STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to schedule a Registered Nurse for at least 8 consecutive hours a day for April, May, and June of 2025.This failure had the potential to affect all residents in the facility by limiting access to professional nursing assessments, care and supervision of staff which could place the residents at risk for unmet medical needs, delayed response to emergencies and treatment, and poor quality of care. During a review of the facility's Payroll-Based Journal (PBJ) Staffing Data Report from [name of oversight agency], the FY Quarter 3 2025 (April 1 - June 30) report indicated that the facility had no Registered Nurse (RN) onsite on the following dates: A. APRIL 2025 - 04/06, 04/11, 04/13 - 3 Days B. MAY 2025- 05/19, 05/20, 05/21, 05/22, 05/23, 05/26, 05/27, 05/28, 05/29, 05/30 - 10 Days C. JUNE 2025- 06/02, 06/03, 06/04, 06/05, 06/06, 06/09, 06/10, 06/11, 06/12, 06/13, 06/16, 06/17, 06/18, 06/19, 06/20, 06/23, 06/24, 06/25, 06/26, 06/27, 06/30 - 21 DaysDuring an interview with the Assistant Administrator (A-ADM), on 09/24/2025 at 4:32 PM, the A-ADM stated they had issues with hiring a regular RN to come work during the months of April, May and June 2025. The A-ADM also stated that they had one RN during that time, but the RN could not cover all the days. The A-ADM further stated the facility had difficulty recruiting full time RN or Director of Nursing (DON) and could not cover RN shift due to fast turnover and frequent resignations. The A-ADM also stated that they sometimes had to rely on Licensed Vocational Nurse (LVN) to cover the building. The A-ADM confirmed that they do not have a waiver for RN.During an interview with the LVN on 09/24/2025 at 5:45 PM, the LVN stated that it is important to have an RN in the building to assess and provide treatment to residents accurately. During a review of the facility's reported Census and Direct Care Service Hours Per Patient Day (DHPPD), and Direct Care Timecard Report, the following dates on Actual Total Care Services Hours showed no RN worked at the facility: 1. 04/06/2025 - 72.92 - No RN Hours recorded2. 04/11/2025 - 72.50 - No RN Hours recorded3. 04/13/2025 - 71.75 - No RN Hours recorded4. 05/19/2025 - 72.60 - No RN Hours recorded5. 05/20/2025 - 72.28 - No RN Hours recorded6. 05/21/2025 - 74.88 - No RN Hours recorded7. 05/22/2025 - 72.23 - No RN Hours recorded8. 05/23/2025 - 72.50 - No RN Hours recorded9. 05/26/2025 - 72.27 - No RN Hours recorded10. 05/27/2025 - 72.32 - No RN Hours recorded11. 05/28/2025 - 72.30 - No RN Hours recorded12. 05/29/2025 - 72.18 - No RN Hours recorded13. 05/30/2025 - 72.72 - No RN Hours recorded14. 06/02/2025 - 72.75 - No RN Hours recorded15. 06/03/2025 - 73.40 - No RN Hours recorded16. 06/04/2025 - 75.43 - No RN Hours recorded17. 06/05/2025 - 72.27 - No RN Hours recorded18. 06/06/2025 - 72.40 - No RN Hours recorded19. 06/09/2025 - 72.33 - No RN Hours recorded20. 06/10/2025 - 73.10 - No RN Hours recorded21. 06/11/2025 - 74.35 - No RN Hours recorded22. 06/12/2025 - 73.05 - No RN Hours recorded23. 06/13/2025 - 72.30 - No RN Hours recorded24. 06/16/2025 - 72.10 - No RN Hours recorded25. 06/17/2025 - 72.22 - No RN Hours recorded26. 06/18/2025 - 73.78 - No RN Hours recorded27. 06/19/2025 - 72.72 - No RN Hours recorded28. 06/20/2025 - 72.37 - No RN Hours recorded29. 06/23/2025 - 72.23 - No RN Hours recorded30. 06/24/2025 - 72.37 - No RN Hours recorded31. 06/25/2025 - 73.08 - No RN Hours recorded32. 06/26/2025 - 72.37 - No RN Hours recorded33. 06/27/2025 - 72.87 - No RN Hours recorded34. 06/30/2025 - 72.15 - No RN Hours recorded During a (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	concurrent interview and record review with the A-ADM on 09/25/2025, at 11:15 AM, the facility's undated policy and procedure (P&P) titled Careers: Director Of Nursing was reviewed. The P&P indicated, .Management and Leadership.Plans, organizes, direct and controls nursing services.makes use of management practices that include empowerment of staff, the provision of clear and concise expectations regarding duties assigned employees. Careers: Registered Nurse. indicated, .Assessment.Observes, records and reports client social, medical and psychiatric behavior. The A-ADM confirmed having a full time RN in the facility is important for residents' safety and to ensure quality of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review the facility failed to designate a qualified Director of Food Services to provide the daily oversight of the dietary department which includes implementing menus, purchasing food, training staff, and ensuring compliance with all state and federal regulations.This failure had