STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055541	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Terrace Healthcare	1340 Highland Ave. Duarte, CA 91010

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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 0600 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 residents right to be free from sexual abuse for one of three sample residents (Resident 2). This deficient practice resulted in Resident 2 being subjected to indecent exposure when Resident 1 masturbated in the room in front of Resident 2, and Resident 2 was afraid to go to sleep because Resident 2 feared for his safety.During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included dementia in other diseases classified elsewhere, severe with psychotic disturbance (refers to the advanced stage of the dementia, where cognitive impairment significantly interferes with daily functioning), unspecified psychosis not due to a substance or known physiological condition (a condition where a person experiences delusions (false beliefs), hallucinations (seeing or hearing things that are not real), disorganized thinking and speech, and changes in behavior), depression (a common and serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest), delirium due to known physiological condition (a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking), hypertensive heart disease without heart failure (a condition where prolonged high blood pressure (hypertension) damages the heart muscle without causing heart failure).During a review of Resident 1's History and Physical (H&P) from General Acute Care Hospital 1 (GACH 1), dated 7/23/25, the H&P indicated, Resident 1 was sent by boarding care for psychiatric evaluation due to bizarre behavior for one week and high blood pressure readings. The H&P further indicated Resident 1 was admitted to GACH 1 for significant cognitive impairment across multiple cognitive domains.During a review of Resident 1's Change of Condition (COC), dated 8/19/25, the COC indicated Resident 1 is openly masturbating outside his room, staff directed him to stay in his room, but he is not compliant. An order to send him back to the hospital was obtained.During a review of Resident 1's Physician Orders (POs) active as of 8/19/25, the POs indicated the following order:1. Transfer to GACH 1 due to increased inappropriate sexual behavior, manifested by increased masturbation in public making patients uncomfortable, for further evaluation and treatment. Bed hold x 7 days.During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included nontraumatic acute subdural hemorrhage (a collection of blood between the brain and the inner lining of the skull (dura mater) that occurs without a previous head injury), and other abnormalities of gait and mobility (walking difficulty). During a review of Resident 2's History and Physical (H&P), dated 5/10/25, the H&P indicated, Resident 2 had the capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 5/21/25, the MDS indicated Resident 2 required part/moderate assistance with eating and oral hygiene. Resident 2 also required substantial/maximal assistance with toileting hygiene, shower/bathe self and personal hygiene. The MDS further indicated Resident 2 was dependent with upper/lower body dressing and putting on/taking off footwear.During an interview on 9/17/25 at 10:40 a.m. with RN Supervisor 1 (RN 1), RN 1 stated she completed a COC for Resident 1 due to his hypersexual behavior where he walked around in the hallways with his pants down and exposing himself to staff and residents. RN 1 stated she reported Resident 1's behavior to the previous Director of Nursing. RN1 stated she related inappropriate behavior to Resident 1's diagnosis of dementia and did not believe it was sexual abuse. During an interview on 9/17/25 at 11:45 a.m. with Resident 2, Resident 2 stated Resident 1 took off his pants and underwear [in the room] and played with his private parts. Resident 2 stated when Resident 1 was touching himself it made Resident 2 uncomfortable. Resident 2 stated, I was afraid of what could happen to me. I didn't sleep at all because I didn't feel safe in the room. Resident 2 stated he told his concerns to the nursing staff and all they told him was to use the call light to call them if something happened and then they would come right away. During an interview on 9/17/25 at 12:55 p.m. with RN 1, RN 1 stated Resident 2 did not report being uncomfortable in the room with Resident 1. RN 1 stated she could not remember who the other residents were that got exposed to Resident 1 in the hallways. RN 1 stated, It was reported to me that Resident 1 was walking out of his room with his pants down at his ankles. During a concurrent review of Resident 1's Transfer form, dated 8/19/25 and interview with RN Supervisor 2 (RN 2) on 9/17/25 at 4:35 p.m., RN 2 stated Resident 1 was confused, needed redirection, but continued inappropriate sexual behavior; that's why they transferred him. RN 2 was asked if Resident 2 was safe with Resident 1

