Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056213	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tampico Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure for one out of four residents (Resident 1), the accuracy of data collection during respiratory illness outbreak. Resident 1 was not included in respiratory illness outbreak line list (infection control tracking tool used to collect data and active monitoring of both residents and staff during suspected outbreak). This failure resulted in unreliable data for analysis and identifying the root cause of infection.Findings:A review of the facility's admission Record, indicated Resident 1 was admitted on [DATE], with diagnoses that included Chronic obstructive pulmonary disease with (acute) exacerbation. During a review of facility's Change in Condition Evaluation dated 04/27/2025, it indicated Resident 1 had Shortness of breath. Resident 1 was transferred to hospital for evaluation. Resident 1's laboratory result dated 04/27/2025 indicated positive for Coronavirus 0C43, (common human coronaviruses, that usually cause mild to moderate upper-respiratory tract illnesses).During a concurrent interview and record review on 01/28/2026 at 11:57 a.m. with Licensed Vocational Nurse/Infection Preventionist (LVN/IP), LVN/IP stated the facility had a respiratory illness outbreak that started 04/07/2025. During a concurrent interview and record review on 01/28/2026 at 01:21 p.m. with LVN/IP, LVN/IP reviewed facility's line list for the 04/07/2025's respiratory illness outbreak. LVN/IP stated that Resident 1 was not listed in the line list. LVN/IP stated Resident 1 should have been included in the list because Resident 1 tested positive for respiratory illness. During a review of facility's policy and procedure titled Infection Prevention and Control Program indicated I. The Facility must establish an Infection Prevention and Control Program under which it- A. Identified, investigates, control, and prevents infection in the Facility; . C. Maintains a record of incidents and corrective actions related to infections. III. The Facility will appoint a full-time Infection Preventionist. Procedure. I. The Infection Preventionist is responsible to coordinating and development and monitoring of the Facility's established infection control policies and procedures. D. Collecting, analyzing and providing infection data and trends.

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