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) 45076 (Completion Date 08/05/2024) and 41434 (Completion Date 06/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2024 and found that you have corrected the violations listed in the Complaint report dated 06/04/2024. Your home is back in compliance as of 06/11/2024 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 388-76-10030-2, WAC 388-76-10685-12

The Department staff who did the on-site verification:
Jennifer Domingo, AFH Complaint Investigator

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

Sincerely,

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

This document was prepared by Residential Care Services for the Locator website.

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Statement of Deficiencies	License #: 230000	Compliance Determination # 41434
Plan of Correction	TWILIGHT ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: TWILIGHT INC	06/04/2024

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 an unannounced on-site complaint investigation on 05/17/2024 and 05/17/2024 of:

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

This document references the following complaint number(s): 129436

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Domingo, AFH Complaint Investigator

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 — Date: 06/07/2024

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.

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Statement of Deficiencies	License #: 230000	Compliance Determination # 41434
Plan of Correction	TWILIGHT ADULT FAMILY HOME	Completion Date
Page 2 of 4	Licensee: TWILIGHT INC	06/04/2024

Savita Bagai
Provider (or Representative) Date 06/11/2024

WAC 388-76-10030 Adult family home capacity.

(2) The licensed capacity number will be listed on the adult family home license and the home must ensure that the number of residents in the home does not exceed the licensed capacity.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the home did not exceed their licensed capacity of three. This failure placed the four residents (Resident 1, 2, 3, and 4) at risk for unmet care and service needs.

Findings included...

Observation showed on 05/17/2024 at 11:02 AM, there were four residents (Resident 1, 2, 3, and 4) at the home.

Review of Department's record on 05/17/2024 at 9:47 AM showed AFH was licensed on 01/06/2022 for three beds.

In an interview on 05/17/2024 at 11:04 AM, Staff A, Provider, stated that four residents lived in the home.

In an interview on 05/29/2024 at 12:24 PM, Staff A stated that it was their mistake and they apologized to the Department staff. Staff A stated that they applied for increased capacity in 2022 and did not submit the necessary paperwork because their spouse was sick. Staff A stated that they thought they were approved for four capacities.

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) 06/11/2024 . We have already applid for and got approved for capacity of four Residents in our home.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

This document was prepared by Residential Care Services for the Locator website.

We have aleady applied for and been approved for capacity of four resiudents in our home.Copy of approval letter attached.

Provider (or Representative) Savita Bagai Date 6/11/2024

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(12) Ensure that members of the household and staff do not share bedrooms with residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that their staff did not share bedrooms with one of one sampled resident (Resident 1) bedroom. This failure placed Resident 1 at risk for violation of rights to have privacy in their bedroom.

Findings included...

Observation on 05/17/2024 at 11:35 AM showed two beds in Resident 1's bedroom. One bed was for Resident 1, and another bed was not occupied with a pillow and complete beddings.

Observation showed on 05/17/2024 at 12:35 PM, there were scrub uniforms and shoes in Resident 1's closet.

In an interview on 05/17/2024 at 12:35 PM, Staff A, Provider confirmed to department staff that the scrub uniforms and shoes in Resident 1's closet were Staff B's personal belongings.

In an interview on 05/17/2024 at 11:55 AM, Resident 2's Representative, RR, stated that the AFH caregiver slept in Resident 1's bedroom.

In an interview on 05/17/2024 at 5:28 PM, Staff A stated that their staff slept in Resident 1's bedroom because Resident 1 had a breathing problem, which was the only reason. Staff A stated, "The staff slept in Resident 1's bedroom to save their life."

In an interview on 05/29/2024 at 12:28 PM, Staff A stated that they stopped having their staff sleep in residents' rooms.

Attestation Statement

We confirm that a caregiver was sleeping in the resident, [redacted] room per reason atated. We also have a letter from Ms. [redacted] daughter giving authorisation for a caregiver to sleep in her mother's room. But now per advise from you we have stopped the caregiver sleep in [redacted] room.

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Statement of Deficiencies	License #: 230000	Compliance Determination # 41434
Plan of Correction	TWILIGHT ADULT FAMILY HOME	Completion Date
Page 4 of 4	Licensee: TWILIGHT INC	06/04/2024

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) 06/11/2024 .

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

Savita Bagai
Provider (or Representative) Date June 11th, 2024

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