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	05/29/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure medication dispositions (the processes that dictate how a drug moves through) were done by a licensed nurse and another as witness by failing to: -Ensure there was documentation of the witnesses' signatures. This failure had the potential of misuse, or improper storage, of medications.Findings: During a concurrent interview and record review on 5/27/2026 at 2:33 PM with the Director of Nursing (DON), the facility's Medication Disposal binder for non-controlled medications (drugs not classified under the Controlled Substances Act because they carry a low potential for abuse or dependence) was reviewed. The DON reviewed the aforementioned and counted there were three medications listed as disposed on 5/18/2026, 18 medications listed as disposed on 5/24/2026, and stated that did not have documented witness to the disposal. During an interview on 5/27/2026 at 2:35 PM with the DON, the DON stated the instruction on the medication destruction record indicated drugs shall be destroyed in the facility by a licensed nurse and another licensed nurse to witness. During a review of the facility policy and procedures, Discarding and Destroying Medications (dated January 2024), the policy indicated non-controlled substances are disposed of in accordance with state regulations and federal guidelines. The policy indicated the medication disposition record should contain signature of the witnesses.

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

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	05/29/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure to follow sanitary food and water safety practices and food preparation practices by failing to ensure: -The kitchen staff (in general) labeled an opened yogurt container in the reach-in refrigerator with an open date or use by date. - Two of three cutting boards in the dry food preparation area did not have deep knife marks. -To label the facility's emergency portable water (safe to drink for human consumption) reserves for 13 of 13 five-gallon water containers in the kitchen storage. These failures had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) for 89 of 97 (unidentified) residents who received food from the kitchen. Findings: During an observation on 5/26/2026 at 8:32 AM of Refrigerator 2 with the Dietary Supervisor (DS), there was an opened container of blueberry yogurt with no open date or use by date. During a concurrent observation on 5/26/2026 at 9:08 AM with the DS in the dry food preparation area, two cutting boards had deep knife marks. The DS stated that even though the yellow cutting board did not have visible cuts like the brown cutting board, the knife marks on the yellow cutting board were easily felt. During an interview on 5/28/2026 at 10:45 AM with Kitchen [NAME] (KC 1), KC 1 stated that cutting boards should be replaced when there were visible cuts or when the cutting boards felt rough to touch. KC 1 stated that small plastic particles from an old cutting board could be transferred onto the food when meal prepping. KC 1 stated that bacteria in deep knife marks could also get on the food. During an interview on 5/28/2026 at 10:52 AM with KC 2, KC 2 stated that opened food items must be labeled with the open date and use by date. KC 2 stated that staff review the use by date to know when food items were expired and when they should be thrown away. KC 2 stated that residents could get food poisoning (an illness caused by eating contaminated food, typically resulting in nausea, vomiting, diarrhea, and abdominal cramps) if they ate expired food. During a concurrent interview and record review on 5/29/2026 at 9:52 AM, the facility's policy and procedure (P&P) titled, Labeling and Dating of Foods, updated January 2026, was reviewed with the DS. The DS reviewed the P&P and stated staff should have labeled the yogurt upon opening with the item name, date opened and referred to storage guidelines to calculate the use by date. The DS stated residents could get sick from eating food past its use by date, when food is at its peak quality and safety. During a review of the facility's P&P titled, Labeling and Dating of Foods, updated January 2026, the P&P indicated newly opened food items need to be closed and labeled with an open date and used by the date that followed the various storage guidelines. During a review of the facility's food storage guideline titled, Refrigerated Storage Guide, updated January 2026, the guideline indicated maximum refrigeration time for yogurt was 7 days after opening. (continued on next page)

