

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804122

Report Date: 09/23/2025

Date Signed: 09/23/2025 02:57:05 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405	
FACILITY NAME: MIRABEL LODGE		FACILITY NUMBER:	496804122
ADMINISTRATOR/VARSHAVSKY, ALEXANDER DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 6950 MIRABEL ROAD		TELEPHONE:	(707) 887-1754
CITY: FORESTVILLE	STATE: CA	ZIP CODE:	95436
CAPACITY: 34	CENSUS: 28	DATE:	09/23/2025
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/	INSPECTION	02:02 PM
	BEGAN:	TIME VISIT/	
MET WITH: Lisa DiBartolo (Administrative Assistant)	INSPECTION	COMPLETED:	03:11 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Cuadra arrived unannounced to conduct this Case Management Visit
2	to follow up on a self-death report dated 7/21/25. LPA met with Administrative Assistant, Lisa DiBartolo.
3	
4	Per death report, on 7/19/25 at 12:37pm, resident (R1) was in the dining room having lunch and showed
5	signs of choking, staff called 911 immediately, who performed required treatment, but they were
6	unsuccessful and R1 was declared deceased at 12:43pm. Responsible parties were notified. Upon the
7	department was notified, LPA requested death certificate for review due to R1 was not receiving hospice
8	services and pending investigation status was observed in the certificate. On 9/16/25, Licensee
9	submitted death certificate dated 9/11/25 indicating that R1 choked on a piece of hamburger, which
10	resulted in them passing away while under the care of the facility.
11	
12	During today's visit, LPA reviewed R1's physician report dated 5/20/25 and care plan dated 5/13/25
13	including any doctor's order involving special diet, food restrictions or assistance needed regarding
14	feeding the resident, which were not instructed by the doctor as needed. R1 was needing constant
15	supervision due to disruptive behavior towards others, which it was related to their diagnosis. Also, LPA
16	confirmed that the call alert system was working properly, and LIC500 Personnel Report indicates that
17	there was staff present during the incident who got alerted, and timely contacted the medical emergency
18	responders to assist resident in the facility. LPA conducted interviews with staff (S1 and S2) who
19	confirmed above information. Based on records review and interviews conducted with staff it appears
20	like the facility followed up adequate protocol including timely medical assistance for resident.
21	
22	
23	No deficiencies cited during today's visit. Exit interview was conducted with Administrative Assistant and
24	a copy of this report was given.
25	

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Marisol Cuadra

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/23/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/23/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.