STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555777	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bishop Care Center	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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement its abuse prevention program when one of one sampled staff members (Certified Nursing Assistant 1 - CNA 1), did not have a completed background check prior to providing direct care to residents in the facility. This failure resulted in the facility allowing CNA 1 to provide care and services to residents for approximately three months without first verifying eligibility for employment through the required criminal background clearance process, placing residents at potential risk for abuse, neglect, exploitation, or employment of an individual prohibited from working in a licensed health care facility.Findings: During an interview on July 16, 2026, at 3:48 PM, with the Director of Nursing (DON), the DON stated Certified Nursing Assistant 1 (CNA 1) was hired January 30, 2026, and was a graduate of the facility's CNA training program (a state-approved nurse aid training program that prepares individuals to provide nursing and nursing-related services to SNF residents safely and competently). The DON further stated CNA 1 began providing direct patient care on March 3, 2026, and graduated from the CNA training program on March 31, 2026. The DON stated after CNA 1 graduated, she worked full time at the facility as a CNA and had been providing direct patient care since then. The DON stated prior to starting the CNA training program and prior to being hired at the facility, all staff were supposed to have background checks completed to ensure they were safe to work with residents. The background check for CNA 1 was requested. During a concurrent interview and record review on July 16, 2026, at 3:52 PM, with the DON, CNA 1's background check was reviewed. The document titled, California Investigative Consumer Report, dated June 16, 2026, indicated the initial background request was June 19, 2026, and was completed July 7, 2026 (More than 4 months after CNA 1 began having direct resident care on March 3, 2026.) The DON stated CNA 1's background check should have been done in January 2026, but it was not done until June, 2026. The DON further stated a previous human resources (HR) employee (who was no longer with the facility) was responsible for ensuring background checks were done but it had been identified by facility management that the previous HR employee was not doing the background checks as required. The DON stated it was important to do background checks to ensure staff have no violent crime history in order to ensure the safety of the residents. During a review of CNA 1's time card report (facility documented records of employee hours worked) titled, Related Calculated Time blocks (undated), the time card report indicated CNA 1 had worked 571.7 hours between March 3, 2026 (date CNA 1 began having direct patient care) and July 7, 2026 (date the background check was completed). During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, dated August 2006, the P&P indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion.1. Our facility is committed to protecting our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents.2. Our facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals. 3. Comprehensive policies and procedures have been developed to aid our facility in preventing abuse, neglect, or mistreatment of our residents. Our abuse prevention program provides policies and procedures that govern, as a minimum: a. protocols for conducting employment background checks.

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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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse for one (1) of 1 sampled residents (Resident 1) in accordance with the facility's policies and procedures for investigating allegations of abuse when appropriate staff and residents were not interviewed as part of the investigation for an allegation of abuse to Resident 1. This failure resulted in an incomplete investigation and placed Resident 1 and other residents at risk for potential continued or unidentified abuse because the facility could not reliably determine the circumstances surrounding the allegation, identify affected residents, substantiate or refute the allegation, or implement appropriate corrective and protective measures based on complete investigative findings.Findings: During a review of Resident 1's admission Record (contains medical and demographic information), The admission Record, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included fracture of the right (a break in the right thigh bone), difficulty in walking, dementia (an impairment in memory, thinking and reasoning which can disrupt every day life), and depression. During a review of the facility document titled, Resident Incident Report, dated June 10, 2026, the incident report indicated, .the resident reported the CNA who assisted with her shower on 6/5/26 was ?very rough' and had ?pushed me around.' The resident further stated that when she questioned the CNA about the treatment, the CNA became ?nasty' and made a derogatory remark. During an interview on July 16, 2026, at 1:57 PM, with the Director of Nursing (DON), the DON stated she was the individual who investigated the allegation of abuse reported by Resident 1. The DON stated she interviewed CNA 1 because CNA 1's name was in the SOC 341 report (a document titled Report of Suspected Dependent Adult/Elder Abuse which is used to document and report allegations of abuse to authorities) as the alleged abuser. The DON stated the facility looked at the facility staffing on June 5, 2026, (the day the incident occurred) to help determine that it was CNA 1 that was involved. During a review of the SOC 341 report titled, Report of Suspected Dependent Adult/Elder Abuse, dated June 6, 2026, the report indicated, Resident Reports CNA was ?very rough' and ?pushed me around' during shower on 6/5/26. During a review of CNA 1's written statement dated June 17, 2026, the statement indicated, I am providing this statement regarding my shift on June 6, 2026, during the night shift from 10:30 PM to 7:00 AM.[Name of Resident 1] did not express any concerns, complaints, or requests related to her care during my shift. I did not experience any difficulties while providing care, and all interactions were appropriate and professional. Additionally, I did not provide a bath to resident [room and bed number of Resident 1] during this shift. During a review of the staffing schedule titled, Nursing Staffing Assignment & Sign-in Sheet (document used to show staff worked on a particular shift and which residents they were assigned to), dated June 5, 2026 (date of alleged incident), the document indicated CNA 1 was assigned to Resident 1 from 10:30 PM (June 5, 2026) to 7:00 AM the next day (June 6, 2026). The schedule also indicated CNA 2 was also assigned to Resident 1 and worked a double shift (AM and PM) from 6:30 AM - 11:00 PM on June 5, 2026 (day of alleged incident). During a review of Resident 1's, Shower/Bed Bath Sheet (a document used by staff to record information including which staff showered/bathed the resident), dated June 5, 2026 (date of the alleged incident), the document indicated CNA 2 showered Resident 1 on June 5, 2026. During an interview on July 16, 2026, at 4:10 PM, with the DON, the DON stated for the facility investigation of the incident, only CNA 1 was interviewed because CNA 1 was the staff member indicated on the SOC 341 report and no other staff had been interviewed. The DON acknowledged and stated CNA 2 worked two shifts on June 5, 2026. CNA 2 was assigned to Resident 1 and was the CNA who documented that she assisted the resident with a shower on June 5, 2026. When asked why she did not interview CNA 2, the DON did not have an answer and stated CNA 1 was the only staff interviewed as part of the investigation. Additionally, the DON stated aside from Resident 1, no other residents who received care by CNA 1 or CNA 2 on the date of the alleged incident were interviewed. During a concurrent (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview and record review on July 16, 2026, at 4:16 PM, with the DON, the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022, was reviewed. The P&P indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management.Investigating Allegations.1. All allegations are thoroughly investigated.7. The individual conducting the investigation as a minimum: .h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.j. Interviews other residents to whom the accused employee provides care or services. The DON stated the policy and procedure was not followed.