the potential to result in a lack of oversight into the operations of the dietary department and supervision of staff, which could lead to poor quality of services in the department which could affect residents' health and wellbeing.During an interview with the Dietary Kitchen Supervisor (DKS) on 09/24/2025, at 10:35 AM, the DKS stated she is the Director of Food Services and runs the day-to-day operations of the kitchen. The DKS stated she is not a certified dietary manager because she failed to complete her school two years ago due to personal reasons but attended online training about food protection and management in 2023. The DKS also stated she had no bachelor's degree in food and nutrition and had not completed an approved dietary service training program as required by regulation.During an interview with Kitchen Aide (KA) on 09/24/2025, at 10:41 AM, the KA stated she directly reports to the DKS. The KA further stated that the DKS supervises the kitchen, creates kitchen schedules and assignments, and trains them on how to prepare and serve food and how to keep the kitchen clean.During a telephone interview with the Registered Dietitian (RD), on 09/24/2025, at 11:21 AM, the RD stated she comes to the facility once a month and quarterly to evaluate resident menus and diets, residents who are newly admitted , and residents that staff referred for consultation. The RD stated she was not sure if the DKS is licensed or met the qualifications required to manage the kitchen.During an interview with the Assistant Administrator (A-ADM) on 09/25/2025, at 9:28 AM, the A-ADM stated they used to have a licensed DKS, but when she left in 2022, their current DKS, who was the former Assistant Dietary Kitchen Supervisor (A-DKS), assumed the position.During an interview and record review with the A-ADM on 09/25/2025, at 9:45 AM, the facility's undated policy and procedure titled Job Description: Position: FNS Director was reviewed. The P&P indicated, Qualifications.3. Must meet the qualifications of a FNS Director as stated under State & Federal regulations. The A-ADM confirmed and acknowledged that the current DKS did not meet the state qualifications for a dietary supervisor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 - Many	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 safe and sanitary food preparation and storage practices in the kitchen when there were six opened and unlabeled food packages and bottles found inside the kitchen's refrigerator, freezer, and tray condiments area.This failure had the potential to cause foodborne illnesses (any illness resulting from eating contaminated/spoiled foods) to 19 of 19 medically compromised residents who receive food served by the kitchen.During an initial observation tour of the kitchen and interview with Dietary Kitchen Supervisor (DKS), on 09/23/2025, at 8:25 AM, the DKS inspected the kitchen condiments area, refrigerators, and freezer, and found the following food items: I. One gallon of soy sauce half empty, opened, undated II. One gallon of cooking oil half empty, opened, undated III. Two half gallons of milk more than half empty, opened, undatedIV. One bag of frozen cauliflower, undatedV. One bag of frozen mixed vegetables, undatedVI. One bag of frozen green beans, undatedDuring a phone interview with the Registered Dietitian (RD), on 09/24/2025 at 11:27 AM, the RD stated opened and undated food packages should be thrown away since they do not know when it was opened. The RD also stated the expectation is the dietary staff should follow infection control precautions for food safety.During an interview and record review with the DKS on 09/24/2025, at 3:38 PM, the DKS reviewed and confirmed the facility's undated policy and procedure (P&P), titled, Labeling and dating of Foods, was reviewed. The P&P indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated.Food delivered to facility needs to be marked with a delivery or received date.Newly opened food items will be needed to be closed and labeled with an open date and used by the date that follows the various storage guidelines. The DKS confirmed the finding and stated the policy should have been followed.A review of the FDA Federal Food Code 2022, 3-101.11 titled Safe, Unadulterated, and Honestly Presented.Labeling-General, indicated, .Sources of packaged food must be labeled in accordance with law. Proper labeling of foods allows consumers to make informed decisions about what they eat. Many consumers, as a result of an existing medical condition, may be sensitive to specific foods or food ingredients .