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SHADY LAWN	108 S MILLER STREET CYNTHIANA, KY 41031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments A Relicensure and Complaint Survey was initiated on 10/28/2025 and concluded on 10/30/2025 with regulatory violations identified and cited. Deficiencies were issued related to KY00046977 at P350 and P355. No deficiencies were issued related to KY00045077, KY00046017, KY00046440, KY00046442, KY00046954, KY00046971, KY00047150, and KY00047473.	P 000		
P 060	902 KAR 20:036 4(5) Section 4. Administration and Operation Section 4. Administration and Operation. (5) Adult protection. PCHs and SPCHs shall have written policies that ensure the reporting of allegations of abuse, neglect, or exploitation of adults pursuant to KRS 209.030, including evidence that all allegations of abuse, neglect, or exploitation shall be thoroughly investigated internally to prevent further potential abuse while the investigation is in progress. This requirement is not met as evidenced by: Based on interview and policy review, the facility failed to ensure there were written policies that ensured the reporting of allegations of abuse,	P 060		

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P 060	Continued From page 1	P 060		

neglect, or exploitation of adults, including evidence that all allegations of abuse, neglect, or exploitation shall be thoroughly investigated internally to prevent further potential abuse while the investigation is in progress. This deficient practice affected all 20 current residents.

The findings include:

The State Survey Agency (SSA) Surveyor requested a policy on the reporting of allegations of abuse, neglect, or exploitation of adults pursuant to KRS 209.030, including evidence that all allegations of abuse, neglect, or exploitation shall be thoroughly investigated internally to prevent further potential abuse while the investigation is in progress from the Manager on 10/30/2025 at 10:05 AM. However, a policy was not produced, and the Manager stated the facility did not have policies dealing with that.

In an interview on 10/29/2025 at 10:12 AM with the Assistant Manager, she stated she believed she had been acting as Assistant Manager a month or two, but had not signed any documentation to that effect. She stated the only thing she did not do in the facility was manage resident accounting, as she did not want to have anything to do with resident money. She stated previous Manager 2 kept investigations in a folder, although when previous Manager 1 came to the facility, she was not involved, and did not know where any investigation reports were. As Assistant Manager, she stated, she spoke with residents and with staff whenever an altercation occurred.

In an additional interview with the Assistant Manager on 10/30/2025 at 1:08 PM, the Assistant Manager stated previous Manager 1 had thrown

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P 060	Continued From page 2 a lot of documentation out that previous Manager 2 had created. She stated she did not know if the documentation for altercations or allegations was among the paperwork thrown out. She stated she had not been involved in reviewing any reports to ensure investigations were complete. In an interview with the Manager on 10/30/2025 at 10:05 AM, she stated she was unable to find evidence of audits or reports. She stated she knew previous Manager 2 kept paperwork, but she did not know what happened when previous Manager 1 took over as she was not at the facility at that time. She stated the facility did not have a policy or policies dealing with abuse.	P 060		
P 335	902 KAR 20:036 5(3)(b)4 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (b) Housekeeping and maintenance services. 4. Maintenance. The premises shall be well kept and in good repair as established in clauses a. through d. of this subparagraph. a. The facility shall ensure that the grounds are well kept and the exterior of the building, including the sidewalk, steps, porches, ramps, and fences, are in good repair. b. The interior of the building, including walls, ceilings, floors, windows, window coverings, doors, plumbing, and electrical fixtures, shall be in good repair. Windows and doors shall be screened. c. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the	P 335		

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P 335	Continued From page 3 premises regularly. Containers shall be cleaned regularly. d. A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. Care shall be taken to use the least toxic and least flammable insecticides and rodenticides. The compounds shall be stored under lock if stored by the facility. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide appropriate housekeeping and maintenance services, to ensure the premises were kept in good repair, to include facility grounds, walls, and windows, which affected all 20 current residents. Observation throughout the survey revealed trash and cigarette butts around the back porch. An upstairs window opposite the elevator was	P 335		

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observed broken, and the wall around the window was observed with patches of paint chipped away revealing concrete. Additionally, observation of an upstairs bathroom and shower room revealed no sink on the wall, only pipework where a sink once was.

