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M 000	INITIAL COMMENTS On 11/04/2025, with information gathered through 11/11/2025, Surveyors conducted a standard licensure survey at At Home Residential Services Kings Highway. Eight deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home's physical environment was safe, well maintained, and appropriate to provide a homelike environment to residents. Findings include: On 11/04/2025, at approximately 12:35 PM, Surveyors toured the home and observed: Resident bathroom: -Shelving paper that was covering built-in shelving unit was not securely adhered to the shelves. -Sink vanity drawers had a layer of a dust-like appearance -Outlets had a layer of a dust-like appearance	M 276		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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M 276	Continued From page 1 Kitchen: -Freezer doorhandle was missing -Cabinetry felt greasy to the touch -Stove vent under the microwave had a heavy layer of a grease-like substance Common Area: -Wall areas had drywall damage and was missing paint. On 11/04/2025 at 2:00 PM, Surveyors interviewed Licensee A. Surveyors discussed observations in the home. Licensee A stated s/he would discuss the concerns with staff.	M 276		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation, record review and	M 334		

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M 334	Continued From page 2	M 334		

interview, the provider did not ensure smoke detectors were properly mounted in the basement and were working correctly.

Findings include:

The provider was licensed by the department on 01/18/2023. The home has a capacity for 4 adults and serves client groups: advanced aged, developmentally disabled, traumatic brain injury, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, physically disabled and terminally ill.

On 11/04/2025, at approximately 12:40 PM, Surveyor toured the home and detected a chirping like sound commonly related to a smoke detector. Surveyor located the 'chirping' smoke detector in the basement, sitting on a shelf, next to the fire extinguisher.

On 11/04/2025, Surveyor reviewed the provider's smoke detection testing logs which documented on 10/15/2025 and 10/27/2025 all smoke detectors were operational. The logs did not identify locations of the smoke detectors.

"The National Fire Protection Association (NFPA) recommends installing at least one home smoke detector on every level of your home (including your basement and attic), inside every bedroom, and outside each sleeping area. Make sure smoke detectors are installed high on the walls or near the center of the ceilings, and at least 10 feet away from cooking appliances. When installing on the wall, place the smoke alarm within 12 inches from the ceiling. This is because smoke rises and will make the alarms the most effective." (Source: NFPA website, Where to Place Smoke Alarms, CO (carbon monoxide)

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M 334	Continued From page 3 Detectors and Fire Extinguishers in Your Home, 2025, https://www.firstalert.com/blogs/safety-corner/do-you-know-where-to-place-your-fire-safety-devices#:~:text=Home%20Smoke%20Detectors,the%20alarms%20the%20most%20effective. (retrieval date - 11/12/2025).) On 11/12/2025 at 1:07 PM, Surveyor emailed Licensee A and informed him/her of the concern. As of 6:00 PM, Surveyor did not receive a response.	M 334		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Resident 1's evacuation evaluation was not completed in 2024 and 2025. Findings include: The provider was licensed to serve up to 4	M 346		

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M 346	Continued From page 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, Irreversible Dementia/Alzheimer's and Developmentally Disabled. On 11/04/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 06/07/2023 and his/her current evacuation assessment was dated 06/07/2023. There was no documentation indicating Resident 2 was evaluated for evacuation annually since 06/07/2023. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would review all resident records to ensure forms were updated.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service	M 406		

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M 406	Continued From page 5 Plan (ISP) for 1 of 1 resident (Resident 1) was developed together with the resident, the placing agency and the provider. Findings include: On 11/04/2025, Surveyors reviewed Resident 1's record. Resident 1 moved into the home 06/07/2023 and was represented by Guardian C and managed care organization (MCO) Case Manager (CM) D. Resident 1's ISP, dated 12/26/2024, did not contain CM D's signature. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Surveyors asked if s/he had documentation showing that CM D had been consulted regarding the development of Resident 1's ISP. Licensee A stated s/he did not have any proof that s/he had consulted with Resident 1's care team with the development of his/her ISP. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors discussed the requirement of developing the resident's ISPs with the care team. Licensee A stated s/he had been informed by the MCO's that they were not required to review and sign the provider's ISPs.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing	M 424		

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M 424	Continued From page 6	M 424		

agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated to reflect the change in needs for 1 of 2 residents reviewed.

Resident 4's ISP did not reflect that s/he was diagnosed with seizures.

Findings include:

On 11/04/2025 at 12:37 PM, Surveyor observed a sign on the inside of the med closet that stated, "Seizure Precautions for [Resident 4]. Check on resident every 2 hrs (hours). Call 911 immediately if seizure occurs. Inform POA (Power of Attorney).

On 11/04/2025, Surveyors reviewed Resident 4's record.

Resident 4 moved into the home 08/04/2025.

Resident 4's pre-admission assessment, dated 08/13/2025, documented:

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M 424	Continued From page 7 Medical Problems - Dementia, Seizures, Asthma In the past year, approximately how many times did you last see a physician? Hospitalization seizures. Resident 4's ISP, dated 08/13/2025, documented: "Health Monitoring: AFH (adult family home) / POA will schedule/monitor/attend all medical/dental appts (appointments)." The ISP did not identify that Resident 4 was diagnosed with seizures and what signs and symptoms staff members should be monitoring for. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Surveyors and Licensee A discussed the requirement of ensuring all guidelines required of staff are identified in a resident's ISP. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Licensee A stated that Resident 4 was a new admit and behaviors had not been identified. Surveyors discussed ensuring a new admits identified concerns during the assessment process were reflected in the ISP.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 8	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not store medications as specified by the pharmacist for 2 of 2 residents.

