STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Magnolia Operations LLC
Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

RE: Magnolia Care License # 2650

Dear Administrator:

This letter addresses Compliance Determination(s) 42052 (Completion Date 05/31/2024) and 38427 (Completion Date 03/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/31/2024 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-2100-2-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-4, WAC 388-78A-2450-3-d-i-A, WAC 388-78A-2450-3-d-iii, WAC 388-78A-24681-1

The Department staff who did the on-site verification:
Sylvia Shauvin, Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 38427
Intake ID: 122110
Investigator: Sylvia Shauvin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/11/2024 through 03/25/2024
Complainant Contact Date(s): 03/11/2024, 03/22/2024

Allegation(s):

1 - Facility doesn't provide proper diets for residents
2 - A resident lost weight because of Issue 1

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents' well-being Any signs of unplanned weight loss Meal service Staff's response to residents' needs/concerns
Interviews:	Six residents, including alleged victim (AV) Eight facility caregivers Medication Aide Supervisor Dietary Supervisor Assistant Administrator Administrator
Record Reviews:	Sample residents' Face Sheets, assessments, care plans, weight records, and Progress Notes Prescribers' orders and visit summaries for AV Staffing schedules - January through March 2024 Sample three staff's credentials Menus

Investigation Summary:

1 - Kitchen observations and interview with the Dietary Supervisor showed the facility had a system for identifying and accommodating several types of diets, including calorie controlled and pureed diets. Cards in the kitchen included information about residents' diets, allergies, and food preferences. Observation of a meal showed facility made reasonable attempts to accommodate residents' dietary needs and preferences, and residents accepted the meal well. Interview with the AV and a dental summary for the resident showed the dentist recommended the resident eat soft foods while healing from dental work. Interviews with staff showed the resident often refused to have the

facility puree/blend their food to soften the texture. The facility made reasonable attempts to accommodate residents', including AV's, dietary needs therefore, no failed facility practices were found related to the allegation.
2 - Residents, including the AV, were observed well-nourished and their clothing fit properly. Interviews with staff and review of residents' vital sign records showed the facility monitored residents' weights on a monthly basis. Review of the AV's weight record showed they had weight loss however, the March 2024 prescriber visit summary showed the prescriber recommended weight loss for the AV. Failed facility practices were found related to the facility's failure to complete annual assessments; update service agreements; and maintain documentation of sampled staff's specialty and orientation and safety trainings, reference checks, and fingerprint background check results. The deficiencies were documented in a Statement of Deficiencies under Washington Administrative Code (WAC) 388-78a-2100(2)(a) Ongoing assessments; WAC 388-78a-2130(3)(b)(4) Service agreement planning; WAC 388-78a-2450(3)(d)(i)(A) Staff; WAC 388-78a-2450(3)(d)(ii) Staff; and WAC 388-78a-24681(1) Background checks--Employment--Provisional hire--Pending results of fingerprint background check.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 38427
Intake ID: 122249
Investigator: Sylvia Shauvin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/11/2024 through 03/25/2024
Complainant Contact Date(s):

Allegation(s):
1 - The alleged perpetrator (AP) inappropriately touched and kissed the alleged victim (AV)

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents' safety and well-being Staff's interactions with and care of residents
Interviews:	Six residents, including alleged victim (AV) Eight facility caregivers Medication Aide Supervisor Assistant Administrator Administrator
Record Reviews:	Sample residents' Face Sheets, assessments, care plans, and Progress Notes Facility policy and procedures - Abuse, Mandatory Reporting Staffing schedules - January through March 2024 Facility's investigation documents Sample three staff's credentials, including for the AP

Investigation Summary:
1 - Staff were observed caring for and interacting with residents in a respectful manner. In an interview with the AV, they stated the AP recently kissed them to wake them, and inappropriately touched them. They stated they told several staff about it and the Administrator talked with them to obtain details regarding the allegation. Interviews with the AV, several staff, and review of the facility's documents pertaining to the allegation showed the facility took prompt steps to protect residents, investigated, and notified the required parties. Review of sampled staff credentials, including for the AP, showed the facility failed to maintain documentation of sampled staff's specialty and orientation and safety trainings, reference checks, and fingerprint background check results. The failed facility practices were documented in a Statement of Deficiencies (SOD) under Washington Administrative Code (WAC) 388-78a-2450(3)

(d)(i)(A) Staff; WAC 388-78a-2450(3)(d)(ii) Staff; and WAC 388-78a-24681(1) Background checks--Employment--Provisional hire--Pending results of fingerprint background check. During the investigation failed facility practices were also found related to the facility's failure to complete annual assessments and update service agreements. The deficiencies were documented in the SOD under WAC 388-78a-2100(2)(a) Ongoing assessments and WAC 388-78a-2130(3)(b)(4) Service agreement planning.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 03/11/2024, 03/11/2024, 03/18/2024 and 03/25/2024 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 122110, 122249

The following sample was selected for review during the unannounced on-site visit: 5 of 40 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sylvia Shauvin, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

S. [illegible]

Residential Care Services

03/26/2024

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.

