STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555019	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Temple Park Convalescent Hospital	2411 W. Temple Street Los Angeles, CA 90026

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) was readmitted to the facility following hospital discharge when the resident's needs could be met by the facility.This failure resulted in Resident 1 remaining hospitalized for an additional day after the hospital physician determined the resident was medically stable for discharge, potentially violating Resident 1's rights to return the facility after hospitalization.During a record review of Resident 1's Transfer Record from the facility, dated 6/8/2026, the Transfer Record indicated Resident 1 was sent to a general acute care hospital (GACH 1) on 6/8/2026 due to low hemoglobin (an iron-rich protein found in red blood cells that carries oxygen from the lungs to the rest of the body, and transports carbon dioxide back to the lungs). Resident 1 was stable and required further evaluation as ordered by the facility Nurse Practitioner (NP).During a record review of GACH 1's documentation titled Discharge Summary dated 6/17/2026, the Discharge Summary indicated Resident 1 was transferred to GACH 1 from the facility on 6/8/26 and was treated for acute kidney injury (AKI- a sudden and rapid decline in kidney function that occurs within a few hours or days) and low hemoglobin, and AKI had resolved on 6/16/2026. The Record review also indicated GACH 1 physician cleared Resident 1 for discharge back to the facility on 6/17/26.During a record review of hospital documentation titled Discharge Summary dated 6/17/2026, the Discharge Summary indicated Resident 1had bradycardia (is an abnormally slow heart rate, defined as fewer than 60 beats per minute [bpm] for an adult at rest) and high degree heart block (a condition where the electrical signals that control your heartbeat are delayed or completely blocked as they travel from the heart's upper chambers to the lower chambers. This can cause the heart to beat too slowly or skip beats) and the following heart rate readings had been documented:6/11/2026 4:14 AM 77 bpm6/11/2026 at 8:14 AM 52 bpm6/11/2026 at 11:14 AM 58 bpm6/11/2026 at 3:05 PM 53 bpm6/14/2026 at 8:45 PM 56 bpm6/15/2026 at 5:22 AM 62 bpm6/15/2026 at 6 AM 45 bpm6/17/2026 at 11:31 AM 52 bpmDuring an interview on 6/18/2026 at 9:37 AM with the Admissions Coordinator (AC) of the facility, the AC stated she had last spoken to the Case Manager from GACH 1 on 6/17/2026 at approximately 4 PM and had mentioned to her that the facility would re-admit Resident 1 once his heart rate was stable. The AC stated she had one of the licensed nurses review Resident 1's heart rate readings and paperwork and the licensed nurse determined Resident 1 was not stable for readmission based on a 45 beats per minute heart rate on 6/15/2026. The AC stated Resident 1 had been recommended to have a pacemaker (a small, battery-operated medical device implanted in the chest or abdomen. It treats abnormal heart rhythms by sending mild electrical impulses to the heart, ensuring it beats at a regular rate and pumps enough blood throughout the body), but Resident 1's family member (FM) refused due to Resident 1's age. The FM also refused to place Resident 1 on hospice (specialized medical and support care for people facing a terminal illness) as suggested by GACH 1 physician.During an interview on 6/18/26 at 9:41 AM with the Assistant Director of Nursing (ADON), the ADON stated the facility declined to readmit Resident 1 because Resident 1's heart rate (HR) was below the facility's admission criteria of 60 beats per minute (bpm). The ADON stated, Nursing home has criteria, stable HR at least 60. The ADON (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	further stated the facility had beds available and Resident 1 had a bed hold. The ADON stated that if a current resident's heart rate dropped to 45 bpm, staff would call 911 and transfer the resident to the hospital. The ADON stated Resident 1's bed/room was still available as Resident 1 had his belongings in his assigned room, and the Director of Nursing (DON) made the final decision regarding admissions and readmissions.During an interview on 6/18/26 at 10:04 AM with the DON, the DON stated Resident 1's readmission was declined because the resident had a heart rate of 45 bpm. The DON stated, Criteria used to decline admission was Resident 1's heart rate was 45 bpm on one occasion. The DON stated hospital staff informed her Resident 1's baseline heart rate ranged from 40 to 60 bpm. The DON stated the hospital discussed palliative care (medical care that focuses on providing relief from pain and other symptoms of a serious illness) services and informed the facility Resident 1's family had declined a pacemaker and hospice services. The DON stated, If one of the residents has 40 heart rates, we would call 911. The DON further stated she was awaiting additional directions from the Nurse Practitioner (NP) before approving Resident 1's return to the facility. The DON stated she continued to refuse readmission based on the single heart rate reading of 45 bpm obtained on 6/15/26. The DON stated she was not aware that Resident 1 had additional documented heart rate readings of 52bpm, 56 bpm, and 62 bpm, on 6/14/2026 and 6/15/2026, and stated Resident 1 could be admitted with those readings. The DON stated the last time she had reviewed Resident 1's paperwork was on 6/17/2026. The DON stated she would contact the NP again regarding Resident 1's return to the facility.During an interview on 6/18/26 at 10:25 AM with the ADON, the ADON stated the facility contacted the NP regarding Resident 1 and the NP advised that Resident 1 could be admitted to the facility on [DATE].During an interview on 6/18/26 at 10:37 AM with Licensed Vocational Nurse (LVN) 1, stated that if a resident presented with a heart rate less than 60 bpm, she would reassess the resident, notify the supervisor, review physician orders, contact the physician for further evaluation, continue reassessment, identify signs and symptoms, and transfer the resident to the hospital if the low heart rate persisted or the resident exhibited symptoms.During an interview on 6/18/26 at 1PM with the hospital Case Manager (CM), the CM stated that on 6/16/2026 she spoke to the facility's NP who stated the facility could readmit Resident 1 on 6/16/2026, and to contact the Admissions Coordinator (AC) for processing. The CM stated when she called the facility on 6/16/2026, the AC and DON refused to readmit Resident 1 due to having a low heart rate of 45 on one reading.On 6/18/2026 at 2 PM, a telephone call was placed to the NP to clarify Resident 1's clinical status and readmission decision. A voicemail message was left; however, no return call was received by the conclusion of the investigation.During a review of the facility's policy and procedure (P&P) titled readmission to the Facility dated 1/15/2026, the P&P indicated residents who have been discharged to the hospital or for therapeutic leave may be readmitted to the facility upon the first available bed if the resident requires services provided by the facility, meets the admission criteria as outlined in facility policy, and was not discharged due to health and or safety of individuals in the facility were endangered due to the clinical or behavioral status of the resident, or the resident had failed to pay for a stay at the facility.During a review of the facility's P&P titled admission Criteria dated 1/15/2026, the P&P indicated the facility will admit only those residents whose medical and nursing care needs can be met. The acceptance of residents with certain conditions or needs may require authorization or approval by the Director of Nursing services, and Administrator. Prior to or at the time of admission, the resident's Attending Physician must provide the facility with information needed for the immediate care of the resident, including orders covering type of diet, medication orders, routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed interdisciplinary care plan.