STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

03/31/2026

MIRABELLA
MIRABELLA
116 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

RE: MIRABELLA # 2034

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 74563 (Completion Date 03/31/2026) and 73210 (Completion Date 02/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/31/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

The Department staff who did the Off Site verification:
Alma Duran, Licensor

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

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 #: 73210
Intake ID: 213291
Investigator: Alma Duran
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 02/13/2026 through 02/23/2026
Complainant Contact Date(s):

Allegation(s):

A named staff member did not receive a chest X-ray within seven days following a positive blood test result for tuberculosis.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Staff members Staff to resident interactions
Interviews:	Identified staff Nursing staff Human resources
Record Reviews:	Personnel files Medical records Staff training records

Investigation Summary:

Based on staff record review and interview, the Assisted Living Facility failed to ensure a named staff member obtained a chest X-ray within the required seven days after a positive blood test result for tuberculosis. See Statement of Deficiencies dated 02/23/2026.

Conclusion / Action:

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

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 02/13/2026 of:

MIRABELLA
116 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

This document references the following complaint number(s): 213291

The following sample was selected for review during the unannounced on-site visit: 2 of 42 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Alma Duran, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2034	Compliance Determination # 73210
Plan of Correction	MIRABELLA	Completion Date
Page 2 of 3	Licensee: MIRABELLA	02/23/2026

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.

Jennie Singer
Residential Care Services

2/23/2026
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.

Administrator (or Representative)

3/4/2026
Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 sampled staff members (Staff A) had a chest X-ray within seven days when their tuberculosis (TB) blood test result came back positive. This failure placed 42 residents at risk for exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff A (Caregiver) on 11/26/2024. Record review showed Staff A received a TB blood test on 12/29/2025, and the result came back positive on 01/02/2026.

Review of Staff A's record showed no evidence that a chest X-ray was completed after the results of the positive skin test.

In an interview, on 02/13/2026 at 11:00 AM, Staff J (AL/MC Nurse Manager) acknowledged that a chest X-ray should have been done within seven days for Staff A after a positive TB blood test result.

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

2/23/2026
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.

Administrator (or Representative)

Date

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(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 sampled staff members (Staff A) had a chest X-ray within seven days when their tuberculosis (TB) blood test result came back positive. This failure placed 42 residents at risk for exposure to a communicable disease.

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In an interview, on 02/13/2026 at 11:00 AM, Staff J (AL/MC Nurse Manager) acknowledged that a chest X-ray should have been done within seven days for Staff A after a positive TB blood test result.

Statement of Deficiencies	License #: 2034	Compliance Determination # 73210
Plan of Correction	MIRABELLA	Completion Date
Page 3 of 3	Licensee: MIRABELLA	02/23/2026

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) 3/4/2026 .

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

Administrator (or Representative) _____ Date 03/04/2026

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