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	06/26/2026

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 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. Based on interview and record review, the facility failed to ensure one of eight sampled residents (Resident 6) rights were not violated when the facility did not allow Resident 6's family member to visit the resident.This deficient practice had the potential to worsen Resident 6's depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and cause emotional and psychosocial impairments.During a review of Resident 6's admission Record (AR), the AR indicated the facility admitted Resident 6 on 1/27/2026 with diagnoses which included depression, malignant neoplasm of endometrium (cancer that starts in the endometrium, the inner lining of the uterus [womb]), and hypertension (high blood pressure).During a review of Resident 6's History and Physical (H&P), dated 1/29/2026, the H&P indicated Resident 6 lacked capacity to make and understand medical decisions.During a review of Resident 6's Minimum Data Set (MDS, a resident assessment tool), dated 4/7/2026, the MDS indicated Resident 6 had moderately impaired cognitive skills (ability to make daily decisions). The MDS indicated Resident 6 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).During a review of Resident 6's Order Summary Report (OSR), dated 6/25/2026, the OSR indicated Resident 6 was under the care of hospice, with an active order date of 4/8/2026.During a review of Resident 6's Progress Notes (PN), dated 6/1/2026, the PN indicated the facility did not allow Resident 6's family member to visit Resident 6 without a hospice nurse present.During a review of Resident 6's Progress Notes-Social Services Note (PNSSN), dated 6/1/2026, the PNSSN indicated the facility did not allow Resident 6's family member to come visit Resident 6.During an interview on 6/25/2026 at 12:15 PM with Resident 6, Resident 6 stated that Resident 6 wanted to be visited by Resident 6's family member.During an interview on 6/25/2026 at 2:45 PM with Registered Nurse (RN) 1, RN 1 stated Resident 6's family member was not allowed to visit Resident 6 by family members' self. RN 1 stated by not allowing Resident 6's family member to visit Resident 6, it violated Resident 6's right to visitor(s).During a concurrent interview and record review on 6/26/2026 at 8:28 AM with the Social Service Director (SSD), Resident 6's PNSSN, dated 6/1/2026, was reviewed. The SSD stated Resident 6's family member was not allowed to visit Resident 6 by family members' self, and the SSD did not ask Resident 6 if Resident 6 wanted to be visited by Resident 6's family member. The SSD stated not allowing Resident 6's family member to visit the resident when Resident 6 want to be visited violated Resident 6's right to visitors.During an interview on 6/26/2026 at 1:20 PM with the Director of Nursing (DON), the DON stated that the facility should allow all visitors per resident's will and it is the resident's right to receive visitors.During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised 10/2025, the P&P indicated that the facility should follow Federal and State laws to guarantee certain basic rights to all residents, including the resident's right to visit and be visited by others from outside the facility.During a review of the facility's policy and procedure (P&P) titled, Visitation, revised 11/2025, the P&P indicated, facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility. The P&P indicated, Residents are permitted to have visitors of their choice at the time of their choosing.

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that there was sufficient nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promoted each resident's rights, physical, mental and psychosocial well-being on 6/8/2026 evening shift (from 3 PM to 11 PM).This deficiency practice resulted in incomplete activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) documentation on 6/8/2026 evening shift for one of three sampled residents (Resident 7) and having the potential for all residents not receiving services to meet their needs.During a review of Resident 7's admission Record (AR), the AR indicated the facility admitted Resident 7 on 4/22/2026 with diagnoses which included traumatic subdural hemorrhage (a type of bleeding near brain that can happen after a head injury), anxiety disorder (mental health condition that involves excessive fear, worry, or nervousness that interfere with daily life), and history of falling.During a review of Resident 7's Care Plan (CP), initiated 4/22/2026, revised on 4/25/2026, the CP indicated that Resident 7 had ADL self-care performance deficits, needed to be encouraged to use bell to call for assistance, and needed to be monitored, documented, and reported as needed for any changes, any potential for improvement, reasons for self-care deficit, expected course, and declines in function.During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7 had severely impaired cognitive skills (ability to make daily decisions). The MDS indicated that Resident 7 was dependent (Helper does all of the effort. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 7's Care Plan (CP), initiated 5/6/2026, the CP indicated that Resident 7 is dependent on staff for meeting physical needs.During a review of Resident 7's Care Plan (CP), initiated 5/8/2026, the CP indicated that Resident 7 had a swallowing problem and mouth needed to be checked after meals for pocketed food (when an individual holds or stores food in their mouth-often in their cheeks or between the gums and teeth-without swallowing it) and debris. The CP indicated that the staff needed to monitor, document, and report as needed for any pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, and refusing to eat.During a review of Resident 7's Documentation Survey Report (DSR- documentation of ADLs), dated 6/2026, the DSR indicated that there were no documentation of ADLs on 6/8/2026 evening shift.During a review of the facility's Daily Census (DC), dated 6/8/2026, the DC indicated that there were 49 residents in the facility on 6/8/2026.During a review of the facility's Nursing Staffing Assignment and Sign-in Sheet (NSASS), dated 6/8/2026, the NSASS indicated that there were two Certified Nursing Assistants (CNA) working from 3 PM to 9 PM, and three CNAs working from 9 PM to 11PM on 6/8/2026 evening shift.During an interview on 6/24/2026 at 4:20 PM with CNA 4, CNA 4 stated that the staff could not provide good resident care when there were two CNAs working and each CNA needed to provide care to more than 20 residents each. During an interview on 6/24/2026 at 4:40 PM with CNA 5, CNA 5 stated that it was not sufficient staffing when there were two CNAs working on the evening shift and needed to provide care to 25 residents. CNA 5 stated that the resident's mealtimes were delayed due to no sufficient staffing to assist with feeding, call light response time would be delayed, and there were not sufficient staff to monitor the residents on fall risk precautions.During a phone interview on 6/26/2026 at 3:46 PM with CNA 6, CNA 6 stated that it was not sufficient staffing when there were two CNAs working on the evening shift and needed to provide care to 25 residents. CNA 6 stated that CNA 6 could not provide good quality of care to residents when needed to provide services to 25 residents.During an interview on 6/26/2026 at 3:55 PM with CNA 7, CNA 7 stated that it was not sufficient staffing and was impossible to provide good quality of (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care to residents when CNA 7 needed to provide care to 25 residents. CNA 7 stated that the staff could not respond and answer the call light promptly, if there were insufficient staffing.During a concurrent interview and record review on 6/26/2026 at 4:10 PM with the Director of Staff Development (DSD), the NSASS, dated 6/8/2026, was reviewed. The DSD stated that there was two CNAs working from 3 PM to 9 PM, and three CNAs working from 9 PM to 11PM on the evening shift of 6/8/2026. The DSD stated that the facility should have assigned four CNAs on 6/8/2026 evening shift. The DSD stated that it was not enough staff when each CNA needed to provide care to 25 residents and it would delay the responding time to answer call lights, delay changing the residents, and no monitoring for high risk of fall residents.During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, revised 4/2025, the P&P indicated, The facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. The P&P indicated that Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including:a. assuring resident safety;b. attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident;c. assessing, evaluating, planning, and implementing resident care plans; andd. responding to resident needs. The P&P indicated, Residents are permitted to have visitors of their choice at the time of their choosing.The P&P indicated that Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident assessments, residents plans of care, and the facility assessment.