The findings include:

Observation on 10/28/2025 at 9:10 AM of an upstairs bath and shower room revealed no sink on the wall, with no way for residents to wash up after toileting.

Observation on 10/28/2025 at 9:15 AM revealed an air conditioning (AC) unit in the second floor television room not well-insulated, with the outside visible beneath and to the sides of the AC unit.

Observation on 10/28/2025 at 9:25 AM of a room next door to Room 220 revealed the door dragging on the wooden floor, creating gouges in the wood and hindering the door from opening and closing. Further observation revealed the back porch near the dining room to be surrounded by cigarette butts, used snack wrappers, and plastic soda bottles, with a prominent carpet of cigarette butts near the side stairs facing the Manager's office.

Observation on 10/29/2025 at 10:43 AM of the upstairs bath and shower room revealed there was no sink. Additionally, observation of the upstairs hall window, opposite the non-functioning elevator, revealed an approximate six inch break in the lower left portion of the upper window, with the broken portion pulling away. The wall to the right of the window had numerous areas of chipped yellow paint revealing bare concrete

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P 335	Continued From page 5 beneath. Observation on 10/30/2025 at 9:45 AM revealed no obvious change in the trash and cigarette butts around the back porch. In an interview with the Manager on 10/30/2025 at 10:05 AM, she stated she was not aware of a broken window upstairs. Regarding the upstairs bath and shower room with the missing sink, she stated the facility had replaced that sink about ten times, and residents consistently pulled it off the wall. She stated every single weekend following replacement, it was pulled from the wall. She stated the replacement sink was porcelain, and when pulled off the wall, it broke. Regarding the cigarette butts and trash around the back porch, the Manager stated she could clean it up today, but tomorrow it would be back.	P 335		
P 350	902 KAR 20:036 5(3)(c)3 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (c) Dietary services. 3. Menu planning. a. Menus shall be planned in writing and rotated to avoid repetition. b. A PCH or SPCH shall meet the nutrition needs of residents in accordance with physician's orders. c. Except as established in clause e. of this subparagraph, meals shall correspond with the posted menu. d. Menus shall be planned and posted one (1) week in advance.	P 350		

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P 350	Continued From page 6 e. If changes in the menu are necessary: (i) Substitutions shall provide equal nutritive value; (ii) The changes shall be recorded on the menu; and (iii) Menus shall be kept on file for at least thirty (30) days. This requirement is not met as evidenced by: Based on observation, interview, and review of the facility's menus, the facility failed to document any changes to the daily menus. This affected all 20 current residents. The findings include: In an interview with the Manager on 10/30/2025 at 11:08 AM, she stated she did not have policies for the kitchen and would try to obtain the polices. No policies were provided upon exit on 10/30/2025. Review of the breakfast menu "Week 3 Wednesday" revealed an omelet, two sausage biscuits with gravy, and coffee, tea, and milk were to be served. However, observation on 10/29/2025 at 8:20 AM of the breakfast meal revealed a soft fried egg on	P 350		

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the tray for residents with a banana, a beverage, and a sausage with biscuit. The residents did not receive gravy, and the majority did not receive the omelet as posted.

Review of the breakfast menu "Week 3 Thursday" revealed cereal, two strips of bacon, toast, butter/jelly, with coffee, tea, or milk were to be served.

However, observation on 10/30/2025 at 8:20 AM of the breakfast meal revealed residents were served a hard boiled egg with breakfast.

In an interview with Cook 1 on 10/28/2025 at 10:50 AM and 1:30 PM, she stated sometimes what was ordered was not available and a substitution was made by the food service company. She stated the residents did not go hungry. She stated she liked to cook what the residents wanted and brought in food they might like. She stated the facility always had food to feed the residents. Cook 1 stated she made special meals for the residents. She stated residents liked fried cornbread, soup beans, and greens with onions.

In an interview with the Kitchen Manager on 10/29/2025 at 10:45 AM, she stated she had a food budget of $2500 per week, and the food was ordered weekly. She stated they had not changed menus as they had them for spring/summer and fall/winter. She stated, if they did not have the food, the staff was paying out of pocket $20 to $50 dollars per week to supply the food. She stated they had a grocery credit card for some food that was picked up. She stated she was not sure if that came out of the food budget. She stated she ran out of omelets for the residents that day and had only 15 available. She stated

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Cook 1 would use food from another day to prepare what she wanted for that day and not according to the menu. The stated she knew the food groups and made substitutions for that food, such as a fried egg for the omelet. She stated she added the hard boiled egg to the Thursday breakfast because the menu needed an egg.

