Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078118	A. BUILDING: _____ B. WING _____	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 3	9461 NC 710 SOUTH ROWLAND, NC 28383

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey and complaint investigation on March 20 and 23, 2026.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to ensure 1 of 6 staff sampled (Staff F) had no substantiated findings on the North Carolina Health Care Personnel Registry prior to hire at the facility. The findings are: Review of Staff F's personnel record revealed: -Staff F was hired on 03/13/26 as a personal care aide (PCA). -There was a Health Care Personnel Registry (HCPR) check completed on 03/23/26 with no substantiated findings. -There was no HCPR check prior to 03/23/26. Observation on 03/23/26 at 7:00am revealed: -Staff F was the overnight staff who came on duty at 7:00am. -Staff F was observed getting the residents' vital signs and fingerstick blood sugars on 03/23/26.	C 145	- HCPR completed - Admin will complete HCPR upon consideration to hire. - RN/LPN admin will verify Checklist complete with required documentation - RN/LPN Admin will review Charts monthly to ensure documentation in place	3/31/26

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda Myers — TITLE: Administrator — (X6) DATE: 4/8/26

STATE FORM 6899 EK1R11 If continuation sheet 1 of 18

Reviewed and Acknowledged RNR 07/01/2026

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	FCL075118	A. BUILDING: _____ B. WING _____	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 3	9451 NC 710 SOUTH ROWLAND, NC 28383

(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
C 145	Continued From page 1 Interview with Staff F on 03/23/26 at 8:00am revealed she had started working at the facility about a week ago as a personal care aide. Interview with the Administrator on 03/23/26 at 11:28am revealed: -She had overlooked getting Staff F's HCPR check completed upon hire on 03/13/26. -She was responsible for checking the HCPR upon hire of any new staff.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1of 6 sampled staff (Staff F) had a criminal background check completed upon hire. The findings are: Review of Staff F's personnel record revealed: -There was an application for employment. -The hire date was 03/13/26. -There was a consent for a criminal background check but no documentation a criminal background check was completed before Staff F was allowed to work. Observation on 03/23/26 from 7:00am - 1:45pm revealed:	C 147	-Criminal background completed -Criminal background will be completed in a timely manner -RCC/admin will verify Checklist complete with required documentation. 3/31/26 -RCC/admin will review chart monthly to ensure documentation is complete 5/11/26 Addendum- Criminal background checks will be completed upon hire.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 3	9461 NC 710 SOUTH ROWLAND, NC 28383

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C 147	Continued From page 2 -Staff F was the overnight staff who came on duty at 7:00am. -Staff F was observed getting the residents' vital signs and fingerstick blood sugars on 03/23/26 at 7:15am. -The other overnight staff exited the facility at 7:30am which left Staff F the only staff in the facility for the remainder of the day with the residents. -Staff F continued to provide residents with personal care, assisting to ambulate, cooking and providing meals for the residents throughout the day on 03/23/26. Interview with Staff F on 03/23/26 at 8:00am revealed she had started working at the facility about a week ago as a personal care aide. Interview with the Administrator on 03/23/26 at 11:28am revealed: -She was responsible for checking the criminal background check upon hire of any new staff. -She had requested Staff F's criminal background check (CBC) upon hire on 03/13/26. -She was responsible for checking the paperwork of any new staff to include the CBC. -She was not sure why the results were not back as of 03/23/26.	C 147		
C 148	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;	C 148		

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C 148	Continued From page 3	C 148		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure an examination and screening for the presence of controlled substances was completed for 1 of 6 sampled staff (Staff B) prior to hire.

The findings are:

Review of Staff B's, Supervisor In Charge (SIC), personnel record revealed:
-There was a signed job description dated 11/20/07.
-There was no documentation that a drug screen had been completed.

Interview with Staff B on 03/23/26 at 6:30am revealed:
-She had worked at the facility prior to the current Administrator/Owner taking ownership of the facility.
-She thought the previous administrator/owner had completed a drug screen when she was hired.

