



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

May 1, 2019

CERTIFIED MAIL

9489 0090 0027 6080 8348 90

A Bella Vita Senior Care Home LLC
A Bella Vita Senior Care Home LLC
18718 60th Ave W
Lynnwood, WA 98037

RE: A Bella Vita Senior Care Home LLC License #753792

Dear Provider:

The Department completed a full inspection of your Adult Family Home on April 30, 2019 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:
Hang Lu, Licensor

Consultation:

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(2) If available, the home must immediately give arriving emergency medical services personnel a copy of:

- (a) Any order that exists directing medical care for the resident; and
- (b) The resident's advance directive for medical care.

(4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the:

- (a) Emergency relates to the expected hospice death; and
- (b) Situation is monitored by the hospice agency.

The adult family home's policy for contacting emergency medical services (EMS) did not contain information regarding which documents to give to EMS personnel and what to do for residents who were on hospice. Staff A, Provider, stated that she would revise the EMS policy to include all required information.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

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The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Witman". The signature is written in a cursive, flowing style.

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services

Enclosure