

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  Tampico Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  130 Tampico Street Walnut Creek, CA 94598	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation interview and record review the facility failed to observe infection control measures for Residents 1,2 and 3 when the following items were found in the shared room sink of Residents 1, 2 and 3:a. One open, unlabeled toothbrush exposed to air and one tube of unlabeled toothpaste were stored in an unlabeled kidney basin (Kidney basin is a shallow, kidney-shaped tray, also known as an emesis basin or kidney dish, used in medical settings to collect bodily fluids like urine or vomit, medical waste, and surgical supplies). b. One unlabeled open tube of triad paste was stored together with two open, unlabeled tubes of toothpastes in a kidney basin (Triad paste is a cream applied to various wounds, including pressure ulcers of the residents).These deficient practices had the potential to transmit infectious microorganisms among residents. Findings: During a concurrent observation and interview on 9/11/25 at 10:52 a.m., with Licensed Vocational Nurse (LVN) 1 and with Certified Nursing Assistant (CNA) 1 in Resident 1, 2 and 3's room:a. One unlabeled toothbrush exposed to air, and one open tube of unlabeled toothpaste were observed to be stored in a kidney basin on top of Residents 1, 2 and 3's shared room sink. LVN 1 and CNA 1 stated they did not know who owned the items. LVN 1 also stated that the unlabeled toothbrush and the unlabeled tubes of toothpastes should be labeled with the names of the clients who own them, and should be stored separately. b. One unlabeled open tube of triad paste was stored together with two open and unlabeled tubes of toothpastes in a kidney basin on top of Residents 1,2 and 3's shared room sink. LVN 1 and CNA 1 stated, they did not know to who the said items belonged to. LVN 1 stated the triad paste should not be stored with the toothpastes because the triad paste was used to treat skin conditions. LVN 1 further stated that the risk of storing the said items with the unlabeled tubes of toothpastes had the potential to spread infection among the residents.During an interview on 9/11/25 at 1:26 p.m., with the Infection Preventionist (IP), IP stated that storage of the residents' toothbrush should be stored in a clean plastic bag and should be labeled with the resident's name and properly stored with the resident's drawer to prevent contamination. IP stated that the risk of storing the residents' oral care products on top of the shared room sink unlabeled, and exposed to air could cause cross contamination when a resident would use another resident's tooth brush and or toothpaste. Further stated that it is not good practice to co-mingle oral care products with skin care products. During an interview on 9/11/25 at 2:30 p.m. with Director of Nursing (DON), DON stated, the risk of improper storage of the residents' unlabeled toothbrush, toothpastes and storing the triad paste with the toothpastes had the potential to spread infection among Residents 1,2 and 3.During a review of the facility's policy and procedure (P&amp;P) titled, Infection Prevention and Control Program, dated 10/1/23, the P&amp;P indicated, Purpose: To ensure the Facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements .</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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