Interview with the Administrator 03/23/26 at 11:28am revealed:
-She became the Administrator/Owner after Staff B had been working at the facility.
-She thought Staff B had a drug screen.
-She did not know why Staff B's drug screen results were not in her staff record.
-She completed drug screens on all staff upon hire.
-She would try and locate Staff B's results of her drug screen.

- Drug Screen completed
- Admin will complete drug screen upon admission according to rule
- ALL/admin will verify Checklist complete with required documentation
- ALL/admin will review charts monthly to ensure documentation is complete

3/31/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078115	A. BUILDING: _____ B. WING _____	03/23/2026

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C 188	Continued From page 4	C 188		
C 188	10A NCAC 13G .0601 (g) Management And Other Staff 10A NCAC 13G .0601 Management And Other Staff (g) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents in accordance with the rules of this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the staff were always awake in the facility for the safety and supervision of 3 of 3 residents who were non-ambulatory and were unable to evacuate the facility in the event of an emergency (#1,#2,#6). The findings are: Review of the facility's current license, effective 01/01/26, revealed the facility was licensed for 6 residents up to 3 non-ambulatory residents. The census at the time of the survey was six. Observation of facility fire drill completed on 03/20/26 at 1:35pm revealed: -Resident #1 was in bed when the fire alarm began sounding, she remained in bed throughout	C 188	5/7/26 addendum: Staff will remain awake during all shifts to ensure safety and supervision of residents - POP completed to include overnight staff - Admin will replace/repair doors that are not up to grade 5/7/26 - Admin/Maintenance will replace outdated smoke detectors to bring into compliance - Admin will continue to monitor need for overnight staff based on resident needs - Admin will ensure building remains in compliance per Regulations 5/7/26 - addendum - Admin will ensure overnight staff are made available to provide assistance with residents. - Admin/LLC will make pop in visits to ensure staff are awake and providing care monthly.	

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C 188	Continued From page 5 the fire alarm drill. -Resident #2 was sitting in his wheelchair in his room when fire alarm was initiated, he remained in his room and did not attempt to evacuate during the fire drill. -Resident #5 was at an appointment and not in the facility during time of the fire drill. 1. Review of Resident #1's current FL2 dated 02/24/26 revealed: -Diagnoses included cerebrovascular accident, hypertensive urgency, and generalized weakness. -There was no information on orientation. -The resident was semi-ambulatory. Review of Resident #1's Resident Register revealed an admission date of 02/24/26. Review of Resident #1's care plan dated 02/24/26 revealed she needed extensive assistance from staff with her activities of daily living. Review of Resident #1's Licensed Health Professional Support Tasks (LHPS) dated 02/23/26 revealed the resident needed assistance with transfers and ambulation. Observation of Resident #1 on 03/20/26 at various times from 8:30am-4:00pm revealed: -She was dependent on staff with transferring and ambulation. -Staff assisted her transferring from her bed to her wheelchair for meals and to go outside to smoke. -She could not propel the wheelchair independantly. Interview with Resident #1 on 03/20/26 at 1:20pm revealed:	C 188	- Admin will continue to monitor fire drills and ensure they are completed according to regulations - admin / RN will perform monthly walk throughs to ensure building remains in compliance	~~5/6/24~~ 5/7/24 5/7/24

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	FCL078116	A. BUILDING: _____ B. WING _____	03/23/2026

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-There was usually one staff member in the facility at night.
-She pulled her call bell at night if she needed assistance.
-Staff came quickly when she pulled her call bell.
-She could not evacuate the facility without assistance from staff members.

Refer to interview with a personal care aide (PCA) on 03/20/26 at 1:30pm.

Refer to interview with a second PCA on 03/23/26 at 8:35am.

Refer to interview with the Supervisor In Charge (SIC) on 03/23/26 at 8:30am.

Refer to interview with the Administrator on 03/23/26 at 10:20am.

Attempted telephone interview with the primary care provider (PCP) on 03/23/26 at 1:15pm was unsuccessful.

2. Review of Resident #2's current FL2 dated 04/10/25 revealed:
-Diagnoses included hypertension, bipolar disorder, and gastroesophageal reflux disease.
-There was no information on orientation.
-The resident was non-ambulatory.