In continued interview with the Kitchen Manager on 10/29/2025 at 10:45 AM, she further stated she went through the dry storage and refrigeration to make the food order. However, she stated the food items were cut, and the full order was not sent by administration or the owner. She stated then she was short food items on the menu. She stated she was now allowed to provide two pots of coffee per day, and the coffee was locked up in the Assistant Manager's office. She stated she was not allowed to offer more drinks at meals but could offer more water. She stated she was short vegetables and potatoes products last week. She stated kitchen staff used to document on the menus. However, she stated any changes to the menu were not documented.

In an interview with the Manager on 10/28/2025 at 1:41 PM and 10/29/2025 at 9:25 AM, she stated she would go to local markets for small food items to save ordering in bulk from the food service company. She stated Cook 1 would bring in foods like cookies, especially for the residents. She stated they bought milk, bread, bologna, and ice from the grocery store. She stated she was not aware of any shortage of food, and they were never out of food. She stated she was not aware of staff buying food for residents. She stated the food budget was $2,100 based on the number of residents present. She stated staff went over their food budget every week including the grocery store items. She stated the food was always

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P 350	Continued From page 9 ready to prepare, and if the kitchen staff wanted to make food, they could bring in the ingredients, for example candy or cookies and prepare them at the facility. She stated residents could have two drinks at meals and snacks. She stated the number of drinks was limited due to residents drinking too much and washing medications out of their system. She stated she expected any changes to the menus to be documented.	P 350		
P 355	902 KAR 20:036 5(3)(c)4 Section 5. Provision of Services Section 5. Provision of Services. (3) A PCH or SPCH shall meet the following requirements relating to the provisions of residential care services: (c) Dietary services. 4. Food preparation and storage. a. There shall be at least a three (3) day supply of food to prepare well-balanced, palatable meals. b. Food shall be prepared with consideration for any individual dietary requirement. c. Modified diets, nutrient concentrates, and supplements shall be given only on the written order of a physician. d. At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the evening meal and breakfast. e. Between-meal snacks, including an evening snack before bedtime, shall be offered to all residents. f. Adjustments shall be made if medically contraindicated. g. Food shall be: (i) Prepared by methods that conserve nutritive value, flavor, and appearance; and (ii) Served at the proper temperature and in a form to meet individual needs.	P 355		

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P 355	Continued From page 10 h. A file of tested recipes, adjusted to appropriate yield, shall be maintained. i. Food shall be cut, chopped, or ground to meet individual needs. j. If a resident refuses food served, substitutes shall be offered. k. All opened containers or leftover food items shall be covered and dated when refrigerated. l. Ice water shall be readily available to the residents at all times. m. Food services shall be provided in accordance with 902 KAR 45:005. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to label and date food that was leftover and foods taken out of the cases in dry storage, refrigerators, and freezer. Continued observation revealed in dry storage the stand mixer uncovered with dead flies on the air conditioner behind the mixer and uncovered clear plastic bins containing food items with dust like particles in	P 355		

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the bottom of the containers. This affected all 20 current residents.

The findings include:

In an interview with the Manager on 10/30/2025 at 11:08 AM, she stated she did not have policies for the kitchen and would try to obtain the polices. No policies were provided upon exit on 10/30/2025.

Observation of dry storage on 10/28/2025 at 10:45 AM revealed one #10 can of banana pudding, dated 10/13/2025, and one can of cream style corn, dated 10/27/2025, that were dented. The banana pudding cans on the can rack were not in the first-in first-out (FIFO) order as three cans dated 10/13/2025, including the dented can, were in a row with cans dated 10/06/2025, 10/09/2025, and 10/11/2025 behind the 10/13/2025 cans.