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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. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Cross Reference F600Based on interview and record review, the facility failed to ensure residents the right to be free from sexual abuse for one of three sample residents (Resident 2). Based on interview and record review, the facility failed to provide supervision of Resident 1, when he inappropriately exposed himself and masturbated in the presence of Resident 2, after the facility had knowledge of another incident that had occurred where Resident 1 exposed himself masturbating to other residents in the hallway. This deficient practice had the potential to result in Resident 1's behavior to cause psychosocial harm to Resident 2 and other residents if the facility staff did not monitor Resident 1's whereabouts.During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included dementia in other diseases classified elsewhere, severe with psychotic disturbance (refers to the advanced stage of the dementia, where cognitive impairment significantly interferes with daily functioning), unspecified psychosis not due to a substance or known physiological condition (a condition where a person experiences delusions (false beliefs), hallucinations (seeing or hearing things that are not real), disorganized thinking and speech, and changes in behavior), depression (a common and serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest), delirium due to known physiological condition (a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking), hypertensive heart disease without heart failure (a condition where prolonged high blood pressure (hypertension) damages the heart muscle without causing heart failure).During a review of Resident 1's History and Physical (H&P) from General Acute Care Hospital 1 (GACH 1), dated 7/23/25, the H&P indicated Resident 1 was sent by boarding care for psychiatric evaluation due to bizarre behavior times one week and high blood pressure readings. The H&P further indicated Resident 1 was admitted to GACH 1 for significant cognitive impairment across multiple cognitive domains. During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included nontraumatic acute subdural hemorrhage (a collection of blood between the brain and the inner lining of the skull (dura mater) that occurs without a previous head injury), and other abnormalities of gait and mobility (walking difficulty). During a review of Resident 2's History and Physical (H&P), dated 5/10/25, the H&P indicated, Resident 2 had the capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 5/21/25, the MDS indicated Resident 2 required part/moderate assistance with eating and oral hygiene. Resident 2 also required substantial/maximal assistance with toileting hygiene, shower/bathe self and personal hygiene. The MDS further indicated Resident 2 was dependent with upper/lower body dressing and putting on/taking off footwear.During an interview on 9/17/25 at 10:40 a.m. with RN Supervisor 1 (RN 1), RN 1 stated she completed a COC for Resident 1 due to his hypersexual behavior where he walked around in the hallways with his pants down and exposing himself to staff and residents.During a concurrent interview and record review of Resident 1's Nursing Progress Notes (dated 8/19/25) with Licensed Vocational Nurse 1 (LVN 1) on 9/17/25 at 12:34 p.m., LVN 1 stated, Resident 1 always had his hand in his pants touching himself. When I gave him medications, he was displaying that behavior and I told him to stop, then he would accept his medications after being told to stop that behavior. LVN 1 stated, Sexual abuse is reportable if a resident is in the hallways with his pants down and touching himself in front of other residents who feel uncomfortable with what is happening.During a concurrent interview and record review of Resident 1's Nursing Progress Notes (dated 8/19/25) and Change of Condition (dated 8/19/25) with RN 1 on 9/18/25 at 3:04 p.m., RN 1 acknowledged she wrote the Progress note dated 8/19/25 at 2:22 p.m. RN 1 stated she only reported to the previous Director of Nursing (DON) about Resident 1's behavior, she did not report it to the previous administrator. RN 1 stated she associated Resident 1's inappropriate sexual behavior with his dementia diagnosis and did not see it as sexual abuse. RN 1 stated Resident 1's history showed he had inappropriate sexual behavior prior to coming to the facility. RN 1 read her note again and then acknowledged that Resident 1 exposing and touching himself in the hallways where other residents were present is a form of sexual abuse and it should have been reported.During a review of the facility's current Policy & Procedure (P&P) titled, Abuse Investigation and Reporting, revised July 2017, the P&P indicated All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be

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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)