Review of Resident #2's Resident Register revealed an admission date of 03/17/23.

Review of Resident #2's care plan dated 03/10/25 revealed he needed limited assistance from staff for his activities of daily living.

Review of Resident #2's Licensed Health Professional Support Tasks (LHPS) dated

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C 188	Continued From page 7 02/23/26 revealed the resident needed assistance with transfers and ambulation. Observation of Resident #2 on 03/20/26 at various times from 8:30am-4:00pm revealed -He was dependent on staff with transferring. -Staff assisted him transferring from his bed to her wheelchair. -He could propel the wheelchair independantly. Based on observations, interviews and record reviews, it was determined that Resident #2 was not interviewable. Refer to interview with a personal care aide (PCA) on 03/20/26 at 1:30pm. Refer to interview with a second PCA on 03/23/26 at 6:35am. Refer to interview with the Supervisor In Charge (SIC) on 03/23/26 at 8:30am. Refer to interview with the Administrator on 03/23/26 at 10:20am. Attempted telephone interview with the primary care provider (PCP) on 03/23/26 at 1:15pm was unsuccessful. 3. Review of Resident #5's current FL2 dated 01/29/26 revealed: -Diagnoses included hepatic encephalopathy, type 2 diabetes mellitus, and gait instability. -The resident was intermittently disoriented. -The resident was non-ambulatory. Review of Resident #5's Resident Register revealed an admission date of 01/15/26.	C 188		

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C 188	Continued From page 8 Review of Resident #5's care plan dated 01/29/26 revealed he needed extensive assistance from staff for his activities of daily living. Review of Resident #5's Licensed Health Professional Support Tasks (LHPS) dated 02/23/26 revealed the resident needed assistance with range of motion and ambulation. Observation of Resident #5 on 03/20/26 at various times from 8:30am-4:00pm revealed: -He needed assistance with transferring and ambulation. -He needed assistance transferring from his wheelchair into his bed after lunch. -He needed assistance transferring from his bed to his wheelchair. -He could propel the wheelchair independantly. Based on observations, interviews and record reviews, it was determined that Resident #5 was not interviewable. Refer to interview with a personal care aide (PCA) on 03/20/26 at 1:30pm. Refer to interview with a second PCA on 03/23/26 at 6:35am. Refer to interview with the Supervisor In Charge (SIC) on 03/23/26 at 8:30am. Refer to interview with the Administrator on 03/23/26 at 10:20am. Attempted telephone interview with the primary care provider (PCP) on 03/23/26 at 1:15pm was unsuccessful.	C 188		

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C 188	Continued From page 9	C 188		

Interview with the personal care aide (PCA) on 03/20/26 at 1:30pm revealed:
-She wes the only staff member in the facility and her shifts were 24 hours a day for seven days.
-She worked as a PCA from 7:00am to 10:00pm.
-After 10:00pm she provided incontinence care to residents as needed.
-She slept from 11:00pm until 6:00am.
-She checked on residents if they pulled their call bells for assistance.
-She set an alarm on her phone to wake up every two hours to check if residents needed assistance with incontinent care.

Interview with a second PCA on 03/23/26 at 6:35am revealed:
-She began working the 11:00pm to 7:00am shift in the building on 03/20/26.
-She was going to assist the residents in the building overnight while the other PCA slept.
-She previously worked in another building as a PCA
-There had been a staff member that worked overnight while she had been asleep in another building.

Interview with the Supervisor in Charge (SIC) on 03/23/26 at 8:30am revealed:
-The PCA's shift began Mondays at 3:00pm and ended the following Monday at 3:00pm.
-The working hours for PCAs were 7:00am to 11:00pm.
-At 10:00pm the PCAs were supposed to lock the doors and turn on the alarm.
-If the residents pulled the call bell for assistance at night the PCA was supposed to check on the residents.
-She did not expect the PCAs to check on the residents throughout the night.

