STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

TWILIGHT INC
TWILIGHT ADULT FAMILY HOME
7430 92nd Pl SE
MERCER ISLAND, WA 98040

RE: TWILIGHT ADULT FAMILY HOME License # 103100

Dear Provider:

This letter addresses Compliance Determination(s) 52415 (Completion Date 01/14/2025) and 46770 (Completion Date 11/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/14/2025 and found that you have corrected the violations listed in the Full report dated 11/20/2024. Your home is back in compliance as of 12/02/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10198-4, WAC 388-76-10525-2, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 09/04/2024 and 09/04/2024 of:

TWILIGHT ADULT FAMILY HOME
9747 SE 40TH ST
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 11/26/2024 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 103100	Compliance Determination # 46770
Plan of Correction	TWILIGHT ADULT FAMILY HOME	Completion Date
Page 2 of 7	Licensee: TWILIGHT INC	11/20/2024

ANIL BAGAI
Provider (or Representative)

12/2/2024
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure medication administration record (MAR) and medication supplies were kept current for 2 of 5 residents (Residents 2 and 3). This placed the resident at risk of not receiving appropriate medications.

Findings included...

✓ Review of Resident 2's MAR dated September 2024, compared with medication supply, showed the multivitamin tablet found in medication supply was not written on the log.

The medication is now included on the MAR

✓ On 09/04/2024 at 1:03 PM, observation of Resident 2's medication supply showed 300-tablet bottles of a multivitamin with no resident name labeled and a 600 milligram (mg) 500 tablet Calcium supplement with Resident 2's name.

All bottles have now been labeled fopr the residents.

Review of Resident 3's MAR dated September 2024, showed Multivitamin, Vitamin C, over the counter sleep aide, and a topical steroid written on the log.

1. Resident 2's MAR:
2. Resident names are now labeled on the bottles.

Provider (or Representative) Date

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Review of Resident 3's MAR dated September 2024, showed Multivitamin, Vitamin C, over the counter sleep aide, and a topical steroid written on the log.

On 09/04/2024 at 1:08 PM, observation of Resident 3's medication supply showed bottles of an over-the-counter sleep medication, a multivitamin, and a Magnesium supplement with no resident names listed on the bottles. A Vitamin C supplement, a nasal spray, and a topical steroid listed in the Resident's MAR were not found in the medication supply.

Resident names are now labeled on the bottles.

We have called the pharmacy & requested them to send the missimng items.

On 09/04/2024 at 1:10 PM, during an interview, Staff C, Caregiver, stated that they did see that bottles did not have resident names on them and that they would add the resident names. Staff C was unsure why some medications were listed on the MAR, and some were not.

We have worked to get the meds listed on the MARs

On 09/05/2024 at 9:59 AM, during a phone interview with Staff B, Provider, they confirmed that both Residents 2 and 3 were receiving medications in the home including the Calcium supplement for Resident 2 and Magnesium supplement for Resident 3 which were not reflected on the MAR. Staff B acknowledged the medication issues and responded that they would address it.

The supplements were brought by the family of residents, therefore not on the MAR which are made by the pharmacy. We will now work to add those to MARs

On 11/07/2024 at 1:12 PM, in an interview with Collateral Contact (CC) that prepared the medications for both Resident' 2 and 3, they stated that according to their chart system for Resident 2, the multivitamin was prescribed in October 2022 and the Calcium supplement was not listed in their system as prescribed. CC stated that according to their chart system for Resident 3, the over-the-counter sleep medication was not listed, the multivitamin was prescribed August 2020, the Magnesium supplement was prescribed January 2020, the Vitamin C was prescribed May 2023, the nasal spray in March 2021 and the topical steroid was prescribed in August 2024.

OTC Sleep med was Melatonin, beought by family, so not on list of the provider.

On 11/12/2024 at 8:35 AM, the Department Staff emailed Staff B and requested copies of the July 2024 and August 2024 MARs for Resident 2 and 3. As of 11/19/2024, records were not received.

The requested MARS are attached.

On 11/19/2024 at 2:12 PM, in an interview with Collateral Contact 2 (CC2) for Resident 2, they verified that Resident 2 was prescribed the multivitamin since October 2022 and the Calcium supplement in May 2023 and that both are still currently on their medication list.

This, certainly does not require any comment at this point.

11/19/2024 at 3:07 PM, in an interview with Collateral Contact 3 (CC3) for Resident 3, they verified that Resident 3 was prescribed a topical steroid in August 2024, Magnesium supplement in May 2023 and both supplements are still active. CC3 identified Vitamin C as having been prescribed in January 2020 but is no longer active, the nasal spray as being prescribed in March 2021 but no longer active and stated that the over-the-counter sleep medication was not present on the medication list as current or previously prescribed.

The home has these balance with us when delivered. or now brought by famiy like VitaminC .

On 09/04/2024 at 1:08 PM, observation of Resident 3's medication supply showed bottles of an over-the-counter sleep medication, a multivitamin, and a Magnesium supplement with no resident names listed on the bottles. A Vitamin C supplement, a nasal spray, and a topical steroid listed in the Resident's MAR were not found in the medication supply.