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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 interview and record review, the facility failed to initiate a care plan for one of three sampled residents (Resident 1) which addressed Resident 1's behavior of inappropriately exposing himself and masturbating in the presence of Resident 2 and other residents in the hallway. 1. This deficient practice had the potential to result in psychosocial harm to Resident 2 and other residents in the facility. During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included dementia in other diseases classified elsewhere, severe with psychotic disturbance (refers to the advanced stage of the dementia, where cognitive impairment significantly interferes with daily functioning), unspecified psychosis not due to a substance or known physiological condition (a condition where a person experiences delusions (false beliefs), hallucinations (seeing or hearing things that are not real), disorganized thinking and speech, and changes in behavior), depression (a common and serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest), delirium due to known physiological condition (a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking), hypertensive heart disease without heart failure (a condition where prolonged high blood pressure (hypertension) damages the heart muscle without causing heart failure).During a review of Resident 1's History and Physical (H&P) from General Acute Care Hospital 1 (GACH 1) dated 7/23/25, the H&P indicated Resident 1 was sent by the boarding care for psychiatric evaluation due to bizarre behavior times one week and high blood pressure readings. The H&P further indicated Resident 1 was admitted to GACH 1 for significant cognitive impairment across multiple cognitive domains. During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included nontraumatic acute subdural hemorrhage (a collection of blood between the brain and the inner lining of the skull (dura mater) that occurs without a previous head injury), and other abnormalities of gait and mobility (walking difficulty). During a review of Resident 2's History and Physical (H&P), dated 5/10/25, the H&P indicated Resident 2 had the capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 5/21/25, the MDS indicated Resident 2 required partial/moderate assistance with eating and oral hygiene. Resident 2 also required substantial/maximal assistance with toileting hygiene, shower/bathe self and personal hygiene. The MDS further indicated Resident 2 was dependent with upper/lower body dressing and putting on/taking off footwear.During an interview on 9/17/25 at 10:40 a.m. with RN Supervisor 1 (RN 1), RN 1 stated she completed a COC for Resident 1 due to his hypersexual behavior where he walked around in the hallways with his pants down and exposing himself to staff and residents. RN 1 stated she reported Resident 1's behavior to the previous Director of Nursing. RN 1 stated she related inappropriate behavior to Resident 1's diagnosis of dementia and did not believe it was sexual abuse. During an interview on 9/17/25 at 11:45 a.m. with Resident 2, Resident 2 stated Resident 1 took off his pants and underwear [in the room] and played with his private parts. Resident 2 stated when Resident 1 was touching himself it made Resident 2 uncomfortable. Resident 2 stated, I was afraid of what could happen to me. I didn't sleep at all because I didn't feel safe in the room. Resident 2 stated he told his concerns to the nursing staff and all they told him was to use the call light to call them if something happened and then they would come right away. During a review of Resident 1's medical record, no care plan was initiated for Resident 1's hypersexual behavior while in the presence of Resident 2 or other residents.During an interview with Licensed Vocational Nurse 1 (LVN 1) on 9/17/25 at 12:34 p.m., LVN 1 stated, Resident 1 always had his hand in his pants touching himself. When I gave him medications, he was displaying that behavior and I told him to stop, then he would accept his medications after being told to stop that behavior. LVN 1 stated, Sexual abuse is reportable if a resident is in the hallways with his pants down and touching himself in front of other residents who feel uncomfortable with what is happening. LVN 1 stated, For sexual abuse, a change of condition should be initiated then the MD and family representative are notified. The police, Ombudsman, and CDPH are notified about the event. LVN 1 stated a care plan for sexual abuse or inappropriate sexual behavior should be initiated also.During a review of the facility's current Policy & Procedure (P&P) titled, Change in Resident's Condition or Status, revised February 2021, the P&P indicated Policy Interpretation and Implementation: The nurse will notify the resident's attending physician or physician on call when there has been a significant change in the resident's physical/emotional/mental