



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

April 29, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6663

Licensee, Twilight Inc.
Twilight Adult Family Home
PO Box 314
Mercer Island, WA 98040

Adult Family Home License #525300
Entity Representative: Anil Bagai

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On March 26, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at 3321 72nd Avenue SE, Mercer Island, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated March 26, 2015.

WAC 388-76-10195(1) – Adult family home—Staff—Generally.

The licensee failed to ensure there was adequate staff to safely meet the night time needs of four residents.

WAC 388-76-10400(3)(a) – Care and services.

The Entity Representative (ER) failed to ensure one resident received care and services that supported safety and maintained quality of life.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

Licensee, Twilight Inc.
Twilight Adult Family Home
License #525300
April 29, 2015
Page 2

The department has determined that the following conditions shall be placed on your adult family home license:

- *The Adult Family Home at the Adult Family Home's own expense must provide twenty four hour awake caregiving staff.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on your license is **verbally** imposed on **April 29, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Bennetta Shoop, Field Manager
Region 2, Unit E
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

Licensee, Twilight Inc.
Twilight Adult Family Home
License #525300
April 29, 2015
Page 3

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

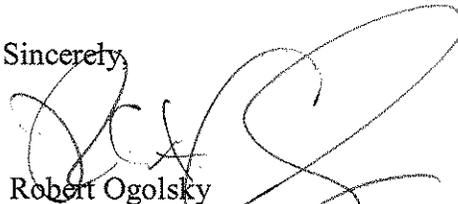
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Licensee, Twilight Inc.
Twilight Adult Family Home
License #525300
April 29, 2015
Page 4

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, Region 2, Unit E
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
HQ Central Files
NDL