



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

November 6, 2014

REGULAR MAIL

Licensee, Yadicon Ceesay
Nden AFH
19819 Fremont Avenue North
Shoreline, WA 98133

Adult Family Home License #569301

LIFT CONDITIONS ON A LICENSE

Dear Licensee:

This letter is formal notice that the conditions placed on your license on **September 11, 2014** in a notice letter dated September 11, 2014, are lifted effective **November 6, 2014**.

If you have any questions, please call Delores Usea, Field Manager, at (253) 234-6007.

Sincerely,



Belt Schlemmer, RN, MN, MBA
Interim Assistant Director
Residential Care Services

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit C
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
Valentina Karnafel, HCS
NDL