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement infection control and prevention measures when: 1. Certified Nursing Assistant (CNA) 2 did not perform hand hygiene in between assisting Residents 7 and 18 with the feeding.2. Uncovered soiled linen was placed in the clean area of the laundry room. These failures had the potential for cross contamination and spread of infection which can adversely affect the health and wellbeing of 19 residents, staff, and visitors.1. During dining observation, on 9/23/25, at 11:56 AM, Certified Nursing Assistant (CNA) 2 was noted assisting Residents 7 and 18 simultaneously, who were seated across from each other at the same table. CNA 2 did not perform hand hygiene in between assisting Residents 7 and 18 with the feeding. During an interview with CNA 2, on 9/23/25, at 12:28 PM, CNA 2 stated that handwashing between assisting residents was important to prevent cross contamination. During an interview with the Director of Nursing (DON), on 9/25/25, at 9:04 AM, the DON verified the importance of handwashing in between resident care to prevent the spread of infection. During an interview with the Director of Staff Development / Infection Preventionist (DSD/IP), on 9/25/25, at 3:12 PM, the DSD/IP confirmed the importance of hand hygiene to break the chain of infection. A review of Resident 7's Face Sheet (front page of the chart that contains a summary of basic information about the resident), indicated that resident was admitted to the facility on [DATE], with diagnoses which included Dementia (loss of mental function such as thinking, memory, and reasoning skills) and Schizophrenia (a severe brain disorder in which people interpret reality abnormally). A review of Resident 18's Face Sheet indicated that resident was admitted to the facility on [DATE], with diagnoses which included Depression (a mental health condition characterized by persistent feelings of sadness) and Anemia (a condition of having low levels of healthy red blood cells). A review of the facility's undated policies and procedures titled, Infection Control Policy, indicated, .4. STANDARD PRECAUTIONS. Staff must observe standard precautions at all times, including: Hand Hygiene: Wash hands with soap and water or use alcohol-based sanitizer before and after resident contact. 2. During a tour of the laundry area with the Director of Staff Development / Infection Preventionist (DSD/IP), on 9/24/25, at 11:46 AM, an uncovered hamper containing linens beneath the clean area countertop was observed. Certified Nursing Assistant (CNA) 1 verified that the hamper contained soiled fitted sheets and flat sheets. During an interview with the DSD/IP, on 9/24/25, at 11:51 AM, the DSD/IP confirmed that dirty linens should not be placed in the clean area of the laundry room to break the chain of infection. During an interview with the Director of Nursing (DON), on 9/25/25, at 10:01 AM, the DON stated that the laundry room should separate the dirty linens from the clean area to prevent the spread of infection. A review of facility's undated policy titled, INFECTION CONTROL IN LINEN HANDLING, indicated, . 4. Soiled linen hampers should always be kept covered and linen neatly inside. This only prevents spread of infection but also helps to control odors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Physician Orders for Life Sustaining Treatment (POLST - form that documents an individual's preferences for end-of-life care) were completed for four of nine sampled residents (Residents 1, 4, 12, and 19).This failure had the potential for residents receiving unnecessary treatment in the event of an emergency.1. A review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), indicated that resident was admitted to the facility on [DATE], with diagnoses which included Schizophrenia (a severe brain disorder in which people interpret reality abnormally) and Type II Diabetes Mellitus (a long term condition that causes high blood sugar levels).A review of Resident 1's POLST form indicated that Section D (Information and Signatures) included the physician's signature without a date and was missing the patient or legal decision-maker's signature.2. A review of Resident 4's Face Sheet indicated that resident was admitted to the facility on [DATE], with diagnoses which included Dementia (loss of mental function such as thinking, memory, and reasoning skills) and Chronic Venous Insufficiency (a condition where the veins in the legs do not work properly leading to blood pooling).A review of Resident 4's POLST form indicated that Section D (Information and Signatures) included the physician's signature but missing the patient or legal decision-maker's signature.3. A review of Resident 12's MDS - Minimum Data Set (a