

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  01/08/2026
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)		
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a written response was provided timely and in accordance with the facility's policy when the Family Council (also known as Resident Council; an organized group of relatives and friends of residents who meet regularly to discuss and address concerns about quality of care in the nursing home) submitted a grievance on November 9, 2025, and have not received any response until December 29, 2025. This failure has the potential to impact on the facility's ability to ensure grievances were promptly addressed and resolved, which could negatively affect 99 highly vulnerable residents residing in the facility. Findings:During a review of the facility's document titled Resident Council Town Hall Minutes, dated November 20, 2025, it indicated the meeting was held at 1:59 PM. Further review indicated there were new concerns discussed in the meeting which included residents waiting two hours for a incontinence pad change, and residents not being checked every two hours by the staff.During an interview on December 29, 2026, at 2:00 PM, with the Director of Nursing (DON), the DON verified that the Long-Term Care Ombudsman (trained advocate for residents in nursing homes, assisted living, and other long-term care facilities; assists with residents in with issues related to day-to-day care, health, safety, and personal preferences) submitted the October 17, 2025, Family Council minutes to the Former Administrator on November 9, 2025, and the facility was unable to provide any written response addressing that. She further stated that during that time, they had a change of Administrator. She stated the facility should have provided a written response within 14 days as per their policy, but because there was a change in administrators, they were not able to do so.During a review of the facility's undated policy and procedure titled Family Council, the policy and procedure, indicated, The facility will respond in writing to written requests, concerns, or recommendations of the family council, within 14 calendar days.</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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