

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Mirabella Seattle		STREET ADDRESS, CITY, STATE, ZIP CODE 116 Fairview Avenue N Seattle, WA 98109	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure pharmacy services were provided to meet the needs of 1 of 4 residents (Resident 1), reviewed for medication administration. The failure to administer and/or document medication administration in accordance with professional standards of practice placed the resident at risk of negative outcomes and a diminished quality of life. Findings included .Review of the facility's policy titled, Medication and Treatment Administration, dated January 2024, showed that medications would be administered as prescribed. The policy further showed that the Seven Rights of medication administration would be observed for right resident, right drug, right dose, right time, right route, right manufacturer/pharmacy recommendations, and right documentation. Resident 1 readmitted to the facility on [DATE] with diagnoses that included hiatal hernia (the upper part of the stomach [a muscular organ that digests food] bulges up into the chest through an opening in the diaphragm [muscle barrier that separates the abdominal cavity from the chest cavity]), gastroesophageal reflux disease with esophagitis (stomach acid flows back into the esophagus [tube that carries food from the throat down to the stomach] causing irritation and discomfort). Review of the admission Minimum Data Set (an assessment tool) dated 06/09/2025 showed Resident 1's cognition was intact. Review of the August 2025 and September 2025 Medication Administration Record (MAR), showed Resident 1 had the following medication orders:- Aluminum-Magnesium Simethicone (Mylanta - antacid medication that treats heart burn, upset stomach, and gas) Oral Suspension. Give 20 milliliters (ml - a unit of measurement) by mouth with meals at 8:00 AM, 12:00 PM, 6:00 PM; and at bedtime at 8:00 PM for gastrointestinal issues (conditions that affect the digestive system including the stomach and intestines). Give 30 ml of Lido [lidocaine-local anesthetic used to numb painful areas in the mouth and throat] oral solution/Antacid 1:2 oral suspension.- Lidocaine Mouth/Throat Solution 2 %. Give 10 ml by mouth with meals at 8:00 AM, 12:00 PM, 6:00 PM; and at bedtime at 8:00 PM for gastrointestinal issues. Give 30 ml of Lido/Antacid 1:2 oral suspension. Review of the August 2025 MAR showed Resident 1 was not given their Mylanta on the following dates and times:- 08/01/2025 at 8:00 PM- 08/02/2025 at 8:00 AM and 12:00 PM- 08/06/2025 at 6:00 PM and 8:00 PM- 08/07/2025 at 8:00 AM, 12:00 PM, 6:00 PM, and 8:00 PM- 08/08/2025 at 12:00 PM, 6:00 PM and 8:00 PM- 08/12/2025 at 12:00 PM, 6:00 PM and 8:00 PM- 08/13/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/14/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/15/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/30/2025 at 8:00 PM- 08/31/2025 at 12:00 PM, 6:00 PM, and 8:00 PM Further review of August 2025 MAR showed Resident 1 was not given their Lidocaine oral solution on the following dates and times:- 08/01/2025 at 8:00 PM- 08/02/2025 at 8:00 AM and 12:00 PM- 08/06/2025 at 6:00 PM and 8:00 PM- 08/07/2025 at 8:00 AM, 12:00 PM, 6:00 PM, and 8:00 PM- 08/08/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/12/2025 at 12:00 PM, 6:00 PM and 8:00 PM- 08/13/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/14/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/15/2025 at 8:00 AM, 12:00 PM, 6:00 PM and 8:00 PM- 08/30/2025 at 8:00 PM- 08/31/2025 at 8:00 AM, 12:00 PM, 6:00 PM, and 8:00 PM Review of the September 2025 MAR showed Resident 1 was not given their Mylanta on the following dates and times:- 09/01/2025 at 8:00 AM and 12:00 PM- 09/02/2025 at 8:00 AM and 12:00 PM Further review of September 2025 MAR showed Resident 1 was not given their lidocaine oral solution on the following dates and times:- 09/01/2025 at 8:00 AM and 12:00 PM- 09/02/2025 at 8:00 AM and 12:00 PM- 09/07/2025 at 8:00 AM and 12:00 PM- 09/15/2025 at 8:00 AM and 12:00 PM Review of the progress note from 07/21/2025 to 09/15/2025 did not show documentation that the doctor was notified of the Mylanta and lidocaine medication not being available and/or not given to Resident 1. On 09/15/2025 at 12:55 PM, Resident 1 stated they had discomfort and bloating (swollen with fluid or gas) when they did not get their Mylanta-lidocaine. Resident 1 further stated that when they had bloating, it was hard to breathe, eat, sit-up, and walk. Observation on 09/15/2025 at 1:05 PM showed Staff C providing Resident 1 their medications. Staff C gave Resident 1 a white liquid in a medication cup stating, this is your aluminum magnesium simethicone. In an interview and joint record review on 09/15/2025 at 1:48 PM, Staff C, Licensed Practical Nurse, stated they followed the MAR when administering medications to the residents. A joint record review of September 2025 MAR showed Resident 1 had orders for Mylanta 20 ml by mouth before meals. Give 30ml of Lido/Antacid 1:2 oral suspension and for Lidocaine oral solution 10 ml before meals. Give 30ml of Lido/Antacid 1:2 oral suspension. Staff C stated they gave Resident 1 their aluminum magnesium simethicone (Mylanta) medication. Staff C stated they did not find lidocaine viscous and did not give it to</p>		