standardized assessment tool) indicated that resident was admitted to the facility on [DATE], with diagnoses which included Neurogenic Bladder (a condition where nerve damage prevents the brain and urinary bladder from communicating properly leading to a loss of bladder control).A review of Resident 12's POLST form indicated that Section D (Information and Signatures) included the physician's signature without a date and was missing the patient or legal decision-maker's signature.4. A review of Resident 19's Face Sheet indicated that resident was admitted to the facility on [DATE], with diagnoses which included Schizophrenia (a severe brain disorder in which people interpret reality abnormally) and Hyperthyroidism (a condition where the thyroid gland produces more thyroid hormones).A review of Resident 19's POLST form indicated that Section D (Information and Signatures) included the physician's signature but missing the patient or legal decision-maker's signature.During an interview with the Director of Nursing (DON) and Social Services Director (SSD), on [DATE], at 9:18 AM, the DON and SSD confirmed the importance of timely signing and completing the POLST to ensure accurate care for residents in the event of an emergency.A review of facility's undated policies and procedures titled, Policy Procedure: POLST (Physician Orders for Life-Sustaining Treatment), indicated, 1.POLICY STATEMENT. The POLST form is a legally recognized medical order in California that communicates a resident's wishes regarding cardiopulmonary resuscitation (CPR), medical interventions, artificial nutrition, and other end-of-life care preferences. 4. PROCEDURE. Who May Complete: The POLST form must be completed by a licensed healthcare provider (physician, nurse practitioner, or physician assistant) in discussion with the resident or their representative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to promote independence and dignity to two of two residents (Resident 7 & 18) when Certified Nursing Assistant (CNA) 2 was standing and not seated at eye level while assisting both residents with feeding. This failure had the potential to cause residents to feel disrespected, undignified, as well as experience psychological discomfort.During dining observation on 9/23/25 at 11:56 AM, Certified Nursing Assistant (CNA) 2 was observed assisting Residents 7 and 18 simultaneously as they were seated across from each other at the same table. CNA 2 was standing while helping Residents 7 and 18 with their meals.During an interview with CNA 2, on 9/23/25, at 12:28 PM, CNA 2 stated that residents might not finish their meals when assisted in a sitting position. During an interview with the Director of Nursing (DON), on 9/25/25, at 9:04 AM, the DON stated that staff were expected to be at eye level with residents when rendering care. During an interview with the Director of Staff Development / Infection Preventionist (DSD/IP), on 9/25/25, at 3:12 PM, the DSD/IP confirmed the importance of feeding residents at eye level. The DSD/IP stated, You don't need to show to residents that you're above them. A review of Resident 7's Face Sheet (front page of the chart that contains a summary of basic information about the resident), indicated that resident was admitted to the facility on [DATE], with diagnoses which included Dementia (loss of mental function such as thinking, memory, and reasoning skills) and Schizophrenia (a severe brain disorder in which people interpret reality abnormally). A review of Resident 18's Face Sheet indicated that resident was admitted to the facility on [DATE], with diagnoses which included Depression (a mental health condition characterized by persistent feelings of sadness) and Anemia (a condition of having low levels of healthy red blood cells). A review of facility's undated policies and procedures titled, Feeding Assistance Policy and Procedure, indicated, Policy Purpose: To ensure Certified Nursing Assistant (CNA) provide safe, respectful, and dignified feeding assistance to residents, minimizing the risk of aspiration, choking, or other complications, and promoting resident autonomy and well-being. CNA Positioning During Feeding: CNA should be seated at eye level with the resident when possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to prepare food in a form designed to meet the needs of one of 19 residents (Resident 8) when resident's lunch on 09/23/2025 had visible chunks of food. This failure had the potential to result in Resident 8 choking during meals. During an observation on 09/23/2025, at 12:20 AM, in the dining room, Resident 8's tray consisted of chicken barbeque, seasoned potato and corn with