

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2025
FORM APPROVED
OMB NO. 0938-0391

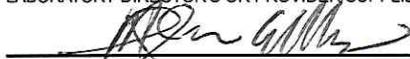
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056213	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER TAMPICO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 TAMPICO STREET WALNUT CREEK, CA 94598	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. The facility is not in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census = 123	E 000		
E 041 SS=C	Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA	E 041	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. I. Corrective Action The facility will ensure to maintain the Emergency Preparedness Plan. On 04/02/25, the Administrator requested a written agreement with [REDACTED] to deliver propane fuel for the generator in the event of an emergency. On 04/18/25, [REDACTED] provided an amended service agreement that includes a 24-hour emergency service for our facility. (Attachment A – page 6) II. Identify Other Residents at Risk No residents were affected by this deficient practice.	

RECEIVED
By MMonterr at 1:20 pm, Apr 18, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR 04-18-2025

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.

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E 041	<p>Continued From page 1</p> <p>12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3), §485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call</p>	E 041	<p>III. Systematic Changes On 04/03/25 in-service was conducted by the DSD to facility staff to be informed of agreement in place between propane fuel supplier and facility to deliver propane fuel for generator in the event of an emergency (Attachment 1). EOP Manual updated and reviewed by QA Committee. Next review of EOP Manual will be on 03/2026.</p> <p>IV. Monitoring Process Maintenance Director will review monthly EOP Manual including Propane Fuel Delivery Agreement. Findings will be reported to Administrator in the daily operations meeting. The Administrator will report findings to QA Committee monthly for 3 months or until compliance is met.</p> <p>V. Completion Date 04/18/2025</p>	04/18/25

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E 041	<p>Continued From page 2 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the Emergency Preparedness Plan. This was evidenced by missing a contract between the facility and a fuel-providing vendor. This could result in the loss</p>	E 041			

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E 041	Continued From page 3 of back-up power in the event of an emergency. This affected 123 of 123 residents and four of four smoke compartments. Findings: During document review and interview with staff on 4/2/25, the emergency fuel plan was requested. At 11:43 a.m., the facility failed to provide a written vendor agreement for the delivery of fuel for their 10-kilowatt propane generator in the event of an emergency. During a concurrent interview, Staff 2 confirmed the finding and stated that the facility had proposed a fuel contract to their vendor but was yet to receive a response.	E 041			
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1970 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V, FULLY SPRINKLERED. Resident Certified Beds: 128 Resident Census: 123 The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.	K 000			

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K 321	Continued From page 5 failed to maintain the hazardous area enclosures. This was evidenced by an obstructed door to a hazardous area and a missing self-closing mechanism. This could result in the passage of a smoke and fire in the event of a fire originating from a hazardous area. This affected the kitchen and one of four smoke compartments. Findings: During a tour of the facility and interview with the staff on 4/2/25, the facility's hazardous area enclosures were observed. At 9:45 a.m., the egress door to the Dry Storage Area in the Kitchen was observed without a self-closing mechanism. The Dry Storage Area measured approximately 255 square feet and stored approximately eight metal racks filled with dry food supplies. The metal framing was observed lined along the perimeter of the room. During a concurrent interview, Staff 2 confirmed the finding and stated that she was unaware the door required a self-closing mechanism.	K 321	IV. Monitoring Process Maintenance Director will perform a monthly audit of all doors with self-closing mechanisms. Findings will be reported to Administrator in the daily operations meeting. Administrator will report any findings and trends monthly to the QA Committee for 3 months or until V. Completion Date 04/14/2025	04/14/25
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for	K 920	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.	

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K 920	<p>Continued From page 6</p> <p>PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by suspended power strips. This could result in an electrical fire. This affected 43 of 123 residents and two of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.10 Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to fittings so that tension is not transmitted to joints or terminals.</p> <p>Findings:</p>	K 920	<p>I. Corrective Action The facility will ensure to maintain electrical equipment of power strips. On 04/02/2025, Maintenance Director adjusted the power strips on both the desks of Social Services and in Physician's Office. The adjustment consisted of the power strips not to be suspended related to usage of the adjustable desks.</p> <p>II. Identify Other Residents at Risk On 04/03/2025, the Maintenance Director rounded each office to check suspension of all other power strip cords. No other power strip was identified with the same deficiency. No residents were affected.</p> <p>III. Systematic Changes On 04/02/2025, the Administrator had 1:1 in-service with Maintenance Director on proper placement of power strips (Attachment 4). On 04/03/2025, the Administrator conducted an in-service with office staff on proper placement of power strips (Attachment 5).</p>	

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K 920	<p>Continued From page 7</p> <p>During a tour of the facility and interview with the staff on 4/2/25, the electrical equipment was observed.</p> <p>1. At 9:22 a.m., a power strip on the northeast wall of the Social Services Office was observed suspended. The power strip was observed suspended approximately 12 inches above the floor under an adjustable desk. The power strip was observed powering computer components. During a concurrent interview, Staff 1 confirmed the finding and stated that the power strip was likely suspended due to the use of an adjustable desk.</p> <p>2. At 10:02 a.m., a power strip on the northeast wall of the Physician's Office by the North Nurse station was observed suspended. The power strip was observed suspended approximately three inches above the floor under an adjustable desk. The power strip was observed powering computer components. During a concurrent interview, Staff 1 confirmed the finding and stated that the power strip was likely suspended due to the use of an adjustable desk.</p>	K 920	<p>IV. Monitoring Process Maintenance Director will perform a weekly audit of all power strips in the facility to ensure proper placement and not suspended for 3 months until compliance is met, the monthly audits thereafter. Findings will be reported to Administrator in the daily operations meeting. Administrator will report any findings and trends monthly to the QA Committee for 3 months or until compliance is met.</p> <p>V. Completion Date 04/14/2025</p>	04/14/25	