

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 02/17/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>45240</p> <p>Based on interview and record review, the facility failed to provide sufficient numbers of staff when 3 out of 5 sampled days (January 9, 2025-January 13, 2025) had less than 3.5 direct care service hours per patient day (DHPPD- the total number of hours worked per patient day divided by the average daily number of residents in the facility).</p> <p>This failure had the potential to result in unmet needs, such as psychosocial, physical needs, and safety concerns for 93 residents.</p> <p>Findings:</p> <p>During interview with the Administrator (Admin) on January 22, 2025, Informed issues of staffing, (Admin) states, It's up to me to admit residents, I rely on my staff also, we have said no to admitting residents due to staffing. I listen to the staff; I never want the quality of care to go down. I'm not halting any hiring; we are hiring and have registry.</p> <p>During a concurrent interview and record review on January 22,2025 at 9:20 AM, with Director of Nursing (DON), the facility's policy and procedure (P&P), titled, Staffing, revised October 2017, was reviewed. The P&P indicated, Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment . The DON stated the policy was not followed.</p> <p>During a concurrent phone interview and record review on February 11 , 2025, at 11:15 AM, with DON, the facility's document titled, Census and Direct Care Service Hours Per Patient Day (DHPPD- the number that results from dividing the actual nursing hours perform by direct caregivers per patient day and the number of residents in the facility), for dates: January 9, 2025 thru January 13, 2025, were reviewed. The DHPPD indicated, the Actual DHPPD was 3.33 (facility was short of 0.17) on January 9, 2025, Actual DHPPD was 3.31 (facility was short of 0.19) on January 11, 2025, and Actual DHPPD was 3.15 (facility was short of 0.35) on January 12, 2025. The DON acknowledged the facility did not meet the DHPPD required for those dates.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent phone interview and record review on February 11, 2025, at 11:25 PM, with the DON, the facility's staffing waiver for certified nursing assistant (CNA), with a valid date of July 1, 2024, to June 30, 2025, which indicated, .2. The facility shall provide a minimum no less than 3.5 direct care service hours per patient day. 4. The facility shall employ, and schedule additional staff as needed to ensure quality resident care based on the needs of individual residents and to ensure compliance with all applicable state and federal staffing requirements . The DON acknowledged the waiver was not followed on January 9, 2025, January 11, 2025, and January 12, 2025, due to the DHPPD being below 3.5 and stated it was important to have enough staff so patient care is not affected and for the staff working to have enough help.</p>		