Observation of dry storage on 10/29/2025 at 9:00 AM revealed a variety of shelf-stable food products/snacks in clear plastic bins with no lids and dust in the bottom of the bins. These food products/snacks were not labeled or dated or identifiable as to the type of snack bars. Other food items in the clear plastic bins not labeled or dated included cheesecake mix no bake, assorted cake mixes, gravy mixes, and assorted cookies. The covered rice buckets were not dated and had dust on the lids. Observation of the shelf unit by the refrigerator revealed spices on the shelf with opened, dusty lids. Continued observation of the same shelf unit revealed clear plastic bins with sugar substitute and creamer packets covered and dust on the lids, not labeled or dated. Observation of the stand mixer near the dry storage shelves revealed it was without a

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P 355	Continued From page 12 cover, and the window directly behind the mixer had dead flies and dust on the top of the air conditioner. Observation of the refrigerator on 10/29/2025 at 9:15 AM revealed it contained three one-pound American cheese slices out of the box and 12 one pound blocks of butter not labeled or dated. The reach-in refrigerator contained leftovers from breakfast of sausage biscuits and waffles not dated and labeled. Observation of the two chest freezers revealed they contained assorted food items not labeled or dated. In an interview with the Kitchen Manager on 10/30/2025 at 9:59 AM, she stated the concern with food having no label and date could mean it was expired and could cause food poisoning. She stated no other staff assisted her with dry storage cleanup. She stated she cleaned the stand mixer before preparing the food and cleaned the window behind the stand mixer weekly. She stated the dust on the container lids, opened spice containers, and clear plastic bins with no lids with dust in the bottom all could cause cross contamination. The Kitchen Manager stated the dented cans were kept on a shelf together and should not have been placed back onto the can rack for use. In an interview with the Manager on 10/30/2025 at 10:49 AM, she stated her expectations were for food to be dated upon delivery, dry storage was clean and dust free, and dented cans were not on the shelf to prevent cross contamination and food spoilage.	P 355		
P 360	902 KAR 20:036 5(4) Section 5. Provision of Services	P 360		

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P 360	Continued From page 13 Section 5. Provision of Services. (4) Personal care services. All PCHs and SPCHs shall provide services to assist residents with activities of daily living to achieve and maintain good personal hygiene, including assistance as needed with: (a) Bathing. The facility shall provide soap, clean towels, and wash cloths for each resident and ensure that toilet articles such as towels, brushes, and combs are not used in common; (b) Shaving; (c) Cleaning and trimming of fingernails and toenails; (d) Cleaning of the mouth and teeth to maintain good oral hygiene and care of the lips to prevent dryness and cracking. The facility shall provide all residents with tooth brushes, a dentifrice, and denture containers, if applicable; and (e) Washing and grooming. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents were provided with personal care services to meet their daily living needs which affected all current 20 residents. Observation throughout the survey revealed bathrooms were frequently without soap, and several bathrooms did not have soap dispensers, limiting residents' ability to maintain good	P 360		

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P 360	Continued From page 14 personal hygiene. The findings include: Observation on 10/28/2025 at 9:10 AM of an upstairs bathroom revealed one bathroom/shower room before the fire doors had a sink but no soap or soap dispenser, and a second bathroom did not have a sink, soap, or a soap dispenser. Further observation of the second bathroom beyond the fire doors revealed a spot on the wall where a sink was previously located; however, no sink was present. Observation on 10/29/2025 at 10:43 AM revealed the bathroom at the end of the hall on the first floor had no soap or soap dispenser. Also, the bathroom next to the Manager's office had no soap in the soap dispenser. Observation again of the upstairs bathrooms revealed no change from 10/28/2025, with no soap or soap dispensers in either large bath/shower rooms, and no sink in one. Observation on 10/29/2025 at 2:15 PM of the first floor women's restroom revealed no soap or soap dispenser present. A third upstairs bathroom near the television room had no soap or soap dispenser. In an interview with Med Tech 1 on 10/28/2025 at 2:08 PM, she stated staff had enough supplies and time to keep the facility clean. She stated residents did not complain about anything. When working the floor, she stated bathrooms were cleaned every two hours during the day, staff put soap in them, and there were automatic hand dryers in all of the bathrooms. Med Tech 1 stated there used to be residents that took down soap dispensers, but not now.	P 360		

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	100170	A. BUILDING: _____ B. WING _____	10/30/2025