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	05/29/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 5/29/2026 at 10:12 AM, the facility's P&P titled, Sanitation, updated January 2026, was reviewed with the DS. The DS reviewed the P&P and stated the brown and yellow cutting board should have be replaced. The DS stated food particles could get stuck in the deep knife marks even after washing. The DS stated bacteria could then grow in the knife marks and transfer to food during meal preparation. During a review of the facility's P&P titled, Sanitation, updated January 2026, the P&P indicated plastic ware that became unsightly, unsanitary, or hazardous because of chips, cracks, or loss of glass should be discarded. During an observation on 5/28/2026 at 9:55 AM at the facility's kitchen storage, 13 five-gallon containers of emergency water were observed. The 13 five-gallon containers were not dated and did not indicate potable for emergency consumption. During a concurrent observation and interview on 5/28 /2026 at 9:58 AM, with the Maintenance Supervisor (MS) inside the facilities' kitchen storage room, 13 five-gallon water containers were in a stackable shelf. The MS stated the 13 emergency water containers were designated as potable water for resident and staff consumption, including drinking food preparation, and cooking during an emergency. The MS Stated that all 13 five-gallon emergency water containers lacked delivery dates and were not labeled to indicate the water supplies were portable and safe for consumption. The MS stated the 13-five-gallon containers should have been labeled and documented on a log with the delivery date expiration date and the name of the supplying company, the MS. stated that the unlabeled emergency water supply could be mistakenly consumed and potentially exposed residents and staff to harmful bacteria. The MS stated the facility failed to properly label and maintain records of the 13 five gallon as emergency potable water supplies. During an interview on 5/29/2026 at 10:39 AM with the DS, the DS stated it was best practice for the emergency water containers to be labeled with the date received to ensure proper tracking. The DS stated it was important that the facility maintained a safe and potable water supplies for consumption during an emergency. During a review of the facility's P&P titled Emergency Water /Fluid Supply last reviewed on 1/15/2026. The P&P indicated to store adequate supply of water/fluid in case of disaster or emergency situation to have adequate supply of water/fluids for the residents use and consumption in case of disaster or emergency situations.

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	05/29/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain accurate and complete medical records for one of two sampled residents (Resident 84) by failing to:- Ensure the licensed nurses (in general) completed the documentations when Resident 84 returned from hemodialysis (HD-a life-sustaining treatment for kidney failure that acts as an artificial kidney, filtering waste, toxins and excess water from the person's body using a machine) appointments.This failure placed Resident 84 at risk of not receiving appropriate care due to inaccurate medical care information and the potential to result in confusion in the care and services provided to Resident 84. Findings:During a review of Resident 84's admission Record, the admission Record indicated the facility originally admitted Resident 84 on 4/23/2024 and was readmitted on [DATE] with diagnoses including end stage renal disease end stage renal disease (ESRD-a medical condition in which a person's kidney [organ in the body that filters waste and excess fluid from the blood] stop functioning on a permanent basis), and hypertension (HTN - elevated blood pressure). During a review of Order Summary Report (OSR-list of physician orders), dated 3/9/2026, the OSR indicated Resident 84 had a physician order for hemodialysis to be done at outpatient during Tuesday, Thursday, and Saturdays. During a review of Resident 84's Minimum Data Set (MDS- a resident assessment tool) dated 4/1/2026, the MDS indicated Resident 84 had intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and from setting up (helper sets up or cleans up, resident completes activity) to maximal assistance (helper does more than half the effort) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). The MDS also indicated Resident 84 was on hemodialysis. During a concurrent interview record review on 5/28/2026 at 10:44 AM with Licensed Vocational Nurse 2 (LVN 2), Resident 84's Progress Notes dated 5/26/2026 were reviewed. The Progress Notes indicated missing documentation when Resident 84 came back to the facility from hemodialysis appointment. LVN 2 stated that he (LVN 2) forgot to document when Resident 84 came back from hemodialysis appointment. LVN 2 stated that he (LVN 2) was supposed to document when the resident comes back from an appointment to be able to show the provided care to the resident since they were supposed to check on the resident and monitor if there were any issues with the resident after hemodialysis.During a concurrent interview and record review on 5/29/2026 at 9:07 AM with Registered Nurse 1 (RN 1), Resident 84's progress notes from 4/30/2026 to 5/26/2026 were reviewed. The progress notes indicated missing documentation when Resident 84 came back to the facility from hemodialysis appointment on the following dates: 4/30/2026, 5/2/2026, 5/5/2026, 5/9/2026, 5/12/2026, 5/14/2026, 5/16/2026, 5/21/2026,5/23/2026. RN 1 stated importance of documenting when Resident 84 came back from hemodialysis appointments. RN 1 also stated documenting when resident came back from an appointment provides an accurate nursing assessment and good communication between the nursing team.During an interview on 5/29/2026 at 11:20 AM with the Director of Nursing (DON), the DON stated that it was best practice to document when a resident (in general) came from an appointment.During a review of the facility's policy and procedure (P&P), titled, End-Stage Renal Disease, Care of a Resident With, reviewed on 1/15/2026, the P&P indicated that Residents with ESRD would be cared for according to currently recognized standards of care.During a review of the facility's P&P, titled, Charting and Documentation, reviewed on 1/15/2026, the P&P indicated that the following information had to be documented in the resident medical record:Objective observations;Medication Administered;Treatments or Services performed;Changes in the resident's condition;Event, incidents or accidents involving the resident; andProgress toward or changes in the care plan goals and objectives.

