



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MIRABELLA
MIRABELLA
116 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

RE: MIRABELLA License # 2034

Dear Administrator:

This letter addresses Compliance Determination(s) 26013 (Completion Date 07/05/2023) and 24106 (Completion Date 05/23/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/05/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: MIRABELLA

Provider Type: Assisted Living Facility

License/Cert.#: 2034

Compliance Determination #: 24106

Intake ID: 79849

Investigator: Lisa Hauk

Region/Unit #: RCS Region 2 / Unit J

Investigation Date(s): 05/17/2023 through 05/23/2023

Complainant Contact Date(s):

Allegation(s):

The Named Resident (NR) reported that the Named Staff (NS) smacked her on the arms at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 41 Resident sample size: 2 Closed records sample size: 0
Observations:	Environment, staff to resident interactions, resident to resident interactions, resident apartments, group activities.
Interviews:	Assisted Living Director of Nursing, Nurse, med tech and residents.
Record Reviews:	Characteristics roster, resident records, facility policies, incident investigation, and staff records.

Investigation Summary:

The ALF responded promptly to the NR's allegation. The ALF suspended the NS, investigated and reported the incident per regulatory requirements. The ALF took allegations seriously and protected the NR. The ALF put interventions in place and monitored the NR. The ALF did not have a current Criminal History Background Check for the NS. See citation 388-78A-2466.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



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Statement of Deficiencies License #: 2034 Compliance Determination # 24106
Plan of Correction MIRABELLA Completion Date
Page 1 of 3 Licensee: MIRABELLA 05/23/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 05/17/2023 and 05/17/2023 of:

MIRABELLA
116 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

This document references the following complaint number(s): 79849

The following sample was selected for review during the unannounced on-site visit: 2 of 41 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

5/24/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies	License #: 2034	Compliance Determination # 24106
Plan of Correction	MIRABELLA	Completion Date
Page 2 of 3	Licensee: MIRABELLA	05/23/2023

Administrator (or Representative)

5/30/23

Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 1 sampled staff (Staff A) was renewed before the two-year expiration. This placed 41 of 41 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Caregiver) showed their BGI expired as of 03/31/2023.

In a follow-up telephone interview, on 05/23/2022 at 12:57 PM, Staff B (Assisted Living Director of Nursing) stated that a new BGI was completed for Staff A on 05/18/2023 because Staff A's previous BGI was expired.

Plan/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, MIRABELLA is or will be in compliance with this law and / or regulation on (Date) 6/20/23.

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

Statement of Deficiencies	License #: 2034	Compliance Determination # 24106
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	<u>6/30/23</u>
Administrator (or Representative)	Date