STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Ionela Carmen Arbune
Bella Vita AFH
19538 Burke Ave N
Shoreline, WA 98133

RE: Bella Vita AFH License # 753620

Dear Provider:

This letter addresses Compliance Determination(s) 71480 (Completion Date 01/14/2026) and 68639 (Completion Date 11/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/14/2026 and found that you have corrected the violations listed in the Full report dated 11/19/2025. Your home is back in compliance as of 11/19/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10720-3, WAC 388-76-10720-3-a, WAC 388-76-10720-3-b, WAC 388-76-10470-1-a, WAC 388-76-10355-7-a, WAC 388-76-10161-3

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/12/2025 of:
Bella Vita AFH
19538 Burke Ave N
Shoreline, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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 | Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Residents 1, 2, and 3) and/or their representatives were aware of the electronic video monitoring. This failure placed the residents at risk for privacy violations.

Findings included…

On 11/12/2025 at 10:16 AM, observation showed a video camera that was mounted by the right side of the home's entrance door. There were no signs alerting residents, residents' representatives, or guests of the AFH that they were on video camera in that location.

In an interview on 11/12/2025 at 3:03 PM, Staff A, Provider, stated that the video camera located by the front entrance door had no audio and was placed there for safety. Staff A stated that the camera had no audio. The residents and their representatives were aware of the video camera being used as they were notified verbally. Staff A further stated there were no signed written notifications or consent

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

from the residents and/or their representatives.

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, Bella Vita AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10470 Medication Timing Special directions.

(1) The adult family home must ensure medications are given:

(a) At the specific time(s) ordered by the practitioner; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication was given at specific time as ordered for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of medical complications.

Findings included…

On 11/12/2025 at 12:38 PM, observation in the dining room showed Staff C, Caregiver, gave two tablets of Acetaminophen (a medication primarily used as pain reliever and fever reducer) 500 milligrams (mg) to Resident 1.

In an interview on 11/12/2025 at 12:58 PM, Staff A, Provider, said that Resident 1 required medication assistance from staff.

Review of Resident 1's November 1-30, 2025, Medication Administration Record (MAR) showed as written "Acetaminophen extra strength oral tablet 500 mg… take two tablets by mouth every 8 hours… Diagnosis [redacted]". The MAR further showed timing of the medication to be given at "8:00 AM, 2:00 PM, 8:00 PM".

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

On 11/12/2025 at 2:40 PM, when Staff A was asked why the medication was given more than an hour prior to the time written on the MAR, Staff A said they thought it was okay as long as it was given three times daily.

Record review of Resident 1's doctors order, dated 06/23/2021, showed "Acetaminophen Extra Strength 500 mg tablet. Take 2 tablets by mouth every 8 hours …"

On 11/12/2025 at 2:40 PM, Staff A was asked why the timing written in the MAR for the Acetaminophen 500 mg was not every eight hours apart as ordered by the doctor, Staff A said the pharmacy prepared the MAR and it was an error by the pharmacy.

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, Bella Vita AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) included care directives about Resident 1's seizure (a burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements, behaviors, sensations or state of awareness). This failure placed the resident at risk of not receiving proper care and services if the resident experienced seizure attack.

Findings included…

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

During Resident 1's medication review with Staff A, Provider, on 11/12/2025 at 2:50 PM, observation showed Oxcarbazepine tablet (a medication used to prevent and control seizures) 150 milligrams (mg) was included in Resident 1's medication supply.

Record review of doctor's order, dated 10/17/2025, showed an order that says "Oxcarbazepine oral tablet 150 mg. Take one tablet by mouth two times daily for diagnosis of [redacted].

Record review of Resident 1's NCP, dated 06/20/2025, showed it did not include staff directives on what to do if Resident 1 had a seizure attack.

In an interview on 11/12/2025 at 2:56 PM, Staff A stated the seizure care directives were not in the NCP because they were not sure what to write. Staff A further stated that the family told them that Resident 1 did not have seizures for a long time and the resident did not have a seizure attack since being admitted to the home.

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, Bella Vita AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check for 1 of 1 Household members (HH 1) over the age of 11 years old.

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

This failure placed residents at risk of unsupervised access to an individual whose criminal background was unknown.

Findings included…

During an unannounced visit to the AFH on 11/12/2025 at 10:35 AM, observation showed the AFH was a one level home.

In an interview on 11/12/2025 at 1:12 PM, Staff A, Provider, stated that the home had one level. Staff B, Caregiver, and HH1 lived in the home with the residents.

Review of HH1's WNDOB background check dated 09/27/2021 showed it expired on 09/27/2023.

In an interview on 11/12/2025 at 4:12 PM, Staff A stated that they thought they had a valid WNDOB background check for HH1 but when they checked their records "I missed it (HH1's WNDOB)".

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, Bella Vita AFH 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.

_____ _____

Provider (or Representative) Date

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