

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 10/28/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interview, and record review, the facility failed to adhere to its food and nutrition services policy when three of three sampled residents (Resident 1, 2, & 3) were served meals that were not presented at an appetizing temperature.</p> <p>This failure may decrease resident ' s appetite and has the potential to adversely affect the well-being of clinically compromised Residents (Residents 1, 2, & 3) when their meals were served cold.</p> <p>Findings:</p> <p>During a 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 admitted to the facility on [DATE], with a diagnosis that included hyperlipidemia (also known as a high cholesterol, a condition where too many fats, or lipids in the blood).</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated July 7, 2024, indicated, Resident 1 ' s score was a 13, which indicated Resident 1 had no mental impairment.</p> <p>During an interview on October 14, 2024, at 1:20 PM, with Resident 1, Resident 1 stated the food is not always served warm.</p> <p>During a review of Resident 2 ' 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 2 admitted to the facility on [DATE], with a diagnosis that included bipolar disorder (a mental illness that causes extreme mood swings, or shifts in mood, energy, and activity).</p> <p>During a review of the clinical record for Resident 2 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated October 2, 2024, indicated, Resident 2 ' s score was a 14, which indicated Resident 2 had no mental impairment.</p> <p>During an interview on October 14, 2024, at 1:28 PM, Resident 2 stated food is cold a lot, mainly breakfast is not warm.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555777
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3 ' 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 3 admitted to the facility on [DATE], 2023, with a diagnosis that included muscle weakness (muscle can ' t perform their normal function as well as they could when rested).</p> <p>During a review of the clinical record for Resident 3 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated August 1, 2024, indicated, Resident 2 ' s score was a 15, which indicated Resident 3 had no mental impairment.</p> <p>During an interview on October 14, 2024, at 1:39 PM, with Resident 3, Resident 3 stated that sometimes food is cold, and there are days that the food is barely warm.</p> <p>During an interview on October 14, 2024, at 4:09 PM, with the Director of Nursing (DON)1, DON 1 acknowledged that the issue of food being served cold may be related to staffing challenges at times, which can lead to delays in food delivery. Furthermore, it could be possible that staff who are delivering meal trays to the residents does not close the cart when they deliver trays to each resident resulting in other trays in the cart gets cold too quickly. DON 1 agreed that meals given to the resident should be warm and not cold.</p> <p>A review of the facility ' s policy titled, Food and Nutrition Services, Dated October 2017, indicated, .Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature</p>		