

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 06/04/2025
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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>Based on observation, interview, and record review, the facility failed to meet the needs for one of two sampled residents (Resident 1) when a STAT (immediately) x-ray (takes pictures of areas inside the body) ordered by the physician was not completed timely. This failure has the potential for a delay in care for Resident 1.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/4/25 at 10:53 a.m. with Resident 1 in resident's room, Resident 1 was lying in bed with her left arm wrapped in an immobilizer sling (device used to support and keep still an injured part of the body). Resident 1 stated her left arm was broken.</p> <p>During a concurrent interview and record review on 6/4/29 at 11:09 a.m. with Licensed Vocation Nurse (LVN), LVN stated Resident 1 had a fall on 5/28/25. LVN stated on 5/29/25 at 3:19 p.m. a physician's order was obtained for a stat x-ray to the left hip and the left shoulder. LVN stated the x-ray technician arrived on 5/30/25 at approximately 10:30 a.m. (approximately 19 hours after the stat physician's order was obtained) to obtain the x-ray of Resident 1's left hip and left shoulder. LVN stated a STAT physician's order should be completed within 4-6 hours. LVN stated Resident 1's x-ray results indicated a left clavicle (collarbone) fracture.</p> <p>During a concurrent interview and record on 6/4/25 at 11:34 a.m. with Director of Nurses (DON), DON stated Resident 1 fell off her bed on 5/28/25 during the night shift. DON stated a physician's order for a stat x-ray to the left hip and the left shoulder was obtained on 5/29/25 at 3:19 p.m. due to Resident 1 complaining of increase pain. DON sated the x-ray technician arrived on 5/30/25 at approximately 11 a.m. (approximately 19 hours after order was obtained) to obtain the x-ray for Resident 1. DON stated it was the facility's practice for STAT physician's orders to be completed within 4-6 hours. DON confirmed the stat x-ray was not obtained in a timely manner.</p> <p>During a review of Resident 1's Physician Order, (PO) dated 5/29/25 at 3:19 p.m. the PO indicated, STAT XRAY LEFT HIP & LT (LEFT) SHOULDER.</p> <p>During a concurrent interview and record review on 6/17/25 at 8:58 a.m. with Regional Manager (x-ray company RM), the Portable Service Agreement (PSA), was reviewed. RM stated STAT physician's orders should be completed within 6-8 hours.</p> <p>(continued on next page)</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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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedures (P&P), titled, Request for Diagnostic Services, dated 2007, the P&P indicated, 4. All urgent radiological requests should be labeled STAT and carried out in a timely manner according to contracted agency policy.</p>