notable lumps present. Resident 8's diet ticket stated fortified puree. During an interview with the Dietary Kitchen Supervisor (DKS) in the kitchen, on 09/23/2025, at 2:40 PM, the DKS stated that Resident 8's diet order is puree. The DKS further stated that the meal should have had a smooth texture with no lumps. During a review of the Physician Orders for Resident 8, the diet order indicated a Fortified Pureed Texture with Thin Liquids.During a telephone interview and record review with the Registered Dietitian (RD) on 09/24/2025, at 11:23 AM, the RD notes titled, Nutritional Quarterly Review indicated that Resident 8 has swallowing difficulty and has an order of fortified pureed texture diet. The RD stated the expectation for a puree diet is to have no lumps and to be smooth like pudding for safety swallowing. The RD further stated the diet order should have been followed.During an interview and record review with the facility Assistant Administrator (A-ADM) on 09/25/2025, at 9:20 AM, the facility's policy and procedure (P&P) titled, Section 3 Menu Planning, dated 2023 was reviewed. The P&P indicated, 1. The facility's diet manual and the diets ordered by the physician should mirror the nutritional care provided by the facility.4. The menus are planned to meet nutritional needs of residents in accordance with established national guidelines, Physician's orders and, to the extent medically possible, in accordance with the most recent recommended dietary allowances. The facility A-ADM stated the facility staff should have followed the P&P.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0911 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure two of five resident rooms accommodated no more than four residents.This failure could compromise patient privacy resulting to resident distress, anxiety, and embarrassment.During an initial tour, on 9/23/25, at 9:28 AM, it was observed that room [ROOM NUMBER] was occupied by five residents, and room [ROOM NUMBER] had eight residents. Noted both rooms had mobile privacy screens in between beds. All residents in both rooms were ambulatory.room [ROOM NUMBER] accommodated five residents (Residents 2, 4, 11, 13, and 14). room [ROOM NUMBER] accommodated eight residents (Residents 1, 5, 7, 12, 15, 16, 17, and 19).During an interview with the Director of Staff and Development / Infection Preventionist (DSD/IP), on 9/24/25, at 5:48 PM, the DSD/IP stated that facility had room waivers but not able to provide a copy of the approved room waiverDuring an interview with the Administrator (ADM), on 9/25/25, at 11:28 AM, the ADM stated that the facility lost the copy of the approved room waivers.The facility was not able to provide a copy of the approved room variance waivers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A192	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Royal Home	12436 Royal Road El Cajon, CA 92021

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to meet the minimum requirement of 80 square feet per resident for three of five resident rooms.This failure had the potential to limit the freedom of movement of the residents that occupied these rooms, which may place them at risk for injury.During an initial tour, on 9/23/25, at 9:28 AM, it was observed that rooms [ROOM NUMBER] had limited space to accommodate the number of residents occupying these rooms. room [ROOM NUMBER] was occupied by three residents, room [ROOM NUMBER] had five residents, and room [ROOM NUMBER] had eight residents. All residents in three rooms were ambulatory. During an interview with the Director of Staff and Development / Infection Preventionist (DSD/IP), on 9/24/25, at 5:48 PM, the DSD/IP stated that facility had room waivers but not able to provide a copy of the approved room waivers. The DSD/IP provided a copy of the facility letter requesting the renewal of room waivers, addressed to the Department, dated 9/24/25.A review of the letter requesting the renewal of room waivers, dated 9/24/25, indicated the following room measurements:a. room [ROOM NUMBER] measured 238 square feet and housed three residents. The allocated space for each resident was 79.33 square feet.b. room [ROOM NUMBER] measured 352.63 square feet and housed five residents. The allocated space for each resident was 70.52 square feet.c. room [ROOM NUMBER] measured 631.95 square feet and housed eight residents. The allocated space for each resident was 78.99 square feet.During an interview with the Administrator (ADM), on 9/25/25, at 11:28 AM, the ADM stated that the facility lost the copy of the approved room waivers. The facility was not able to provide a copy of the approved room variance waivers.