

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Gateway Post Acute                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>661 West Poplar<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                 |
| F 0557<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to treat one of three sampled residents (Resident 1) with dignity and respect. This failure had the potential for negative outcomes and potential for Resident 1 to have low self esteem. Findings: During an interview on 6/4/26 at 10:22 a.m. with Director of Nursing (DON), DON stated on 5/20/26 Resident 1 had alleged that Activities Assistant (AA) was verbally and mentally abusive to Resident 2 during an activities group activity. During an interview on 6/4/26 at 10:28 a.m. with Social Services Director (SSD), SSD stated on 5/20/26 around late morning, Resident 1 approached her and stated AA was verbally and mentally abusive to Resident 2. During an interview on 6/4/26 at 10:47 a.m. with Administrator, Administrator stated on 5/20/26 he was informed of an allegation of verbal/mental abuse regarding AA with Resident 2. Administrator stated an abuse investigation was conducted and on 5/21/26 was concluded. Administrator stated the facility investigation resulted in a positive finding for abuse with AA toward Resident 2. Administrator stated AA was terminated on 5/22/26. During a review of Resident 1's Minimum Data Set (MDS) Assessment (a standardized assessment to evaluate a resident's functional abilities and healthcare needs), dated 4/14/26, under the section titled, Brief Interview for Mental Status (BIMS - an assessment of cognition [how well a person thinks, remembers, and learns]), the BIMS score was 14 (cognition intact). During an interview on 6/4/26 at 11:13 a.m. with Resident 1, Resident 1 stated on 5/20/26 she was in a group activity in the activity area playing bingo. Resident 1 stated Resident 2 had asked for two bingo cards from AA since the other residents had two cards as well. Resident 1 stated AA had told Resident 2 she could not have two bingo cards like the other residents because she was a stubborn person and could not handle two cards and she (AA) would not be helping her (Resident 2). Resident 1 stated during the bingo game Resident 2 had reported to AA that she had foot pain (which foot not identified) and AA had stated to her that everyone had pain including herself. Resident 1 stated AA then told Resident 1 that her foot was too heavy (indicating that Resident 2 was fat) and that she (AA) would not try to lift it (the foot) because it would cause her (AA) pain. Resident 1 stated later in the day (no approximate time except afternoon) there was a group activity involving painting nails. Resident 1 stated AA had placed Resident 2 by a table by herself and told her she would not assist her in removing her nail polish because she takes too long. Resident 1 stated after hearing this her and other residents (could not recall who) moved over to Resident 2's table to comfort her. Resident 1 stated Resident 2 was visibly sad with how AA was speaking to her and being left alone away from her peers. Resident 1 stated she reported the incident to SSD. Resident 1 stated AA remained in the building working and seemed upset after she reported the incidents. Resident 1 stated later in the day ice cream was handed out to the residents and when AA handed Resident 2 ice cream despite her being diabetic (a disorder characterized by difficulty in blood sugar control and poor wound healing). Resident 2 stated AA told Resident 2 that if the ice cream made her sugar go up the staff can just give her more insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication). During a review of Resident 2's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 8 (moderate cognitive impairment). During (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| NAME OF PROVIDER OR SUPPLIER<br><br>Gateway Post Acute                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>661 West Poplar<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                 |
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| F 0557<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | an interview on 6/4/26 at 11:30 a.m. with Resident 2, Resident 2 was not aware of the date, time, year, the season, could not recall the name of the facility or the city she was in. Resident 2 could not recall the incident with AA on 5/20/26. During a review of the facility's policy and procedure (P&P) titled, Dignity, dated 2/21, the P&P indicated, 1. Residents are treated with dignity and respect at all times. |                                                                                       |                                                 |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review the facility failed to implement their policy and procedure for an allegation of verbal/mental abuse for one of three sampled residents (Resident 1). This failure had the potential for further abuse to occur. Findings: During an interview on 6/4/26 at 10:22 a.m. with Director of Nursing (DON), DON stated on 5/20/26 Resident 1 had alleged that Activities Assistant (AA) was verbally and mentally abusive to Resident 2 during an activity group activities. During an interview on 6/4/26 at 10:28 a.m. with Social Services Director (SSD), SSD stated on 5/20/26 around late morning, Resident 1 approached her and stated AA was verbally and mentally abusive to Resident 2. SSD stated she reported this to Administrator and immediately place Resident 1 and Resident 2 on monitoring. During an interview on 6/4/26 at 10:47 a.m. with Administrator, Administrator stated on 5/20/26 he was informed of an allegation of verbal/mental abuse regarding AA and Resident 2. Administrator stated he placed all residents on monitoring every hour while AA continued to work. Administrator stated AA completed her shift on 5/20/26 and half of her shift on 5/21/26 when she was then suspended. Administrator stated the facility investigation concluded that the abuse did occur and terminated AA on 5/22/26. Administrator stated the facility policy and procedure indicated an employee accused of abuse should be removed from the facility immediately until an investigation is complete to determine if abuse did occur. Administrator stated AA was not removed from the facility after the allegation of abuse on 5/20/26. During a review of the facility employee time sheet (ETS), dated 5/20/26 to 5/22/26, the ETS indicated, AA worked: a. 5/20/26 - 7:55 a.m. to 12:02 p.m. and 12:34 p.m. to 4:31 p.m. b. 5/21/26 - 7:58 a.m. to 12:30 p.m. c. 5/22/26 - Terminated. During a review of the facility's policy and procedure (P&amp;P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated 9/2022, the P&amp;P indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/ misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. All relevant professional and licensing boards are notified when an employee is found to have committed abuse. If the investigation reveals that the allegation(s) of abuse are founded, the employee(s) is terminated.</p> |                                                                                       |                                                 |