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	05/29/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, the facility failed to revise the care plan for one of two sampled residents (Resident 12) by failing to:-Ensure Resident 12's care plan addressed Resident 12's skin wound treatment. This failure had the potential to affect Resident 12's skin wound care and treatment.Findings:During a review of Resident 12's admission Record, the admission Record indicated the facility admitted Resident 12 on 8/22/2025 with diagnoses of Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), pressure ulcer (injuries to the skin and underlying tissue resulting from prolonged pressure on the skin) of sacral (the large, triangular bone at the base of the spine and back of the pelvis) region, Stage 4 (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone). During a review of Resident 12's History of Present Illness dated 7/11/2025, the History of Present Illness indicated Resident 12 had a sacral decubitus ulcer Stage 4. During a review of Resident 12's Minimum Data Set (a resident assessment tool) dated 4/10/2026, the MDS indicated Resident 12 had a Stage 4 pressure ulcer and was at risk of developing pressure injury. The MDS indicated Resident 12 was dependent (helper does all the effort, resident does none of the effort to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity) for personal hygiene, shower, toileting, hygiene, and oral hygiene. During a review of Resident 12's physician treatment Order Details dated 4/24/2026, the Order Details indicated to cleanse Resident 12's sacrococcyx pressure injury stage 4 with dakin's (antiseptic used to clean and treat wounds) solution and apply collagen (a thin flexible material made from collagen [protein]) sheet. During a review of Resident 12's Care Plan Report dated 7/18/2025, the Care Plan Report indicated Resident 12 was at risk for skin impairment. The Care Plan Report indicated to turn and reposition Resident 12 every two hours. The Care Plan Report indicated no current wound status and treatment plan. During a concurrent observation and interview on 5/28/2026 at 8:33 AM with Treatment Nurse 1 inside Resident 12's room, Resident 12 had a wound dressing on the sacral area. Treatment Nurse 1 stated the wound physician would examine Resident 12 every two weeks and would provide the wound orders and treatment plan. During an interview on 5/28/2026 at 10:21 AM with the MDS nurse, the MDS nurse stated Resident 12's care plans did not include current wound status and treatment plan which should indicate the wound physician orders and revised to show the resident's current wound condition and treatment. During an interview on 5/29/2026 at 10:26 AM with the Director of Nursing (DON), the DON stated that Resident 12's care plan should have been revised by the treatment nurses and staff nurses (in general) to reflect the current condition of the wound and treatment plan as ordered by the physician. The DON stated that when care plans were not revised and kept current, it resulted in delays in necessary care and treatment, which may lead to deterioration in the resident's wound. During a review of the facility's policy and procedure (P&P) titled, Care plan-comprehensive person-centered, dated 1/2025 the P&P indicated care plans are revised as changes in the resident's condition dictate.

