STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056413	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Temple City Healthcare	5101 Tyler Avenue Temple City, CA 91780

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the comprehensive care plan was individualized for one of three sampled residents (Resident 1), who was diagnosed with cancer and prescribed belzutifan (medication to treat cancer) 120 milligrams twice a day, indicated specific side effects (an effect of a drug or other type of treatment that is in addition to or beyond its desired effect) and specific monitoring required when taking belzutifan. As a result of this deficient practice, Resident 1 was inadequately monitored and was at risk for potential adverse effects (unintended, undesirable, and potentially harmful reactions to a therapy, such as medication, that range from mild to severe and can sometimes be linked to the treatment's primary action or an individual's unique response) or toxicities associated with taking Belzutifan. During a review of Resident 1's admission Record (AR), the AR indicated the resident was originally admitted on [DATE], and readmitted on [DATE], with diagnoses that included left kidney cancer, pancreatic cancer, chronic obstructive pulmonary diseases (COPD, lung disease causing restricted airflow and breathing problems), and heart disease (a range of conditions that affect the heart). During a review of Resident 1's History and Physical (H&P), dated 5/1/2025, the H&P indicated the resident has a diagnosis of left kidney cancer and liver cancer. The H&P indicated that the resident does not have the capacity to understand and make decisions. During a review of Resident 1's admission Minimum Data Set (MDS-a resident assessment tool), dated 5/8/2025, the MDS indicated that the resident did not require oxygen therapy on admission. During a review of Resident 1's MDS, dated [DATE], the MDS indicated that the resident has moderately impaired cognition (the ability to process thoughts). The MDS also indicated that the resident requires supervision (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) on activities such as toileting, putting on clothes, rolling left to right while in bed, changing position from sitting to lying, and walking up to 150 feet. During a review of Resident 1's Physician's orders for the month of June 2025, the order indicated tan order for Belzutifan Oral Tablet 40 milligram (mg a unit of measuring mass), Give 3 tablet by mouth one time a day for [cancer] = 120 mg,with a start date of 5/9/2025. During a review of Resident 1's Oncology Clinic Notes provided by the facility, dated 5/2/2025, the Notes indicated a plan for the resident to switch medications to Belzutifan 120 mg. The notes also indicated for the resident to have a complete blood count, (CBC- a common blood test that provides information about the different types of cells in your blood, including red blood cells, white blood cells, and platelets) and Complete Metabolic Panel, (CMP- a common blood test that provides information about the different types of cells in your blood, including red blood cells, white blood cells, and platelets) prior to the next clinic visit. During a review of Resident 1's Oncology Clinic Notes provided by the facility, dated 5/30/2025, signed by ONCOLOGIST 1, the Notes indicated the following: Continue Belzutifan 120 mg daily. Monitor for toxicity including hypoxemia, anemia, edema, etc. He is on drug therapy that requires intensive monitoring for toxicity. CBC, CMP, TSH before next [appointment] here in 4 weeks around 6/27/2025. During a concurrent observation and interview on 8/14/2025 at 1:37 PM inside Resident 1's room, Resident 1 was observed sitting on the bed while wearing a nasal canula (a small plastic tube that is used to deliver supplemental oxygen to the resident) that is connected to an oxygen concentrator. The oxygen concentrator was set to deliver 3 LPM of supplemental oxygen. Resident 1 stated he is always using his supplemental oxygen. Resident 1 added the nurses tell him to always use his supplemental oxygen because his oxygen goes down. During a concurrent interview and record review on 8/14/2025 at 3:12 PM with LVN 1, Resident 1's entire medical records was reviewed, including the progress notes, MAR, and physician's orders. LVN 1 stated Resident 1's physician's orders and MAR did not include an order to monitor Resident 1 for any adverse effects associated with the administration of belzutifan and that there was no documentation indicting that Resident 1 was being monitored for adverse effects of belzutifan. LVN 1 could not state why the medication belzutifan was discontinued on 8/8/2025. LVN 1 could not state what adverse effects of belzutifan was when administered to a resident. During a concurrent interview and record review on 8/14/2025 at 3:29 PM with RN 1, Resident 1's care plans were reviewed. RN 1 stated that Resident 1's care plans did not indicate the use of the medication belzutifan as a treatment for Resident 1's cancer. RN 1 stated Resident 1's care plan must be specific to Resident 1 and since belzutifan was not indicated on Resident 1's care plan, facility staff were unaware of what to specifically monitor and identify adverse effects while Resident 1 was taking belzutifan. During a concurrent interview and record review on

