

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Gateway Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 661 West Poplar Porterville, CA 93257	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure intake and output was monitored for one of four sampled residents (Resident 1) when Resident 1 was on a fluid restriction. This failure resulted in the facility being unaware of Resident 1 ' s fluid intake and output.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Order Summary Report (OSR), dated 9/9/24, the OSR indicated, Admission. 6/27/24. Resident has fluid restriction of 1.8 liters (unit of measurement)/24 hrs (hours). Order date.6/27/24.</p> <p>During an interview on 9/17/24 at 11:55 with Registered Nurse (RN), RN stated when a resident was on a fluid restriction, their intake and output should be monitored daily.</p> <p>During a concurrent interview and record review on 9/17/24 at 3:17 p.m. with Director of Staff Development (DSD), Resident 1 ' s clinical record was reviewed. DSD was unable to provide any intake and output monitoring documentation for Resident 1. DSD stated, Resident 1 ' s intake and output was only monitored during the first 30 days after admission, and it should have been ongoing due to the fluid restriction.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Encouraging and Restricting Fluids dated 2001, the P&P indicated, Restricting Fluids.Record the amount of fluid consumed on the intake side of the intake and output record.</p>

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 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
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