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	05/29/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow professional standards of practice (the everyday rules and behaviors that keep patients safe and ensure high-quality healthcare) for one of five sampled residents (Resident 5) by failing to:-Ensure licensed nurses (in general) rotated the subcutaneous injection (SQ-insertion of medications beneath or under the layers of the skin) sites during medication administration (the process of giving medicine to a resident) of Resident 5's insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) medication.This failure had the potential to cause Resident 5 to have skin breakdown, bruising, lipohypertrophy (lump of fatty tissues under the skin), and/or medication malabsorption (inability to be distributed through the bloodstream to various tissue of the body).Findings:During a review of Resident 5's admission Record, the admission Record indicated the facility originally admitted Resident 5 on 4/23/2024 and was readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]), hypertension (HTN - elevated blood pressure) and chronic kidney disease (CKD-a longstanding disease of the kidneys leading to kidney failure).During a review of Resident 5's History and Physical (H&P- a record of a physician's comprehensive medical assessment and plan), dated 1/12/2026, the H&P indicated Resident 5 did not have the capacity to understands and make decisions.During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 4/24/2026, the MDS indicated Resident 5 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and mostly needing maximal assistance (helper does more than half the effort) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). The MDS also indicated Resident 5 was taking high-risk drug class such as hypoglycemic (medication to lower blood glucose) medication. During a concurrent interview and record review on 5/29/2026 at 9:31 AM with Registered Nurse 1 (RN 1), Resident 5's Medication Administration Record (MAR-facility report detailing the drugs administered to a resident by a licensed nurse) and Location of Administration Report (LAR-facility report of when and where injections were administered) were reviewed. The MAR indicated Resident 5 had a physician order for insulin glargine (Lantus-a long-acting man-made-insulin used to control high blood sugar) 20 units SQ every 12 hours and rotate injection site. The MAR also indicated Resident 5 received insulin glargine on the following days:-5/17/2026 at 9 PM-5/18/2026 at 9 AM-5/24/2026 at 9 PM-5/25/2026 at 9AMDuring a concurrent interview and record review on 5/29/2026 at 9:31 AM with RN 1, the MAR indicated the facility did not rotate insulin injections for insulin glargine as follows:-5/17/2026 at 9:00 PM insulin glargine administered SQ in Resident 5's left upper quadrant abdomen (area from umbilicus [belly button]) up to the left rib cage).-5/18/2026 at 9:00 AM insulin glargine administered SQ in Resident 5's left upper quadrant abdomen.-5/24/2026 at 9:00 PM insulin glargine administered SQ in Resident 5's left lower quadrant abdomen (area left of the midline and below umbilicus).-5/25/2026 at 9:00 AM insulin glargine administered SQ in Resident 5's left lower quadrant abdomen.During a concurrent interview and record review on 5/29/2026 at 9:31 AM with RN 1, RN 1 stated it was important to rotate sites when administering medication via SQ due to possible skin issues such as bruising, skin breakdown and malabsorption of the medication. RN 1 stated the licensed nurses (in general) were supposed to follow physician order for safety.During an interview on 5/29/2026 at 11:28 AM with the Director of Nursing (DON), the DON stated nursing staff (in general) were supposed to rotate the insulin sites due to possibility of lipohypertrophy when given at the same site.During a review of the Food and Drug Administration (FDA) labeling package inserts, titled Lantus (Insulin Glargine) injection, for subcutaneous use, revised on 6/2023, FDA labeling package inserts indicated to administer Lantus subcutaneously into the abdominal area, thigh, or deltoid and rotate injection (continued on next page)

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	05/29/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sites.During a review of the facility's policy and procedure (P&P), titled, Administering Medications, reviewed on 1/15/2026, the P&P indicated that facility would administer medications in accordance with the ordersDuring a review of the facility's P&P, titled, Insulin Administration, reviewed on 1/15/2026, the P&P indicated that it was the facility's policy to provide a safe administration of insulin to residents.