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Statement of Deficiencies	License #: 103100	Compliance Determination # 46770
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Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, TWILIGHT ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/2/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Anil Bagai 12/2/2024

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 5 staff (Staff C, Caregiver and Staff E, Former Caregiver) had records in the home confirming that they had completed a Washington State Name and date of birth background check and/or a National Fingerprint background check. This failure delayed the department from knowing if the AFH followed state regulations and in determining if residents were at risk of harm from caregivers with unknown background histories.

1. Background check of Caregiver C, Jennifer Mboijana already sent to you. Attached here again.
2. Background chec of Kimberly is not available, ——— She left the jon last year

Findings included...

Review of staff records showed that Staff C did not have a copy of Washington State Name and date of birth background check and National Fingerprint background check and Staff E did not have a copy of a National Fingerprint background check available in the home.

Background check of Caregiver C, Jennifer Mboijana were sent to you by Email, They rae attched her again

On 09/04/2024 at 2:03 PM, Staff C was asked if they had done a background check recently and they stated that they thought they had but didn't know where it would be.

This record i snow attached.

On 09/05/2024 at 9:59 AM, during an interview, Staff B, Co-Provider, stated that they and Staff A, Provider, were out of town for two weeks and did not have access to their

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Findings included...

Review of staff records showed that Staff C did not have a copy of Washington State Name and date of birth background check and National Fingerprint background check and Staff E did not have a copy of a National Fingerprint background check available in the home.

On 09/04/2024 at 2:03 PM, Staff C was asked if they had done a background check recently and they stated that they thought they had but didn't know where it would be.

On 09/05/2024 at 9:59 AM, during an interview, Staff B, Co-Provider, stated that they and Staff A, Provider, were out of town for two weeks and did not have access to their

paperwork and that no one else working in the home had access to their paperwork. Staff B stated that they would try to find the background checks but that they might have forgotten to update them. Staff B further stated that they did not have background check or fingerprint results for Staff E because they were no longer employed and that they were unsure of the exact dates of when Staff E had been hired and left.

On 09/19/2024 at 3:48 PM, the Department Staff received an email from Staff B stating that they had located the background checks and had attached them. The background checks showed an Interim Fingerprint for Staff C dated 03/25/2024.

On 10/30/2024 at 1:38 PM, Department staff received an email from Staff B containing the final fingerprint for Staff C dated 12/22/2023.

11/20/2024 at 10:05 AM, during a conference call with Staff A and Staff B, Staff A stated that Staff E had left employment in August 2024.

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ANIL BAGDI 12/2/2024

Provider (or Representative) Date

WAC 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(2) The department's poster that includes the complaint resolution unit hotline and the telephone number for the state ombuds program; and

This requirement was not met as evidenced by:

Based on interview and observation the Adult Family Home (AFH) failed to ensure that the department's complaint resolution unit (CRU) hotline was posted in the home. This placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5), residents' representative and visitors at risk of not knowing their rights or having access to the hotline.

The Poster is now in place in the home.

paperwork and that no one else working in the home had access to their paperwork. Staff B stated that they would try to find the background checks but that they might have forgotten to update them. Staff B further stated that they did not have background check or fingerprint results for Staff E because they were no longer employed and that they were unsure of the exact dates of when Staff E had been hired and left.

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Provider (or Representative) Date

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Statement of Deficiencies	License #: 103100	Compliance Determination # 46770
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Findings included...

On 09/04/2024 at 9:42 AM, observation showed CRU hotline poster was not posted in the common area or on any of the walls inside the home.

The CRU POster is now posted prominentlyin the home, kitchen

On 09/04/2024 at 9:45 AM, when asked where the poster was, Staff C, Caregiver, stated that they did not know and would need to look.

Thoe poster is now posted.

On 09/05/2024 at 10:13 AM, Staff B, Provider, stated that in an interview that they were unsure which poster was being referenced but that he would make sure that a copy was posted.

he poster is now in place in the home.

Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 12/2/2024

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure that the bathroom's floor heating grate were maintained, and the shower safety bar and the shower head were securely attached to the wall. This placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) living in the home at risk of exposure to rust and possible accident.

Floor heating grate is replaced. Ghe shower head and the safety bar also fixed Now.

Findings included...

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On 09/04/2024 at 9:42 AM, observation showed CRU hotline poster was not posted in the common area or on any of the walls inside the home.

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Provider (or Representative) _____ Date _____

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Findings included...

Statement of Deficiencies	License #: 103100	Compliance Determination # 46770
Plan of Correction	TWILIGHT ADULT FAMILY HOME	Completion Date
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09/04/2024 at 9:54 AM, observation showed a metal heating grate installed on the floor of the bathroom. The grate was white and the metal underneath was visible under chipping paint and rusted. The grate was positioned in line with where the shower sprayed down. The metal fixtures around the shower safety bar and the shower head were loose and not fixed to the wall.

A New Grate has been installed

On 09/05/2024 at 10:07 AM, in an interview with Staff B, Provider, stated that they were aware of the issues with the bathroom and that they would have them fixed but could not say how long the shower had been that way.

Both Issues in the bathroom have been fixed since long.

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Provider (or Representative) Date

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Provider (or Representative) Date