



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND DISABILITY SERVICES ADMINISTRATION
PO Box 45600 * Olympia, WA 98504-5600

February 19, 2013

CERTIFIED MAIL 7007 1490 0003 4207 8680

Gormel Deol
Sea Haven Adult Family Home
22715 19th Ave S
Des Moines, WA 98198

Adult Family Home License # 751921

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Mr. Deol:

This letter constitutes formal notice of the imposition of conditions of a license for your adult family home, located **22715 19th Ave S, Des Moines, Washington**, 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 388-76-10940.

The imposition of conditions on a license is based on the following violation(s) of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 13, 2013.

WAC 388-76-10400(3)(b) Care and services.

The provider failed to ensure the safety of one resident.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your adult family home:

- *The adult family home must provide 24 hour awake staff while resident #1 resides in the home.*
- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The conditions on the license of your adult family home was effective immediately upon verbal notice to you on February 15, 2013. As provided in RCW 70.128.160(4), WAC 388-76-10995, and WAC 388-76-10990, the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

Plan of Correction/Attestation

You must:

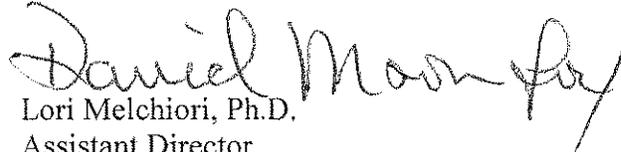
Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- 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 of Correction to:

Mike Anbesse, Field Manager
District 2, Unit F
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6044 / Fax: (253) 395-5070

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

Sincerely,


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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit F
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA- King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
DS



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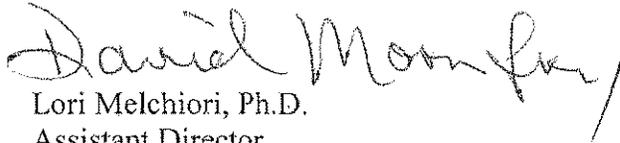
NOTICE OF CONDITIONS OF OPERATION

February 19, 2013

Based upon a complaint investigation on February 13, 2013 the following condition(s) have been placed on *Sea Haven Adult Family Home*, license # 751921, located at 22715 19th Ave S, Des Moines, Washington

- *The adult family home must provide 24 hour awake staff while resident #1 resides in the home.*
- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

These conditions are effective on the date of this letter and remain in effect until the licensee demonstrates the ability to maintain compliance with the regulations upon which they are based.


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

