STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055105	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Vista Care Center	909 W. Santa Anita Ave San Gabriel, CA 91776

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review on 5/7/2026 the facility failed to report an alleged abuse to the State Agency (SA) within two (2) hours after Resident reported an alleged abuse to the facility, for one of two sampled residents (Resident 1).This deficient practice led to delay of investigation and potentially put Resident 1 and other residents in the facility for ongoing and other abuse.Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with the following but not limited to diagnoses of Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) and spinal stenosis (a narrowing of the spaces within your spine, which puts pressure on your spinal cord and nerve roots).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/24/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on taking off footwear and personal hygiene.During a concurrent observation and interview on 5/13/2026 at 10:10AM, Resident 1 was observed in his wheelchair and stated he was verbally abused on 5/7/2026. Resident 1 also stated Director of Staff Development (DSD) called him a Pinche Chimoso (fuckin noisy).During an interview on 5/13/2026 at 10:34AM, Restorative Nursing Assistant 1 (RNA 1) stated on 5/7/2026 at 2:50pm, Resident 1 told him the DSD called him Pinche Chimoso. RNA 1 also stated he did not report it because Resident 1 will report it.During an interview on 5/13/2026 at 1:25PM, Assistant Director of Nursing (ADON) stated if someone said Pinche Chimoso to a resident, the facility staff would need to report it because that is verbal abuse and would need to be reported within 2 hours, but it was not reported. During the same interview on 5/13/2026 at 1:25PM, the Policy and Procedure (P&P) titled Policy and Procedure for Prevention, Identification, and Reporting of Resident Abuse, revised 7/2025, was reviewed. ADON stated reporting of abuse should be within 2 hours.During an interview on 5/13/2026 at 3:10PM, Certified Nursing Assistant 3 (CNA 3) stated on 5/7/2026 at 2:15PM, DSD said Pinche Chimoso when she was walking by with Resident 1. CNA 3 also stated she did not report it until the next day.During an interview on 5/13/2026 at 3:30PM, Administrator stated the incident was reported on 5/8/2026.During a review of the facility's P&P titled Policy and Procedure for Prevention, Identification, and Reporting of Resident Abuse, revised 7/2025, the P&P indicated all staff are mandated reports and are required to immediately report any suspected or known instances of abuse. The facility's P&P indicated reporting suspected or known abuse: immediate actions (within 2 hours) and written report for all situation within 2 hours of all situation. The P&P also indicated abuse includes but not limited to verbal abuse.

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