

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 06/09/2025
NAME OF PROVIDER OR SUPPLIER BISHOP CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 151 PIONEER LANE BISHOP, CA 93514	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a complaint investigation. Complaint Number: CA00965360 The inspection was limited to the specific complaint and does not reflect the findings of a full inspection of the facility. One deficiency was issued as a result of the complaint number:CA00965360.	F 00	[REDACTED] 6/27/2025	6/29/2025
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35 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 §483.71. §483.35(a) Sufficient Staff. §483.35(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: (i) Except when waived under paragraph (f) of this	F 725		
L [REDACTED] REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

A deficiency which the institution may be excused from correcting providing it is determined that (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. 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.

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F 725	<p>Continued From page 1</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide sufficient number of nursing staff when the 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) staffing requirement was not met.</p> <p>This failure had the potential to result in unmet resident's needs, such as psychosocial, physical needs, and safety concerns for 95 vulnerable residents.</p> <p>Findings:</p> <p>An unannounced visit was conducted on June 9, 2025, to investigate a complaint with allegations that included quality of care and staffing concern.</p> <p>During a telephone interview on June 9, 2025, at 4:08 PM, with the License Vocational Nurse (LVN 1), LVN 1 reported that on May 18, 2025, she observed the call light was activated for 40 minutes without the Certified Nursing Assistant (CNA) present to respond to it.</p> <p>During a concurrent telephone interview and record review on June 11, 2025, at 3:30 PM, with the Director of Staff Development (DSD), the facility's staffing waiver for Certified Nursing</p>	F 725			

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F 725	<p>Continued From page 2</p> <p>Assistant (CNA), issued by the California Department of Public Health was examined. The staffing waiver document indicated approval for 2.4 [hours] DHPPD for CNA, valid from July 1, 2024 to June 30, 2025, under the following conditions: " ...2. The facility shall provide a minimum of no less than 3.5 direct care service hours per patient day " .</p> <p>Additionally, the facility staffing assignments from May 18, 2025 through June 10, 2025, were reviewed with the DSD. The staffing assignment indicated the waiver condition to provide 3.5 direct care service hours per patient day was not met on the following dates:</p> <p>a. May 18, 2025 - actual DHPPD was 2.50 hours (short by 1)</p> <p>b. June 6, 2025 - actual DHPPD was 3.07 hours (short by 0.43)</p> <p>c. June 7, 2025 - actual DHPPD was 2.81 hours (short by 0.69)</p> <p>d. June 8, 2025 - actual DHPPD was 2.72 hours (short by 0.78)</p> <p>e. June 9, 2025 - actual DHPPD was 2.97 hours (short by 0.53)</p> <p>The DSD acknowledged the facility did not meet the staffing requirements on the above dates and emphasized the necessity of adequate staffing for patient safety.</p> <p>During a telephone interview on June 11, 2025, at 3:42 PM, with the Director of Nursing (DON), the DON acknowledged, the facility failed to meet the</p>	F 725			

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F 725	Continued From page 3 required staffing requirements on May 18, 2025, June 6, 2025, through June 9, 2025. Furthermore, the DON indicated inadequate staffing can adversely affects the quality of care, skin care, and all facets of resident care and safety.	F 725		

Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies will be corrected as specified and they will be monitored to prevent recurrence no later than 6/29/25

6/27/2025

Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely to comply with the provisions of the Health and Safety Code 1280 and 42 C.F.R. 405.1907.

F725

A) How corrective action(s) will be accomplished for those residents found to have been affected by the deficient

All residents are assessed daily to ensure their care needs are being met despite staffing challenges.

B) How the facility will identify the residents having the potential to be affected by the deficient practice and what corrective action will be in place.

1. No residents were affected from the deficient practice.
2. The DON and DSD have switched their schedules to have more staffing coverage especially on the weekends. DSD will cover Saturdays and DON will cover Sundays. We just received a new workforce shortage waiver for the upcoming year.
3. DSD & staffing coordinator identified staff who have habitual absences and met with staff to improve their attendance. Staff have been written up for lack of attendance, and staff that have perfect attendance are rewarded.

C) What measure will be put in place or what system changes will the facility make to ensure that the deficient practice does not recur.

1. The Administrator, DON, DSD will conduct daily staffing reviews to ensure appropriate staffing is maintained. The administrator will be kept informed daily of the PPD numbers to ensure DHPPD regulations are followed.
2. Enhanced recruitment will be pursued through offering sign-on bonuses, advertising in local paper, radio advertisements, continuation of on-site CNA training program and offering wages above standards to be competitive in recruiting. We have hired new 8 CNAs, and 3 nurses and 2 agency CNAs. We are planning on starting a new CNA class on July 14, 2025 and have 7 students signed up so far.

3. We are scheduling registry CNAs to help with staffing requirements and pay for housing for staff.
4. Staffing coordinator & DSD will obtain availability schedule for staff to work during days off.
5. DSD and Administrator reiterated out attendance policy during our all staff meeting on June 5, 2025.

D) How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness.

1. The staffing coordinator/DSD will report during stand up meeting the projected PPD for the day and the PPD calculation from the previous day and adjust staffing according to admission and discharge and if there are absences.
2. DSD report findings during the monthly QA meeting if there are days that fall below the required PPD staffing levels and monitor for trends.
3. We will continue to reward and employee recognition for attendance and morale. We scheduled a shaved ice truck for all staff meetings as well as other local vendors to boost employee satisfaction/attendance.

The Director of Nursing will report monitoring results to the Quality Assurance Performance Improvement (QAPI) Committee monthly for three months or until substantial compliance is achieved and maintained. The QAPI Committee will make recommendations for additional interventions or modifications as needed.

All corrective actions completed by 6/29/25