Resident 2 had expired Ketotifen Fumarate (eye drops) stored with his/her current medications. Resident 3 had expired ibuprofen, Polymyxin B Sulfate and Trimethoprim Ophthalmic Solution (antibiotic eye drops), Omeprazole (stomach acid medication) and Ondansetron (medication for nausea).

Findings include:

Example 1: Resident 2

On 11/04/2025, at approximately 1:55 PM, Surveyor observed Resident 2's medication in the med closet. Surveyor observed (2) opened bottles of Ketotifen Fumarate with a dispensed date of 03/13/2025. Caregiver B commented that staff were not to utilize medications that were not currently prescribed.

On 11/04/2025, Surveyor reviewed Resident 2's record.

Resident 2's Medication Administration Record (MAR), dated 10/16/2025 to 11/04/2025, did not document that s/he had a prescription for Ketotifen Fumarate.

Example 2: Resident 3

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M 458	Continued From page 9 On 11/04/2025, at approximately 12:55 PM, Surveyor observed Resident 3's medication in the med closet. Surveyor observed a blister card of ibuprofen with a 'Do Not Use Beyond' date of 09/05/2025, an opened bottle of Polymyxin B Sulfate and Trimethoprim Ophthalmic Solution with a 'Do Not Use After' date of 09/20/2025, a pill container of Omeprazole with a 'Discard Date' of 05/17/2025, and blister card of Ondansetron with 'Discard Date' of 05/17/2025. On 11/04/2025, Surveyor reviewed Resident 3's record. Resident 3's "Patient Medication List" did not document that s/he was prescribed Polymyxin B Sulfate and Trimethoprim Ophthalmic Solution, Omeprazole and Ondansetron. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A and Nurse B. Surveyors discussed the observations of expired medications being stored with the current scheduled medications. Licensee A explained to Nurse B that the expired medications needed to be stored separately from the scheduled medications.	M 458		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.	M 462		

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M 462	Continued From page 10	M 462		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received prescribed medications in the proper dosage at the scheduled time.

Resident 4 did not receive his/her Albuterol Sulfate Inhalation Aerosol and Fluticasone (nasal spray) as prescribed.

Findings include:

On 11/04/2025, at approximately 1:58 PM, Surveyor observed a sign in the med closet that stated, "[Resident 4] Albuterol Inhaler is to be given every 4 Hrs (hours)! No Exceptions! Times are as followed: 7AM 11AM 3PM 7PM 11PM 3AM." Surveyor observed the package Resident 4's Albuterol inhaler was stored in which was dispensed 08/11/2025. The inhaler showed that approximately 70 doses remained. Surveyor observed an open bottle of Fluticasone that was stored in a bag that had a dispensed date of 08/11/2025. The label stated, "Use 1 spray in each nostril in the morning."

On 11/04/2025, Surveyor reviewed Resident 4's record.

Resident 4 moved into the home 08/13/2025.

Resident 4's Medication Administration Record, dated 10/16/2025 to 11/04/2025, documented: Albuterol Sulfate 90 MCG (micrograms) / (200) Actuations - Inhale 2 puffs by mouth into the lungs every 4 hours. Start Date: 08/11/2025.

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M 462	Continued From page 11 Scheduled at 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM. The MARs did not document that Resident 4 refused medication administration. Based on the medication order the inhaler should be empty by approximately 09/23/2025 or 08/16/2025. (200 actuations / 5 MAR scheduled administrations = 40 day supply; 200 actuations / 6 doses a day [every 4 hours] = 33 day supply). Fluticasone Propionate 50 MCG/ (120) Actuation spray - Use 1 spray in each nostril in the morning. Start Date: 08/11/2025. Scheduled at 8:00 AM. The MARs did not document that Resident 4 refused medication administration. Based on the medication order the Fluticasone should have been empty approximately 10/13/2025. (120 actuations / 2 (1 spray in each nostril per day) = 60 day supply). Resident 4's "Individual Service Plan," dated 08/13/2025, documented: "Medication Management: Staff will administer all medications." On 11/12/2025 at 1:07 PM, Surveyor emailed Licensee A and informed him/her of the concern. As of 6:00 PM, Surveyor did not receive a response.	M 462		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The	M 570		

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M 570	Continued From page 12 adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards. The provider's water temperature exceeded 120° Fahrenheit (F). Findings include: The provider was licensed to serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, Irreversible Dementia/Alzheimer's and Developmentally Disabled. On 11/04/2025, at approximately 1:30 PM, Surveyors tested the water in the provider's bathroom used by residents. The water temperature reached 125.2° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such	M 570		

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M 570	Continued From page 13 instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). On 11/10/2025 at 3:32 PM, Surveyor interviewed Licensee A. Surveyor discussed the identified concern. Licensee A stated s/he would adjust the hot water heater.	M 570		