Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Twilight Inc. dba Twilight Adult Family Homes, 7430 92nd Pl. SE, Mercer Island, WA 98040	**230000**

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Our mission is to provide the highest level of loving and personal care for our senior citizens in a non-institutional, family like environment."

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
09/01/1992	**1. 9747 SE 40th St., Mercer Island, WA 98040 License # 103100** **2. 3321 72nd Ave. SE, Mercer Island, WA 98040 License # 525300** **These two addresses are also currently running adult family homes**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other: **Incorporated, Sub S Coirporation**

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Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Minimum assistance like Queing to Total Assistance, where the resident is physically fed.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Minimum to Total assistance as needed and required.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Minimum assistance to Total assistance with One person assist

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Minimum assistance to Total assistance with One person assist

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Minimum assistance to Total assistance with One person assist

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Minimum assistance to Total assistance

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Minimum assistance to Total assistance

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Minimum assistance to Total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We are very accomodatind for all personal care needs and will way down to total assistance as needed.

Medication Services

If the 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. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

Highest level of medication assistance will be rovide for complete medicatioin management with Nurse Delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

As aboveWe

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Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

We do not provide skilled nursing services. We do have arrangement with a licensed RN for Nurse Delegations, so we can only provide he nursing tasks that are delegatablke per adult family home laws and guidelines

The home has the ability to provide the following skilled nursing services by delegation:

The Full basic list iof Nursing Tasks that can be delegated tio caregivers in Adult Family Homes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

None

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Wwe have been Demenytia & Alzheimers specialty homes since beginning in 1992 and have a long experience

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☒ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: _____
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **Twenty four hour staffing, with CNAs or NARs**
- ☐ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

n Our home License # 230000, we owners live and at otwo other homes License # 102100 & 525300, we have 24 hour staffing and a designated rfesident manager for each home

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

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The home is particularly focused on residents with the following background and/or languages:

American Senior residents who speak and understand english language.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

W the owners are from India and speak Hindi & Punjabi languages. We can also provide Indian food in case of a particular resident's need.

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

We accept Private Pay and also Medicaid Clients

We accept Medicaid Pay Clients. BUT is someone approaces us for madmission as Private Pay, and hopes to go on Medicaid, in this situation, we will only acceopt Medicaid Pay status after minimum of 18 months of Private Pay.

ADDITIONAL COMMENTS REGARDING MEDICAID

None

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

We have one gentleman, whoi comes to each of our homes once a week for an hour, who sings in the house for residents , like a small private concert. Additionaly the caregivers & resident managers involve residents in household activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We also take clients occasionally out of the home for a meal in a restaurant, for those who are capable.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600

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