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C 188	Continued From page 10 -She was not concerned that there was not a staff member awake in the facility at night because there had not been and issues with the residents since she had been employed at the facility. Interview with the Administrator on 03/23/26 at 10:20am revealed: -The PCA's shift began Mondays at 3:00pm and ended the following Monday at 3:00pm. -The working hours for PCAs were 7:00am to 11:00pm. -After 11:00pm the staff member was supposed to sleep. -Between the hours of 11:00pm and 7:00am there was no staff awake to assist the residents. -She expected staff to wake up and assist the residents if they pulled their call bells for assistance between the hours of 11:00pm and 7:00am. -She was concerned about resident incontinence care not being done at night, but no resident had complained to her about incontinence care. Attempted telephone interview with the primary care provider (PCP) on 03/23/26 at 1:15pm was unsuccessful. The facility failed to ensure there was awake staff at the facility to provide supervision to residents (#1, #2, #5) who were semi-ambulatory and non-ambulatory. Residents (#1, #2, #5) were witnessed needing extensive assistance from staff with ambulation and transfers, and were not capable of evacuating the facility independently in the event of an emergency. The facility's failure was detrimental to the safety and welfare of the residents which constitutes a Type B Violation. The facility provided a plan of protection in	C 188		

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C 188	Continued From page 11 accordance with G.S. 131D-34 on 03/20/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED May 7, 2026.	C 189		
C 259	10A NCAC 13G .0904(a)(3) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (3) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have a 3-day supply of perishable and a 5-day supply of non-perishable food, based on the census and the menus in the facility, as evidenced by the limited food items stored at the facility.	C 259	- perishable and non-perishable foods restocked - RA will make admin aware if any of these items are low in stock to be replaced - admin will check 1 f/u to ensure adequate perishables are available - admin will continue to order weekly grocery to ensure this area is in compliance	3/31/26

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C 259	Continued From page 12	C 259		

The findings are:

The census at the time of the survey was six.

Observation of the refrigerator on 03/20/26 at 8:35am revealed:
-There were 18 eggs.
-There was 1 gallon of juice, and 1 pitcher of juice 1/4 full.
-There were 4 onions.
-There were 2 packs of bologna.
-There was a variety of condiments.

Observation of the freezer on 03/20/26 at 8:36am revealed:
-There was a pack of hot dogs.
-There was a pack of hamburger meat.
-There was a bag of chicken nuggets.
-There was a pack of pork chops.
-There was a pack of chicken drumsticks.
-There was a bag of fries.
-There were 2 bags of green beans.
-There were 2 bags of corn.
-There were 3 bags of mixed vegetables.

Observations of the cabinet in the facility on 03/20/26 at 8:37am revealed:
-There was a box of cereal bars.
-There was a box of granola bars.

Observations of the pantry in the facility on 03/20/26 at 8:39am revealed:
-There was a loaf of sandwich bread.
-There was a package of hot dog buns.
-There was a bag of 8 potatoes.
-There was a can of canned meat.
-There were 2 packages of crackers.
-There were 2 boxes of macaroni and cheese.
-There were 6 cans of beans.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 3	9461 NC 710 SOUTH ROWLAND, NC 28383

(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
C 259	Continued From page 13	C 259		

-There were 2 cans of vegetables.
-There was a box of pancake mix.
-There was a variety of condiments.

Observations of the storage shed in the back of facility that was used to store food for four buildings on 03/20/26 at 9:41am revealed:
-There was a large freezer with a variety of frozen meats.
-There were 2 cans of peaches.
-There were 3 cans of mixed greens.
-There were 2 cans of soup.
-There were 2 cans of corn
-There were 2 cans of meat.
-There were 3 cans of fruit cocktail.
-There was a can of beans.
-There was a can of mixed vegetables.

Review of the facility's breakfast menu for 03/20/26 revealed the residents were to be served 1 scrambled egg each, 3/4 cup of dry cereal, white/wheat toast, and sausage.

Review of the facility's lunch menu for 03/20/26 revealed the residents were to be served 3 ounce meatloaf, 1/2 cup field peas, 1/2 cup carrots, 1 biscuit; 1/2 cup of ice cream.

Review of the facility's dinner menu for 03/20/26 revealed:
-There were items on the menu that were not available in the facility.
-The residents were to be served bologna sandwich with lettuce and tomato, 1 cup vegetable soup, 4 saltines, and 1/2 cup fresh fruit.

