



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388**

August 28, 2019

Gormel K Deol  
SEA HAVEN II  
22715 19TH AVE S  
DES MOINES, WA 98198

RE: SEA HAVEN II License #653200

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 26, 2019 for the deficiency or deficiencies cited in the report/s dated June 12, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Brenna Botsford, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Dahl Kim, Field Manager  
Region 2, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** SEA HAVEN II (687411) **Intake ID(s):** 3648608  
**License/Cert. #:** AF653200  
**Investigator:** Botsford, Brenna **Region/Unit:** RCS Region 2/Unit E **Investigation Date(s):** 06/07/2019 through 06/12/2019  
**Complainant Contact Date(s):**

**Allegations:**

1) The AFH allegedly did not renew their liability insurance in a timely manner.

**Investigation Methods:**

**Sample:** Three residents who could interview  
 **Interviews:** Three residents, the Provider and the Resident Manager

**Observations:** Working electricity, running water, food in the refrigerator, environment,  
 **Record Reviews:** Liability Insurance.

**Allegation Summary:**

1) The Adult Family Home (AFH) did not renew their liability insurance because the insurance carrier was not able to obtain an underwriter. The AFH is currently working with their liability insurance agent to find an underwriter.

**Unalleged Violation(s):**  Yes  No

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**  **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10191. The Adult Family Home (AFH) failed to maintain liability insurance.

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



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 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

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 JUN 28 2019  
 DSHS/ALTA/RCS

Statement of Deficiencies	License #: 653200	Completion Date
Plan of Correction	SEA HAVEN II	June 12, 2019
Page 1 of 2	Licensee: GORMEL DEOL	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 6/7/2019

SEA HAVEN II  
 23436 28TH AVE S  
 DES MOINES, WA 98198

This document references the following complaint number: 3648608

The department staff that inspected and investigated the adult family home:

Brenna Botsford, Licensor

From:

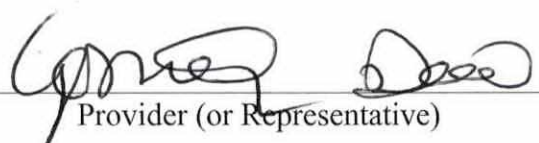
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit E  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6033

As a result of the on-site complaint investigation 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

06/18/2019  
 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)

06/25/19  
 Date

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

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JUN 28 2019

DSHS/AL TSA/RCS

**WAC 388-76-10191 Liability insurance required. The adult family home must:**

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and
- (2) Have evidence of liability insurance coverage available if requested by the department.

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to maintain liability insurance. This failure placed residents at risk not being covered in the event of personal injury, or property damage or loss.

**Findings included...**

Review of the department's Facility Management System showed the department licensed the home for up to six residents on 12/17/03.

Observation on 06/07/19 at 11:17 AM showed four residents were in the AFH.

During an interview on 06/07/19 at 11:17 AM, Staff A said the AFH had five residents.

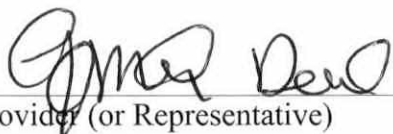
Review of the AFH liability insurance certificate showed an expiration date of 04/30/19.

During an interview on 06/07/19 at 11:17 AM, Staff A said the insurance company was having trouble finding an underwriter for the liability policy.

During an interview on 06/14/19 at 11:22 AM, a collateral contact stated the liability insurance was not renewed because the AFH failed to send in a complete renewal package by the expiration date. The collateral contact stated they have been working with the AFH since receiving the incomplete application on 5/7/19.

**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, SEA HAVEN II is or will be in compliance with this law and / or regulation on (Date) 7-15-19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

 6-25-19  
\_\_\_\_\_  
Date