



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

January 17, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 8480**

Gormel Deol, Licensee  
Sea Haven II  
22715 19<sup>th</sup> Avenue South  
Des Moines WA 98198

Adult Family Home License #653200

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On January 13, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at 23436 28<sup>th</sup> Avenue South, Des Moines, 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 violation 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 **January 13, 2014**.

**WAC 388-76-10985(2) Remedies—May extend to multiple homes.**

**Based on failed practices at the licensee's other home, the licensee failed to protect residents from possible abuse.**

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

- *Man Deol is not permitted on the premises (inside or outside) for any reason.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

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The effective date of the conditions on your license is **January 17, 2014**. 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:

Mike Anbesse, Field Manager  
District 2, Unit F  
20425 72<sup>nd</sup> Ave South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6044 / 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 10<sup>th</sup> working day from receipt of this letter.**

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

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Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiency 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.

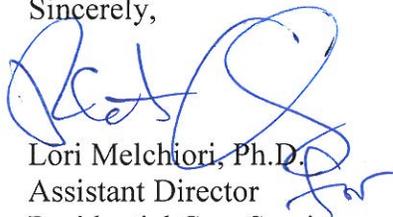
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Mike Anbesse, Field Manager, at (253) 234-6044.

Sincerely,



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit F  
RCS District Administrator, District 2  
HCS District Administrator, District 2  
DDD District Administrator, District 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM

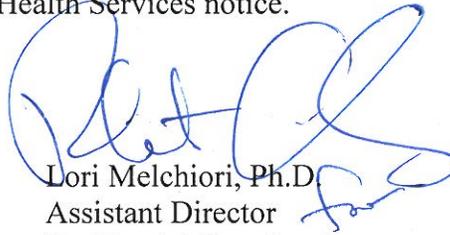
# NOTICE OF CONDITIONS ON LICENSE

January 17, 2014

Based on the Statement of Deficiencies dated January 13, 2014, the Department of Social and Health Services imposes the following conditions on the license of *Sea Haven II*, License #653200, located at 23436 28<sup>th</sup> Avenue South, Des Moines, Washington.

- *Man Deol is not permitted on the premises (inside or outside) for any reason.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

These conditions are effective on January 17, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services