STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 80039 (Completion Date 07/07/2026) and 77797 (Completion Date 05/27/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/07/2026 and found that you have corrected the violations listed in the Complaint report dated 05/27/2026. Your home is back in compliance as of 05/28/2026 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 388-76-10025-3, WAC 388-76-10025-1

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

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

Sincerely,

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

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

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753072	Compliance Determination # 77797
Plan of Correction	Highline Adult Family Home	Completion Date
Page 1 of 3	Licensee: Lani Galapon LLC	05/27/2026

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 05/20/2026 of:

Highline Adult Family Home
12634 23RD AVE S
SEATTLE, WA 98168

This document references the following complaint number(s): 221621

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Page 2 of 3	Licensee: Lani Galapon LLC	05/27/2026

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 — 6-9-2026 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) — 6/10/26 Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay 1 of 1 annual license fees in the amount of $2700.00 when it was due. This failure resulted in the AFH operating with an invalid license from 03/15/2026 to 05/27/2026.

Findings included...

Review of Department records using Secure Tracking and Reporting System (STARS) on 05/20/2026 at 8:30 AM, showed the AFH annual license fees were due on 03/15/2026 in the amount of $2700.00.

Observation of the AFH on 05/20/2026 at 11:13 AM showed five residents (Residents 1, 2, 3, 4, and 5) and Staff F, Caregiver present in the home.

During a telephone interview on 05/20/2026 at 11:15 AM, Staff A, (Entity Representative) stated they believed they paid the licensing fees. Staff A stated that they would send a check to the Department for the licensing fees.

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Statement of Deficiencies	License #: 753072	Compliance Determination # 77797
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Page 3 of 3	Licensee: Lani Galapon LLC	05/27/2026

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) 5/28/2026.

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

Provider (or Representative) — Date: 6/10/26

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