

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER Camden Postacute Care, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1331 Camden Avenue Campbell, CA 95008	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review, the facility failed to re-admit one of three sampled residents (Resident 1) following hospitalization when Resident 1 was ready to be discharged from an acute care hospital on 7/13/26 and facility indicated there was no available isolation room. Facility staff did not review Resident 1's current clinical information to determine the appropriate infection control precautions and did not explore alternative room placement options. This failure delayed Resident 1's return to the facility. Findings: Review of Resident 1's face sheet (summary page of a patient's important information) indicated Resident 1 was a long-term resident with diagnoses that included Bilateral Primary Osteoarthritis of Knee (wear and breakdown of cartilage in both knee joints) and Acute Embolism and Thrombosis of Deep Veins of Lower Extremity (blood clot in the deep vein of the leg). Review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR, an assessment tool used to facilitate prompt and appropriate communication of a problem) dated 7/1/26 indicated Resident 1 returned to the facility at approximately 7:00 p.m. following hospitalization. Within approximately two hours, Resident 1 developed chills, a fever, warmth in both knees, and redness around the right-knee surgical incision. Staff notified the physician, who ordered Resident 1 to be transferred back to the emergency department. Review of Resident 1's Admissions online referral record dated 7/13/26 indicated the facility entered Decision Pending Review, with the comment, NO ISO (isolation) BED AVAILABLE. During an interview with the Infection Preventionist (IP) on 7/29/26 at 12:30 p.m., the IP stated the facility did not have a private isolation room available. The IP stated she recommended placing Resident 1 in a private isolation room because Admissions staff informed her that Resident 1 was positive for MRSA (Methicillin-resistant Staphylococcus aureus. It is a type of staph bacteria that has developed a resistance to many of the common antibiotics typically used to treat infections) involving the knee. During an interview with the Director of Nursing (DON) on 7/29/26 at 12:50 p.m., the DON stated Resident 1 had not returned because the facility did not have private isolation room available. During an interview with the Admissions Coordinator (AC) on 7/29/26 at 2:10 p.m., the AC stated she received a call on 7/7/26 from the acute care Case Manager (CM) that Resident 1 was ready to return to the facility. The AC told the hospital CM that the facility did not have a private isolation room available. Review of the facility's daily census dated 7/8/26 and 7/13/26 indicated Rooms A and B were two-bed rooms. Each room had one empty bed and one bed occupied by a male resident. During a phone interview with the IP on 8/4/26 at 3:47 p.m., the IP stated she did not have information about the condition of Resident 1's wound. The IP stated she did not know whether the wound was draining or whether drainage could be contained. The IP stated she knew only that Admissions staff reported that Resident 1 had MRSA involving the knee. The IP stated a resident with active MRSA required a private room. The IP further stated Resident 1 returned on 8/1/26, shared a room with another resident, and was placed on Enhanced (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555838 If continuation sheet Page 1 of 2

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Barrier Precautions while continuing oral antibiotic (ATB, treatment for bacterial infections) treatment through 8/15/26. During a phone interview with the DON on 8/10/26 at 12:31 p.m., regarding Resident 1's admission referral record dated 7/13/26, the DON stated the interdisciplinary team (IDT, staff from different disciplines who work together to plan and provide care) required Resident 1 to remain in contact precautions in a private room because the hospital CM reported that Resident 1 had active MRSA and was receiving IV (intravenous, within a vein) antibiotic. The DON stated the facility staff did not review Resident 1's wound condition, current laboratory results, or the hospital's precaution orders before making the private isolation room decision. The DON also stated that when the facility readmitted Resident 1 on 8/1/26, the facility had no laboratory result indicating that Resident 1 no longer had an active MRSA infection. During a phone interview with the DON on 8/10/26 at 2:10 p.m., regarding facility's daily census dated 7/8/26, the DON stated facility staff did not consider moving other male residents into the same room to make a private isolation room available for Resident 1. The DON stated that when the facility readmitted Resident 1 on 8/1/26, his wound was closed and had no drainage, he had completed the IV ATB, and the physician had cleared Resident 1 for discharge. The facility placed Resident 1 in a shared room on Enhanced Barrier Precautions and Resident 1 continued to receive oral ATB. Review of the undated facility's policy titled Infection Control Policy For Multi-Drug Resistant Organism (MDRO) indicated .In LTC, it is appropriate to individualize decisions regarding resident placement (shared or private), balancing infection risks with the need for more than one occupant in the room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident. It is therefore appropriate to use the least restrictive approach possible that adequately protects the resident and others .each resident should be assessed for active signs and symptoms of infection. If symptoms are absent, isolation is not necessary in a LTCF .The decision to start isolation precautions .this decision should be based on the clinical assessment of the resident .placing MDRO residents in private rooms or cohorting becomes a secondary infection control measure and. NOTE: In the event a resident requires isolation precautions or separation from a roommate, where no other compatible roommate is available, a separation between roommates maybe accomplished by keeping the privacy curtain drawn at all times until separation is no longer required when symptoms of active infection have abated .Review of the CDC (Centers for Disease Control and Prevention) Frequently Asked Questions About Enhanced Barrier Precautions in Nursing Homes, dated 6/28/24, indicated nursing homes should use Contact Precautions for a resident with an MDRO when the resident has acute diarrhea, a draining wound, or other secretions that staff cannot cover or contain, or during a suspected or confirmed MDRO outbreak. When these conditions are not present, the facility may use Enhanced Barrier Precautions. Residents on Enhanced Barrier Precautions do not require a private room and may share a room with another resident. Review of the facility's readmission to the Facility dated 1/2018, indicated Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility .resident whose hospitalization or therapeutic leave exceeds the bed hold period allowed by the state will be readmitted to the facility upon the first availability of a bed in a semi-private room .		