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	05/29/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to maintain the correct Low Air Loss Mattress (LALM - a pressure-relieving mattress used to prevent and treat pressure ulcers [localized damage to the skin and/or underlying tissue usually over a bony prominence]) settings for one of three sampled residents (Resident 92) who had a stage 3 pressure ulcer (Full thickness loss of skin. Dead and black tissue may be visible) to the left buttock. This failure had the potential to place Resident 92 at risk for further skin breakdown and lead to the worsening of Resident 92's stage 3 pressure ulcer.Findings:During a review of Resident 92's admission Record, the admission Record indicated the facility admitted the resident on 1/28/2026 with diagnoses that included type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis (partial weakness or reduced control affecting one entire side of the body), dementia (a progressive state of decline in mental abilities), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities) and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of an unspecified joint.During a review of Resident 92's Minimum Data Set (MDS, a resident assessment tool) dated 1/31/2026, the MDS indicated the resident had severely impaired cognition (a significant loss of intellectual capacity that disrupts a person's ability to communicate, make decisions, and perform basic activities of daily living). The MDS indicated Resident 92 was dependent on help for eating, oral hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS indicated Resident 92 was at risk of developing pressure ulcers.During a review of Resident 92's Order Summary Report, the Order Summary Report indicated the resident had a physician order dated 2/17/2026 to monitor the placement, setting, and functional ability of the LALM every shift for skin management.During a review of Resident 92's Care Plan Report dated 5/10/2026, the Care Plan Report indicated the resident had a stage 3 left buttocks pressure ulcer. The Care Plan Report indicated a goal for Resident 92 to have intact skin that was free of redness, blisters, or discoloration through the review date. The Care Plan Report indicated an intervention for Resident 92 to have a LALM for skin management.During a review of Resident 92's Weight Summary, the Weight Summary indicated the resident weighed 101 pounds (lbs., a unit of weight and mass) on 5/26/2026.During a concurrent observation and interview on 5/29/2026 at 9:10 AM with Treatment Nurse 1 (TN 1), in Resident 92's room, Resident 92 was observed on a Protekt Aire 6000 LALM. TN 1 stated Resident 92's LALM was on the setting of 130 lbs. TN 1 stated Resident 92's LALM setting of 130 lbs. was incorrect. TN 1 stated the LALM should be set to the setting closest to Resident 92's weight. TN 1 stated Resident 92 weighed101 lbs. TN 1 stated Resident 92's LALM should be set at 80 lbs. not 130 lbs. because 80 lbs. was closer to the resident's weight of 101 lbs. TN 1 stated that having the LALM on the wrong setting defeated the purpose of having a LALM. TN 1 stated Resident 92 had LALM as treatment for the resident's Stage 3 pressure ulcer to the resident's left buttock. TN 1 stated there was potential for the resident's pressure ulcer to worsen if the LALM was at the wrong setting.During an interview with the Director of Nursing (DON) on 5/29/2026 at 12:35 PM, the DON stated that Resident 92 had a stage 3 pressure ulcer to the resident's left buttock. The DON stated that Resident 92 had a LALM to prevent the resident's pressure ulcer from worsening. The DON stated the setting of the LALM was based on the manufacturer's guidelines. The DON stated the setting of the LALM was supposed to be set to whichever setting was the closest to Resident 92's weight. The DON stated Resident 92's LALM should be at the correct setting. The DON stated there was potential for Resident 92's pressure ulcer to worsen if the resident's LALM was not at the correct setting.During a review of the facility's Policy and Procedure (P&P) titled Air Mattress reviewed 1/15/2026, the P&P indicated Purpose: To decrease pressure from the resident's weight in bed. To promote the healing of or the prevention of pressure ulcersDuring a review of the undated Operational Manual titled Operational Manual for (continued on next page)

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	05/29/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protekt Aire 6000/6400/6450/6000AB, the Operational Manual indicated 20-55 mmHg adjustable pressure range selected by patients weight guide listed on panel providing pressure range options.Pressure set up.Users can adjust the pressure level of the air mattress to a desired firmness by themselves or according to the suggestion from a health care professional. It is recommended to press Auto Firm on the panel when the mattress if first inflated. Users can then easily adjust the air mattress to a desired firmness according to the patient's weight and comfort.

