

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 09/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interviews, and record review, the facility failed to follow its policy and procedure to provide care and services for residents and ensure call lights are answered in a timely manner for all four sampled residents (Residents 1, 2, 3, and 4).</p> <p>This failure has the potential to jeopardize the health and safety of clinically compromised Residents (Residents 1, 2, 3, and 4) when their requests for assistance with activities of daily living were not responded to promptly.</p> <p>Findings:</p> <p>During the review of Resident 1 ' s admission record (It contains important information about the patient such as their personal details, the reason for their admission, and their medical history), the document indicated Resident 1 was admitted on [DATE], with a diagnosis that included lack of coordination (poor muscle control and clumsy body movement), difficulty in walking, pain in the leg, and history of falling (had incident of falling in the past).</p> <p>During interview and observation with Resident 1 on 9/09/2024, at 2:50 p.m., Resident 1 stated, sometimes he has to wait a long time, and sometimes the staff don ' t respond to his call lights.</p> <p>During the review of Resident 2 ' s admission record, the document indicated Resident 2 was admitted to the facility 05/03/2024, with a diagnosis that muscle weakness (lack of muscle strength).</p> <p>During an interview and observation with Resident 2 on 9/09/2024 at 3:59 p.m., Resident 2 expressed concerns regarding the staff availability, noting at times, call lights go unanswered, sometimes the staff shows up and he does not see them again.</p> <p>During the review of Resident 3 ' s admission records the document indicated Resident 3 was admitted on [DATE], with a diagnosis that included osteoarthritis of the left shoulder (gradual wearing down of the cartilage [strong connective tissue] in the left shoulder), and difficulty in walking.</p> <p>During an interview and observation with Resident 3 on 9/09/2024, at 4:07 p.m., Resident 3 stated, sometimes it takes 45 minutes or longer for the staff to respond, even for simple requests like needing a washcloth. She expressed dissatisfaction with the breakfast being served late and cold, and ice cream being melted. Resident 3 also noted that meal carts are sometimes left in the hallway for extended periods and meal trays are not being distributed to the resident right away.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the review of Resident 4 ' s admission records the document indicated Resident 4 was admitted on [DATE], with a diagnosis that included difficulty in walking, lack of coordination, and weakness.</p> <p>During an interview and observation with Resident 4 on 9/09/2024, at 4:23 p.m., Resident 4 stated, the staff does not respond promptly when she calls. She mentioned that she has to wait at least 20 minutes and sometimes even 45 minutes.</p> <p>During an interview with the director of nursing (DON 1) on 9/09/2024, at 4:27 p.m., DON 1 acknowledged that call lights is a problem and that residents should not have to wait 45 minutes for assistance. DON 1 agreed that call lights should be answered as soon as possible, in line with the facility ' s policy for answering call lights.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Answering Call Light, dated October 2010, one of the guidelines outlined of the P & P indicated, Answer the resident ' s call as soon as possible.</p>		