Interview with a resident on 03/20/26 at 11:00am revealed facility staff served three meals each day and snacks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PCL078118	A. BUILDING: _____ B. WING _____	03/23/2026

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C 259	Continued From page 14 Interview with a resident on 03/20/26 at 1:25pm revealed she got plenty of food to eat each day. Interview with the personal care aide (PCA) on 03/20/26 at 9:06am revealed: -The Administrator was responsible for the grocery shopping in the facility. -The grocery shopping was done every Tuesday. -All the food for the building was stored in the building refrigerator and pantry. -Food was not shared between the other buildings located on the grounds. -They did not have 3 days worth of perishable and 5 days worth of non-perishable food in the facility. Interview with the Supervisor-in-Charge (SIC) on 03/20/26 at 9:30am revealed: -Grocery shopping for the building was done every Tuesday. -Each building had their own groceries and they did not share between buildings. -She was responsible for ensuring there was the proper amount of food in the building. -She was not aware that there was currently not enough food in the building. -They did not have 3 days worth of perishable and 5 days worth of non-perishable food in the facility. Interview with the Administrator on 03/20/26 at 11:14am and 9:35pm revealed: -She did the grocery shopping for the facility each Tuesday. -She was aware that there needed to be a 3 days worth of perishable and 5 days worth of non-perishable food in the facility. -There was a storage building in the back of the facility where they stored food for all four buildings.	C 259		

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	FGL078118	A. BUILDING: _____ B. WING _____	03/23/2026

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C 259	Continued From page 15 -There was not 5 days worth of non-perishable foods in the facility or in storage because the staff were using the canned foods and soups for the residents when they were sick and she had not replenished the supply.	C 259		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide 14 hours of planned group activities per week for active involvement of residents. The findings are: Observation of the facility on 03/20/26 at 8:30am revealed: -There was a March activities calendar posted in the kitchen. -There was one activity listed for each day of the week in March. -There were no times listed for the activities listed. Observation of the facility activity calendar on 03/20/26 at 8:30am to 4:00pm revealed: -The activity listed was name that tune.	C 292	+ 14 hours of activities will be completed per week + RCC/ Lisa in complete scheduled activities. + times will be included on activity calendar to include 14 hours total + Admin/ RCC will re-attempt interviewing residents to include activities that will be enjoyable to them if included + Admin will monitor monthly to ensure activities are being offered and residents interest	4/8/26

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C 292	Continued From page 16 -There were no activities observed. Interview with a resident on 03/20/26 at 11:00am revealed: -There were no activities being offered in the facility. -He has asked the facility staff for some horse shoes so the residents could have something to do. -The residents just sat in the living room and watched television. -Facility staff did not take residents on outings. -He would like to be offered more activities. Interview with a second resident on 03/20/26 at 11:15am revealed: -The facility did not offer activities to the residents. -She was often bored and just watched television each day. -She would like to be offered more activities. Observation of the facility on 03/23/26 at 6:30am revealed: -There was a March activities calendar posted in the kitchen. -There was one activity listed for each day of the week in March. -Each activity was scheduled for one hour. Observation of the facility on 03/23/26 at 6:30am to 1:30pm revealed; -The activity listed was national chip and dip day. -There were no activities observed. Interview with a personal care aide (PCA) on 03/20/26 at 11:40am revealed; -She did about 30 minutes of activities each day with the residents. -She usually did exercises with the residents.	C 292		

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C 292	Continued From page 17 -The facility did offer 14 hours of activities each week to residents. Interview with the Supervisor In Charge (SIC) on 03/20/26 at 11:50am revealed: -The staff should offer residents activities daily, fourteen hours of activities each week. -Fourteen hours of activities per week were not being done for residents. -It was difficult to get the residents to participate in activities. Interview with the Administrator on 03/20/25 at 4:00am revealed: -The staff attempted to do 14 hours of activities for residents each week. -The activity calendar should have 14 hours of activities listed. -The residents in the facility did not participate in activities. -Facility staff took residents on outings to the store to shop. -There were not 14 hours of activities being done for residents in the facility each week.	C 292		