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	05/29/2026

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure to clarify the physician's order for Meropenem (type of antibiotic, medication used to treat bacterial infections) intravenous IV (administering medication directly into the blood stream through a vein using a needle) for one of one sampled resident (Resident 77).This failure had the potential for Resident 77 to receive an increased amount of Meropenem which could lead to toxicity (a degree to which a substance can injure or poison a person), adverse side effects (any unintended, harmful, or undesirable effect of a medication), and kidney injury (a decline in kidney function). Findings:During a review of Resident 77's admission Record, the admission Record indicated the facility re-admitted the resident from the General Acute Care Hospital (GACH, unspecified) on 5/23/202026 with diagnoses that included metabolic encephalopathy (brain dysfunction caused by chemical imbalances, systemic illnesses, or organ failure), urinary tract infection (UTI, an infection in the bladder/urinary tract), sepsis (a life-threatening blood infection) due to Escherichia Coli (E.coli, a bacteria that can cause infection in the gut and urinary tract), dementia (a progressive state of decline in mental abilities), Extended Spectrum Beta Lactamase (ESBL, a group of enzymes produced by certain bacteria that are highly resistant to many antibiotics) resistance, and hypertension (high blood pressure).During a review of Resident 77's General Acute Care Hospital 1 (GACH 1) Discharge Instructions dated 5/23/2026, the GACH 1 Discharge Instructions indicated for Resident 77 to start taking Meropenem 1000 milligrams (mg, a unit of mass and weight) IV every 12 hours and IV every 8 hours with a stop date of 5/28/2026.During a review of Resident 77's Discontinue Order dated 5/24/2026, the Discontinue Order indicated the resident had a physician order for Meropenem 1 gram (a metric unit of mass, 1 gram is equivalent to 1000 mg) IV every 12 hours for ESBL and E.coli in the blood until 5/28/2026. The Discontinue Order indicated Resident 77's physician order for Meropenem 1 gram IV every 12 hours was discontinued by Registered Nurse 2 (RN 2) because the physician order was updated.During a review of Resident 77's physician order dated 5/24/2026, the physician order indicated the resident was to receive Meropenem 1 gram IV every 8 hours for ESBL and E.coli in the blood until 5/28/2026. The physician order indicated RN 2 confirmed Resident 77's physician order for Meropenem 1 gram IV every 8 hours for ESBL and E.coli in the blood until 5/28/2026.During an observation on 5/26/2026 at 10:32 AM, in Resident 77's room, the resident was observed with an IV to the left hand. Resident 77 stated she (Resident 77) was receiving antibiotics through the IV because she (Resident 77) had a UTI.During a review of Resident 77's IV Administration Record (IAR) dated 5/24/2026 - 5/28/2026, the IAR indicated the resident received a dose of Meropenem 1 gram IV every 8 hours for a total of 14 doses.During a telephone interview on 5/28/2026 at 2:08 PM with Licensed Vocational Nurse 4 (LVN 4), LVN 4 stated she (LVN 4) was working as a desk nurse on 5/23/2026. LVN 4 stated Resident 77 was re-admitted to the facility from GACH 1 on 5/23/2026. LVN 4 stated she (LVN 4) reviewed Resident 77's Discharge Instructions dated 5/23/2026 with the resident's Nurse Practitioner (NP) to clarify the order for Meropenem. LVN 4 stated Resident 77's Discharge Instructions indicated the resident was to start receiving Meropenem every 12 hours and every 8 hours. LVN 4 stated Resident 77's NP stated to continue Meropenem every 12 hours. LVN 4 stated the next day on 5/24/2026 she (LVN 4) saw that Resident 77's orders for Meropenem had been changed from every 12 hours to every 8 hours by RN 2.During a telephone interview on 5/28/2026 at 2:23 PM with RN 2, RN 2 stated that on 5/24/2026 he (RN 2) saw Resident 77's Discharge Instructions from GACH 1 that indicated to start the resident on Meropenem 1 gram IV every 12 hours and every 8 hours. RN 2 stated that he (RN 2) already saw an order was in place for Resident 77 to receive Meropenem 1 gram IV every 12 hours. RN 2 stated he (RN 2) updated Resident 77's order for Meropenem and changed the order from every 12 hours to every 8 hours. RN 2 stated he (RN 2) did not call Resident 77's physician to clarify the order for Meropenem before changing the order from every 12 hours to every 8 hours. RN 2 stated he (RN 2) should have clarified Resident 77's order for (continued on next page)

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	05/29/2026

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Meropenem because the resident's Discharge Instructions were not clear on whether to give Meropenem every 12 hours or every 8 hours. RN 2 stated he (RN 2) did not know why he (RN 2) did not clarify Resident 77's orders for Meropenem with the physician. RN 2 stated there was potential for Resident 77 to receive a higher amount of antibiotics than intended which could lead to toxicity, increased side effects, or kidney injury.During a concurrent interview and record review on 5/29/2026 with the Director of Nursing (DON), Resident 77's Discharge Instructions from GACH 1 dated 5/23/2026, Discontinue Order dated 5/24/2026, and physician order dated 5/24/2026 were reviewed. The DON stated Resident 77's Discharge Instructions from GACH 1 indicated the resident was to start receiving Meropenem 1000 mg IV every 12 hours and every 8 hours with a stop date of 5/28/2026. The DON stated Resident 77's Discharge Instructions were not clear on whether Meropenem was to be given every 12 hours or every 8 hours. The DON stated RN 2 should have clarified Resident 77's Discharge Instructions for Meropenem with the resident's physician to ensure that the physician order was correct. The DON stated there was potential for Resident 77 to not have received an effective dosage of Meropenem if the resident's order for Meropenem was not clarified with the resident's physician.During a review of the facility's Policy and Procedure (P&P) titled Physician Orders reviewed 1/15/2026, the P&P indicated Physician orders are obtained to provide a clear direction in the care of the resident.During a review of the facility's P&P titled General Policies for IV Therapy reviewed 1/15/2026 the P&P indicated When an IV therapy is questioned, a collaborative effort amongst the physician, pharmacy, and facility will determine the safety and appropriateness of the therapy.

