

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Bishop Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Pioneer Lane Bishop, CA 93514	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40171</p> <p>Based on interview and record review, the facility failed to ensure Certified Nursing Assistant 1 (CNA 1) reported an allegation of suspected physical abuse towards a resident (Resident 1) within the timeframe specified by their policy and procedures when the staff member (Certified Nursing Assistant 1 - CNA 1) was aware of the alleged abuse on April 2, 2024, but did not report it to the facility administration until two days later on April 4, 2024.</p> <p>This failure resulted in a delay in the facility ' s ability to promptly investigate the allegation of abuse and had the potential for Resident 1 to be at continued risk for ongoing physical abuse which may have been prevented had the allegation been reported timely.</p> <p>Findings:</p> <p>A review of Resident 1 ' Admission Record, (contains medical and demographic information), indicated the resident was admitted [DATE], with diagnoses which included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), adjustment disorder (an emotional or behavioral reaction to a stressful event or change in a person ' s life) with mixed anxiety and depressed mood.</p> <p>During a review of Resident 1 ' s Minimum Data Set assessment [MDS assessment - a standardized assessment tool that measures the health status of nursing home residents], dated January 26, 2024, the assessment indicated the resident had a Brief Interview for Mental Status score (BIMS score - a score from 1-15 to assess cognitive functioning) score of 10 (moderately impaired).</p> <p>During a review of a typed statement from CNA 1, dated April 4, 2024, the statement indicated, I [CNA 1] understand [sic] how serious these allegations are that I am about to say but I wouldn ' t just say them if I didn ' t believe they were true. On Tuesday April 2nd a little after 3 pm I overheard [name of CNA 2] talking with [name of CNA 3] and [name of CNA 4] about an altercation that happened in [name of Resident 1 ' s] room. [name of CNA 2] said they got [Resident 1] inside the restroom and was splashing water in her face and pulling her hair back and forth and hitting her in spots no body [sic] will notice or find concerning [name of CNA 2] was also laughing at the fact [NAME] was crying out for her husband [name of Resident 1 ' s husband] help the whole time and that she didn ' t understand what was going on .</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on April 17, 2024, at 1:51 PM, with the Director of Nursing (DON), the DON stated she was made aware of the alleged staff to resident abuse towards Resident 1 on April 4, 2024. The DON further stated CNA 1 reported that she heard the discussion on April 2, 2024 (two days prior to the incident being reported to the DON). The DON stated CNA 1 should have reported the incident immediately on April 2, 2024, and should not have waited until April 4, 2024.</p> <p>During an interview on May 30, 2024, at 11:55 AM, with the Director of Staff Development (DSD), the DSD stated staff are supposed to report any instances of alleged or suspected abuse to their supervisor, or the Administrator (ADMIN) immediately.</p> <p>During a review of the facility ' s untitled five-day summary [a written summary regarding the findings of the facility ' s investigation], dated April 8, 2024, the summary (signed by the DON) indicated, .I also discussed with her that she is a mandatory reporter, and she was late in reporting and that is serious .</p> <p>During a review of the facility policy and procedure titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, the policy indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse .The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: .9. Investigate and report any allegations within timeframes required by federal requirements. 10. Protect residents from any further harm during investigations .</p> <p>During a review of the facility policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised April 2021, the policy indicated, .Reporting Allegations to the Administrator and Authorities. 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The residents representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident ' s attending physician; and g. The facility medical director. 3. immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury .6. Upon receiving any allegations of abuse .the administrator is responsible for determining what actions (if any) are needed for the protection of residents .</p>		