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 # 230000

Dear Provider:

This letter addresses Compliance Determination(s) 63452 (Completion Date 07/31/2025) and 57630 (Completion Date 06/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/31/2025 and found that you have corrected the violations listed in the Full report dated 06/05/2025. Your home is back in compliance as of 06/12/2025 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 388-76-10650-2-c, WAC 388-76-10650-2-b, WAC 388-76-10650-2-a, WAC 388-76-10650-1, WAC 388-76-10350-2-d, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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 04/08/2025 of:

TWILIGHT ADULT FAMILY HOME
7430 92ND PL SE
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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 — 06/10/2025 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.

Provider (or Representative) — Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to complete an assessment, safety risks and benefit information and ensure the negotiated care plan included information for the [redacted] used by 2 of 4 residents (Residents 1 and 3). This failure placed the residents at risk of harm from improper use of medical device.

Findings included...

<Resident 1>

On 04/07/20205 at 10:28 AM, observation of Resident 1's bedroom showed [redacted] attached to both sides of the bed.

On 04/07/2025 at 10:35 AM, during an interview with Staff A, Provider, stated that they weren't sure if they had orders for [redacted] for either of the residents.

Record review of Resident 1's Negotiated Care Plan (NCP) dated 03/08/2025, showed no notes regarding [redacted] usage.

Record review of Resident 1's Assessment dated 08/03/2024, showed, "Not evaluated for [redacted] usage".

Record review of Resident 1's admissions records dated 09/01/2023, showed a consent form signed by Resident 1's representative regarding risks of using [redacted].

On 04/07/2025 at 3:25 AM, observation showed Staff C, Caregiver, assisting Resident 1 from lying in bed, to sitting up, shifting her legs over the bed and Resident 1 being lifted from bed to wheelchair. Resident 1 was observed to unable to physically assist with the transfer or bear their own weight.

On 04/07/2025 at 3:28 PM, during interview with Staff C, they confirmed that Resident 1 was unable to reposition themselves and was dependent for all transfers.

<Resident 3>

On 04/07/2025 at 10:10 AM, observation of Resident 3's bedroom showed [redacted] attached to both sides of the
bed.

On 04/07/2025 at 10:43 AM, during an interview, Staff B, Co-provider, stated that Resident 3 used the [redacted] to reposition themselves in the bed, they were not sure if they had an order or if the Resident 3's family had been informed of risks but said that they would obtain them.

Record review of Resident 3's NCP dated 03/08/2025, showed [redacted] usage noted under mobility concerns.

Record review of Resident 3's assessment dated 02/21/2024, showed no [redacted] usage noted.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to have the assessment of 1 of 4 sampled residents (Resident 3) reviewed and updated at least every 12 months. This failure placed the resident at risk of unmet care needs.

Findings included…

Record review of Resident 3's Assessment dated 02/21/2024, showed it was due to be reviewed and updated by 02/21/2025.

On 04/07/2025 at 10:45 AM, Staff B, Co-Provider, was asked during an interview, if a new assessment had been completed for Resident 3 since 02/21/2024, and they stated that they had not and that they had lost track of when it was due.

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)_____ .

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

_____ _____

Provider (or Representative) 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 failed to ensure 2 of 4 residents (Residents 1 and 3) had their medication available and that they received their medication as prescribed. This failure placed residents at risk of harm and complication from taking medications that were not prescribed or not receiving appropriate medications as needed.

Findings included…

On 04/07/2025 at 10:10 AM, observation of Resident 3's bedroom showed a 60-count sealed bottle of Glucose pills (a type of fast-acting oral treatment for low blood sugar levels) on the table beside the bed.

On 04/07/2025 at 11:22 AM Staff B, Co-Provider, stated in an interview that the Glucose pills had been brought in by Resident 3's son the day before of department staff's visit and had not been used.

Record review of Resident 3's 02/01/2025 – 04/07/2025 Medication Administration Record (MAR) showed Glucose pills were not written on prescriptions list.

Record review of Resident 1's 02/01/2025 – 04/07/2025 MAR showed Resident 1 was prescribed an albuterol-ipratropium 2.5-.5 milligrams/3 milliliters (a treatment to prevent difficulty breathing) using a nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhale) as needed, for shortness of breath but no usage had been logged in three months.

On 04/07/2025 at 11:25 AM, observation of Resident 1's medication supply located in a locked cabinet between the kitchen and dining area, showed the albuterol was not present in the medication supply.

When asked during an interview on 04/07/2025 at 2:24 PM, Staff B stated that they weren't sure where the nebulizer was and then stated that they didn't think they had ever had it in the home and that Resident 1 had not needed it.

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)_____ .

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

_____ _____

Provider (or Representative) Date