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	05/29/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure severe drug-to-drug interaction (occurs when taking two or more medications together causes unexpected, dangerous, or life-threatening reactions) were reviewed and acted upon for one (1) of 3 sampled residents (Resident 82). When on 5/27/2026 Resident 82's Biktarvy (a 3 in 1 antiviral medication used to treat Human Immunodeficiency Virus, HIV, a virus that attacks the body's immune system by destroying white blood cells) 50/200/25 milligrams (mg, unit to measure a dose) was administered with one count of Ferrous Sulfate (an iron supplement) 325 mg, and one count of magnesium oxide (a magnesium supplement) 400 mg, despite having a severe interaction alert documented in the resident's electronic health record. This deficient practice had the potential of reducing the efficacy of antiviral and negatively affects resident's health condition.Findings:During a review of Resident 82's admission record, the admission record indicated Resident 82 was originally admitted to the facility on [DATE] and readmitted on [DATE]. The admitting diagnoses included HIV, polyneuropathy (a condition where multiple peripheral nerves throughout the body malfunction simultaneously), muscle weakness, chronic obstructive pulmonary disease (COPD, a progressive, incurable lung disease that restricts airflow and makes breathing difficult).During a review of Resident 82's Order entry dated 1/20/2026 at 11:19 PM, the order entry indicated an order for Biktarvy Oral Tablet 50/200/25 mg one time a day at 9AM. The order entry had a section titled Additional Information which indicated ALERT! Drug Interaction.During an observation on 5/27/2026 at 9:34 AM, the licensed vocational nurse (LVN 1) was outside Resident 82's room preparing for medications administration. LVN 1 prepared 11 medications for Resident 82, which included one count of Biktarvy 50/200/25 mg, one count of Ferrous Sulfate 325 mg, and one count of magnesium oxide 400 mg.During a medication administration observation on 5/27/2026 at 9:48 AM at Resident 82's bedside, Resident 82 took all 11 medications orally at once.During an interview on 5/27/2026 at 2:10 PM, LVN 1 was sure if there was a drug interaction between Biktarvy and other medications. LVN 1 then reviewed Resident 82's electronic medication orders; there was a link for ALERT! Drug interaction in Resident 82's Biktarvy order. LVN 1 clicked on the link and read the interaction information, then stated magnesium and ferrous sulfate had interactions marked as severe and the concentrations and therapeutic effects could have been decreased by iron and magnesium. LVN stated she would alert the prescribing doctor of the interactions.During an interview on 5/27/2026 at 3:30 PM, the Director of Nursing (DON) reviewed Resident 82's electronic medication orders. The DON referred to the icon of 2 capsules next to the Biktarvy order on the computer screen and stated that icon indicated there was potential drug-to-drug interaction. The DON clicked on the icon and the drug-to-drug interaction details popped up.During an interview on 5/27/2026 at 3:35 PM, the assistant director of nursing (ADON) presented a drug reference sent to the facility by the pharmacy. During a concurrent review of the drug reference, ADON stated the reference indicated Biktarvy concentration could be reduced by 49% if taken in fed state (close to haven eaten a meal). The ADON stated breakfast was served at 7:30 AM daily and the Biktarvy was given around 9 AM, which was during the fed state.During an interview on 5/27/2026 at 3:48 PM, the surveyor asked to review Pharmacy recommendations. ADON stated part of the job duty of the ADON included reviewing the pharmacy consultant's monthly recommendation. ADON stated the pharmacist had never mentioned the drug interaction between Biktarvy and supplements for Resident 82. A concurrent review of a pharmacist's recommendation created between 5/1/2026 and 5/21/2026, the facility consultant pharmacist recommended to routing Resident 82's Biktarvy into antibiotic stewardship. There was no mention of the potential drug-to-drug interactions with concurrent iron and magnesium supplements. During an interview on 5/27/2026 at 4:05 PM, the DON stated the drug-to-drug interaction for Resident 82 could reduce the Biktarvy concentration by half, which could potentially reduce the effectiveness of the antivirals and worsen resident's condition. (continued on next page)

