

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 03/05/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure comprehensive skin assessment was conducted and pressure injury (localized damage to the skin and/or underlying soft tissue usually over a bony prominence) prevention for one of two sampled residents (Resident 1) when: Resident 1's skin injury on the right buttock, described as a bump with purple discoloration, did not have the exact measurements and specific anatomical (structure of the body) location documented. Resident 1's cause of skin injury was not investigated. Resident 1's physician's order to apply preventive boot for Stage I (skin intact with redness) pressure injury on left heel was not implemented. This failure placed Resident 1 at risk for further skin breakdown, infection, and delayed wound healing. During a record review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility in October 2025 with diagnoses: congestive heart failure (the heart can't pump enough blood), atrial fibrillation (heart condition causing an irregular, often rapid heart rate), and history of fall. During a record review of Resident 1's record eINTERACT Change in Condition Evaluation (CIC) dated 11/12/25, the CIC indicated Resident 1 had purple bump to buttock. The CIC's Skin Evaluation portion did not indicate the precise anatomical location and measurement (length, width, depth) of the newly identified skin abnormality. Further review of the record indicated no documentation that the facility investigated the possible cause or origin of the skin injury. During a record review of Resident 1's Wound Assessment Note (WAN), signed by the physician and dated 11/13/25, the WAN indicated Resident 1's wound was identified as an abrasion on the right buttock. The WAN did not indicate a wound measurements and did not specify precise anatomical location of the right buttock. The WAN also indicated Resident 1 had a pressure injury on the left heel and the physician ordered a protective boot (medical device designed to elevate the heel) to offload the pressure; however, there was no documentation the facility implemented the ordered protective device. During a record review and interview on 3/5/26 at 11:10 a.m. with Treatment Nurse (TN), Resident 1's Progress Note dated 11/12/25 and WAN dated 11/13/25 were reviewed. TN stated if Resident 1 had a new bump and purple discoloration on the right buttock, an investigation should have been conducted to determine the cause of the skin injury. TN stated the purple bump could have been a result of trauma or injury. TN further stated complete assessment of the skin injury should have been done including the wound measurement and the exact anatomical (structure of the body) location of the skin injury. During an interview on 3/5/26 at 12:24 p.m. with the Director of Nursing (DON), the DON stated Resident 1's purple bump on the right buttock should have been investigated to determine the cause and to prevent recurrence. DON stated without the exact wound measurement, it would be difficult to determine if the skin injury was improving or declining. DON stated the physician's order for a pressure injury preventive boot for the left heel was not entered in Resident 1's record and there was no documentation showing the physician's order had been implemented. DON further stated Resident 1 was at risk for worsening of pressure injury on the left heel when the preventive boot was not provided. During a record review of the facility's policy and procedure (P&P), titled, Wound Management dated 10/1/23, the P&P indicated, To provide a system for the treatment and management of residents with wounds including pressure and non-pressure ulcers (type of wound). A resident who has a wound will receive necessary treatment and services to promote (continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>healing, prevention infection and prevent new pressure ulcers from developing.I. Assessment.A. A Licensed Nurse will perform skin assessment.as needed for each resident.B. Upon identification of a new wound the nurse will.i. Measure the wound (length, width, depth).C. Implement a wound treatment per physician's order.III. Documentation.A. New pressure ulcers or wounds will be documented on the 24 Hour Log and an incident report will be completed by the Licensed Nurse.B. Wound documentation will occur at a minimum of weekly.Documentation will include.i. Location of wound.ii. Length, width, and depth measurements recorded in centimeters.</p>		