

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555777</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BISHOP CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>151 PIONEER LANE BISHOP, CA 93514</b>	
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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility failed to promptly notify the responsible party (RP) of a change of condition for one of three residents (Resident 1) when the facility did not inform the RP of Resident 1's ten pound weight loss within 24 hours as indicated in the facility's policy and procedure. This failure had the potential to impair the health and safety of Resident 1, a clinically compromised Resident. Findings: A review of Resident 1's face sheet (a record that provides demographic data) indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's MDS (Minimum Data Sheet-an assessment form) dated August 12, 2020, indicated Resident 1's BIMS (Brief Interview for Mental Status) score was 99 (resident was not able to complete the interview). During an interview with the Director of Nursing (DON) on September 23, 2020, at 11:39 AM, she stated significant changes in condition are reported to the RP within 24 hours and the nurse telephones the RP. A review of the nutrition care plan for Resident 1, dated July 7, 2020, indicated a problem for At Risk for Altered Nutritional Status with an approach to notify the MD (Medical Doctor), RD (Registered Dietitian), and family of significant weight changes. A review of the Food and Nutrition progress note for Resident 1, dated July 29, 2020, indicated Resident 1 weighed 198 pounds on July 7, 2020 (date of admission) and was reweighed on July 27, 2020 with a weight of 188 pounds. The document further indicated Resident 1 lost 10 pounds over 2 weeks. A review of the progress notes for Resident 1 indicated no contact with RP between the dates of July 27, 2020 and July 28, 2020. A review of the Food and Nutrition progress note for Resident 1, dated September 4, 2020, indicated Resident 1 weighed 172 pounds on August 28, 2020 and weighed 188 pounds on July 27, 2020 (a 16 pound weight loss). The document further indicated Resident 1 weighed 198 pounds at admission on July 7, 2020 and weighed 172 pounds on August 28, 2020 (a 26 pound weight loss). A review of the progress notes for Resident 1 indicated no contact with RP between the dates of August 28, 2020 and August 29, 2020. A review of the care plan for Resident 1 by the RD, dated July 29, 2020, indicated a problem of recent weight change (loss) of -10# (pounds) x 2 weeks with an approach to notify MD and family of significant weight change. A review of the facility's policy and procedure (P&amp;P) titled Change in a Resident's Condition or Status revised December 2016 indicated, A significant change of is a major decline or improvement in the resident's status that:</p> <p>a. Will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions (is not self-limiting) .c. requires interdisciplinary review and/or revision to the care plan .4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: .There is a significant change in the resident's physical, mental, or psychosocial status; c. There is a need to change the resident's room assignment .Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status 8. The nurse will record in the resident's medical record information relative to the changes in the resident's medical/mental condition or status.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.