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	05/29/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility policy and procedures, Administering Medications (dated 6/1/2023), the policy indicated if a medication was identified as having potential adverse consequences for the resident or was suspected of being associated with adverse (negative) consequences, the person preparing or administering the medication had to contact the resident's attending physician or the facility's medical director to discuss the concerns.

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	05/29/2026

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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on observation, interview, and record review, the facility failed to ensure that dental services were provided to one of two sampled residents (Resident 24) reviewed for dental services by failing to: -Ensure to schedule Resident 24's dental consultation and treatment in accordance with the facility's policy and procedure titled Dental, Vision, and Hearing Evaluations. This failure had the potential to negatively affect Resident 24's oral health and ability to chew food.Findings:During review of Resident 24's admission Record , the admission Record indicated the facility originally admitted Resident 24 on 10/5/2024 and readmitted the resident on 3/9/2026 with diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), type 2 diabetes mellitus (disorder characterized by difficulty in blood sugar control and poor wound healing), anemia (a condition where the body does not have enough healthy red blood cells), and dysphagia (difficulty swallowing). During a review of Resident 24's Onsite Mobile Dental form dated 10/25/2025, the Onsite Mobile Dental form indicated Resident 24 wanted the dental treatment recommendations done. During a review of Resident 24's Order Summary Report dated 3/9/2026, the Order Summary Report indicated dental consultation as needed, with treatment to be completed as indicated by the resident's condition. During a review of Resident 24's Minimum Data Set (a resident assessment tool) dated 3/13/2026, the MDS indicated that Resident 24 had no natural teeth or tooth fragments. The MDS indicated Resident 24 needed partial/moderate assistance for oral hygiene (helper lifts, holds or support trunk or limbs but provides less than half the effort) and required supervision or touching assistance when eating (helper provides verbal cues and /or touching/ steadying as resident completes activity). During a review of Resident 24's Care Plan Report dated 4/10/2026, the Care Plan Report indicated that Resident 24 had dental health problems, missing teeth, and that arrangements for dental care consultations should be coordinated as needed. During a concurrent observation and interview on 5/28/2026 at 2:15 PM with Resident 24, Resident 24 had some missing, broken teeth and was not wearing any dentures (removable false teeth). Resident^24 stated some of her (Resident 24) natural teeth were gone, some are broken, and she has not been seen by a dentist for a long time. Resident^24 stated she (Resident 24) informed the staff (unidentified) about needing a dental consultation but had not received any follow up. During an interview on 5/28/2026 at 2:47 PM with Certified Nursing Assistant 3 (CNA3), CNA 3 stated that Resident 24 had missing and broken teeth and would take additional time to chew food. During an interview on 5/29/2026 at 10:53 AM with the Social Services Director (SSD)and the Discharge Planning Coordinator (DPC), the SSD and the DPC stated that Resident 24 was not provided with dental services. The SSD stated regular dental services should be provided to all residents (in general) to improve their quality of life and health. During an interview on 5/29/2026 at 10:26 AM with the Director of Nursing (DON), the DON stated that Resident 24 should have been seen by the dentist. The DON stated the Social Services should have arranged the dental services for Resident 24. The DON stated that dental consultations were provided as needed, monthly, quarterly (three months), or every six months, as necessary for the overall health of the residents. The DON stated if the residents did not receive any dental consultation and treatment, it could affect their oral health. During a review of the facility's policy and procedure (P&P) titled, Dental, vision, and hearing evaluations, dated 1/2025 the P&P indicated dental, vision and hearing evaluations are done to assure that the residents can function at their highest practical level. The procedure includes assessing the need, obtaining a physician's order, and arranging for the evaluation as soon as possible.