

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Gateway Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 225 North 56th Street Lincoln, NE 68504	

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 0844</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Licensure Reference Number 175 NAC 12-006.04 (E)Based on record review and interview, the facility failed to notify the State Agency within five working days of a change in Director of Nursing. This had the potential to affect all residents who resided at the facility. The facility census was 68. A record review of the Change of Administrator or Director of Nursing Notification Form revealed that the Director of Nursing (DON) was changed on 9/13/25. A record review of the facility faxed letter sent to Dept. of Health and Human Services (DHHS) revealed a fax date of 9/29/25. An interview on 12/23/25 at 1:30 PM with the Administrator confirmed that the Change of Administrator or Director of Nursing Notification form was not submitted to DHHS within the required the five working days and it should of been submitted to DHHS within 5 working days.</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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