

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 06/26/2024
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 0607</p> <p>Level of Harm - Minimal harm 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44841</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure in preventing, reporting, and investigating an allegation of suspected physical abuse for one of three sampled resident (Resident 3), when:</p> <ol style="list-style-type: none"> 1. The facility employed Certified Nursing Assistant 1 (CNA 1, who was Resident 3 ' s alleged abuser) before the completion of her background check. 2. The facility Administrator did not respond immediately to initiate an investigation and promptly report the incident to the state agency and to other required agencies within specified timeframes after Resident 3 reported an alleged abuse by CNA 1 to the Administrator on April 24, 2024. <p>These failures have the potential to jeopardize Resident ' s 3 health, safety, and well-being at risk and the other vulnerable population of 89 residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of State of California Form 341 [Suspected Dependent Adult/Elder Abuse form], dated May 1, 2024, indicated . Resident [Resident 3] reported . that last Friday the 24 of April [Named of CNA 1] the CNA grabbed her breast inappropriately. She [Resident 3] states he told the admin . <p>During a concurrent interview and record review on May 8, 2024, at 4:23 PM, with the Human Recourses/Payroll (HR/Payroll), the HR/Payroll reviewed and acknowledged CNA 1 ' s employee file, which indicated her background check report order was dated August 23, 2023, while the hire date was August 21, 2023. The HR/Payroll stated she was not aware that CNA 1 background check initiated 2 days after she had been hired.</p> <p>During an interview on May 8, 2024, at 5:25 PM, with the Administrator (Admin), the Admin stated, I remember receiving an email from the corporate office indicating that background checks need to be initiated and completed, but I think it ' s only for employees with direct access to residents. Not sure whether they need to be completed before hiring, since we hired CNA 1 as a Student Nursing Assistant (SNA) program.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on May 10, 2024, at 1:45 PM, with the Director of Staff Development (DSD), the DSD stated that the facility requires background checks to be completed with result prior to starting the hiring process for all employees, including those hired in the SNA program, as it is a paid training program provided by the facility. The DSD further stated that she was not aware that CNA 1 had been hired 2 days before completing her background check.</p> <p>During a phone interview on May 10, 2024, at 1:55 PM, with the Director of Nursing (DON), the DON stated that all employees need to have a clear background check before starting the hiring process because it ' s a mandatory requirement and everyone in the facility have direct access to all residents. The DON further stated stated that she was not aware that CNA 1 had been hired 2 days before her background check was completed.</p> <p>During a concurrent a phone interview and record review, on May 10, 2024, at 2:10 PM, with the DON, the facility ' s policy, and procedure (P&P) titled, Background Screening Investigations revised March 2019, was reviewed. The P&P indicated, Policy Statement. Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employees). Policy Interpretation and Implementation . 2. The Director of Personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment . The DON stated the facility did not follow the policy.</p> <p>2. During review of Residents 3 ' s Admission Record (general demographics), the document indicated Resident 3 was admitted to the facility on [DATE], with diagnoses to include: rheumatoid arthritis (a condition that can cause pain, swelling and stiffness in joints), hypertension (high blood pressure), and hyperglycemia (term for high blood sugar levels)</p> <p>During a review of Resident 3 ' s Minimum Data Set assessment [MDS assessment - a standardized assessment tool that measures the health status of nursing home residents], dated February 28, 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 15.</p> <p>During a review of Resident 3 ' s history and physical examination, dated August 30, 2023, it indicated Resident 3 has the capacity to understand and make decisions.</p> <p>During an interview on May 8, 2024, at 2:45 PM, with the DON, the DON stated she was informed by the ombudsman regarding the alleged staff-to-resident abuse towards Resident 3 during her visit in the facility on May 1, 2024. The DON further stated she learned that Resident 3 had reported the incident to the Administrator on April 24, 2024 (seven days prior to the incident being reported to the DON). The DON stated the facility should have initiated the investigation immediately on April 24, 2024, and reported it to the state agency, local ombudsman, and Law enforcement officials within 24 hours not seven days later.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44841</p> <p>Based on observation, interview, and record review, the facility failed to ensure immediate measure was put into place to provide protections to one of three sampled resident (Resident 3) when a Certified Nurse Assistance 1 (CNA 1) was not placed on administrative leave immediately after an alleged abuse to Resident 3 was reported on April 24, 2024.</p> <p>This failure had the potential for further abuse, neglect, exploitation, or mistreatment as the alleged perpetrators, CNA 1, continued to have access to the alleged victim, Resident 3, and to the other vulnerable population of 89 residents.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (clinical record with demographic information), it indicated, Resident 3 was admitted to the facility on [DATE], with diagnoses of rheumatoid arthritis (a condition that can cause pain, swelling and stiffness in joints) and hypertension (when your blood pressure is higher than the recommended level).</p> <p>During a review of Resident 3 ' s Minimum Data Set assessment [MDS assessment - a standardized assessment tool that measures the health status of nursing home residents], dated February 28, 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 15.</p> <p>During a review of Resident 3 ' s history and physical examination, dated August 30, 2023, it indicated Resident 3 has the capacity to understand and make decisions.</p> <p>A review of State of California Form 341 [Suspected Dependent Adult/Elder Abuse form], dated May 1, 2024, indicated . Resident [Resident 3] reported . that last Friday the 24, of April [Named of CNA 1] the CNA grabbed her breast inappropriately. She [Resident 3] states he told the admin .</p> <p>A review of Resident 3 ' s clinical record of Social Service note date May 1, 2024, indicated, . Resident [Resident 3] states one of female staff came in her room and grabbed her breast. She states she was shocked and felt very uncomfortable. Resident states she reported to Administrator [named of Administrator] .</p> <p>During an interview, on May 8, 2024, at 3:00 PM, with the Administrator (Admin), the Admin stated he was the abuse coordinator for</p> <p>the facility. The Admin explained that Resident 3 visited his office on April 24, 2024, and reported that CNA 1 grabbed her breast. He acknowledged the facility policy was to suspend (placed on administrative leave) the respective employee immediately to protect the resident (s), however, he admitted that he did not remove the CNA 1 because he forgot about it.</p> <p>(continued on next page)</p>		

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