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P 360	Continued From page 15 In an interview with the Manager on 10/30/2025 at 10:05 AM, she stated the facility had tons and tons of soap, including liquid soap for dispensers. She stated it was the responsibility of Maintenance to check them daily and fill them. The Manager stated residents took soap out of the dispensers, and some residents pulled dispensers off the wall. The Manager stated she was not certain which bathrooms had soap dispensers hanging up and which ones did not.	P 360		
P 365	902 KAR 20:036 5(5)a Section 5. Provision of Services Section 5. Provision of Services. (5) Activity services. (a) All PCHs and SPCHs shall provide social and recreational activities to: 1. Stimulate physical and mental abilities to the fullest extent; 2. Encourage and develop a sense of usefulness and self-respect; 3. Prevent, inhibit, or correct the development of symptoms of physical and mental regression; and 4. Provide sufficient variety to meet the needs of each resident. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide social and recreational activities of sufficient variety to meet the needs of 7 out of 20 surveyed residents, Resident (R) 14, R15,	P 365		

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P 365	Continued From page 16 R16, R17, R18, R19, and R20. The facility's "Activities Calendar" had one daily activity posted, and there was little variety in the posted activities. In addition, interviews with residents and staff stated posted activities rarely occurred. The findings include: The State Survey Agency (SSA) Surveyor requested a policy on activities for residents from the Assistant Manager and the Manager on 10/29/2025 and 10/30/2025. Both stated, "We do not have a policy regarding activities." Observation on 10/28/2025 at 9:42 AM of the Activities Room located on the first floor of the facility revealed it was cornered off because of lack of heat. Further observation revealed dim lighting in the room; one table and three chairs positioned around the room; and no visible board games. There were puzzles on the table and crayons with blank coloring sheets observed. During an interview on 10/28/2025 at 2:55 PM with the Ombudsman, she stated the facility did not really do activities and had not for a few months since new ownership. The Ombudsman stated, "I do not mind coming up with activities, and employees do follow through with activities when I provide material. Nothing is consistent." She also stated residents did not play games such as Bingo, unless there were prizes, such as a candy bar or a pop. During an interview on 10/29/2025 at 8:44 AM with R14, he stated if residents did have games or activities, it would be at night. He stated a lot of people left during the day, and no one was	P 365		

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P 365	Continued From page 17 around. During an interview on 10/29/2025 at 8:51 AM with R15, he stated the only game he liked to play was Bingo, but the facility only had it once every week or so. During an interview on 10/29/2025 at 9:01 AM with R16, he stated he did not like games. He stated he liked to be out walking around the town and visiting people. R16 stated he thought the facility might offer Bingo, but he was not sure. During an interview on 10/29/2025 at 9:19 AM with R17, he stated it would be nice to have activities to do at the facility. He stated he did not care about activities in the daytime. However, he stated, in the evening, it would be nice to have something to do besides watching television. During an interview on 12/29/2025 at 3:12 PM with R18, he stated residents needed to have someone at the facility to work out with residents using weights. He stated there were no activities once a day. He stated sometimes the facility offered Bingo once a week. He stated the facility had playing cards and board games, but he did not play. During an interview on 10/30/2025 at 9:23 AM with R19, he stated it had been a while since the facility had Bingo. He stated there was never enough money to have prizes when residents played. He stated some of the staff would buy stuff out of their own pockets, but they did not have a lot of money to buy stuff. He stated the most recent activity staff did was a coloring contest. R19 stated, "I remember a few months ago they had a bean bag toss which was fun."	P 365		

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During an interview on 10/30/2025 at 9:23 AM with R20, he stated he liked to read. He stated the facility used to have some magazines like "National Geographic," but all those disappeared. He stated there were some board games. He stated staff used to have movie night but not anymore. He stated the facility used to have a lady in charge of activities, but she had not been at the facility for two years. He stated the "Activities Calendar" posted did not mean the calendar would be followed.

During an interview on 10/28/2025 at 9:10 AM with Medication Technician (MT) 1, she stated the only time staff did activities was at night because most of the residents were gone during the day, and not many residents were at the facility to participate. She stated it was hard to find time for activities when the staff was trying to do other things.

During an interview on 10 28/2025 at 3:23 PM with the Assistant Director, she stated there was no one to do activities with the residents.

