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
Highline Adult Family Home
1719 SE 8th ST
RENTON, WA 98057

RE: Highline Adult Family Home License # 753072

Dear Provider:

This letter addresses Compliance Determination(s) 48416 (Completion Date 10/08/2024) and 45056 (Completion Date 08/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 08/16/2024. Your home is back in compliance as of 08/22/2024 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 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

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

Sincerely,

Lydia Owusu-Acheampong, 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***

**AMENDED**
08/21/2024



Licensee: Lani Galapon LLC
Highline Adult Family Home
1719 SE 8th ST
RENTON, WA 98057

RE: Highline Adult Family Home License # 753072

Dear Provider:

The Department completed a full inspection and a complaint investigation of your Adult Family Home on 08/16/2024 and found that your home does not meet the Adult Family Home licensing requirements.

**The Department:**

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

Plan
**(Plan of Correction)**

**You Must:**
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Lydia Owusu-Acheampong, Field Manager

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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**You May:**
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• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**
• Please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

Plan
**(Plan of Correction)**

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• The date you have or will correct each deficiency; and
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Send your plan to:
Lydia Owusu-Acheampong, Field Manager

Residential Care Services
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20425 72nd Avenue S, Suite 400
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**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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 #: 753072 | Compliance Determination # 45056 |
| Plan of Correction | Highline Adult Family Home | Completion Date |
| Page 4 of 6 | Licensee: Lani Galapon LLC | 08/16/2024 |

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 and complaint investigation on 08/05/2024 and 08/05/2024 of:
Highline Adult Family Home
12634 23RD AVE S
SEATTLE, WA 98168

This document references the following complaint numbers: 137851.

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:

Ivy Mordo, Nursing Consultant Institutional
Dahl Kim, Field Manager
Lydia Owusu-Acheampong, Community Field Manager

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

08-21-2024
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.

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| Statement of Deficiencies | License #: 753072 | Compliance Determination # 45056 |
|---|---|---|
| Plan of Correction | Highline Adult Family Home | Completion Date |
| Page 5 of 6 | Licensee: Lani Galapon LLC | 08/16/2024 |

Provider (or Representative) 8/22/24 Date

**WAC 388-76-10475 Medication Log. The adult family home must:**

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(a) Name of the resident;

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

**This requirement was not met as evidenced by:**

Based on observations, interviews and record review, the Adult Family Home (AFH) failed to ensure the Medication Administration Record (MAR) for 1 of 2 residents (Resident 2) was updated with medications that were current for Resident 2 to take. This failure placed Resident 2 at risk for harm for receiving medications not initialed in the MAR and not monitored.

Findings included...

In an unannounced visit on 08/05/2024 at 8:25 AM, Resident 2 lived and received medication assistance from the AFH staff.

Observation at 2:45 PM, on 08/05/2024 showed eye drops for dry eyes, Restasis 0.5 percent (%), and Ocusoft Pre-moist pads (for dry eyes) were included in Resident 2's medications in their medication bin.

Review of August 2024 pharmacy generated MAR on 08/05/2024, showed Resident 2's medication, Restasis 0.5 %, instill 1 drop into both eyes two times a day ordered by a physician on 07/16/2024 was not entered in the MAR and this was not initialed.

Provider (or Representative) Date

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|---|---|---|
| Plan of Correction | Highline Adult Family Home | Completion Date |
| Page 6 of 6 | Licensee: Lani Galapon LLC | 08/16/2024 |

Further review of the MAR showed Resident 2's medication, Ocusoft Pre-moist pads, apply 1 pad topically to wash both eyes every morning, was not updated on both July and August 2024 pharmacy generated MAR.

On 08/05/2024 at 2:55 PM, Staff A, Entity Representative, said they were not aware these medications were not generated on the MAR. They thought the medications were discontinued.

On 08/05/2024 at 2:56 PM Staff B, Resident Manager, said they gave the medications all along without noticing they were not updated on the MAR.

**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, Highline Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 8/22/24 .

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

Provider (or Representative) — Date: 8/22/24

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_____ _____

Provider (or Representative) Date