

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 09/02/2025
NAME OF PROVIDER OR SUPPLIER Bishop Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Pioneer LN 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>(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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** F 725: Sufficient Staffing - [NAME] Care Center S/S D [NAME] S483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at S483.70(e). S483.35(a) Sufficient Staff. S483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Intent:To assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being. F 725: Sufficient Staffing - [NAME] Care Center S/S D [NAME] Based on interview and record review, the facility failed to provide sufficient numbers of staff when six (6) out of 6 sampled days 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). This failure had the potential to result in unmet needs, such as psychosocial, physical needs, and safety concerns for 95 residents. Findings:An unannounced complaint investigation was conducted related to quality of care.During an interview with the Director of Nursing (DON) on August 11, 2025, at 4:00 PM, DON stated, We are short staffed mostly on night shift. The DON further stated three (3) Certified Nursing Assistants (CNA) recently quit and they are currently using travelers with the shortage.During a concurrent interview and record review on August 11, 2025, at 4:15 PM, with the 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: July 24, 2025 through July 29, 2025, were reviewed. The Census and Direct Care Service Hours Per Patient Day document indicated the following dates when the required 3.5 DHPPD hours was not met:a. July 24, 2025- 3.21 DHPPD (facility was short of 0.29)b. July 25, 2025 - 3.37 DHPPD (facility was short of 0.13)c. July 26, 2025- 2.33 DHPPD (facility was short of 1.17)d. July 27, 2025- 2.22 DHPPD (facility was short of 1.28)e. July 28, 2025- 3.48 DHPPD (facility was short of 0.2) A reference to a document titled All Facilities Letter (AFL) 18-12 [an official notice issued by the California Department of Public Health (CDPH) to licensed healthcare facilities to provides updates on regulations, policies, procedures, or urgent public health information that facilities must follow]. The AFL 18-12 indicated Skilled Nursing Facilities are required to provide a minimum of 3.5 direct care service hours per patient day, with a minimum of 2.4 performed by certified nurse assistants.During a review of the facility's policy titled, Staffing, Sufficient and Competent Nursing revised August 2022, was reviewed. The P&P indicated, Our facility provides sufficient numbers of staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. The DON acknowledged that the policy was not followed and acknowledged they were aware of having fewer DHPPD hours than required on the specified dates.</p>		