



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) 49774 (Completion Date 11/06/2024) and 46607 (Completion Date 09/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/06/2024 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-2730-1-b

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

If you have any questions, please contact me at (253)312-1446.

Sincerely,

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: MIRABELLA

Provider Type: Assisted Living Facility

License/Cert.#: 2034

Compliance Determination #: 46607

Intake ID: 141875

Investigator: Lisa Hauk

Region/Unit #: RCS Region 2 / Unit J

Investigation Date(s): 09/03/2024 through 09/11/2024

Complainant Contact Date(s):

Allegation(s):

The Assisted Living Facility (ALF) had positive COVID-19 cases.

Investigation Methods:

Sample:	Total residents: 29 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Administration Nursing staff Residents Activity staff Family members
Record Reviews:	Medical records Facility policies

Investigation Summary:

Interview and record review showed the ALF had infection control policies and procedures in place. The ALF tested staff and residents and monitored for COVID-19 symptoms. The ALF met reporting requirements and followed Department of Health and Center for Disease Control guidance and Local Health Jurisdiction recommendations. The ALF failed to follow their Respiratory Protection Plan policy by not having a licensed health care professional review medical evaluations for all employees prior to fit testing employees for respiratory masks. See citation WAC 388-78A-2730(1)(b).

Conclusion / Action:

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

- ☒ 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 # 46607
Plan of Correction	MIRABELLA	Completion Date
Page 1 of 3	Licensee: MIRABELLA	09/11/2024

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 09/03/2024 and 09/03/2024 of:

MIRABELLA
116 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

This document references the following complaint number(s): 141875

The following sample was selected for review during the unannounced on-site visit: 2 of 29 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.


Residential Care Services

9/16/2024
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.

Administrator (or Representative)

Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow their written Respiratory Protection Policy or federal standards when medical evaluations were not conducted or reviewed by a Licensed Health Care Professional (LHCP) prior to fit-testing respirator masks. This failure placed 29 residents at risk of receiving care from staff who were not medically cleared.

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain a Respiratory Protection Program.

NOTE: A "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by DOH (Department of Health) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." A RPP included ensuring all health care workers (HCW) have respirator mask medical clearance and fit testing done on an annual basis.

NOTE: WAC 296-842-14005 - Provide medical evaluations showed the ALF was required to: Identify employees who need medical evaluations including employees required to use respirators; Identify a LHCP to perform medical evaluations.

Record review of the ALF's RPP Plan, dated 03/2024, showed the ALF would provide a medical evaluation to determine the employee's ability to use a respirator mask, before the employee was fit tested or required to use the respirator mask in the workplace. The RPP plan stated that a physician or other LHCP would perform medical evaluations.

Record review of the ALF's Employee Respiratory Fit Test Record showed that employee medical clearance examinations (evaluations) were required prior to fit testing.

In interview, on 09/03/2024 at 1:50 PM, Staff A (Assisted Living Manager) stated that all but two HCW had been fit tested for respirator masks. Staff A stated that Staff B (Activities Director) was one of two staff performing medical evaluations and fit testing.

Record review of Washington State Provider Credential Search database, on 09/11/2024 at 9:30 AM, showed Staff B did not hold a professional medical license.

In interview on 09/03/2024 at 2:00 PM, Staff B stated she reviewed HCWs medical clearance examination forms, then decided which employees to fit test. Staff B confirmed that she was not a LHCP and did not have the credentials to approve, review or even have access to the Medical Evaluations.

In interview, on 09/11/2024 at 9:20 AM, Staff A stated the ALF did not have a LHCP review medical evaluations or write recommendations for any fit-tested staff.

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)_____.

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

Administrator (or Representative)

Date