



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

R DEOL LLC
THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

RE: THE LOVING ONES ADULT FAMILY HOME I License # 752108

Dear Provider:

This letter addresses Compliance Determination(s) 74416 (Completion Date 03/18/2026) and 73204 (Completion Date 03/04/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2026 and found that you have corrected the violations listed in the Complaint report dated 03/04/2026. Your home is back in compliance as of 02/22/2026 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, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the on-site verification:

Ivy Mordo, Nursing Consultant Institutional

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

Sincerely,

Cecile Leano, 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752108	Compliance Determination # 73204
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME I	Completion Date
Page 1 of 3	Licensee: R DEOL LLC	03/04/2026

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 02/20/2026 of:

THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

This document references the following complaint number(s): 210580

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

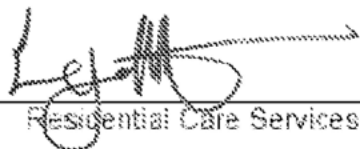
Ivy Mordo, Nursing Consultant Institutional

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

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

Statement of Deficiencies	License #: 752108	Compliance Determination #73204
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME I	Completion Date
Page 2 of 3	Licensee: R DEOL LLC	03/04/2026

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

3-5-2026

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)

3/12/26

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 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual License fee when it was due. This failure resulted in the AFH operating without a valid license since 12/15/2025, and placed all residents (Residents 1, 2, 3, 4 and 5) at risk of losing their home.

Findings included...

In an unannounced visit on 02/20/2026 at 1:00 PM, observed five Residents (Residents 1, 2, 3, 4 and 5) and two caregivers (Staff B, Caregiver, and Staff C, Caregiver) resided in the AFH. Staff A, Entity Representative, were not present at the home.

Review of Department records using the "Secure Tracking and Reporting System" showed the annual license fee for the AFH was due on 12/15/2025, and had not been paid

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

Date

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Provider (or Representative)

Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual License fee when it was due. This failure resulted in the AFH operating without a valid license since 12/15/2025, and placed all residents (Residents 1, 2, 3, 4 and 5) at risk of losing their home.

Findings included...

In an unannounced visit on 02/20/2026 at 1:00 PM, observed five Residents (Residents 1, 2, 3, 4 and 5) and two caregivers (Staff B, Caregiver, and Staff C, Caregiver) resided in the AFH. Staff A, Entity Representative, were not present at the home.

Review of Department records using the "Secure Tracking and Reporting System" showed the annual license fee for the AFH was due on 12/15/2025, and had not been paid.

Statement of Deficiencies	License #: 752108	Compliance Determination # 73204
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME I	Completion Date
Page 3 of 3	Licensee: R DEOL LLC	03/04/2026

In an interview with Staff B, on 02/20/2026 at 1:40 PM, they stated that they had no idea if Staff A had paid the license fees or not.

In a telephone interview with Staff A on 02/24/2026 at 10:15 AM, they stated that they forgot to pay the license fees.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 2/22/26.

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

Jaswir Deol
Provider (or Representative)

3/12/26

Date

In an interview with Staff B, on 02/20/2026 at 1:40 PM, they stated that they had no idea if Staff A had paid the license fees or not.

In a telephone interview with Staff A on 02/24/2025 at 10:15 AM, they stated that they forgot to pay the license fees.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date