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide necessary care and services for one (1) of three (3) sampled residents (Resident 1) who had a diagnosis of cancer (a disease characterized by the uncontrolled growth and division of abnormal cells). Specifically, the facility failed to coordinate services related to the care and medication management of Resident 1's cancer, including monitoring for adverse effects and toxicity associated with the administration of Belzutifan (a cancer treatment medication, known to carry risks of anemia [a condition in which the blood lacks sufficient healthy red blood cells to carry adequate oxygen to the body's organs and tissues, leading to symptoms such as fatigue, weakness, and shortness of breath]) and hypoxemia (an abnormal condition characterized by insufficient oxygen supply to the body's tissues). The facility failed to ensure that Resident 1's care was coordinated in accordance with the treatment plans established by Oncologist 1, a physician specializing in cancer treatment. The following deficiencies were identified: Failure to monitor for adverse effects or toxicity associated with Belzutifan, including anemia and hypoxemia. Failure to ensure that the Interdisciplinary Team (IDT) addressed Resident 1's cancer diagnosis, cancer medication management, or coordination of care with the resident's oncologist during the IDT care conference held on 5/13/2025. Failure to notify or consult Oncologist 1 when Resident 1 experienced a change in condition (CIC) on 6/30/2025, with oxygen saturation dropping to 85%, requiring supplemental oxygen. Failure to communicate abnormal blood work results dated 6/19/2025, and 6/11/2025, to Oncologist 1 for review and appropriate follow-up. Failure to ensure that facility staff followed physician orders and scope-of-practice guidelines for the administration of supplemental oxygen for Resident 1, in accordance with the physician's order, which required oxygen to be given only when the resident's oxygen saturation fell below 92%. Failure to reassess the appropriateness of continuing Belzutifan after Resident 1 was hospitalized on [DATE], for acute hypoxic respiratory failure (a sudden inability of the lungs to adequately oxygenate the blood, resulting in low blood oxygen levels) and readmitted to the facility on [DATE], where the medication was continued without documented guidance or monitoring protocols. These failures placed Resident 1 at risk for continued exposure to potentially harmful medication effects without appropriate clinical oversight and represent a lack of coordination and individualized care planning in accordance with professional standards and physician directives. During a review of Resident 1's admission Record (AR), the AR indicated the resident was originally admitted on [DATE], and readmitted on [DATE], with diagnoses that included left kidney cancer, pancreatic cancer, chronic obstructive pulmonary diseases (COPD, lung disease causing restricted airflow and breathing problems), and heart disease (a range of conditions that affect the heart). The AR indicated that Family Member (FM) 1 is Resident 1's responsible party. During a review of Resident 1's History and Physical (H&P), dated 5/1/2025, the H&P indicated the resident has a diagnosis of left kidney cancer and liver cancer. The H&P indicated that the resident does not have the capacity to understand and make decisions. During a review of Resident 1's admission Minimum Data Set (MDS-a resident assessment tool), dated 5/8/2025, the MDS indicated that the resident did not require oxygen therapy on admission. During a review of Resident 1's MDS, dated [DATE], the MDS indicated that the resident has moderately impaired cognition (the ability to process thoughts). During a review of Resident 1's laboratory (lab) results in the facility, the lab results, dated 4/22/2025, the lab results indicated Resident 1's hemoglobin (HgB, an iron-rich protein in the red blood cells that transports oxygen from your lungs to the rest of your body) was 12.6 (Normal hemoglobin for men ranges from 13.5 to 17.5 g/dL. Normal range for women is 12.0 to 15.5 g/dL) and red blood cell count (RBC, [measures the number of red blood cells in your blood]) was 3.91 (normal range for males is 4.7-6.1 million cells/microliter [uL: a unit of measurement] and Females: 4.2-5.4 million cells/uL). During a review of Resident 1's Order Summary Report (OSR) for 5/2025, dated 5/1/2025, the OSR did not include an order for supplemental oxygen. During a review of Resident 1's Oncology Clinic Notes provided by the facility, dated 5/2/2025, the Notes indicated a plan for the resident to switch medications to Belzutifan 120 mg. The notes also indicated for the resident to have a Complete Blood Count, (CBC- a common blood test that provides information about the different types of cells in your blood, including red blood cells, white blood cells, and platelets) and Complete Metabolic Panel, (CMP- a common blood test that provides information about the different types of cells in your blood, including red blood cells, white blood cells, and platelets) prior to the next clinic visit. During a review of Resident 1's physician order dated 5/9/2025, the order indicated