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

Lani Galapon LLC
Skyway Adult Family Home
7657 S 112TH ST
SEATTLE, WA 98178

RE: Skyway Adult Family Home License # 753065

Dear Provider:

This letter addresses Compliance Determination(s) 54497 (Completion Date 02/07/2025) and 51137 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/07/2025 and found that you have corrected the violations listed in the Full report dated 12/18/2024. Your home is back in compliance as of 11/26/2024 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 388-76-10490-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
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

Statement of Deficiencies	License #: 753065	Compliance Determination # 51137
Plan of Correction	Skyway Adult Family Home	Completion Date
Page 1 of 3	Licensee: Lani Galapon LLC	12/18/2024

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 the unannounced on-site full inspection on 11/26/2024 and 11/26/2024 of:

Skyway Adult Family Home
7657 S 112TH ST
SEATTLE, WA 98178

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

12-23-2024
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.

Provider (or Representative) 12/26/24 Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to follow their medication disposal policy for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of harm from expired medications.

Findings included...

Review of the AFH's Revised 10/01/2015 Medication Disposal Policy stated that the expired and discontinued medications are placed into the RX destroyer drug disposal container following the instructions on the bottle.

In an interview on 11/26/2024 at 9:12 AM, Staff B, Caregiver stated that they had six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH staff.

In an interview on 11/26/2024 at 9:43 AM, Staff A, Entity Representative/Resident Manager stated that five residents (Residents 2, 3, 4, 5, and 6) were provided with medication assistance.

Record review on 11/26/2024 of Resident 3's AFH records showed that they were admitted to the home on [redacted]/2021. Resident 3's November 2024 pharmacy generated log showed they were prescribed Cavilon (moisturizer that treats or prevents dry, rough, scaly, itchy skin) 1.3 % cream apply thick layer to peri area when changing twice daily.

Observation on 11/26/2024 showed a tube of the Cavilon medication with an expiration date of 09/15/2023.

In an interview on 11/26/2024 at 2:00 PM, Staff B confirmed that the Cavilon medication was expired.

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, Skyway Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 11/26/24 .

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

Provider (or Representative) — Date 12/26/24

Lani Galapon LLC
1719 SE 8th St
Renton, WA 98057

Skyway Adult Family Home #753065
7657 S 112th St
Seattle, WA 98178

DSHS, Aging and Long-Term Support Administration
ATTN: Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Plan of Correction

Compliance Determination # 51137
Deficiency #1: "The Adult Family Home (AFH) failed to follow their medication disposal policy for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of harm from expired medications.

Date of correction: 11/26/24

WAC 388-76-10490 Medication disposal. Written policy Required. The adult family home must have an implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home.; and

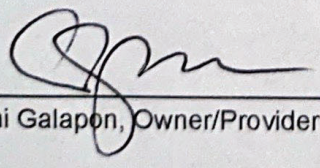
Corrective Measures

On 11/26/24 Lani Galapon, Owner/Provider implemented the policy that Skyway Adult Family Home provider and caregivers will make sure to discard expired or discontinued medications using the RX destroyer.

Implemented Continued Compliance System

To ensure that continued compliance with this requirement is met, I have established that all expired controlled medications will be reconciled monthly and as needed when new, modified, and discontinued orders are received.

I, Lani Galapon provide my dated signature to certify that I have taken corrective measures to correct the above deficiency and have implemented a system to monitor and ensure continued compliance with this requirement.



Lani Galapon, Owner/Provider — 12/26/24 Date