During an interview on 10/28/2025 at 3:25 PM with Aide 6, when asked about Bingo when posted for 10/27/2025, she stated residents could not play Bingo yesterday because Owners had not bought anything for prizes. She stated, when she could, she would buy things, but she had not been able to lately. She stated staff did not do any other activities besides Bingo off and on. She stated sometimes residents went into the Activities Room and colored or played cards with each other. She stated, aside from the Ombudsman donating when possible, as well as the Assistant Manager and Manager, nothing else was available for activities.

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P 365	Continued From page 19 During an interview on 10/30/2025 at 10:28 AM with the Manager, she stated the facility had to have activities at night because many residents were gone to a rehab program during the day. She stated, for activities, the facility had to have money, and the regulations did not require the facility to provide gifts or prizes. She stated a lot of people in the community donated items to support the residents at the facility, but the facility got no money when we requested it. She stated staff put magazines out one day, but the next day they were all gone. She stated if something was not required, the owners would not provide it.	P 365		
P 370	902 KAR 20:036 5(5)b Section 5. Provision of Services Section 5. Provision of Services. (5) Activity services. (b) All PCHs and SPCHs shall meet the requirements established in subparagraphs 1. through 8. of this paragraph relating to the provision of activity services. 1. Staff. The administrator: a. Shall designate a staff member to be responsible for the activity program; and b. May accept services from a volunteer group to assist with carrying out the activity program. 2. There shall be a planned activity period each day. 3. The schedule shall be current and posted. 4. The activity program shall be planned for group and individual activities, both within and outside of the facility. 5. The staff member responsible for the activity program shall maintain a current list of residents in which precautions are documented regarding if a resident's condition might restrict or modify the resident's participation in the program.	P 370		

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P 370	Continued From page 20 6. A living or recreation room and outdoor recreational space shall be provided for residents and their guests. 7. The facility shall provide supplies and equipment for the activity program. 8. Reading materials, radios, games, and TV sets shall be provided for the residents. This requirement is not met as evidenced by: Based on observation and interview, the facility failed to designate a person responsible for activities, failed to ensure a daily schedule of activities was followed, failed to have individual activities scheduled, and failed to provide supplies needed to run an activities program. This deficient practice affected all 20 current residents. The findings include: During an interview on 10/30/2025 at 10:28 AM with the facility's Manager, she stated, "We do not have a designated staff member who provides activities for the residents." She also stated we do not have a policy which documented, "A designated staff member is to be responsible for the activities program." Observation on 10/28/2025 at 9:10 AM of the "Activities Calendar" posted on the wall after the	P 370		

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entrance to the facility revealed there was one activity listed per day with no mention of a person responsible for the activity or a time scheduled for the activity.

During an interview on 10/29/2025 at 8:44 PM with Resident (R) 14, he stated he did not know anybody who helped residents with activities.

During an interview on 10/29/2025 at 8:51 PM with R15, he stated some of the evening staff would try to do Bingo for residents, but that rarely happened.

During an interview on 10/29/2025 at 9:01 AM with R16, he stated there was never anything fun to do at the facility. He stated about all he had to do was watch television.

During an interview on 10/29/2025 at 9:19 AM with R17, he stated Bingo was about the only thing residents did sometimes.

During an interview on 10/29/2025 at 3:12 PM with R18, he stated sometimes they had Bingo once a week.

During an interview on 10/30/2025 at 9:23 AM with R19, he stated it had been a while since they had Bingo. He stated he liked to play cards, but it was hard to find any cards at the facility.

During an interview on 10/30/2025 at 9:23 AM with R20, he stated they used to have some magazines that he liked to read, but he had not seen any recently. He stated, when the facility got some magazines, they were usually old.

During an interview on 10/29/2025 at 3:23 PM with the Assistant Manager, she stated there was

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P 370	Continued From page 22 no activities fund. During an interview on 10/29/2025 at 3:25 PM with Aide 6, she stated owners had not bought anything. She stated aside from the Ombudsman, Manager, and Assistant Manager donating when they could, nothing else was available for activities. She stated it was the staff's responsibility to provide activities. During continued interview on 10/30/2025 at 10:28 AM with the Manager, she stated if it was not required, the owners would not provide it. She stated we had tried to put out magazines and games one day, but they were gone by the next day.	P 370		