the resident if the Direct Care Staff (DCS) are unaware of resident needs identified in the evaluation and ISP and cannot provide adequate care.	8 026		

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8 026	Continued From page 6 The findings are: A. Record review of R[redacted] chart notes dated 03/06/25, revealed a [redacted] that occurred on 03/06/25. B. Record review of R[redacted] ISP dated 05/06/25, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or physician after a [redacted] incident that occurred on 03/06/25. C. On 06/03/25 at 2:12 pm during an interview, the administrator confirmed R[redacted] ISP was never re-reviewed and updated after a [redacted] incident that occurred on 03/06/25 by an licensed practice nurse, registered nurse or physician.	8 026		