Administrator (or Representative) Date

3/29/2024

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete annual assessments for 5 of 5 sampled residents (Residents 1, 2, 3, 4, and 5). This failure placed residents at risk of not receiving needed care and services.

Findings included...

Review of the most recent assessments for Resident 1, Resident 2, Resident 3, and Resident 5 showed they were completed on 06/16/2021, 01/06/2022, 07/20/2021, and 06/03/2021, respectively.

Review of the undated assessment for Resident 4 showed it was completed by the former Administrator.

Department records showed the former Administrator left their position on 04/30/2021.

In an interview on 03/11/2024 at 1:40 PM, Staff E, Caregiver, stated a nurse or the administrator was responsible for conducting assessments of residents. Staff E further stated the facility did not have a nurse, and that an outside agency's nurse(s) oversaw the care for some, but not all the residents.

In an interview on 03/18/2024 at 3:00 PM, Staff A, Administrator, stated they were currently responsible for completing residents' assessments, and had not completed residents' assessments annually, as required.

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, Magnolia Care is or will be in compliance with this law and / or regulation on (Date) May 9th, 2024.

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

Administrator (or Representative) 3/29/2024 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update service agreements for 5 of 5 sampled residents (Residents 1, 2, 3, 4, and 5). This failure placed residents at risk of not receiving needed care and services.

Findings included...

In an interview on 03/11/2024 at 1:40 PM, Staff E, Caregiver, stated residents' care plans had not been updated, as required, and that facility managers were responsible for updating them. Staff E further stated that some of the interventions for staff to use to provide care to residents were no longer pertinent as the care plans were several years old.

In an interview on 03/11/2024 at 1:45 PM, Staff D, Caregiver, stated residents' care plans needed to be updated. Staff D stated several interventions for staff to use to care for residents were out of date.

Review of the care plans for Residents 1, Resident 2, Resident 3, and Resident 5 showed the facility's reviews of these care plans were dated 06/16/2021, 01/06/2022, 07/20/2021, and 06/03/2021, respectively. The care plan for Resident 4 was undated and showed the facility's former Administrator reviewed it.

Department records showed the former Administrator left their position on 04/30/2021.

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, Magnolia Care is or will be in compliance with this law and / or regulation on (Date) May 9th, 2024

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

Brittney Reed — 3/29/2024

Administrator (or Representative) — Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain documentation of orientation and safety training for 1 of 3 sample staff (Staff H), and mental health, dementia, and developmental disability specialty trainings for 2 of 3 sample staff (Staff F and H). These failures resulted in inadequately trained staff providing care to residents and placed residents at risk for unmet care needs.

Findings included...

Review of the undated facility Disclosure of Services showed the facility provided care and services to residents with mental health, dementia, and developmental disability issues.

Review of the undated Resident Characteristic Roster, that the facility provided to the department investigator on 03/11/2024 at 10:17 AM, showed the facility served residents with mental health and dementia needs.

Review of the undated Face Sheets for Residents 1, Resident 2, Resident 3, and Resident 5 showed these residents had [redacted] diagnoses. Review of the Face Sheets for

Residents 4 and 5 showed they had [redacted] diagnoses.

Review of the file for Staff F, Caregiver showed they were hired on 07/28/2023.

Review of the file for Staff H, Caregiver showed they were hired on 06/04/2023.

Review of the files for Staff F, Caregiver; and Staff H, Caregiver on 03/18/2024 at 3:00 PM showed the facility did not have documentation of Staff F and Staff H's completion of the specialty trainings or Staff H's completion of orientation and safety training.

In an interview on 03/22/2024 at 1:30 PM, Staff A stated the facility did not have documentation of Staff F and H's completion of the specialty trainings, and Staff H's completion of orientation and safety training.

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, Magnolia Care is or will be in compliance with this law and / or regulation on (Date) May 9th, 2024

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

Brittney Beat — 3/30/24

Administrator (or Representative) — Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain staff reference documentation for 3 of 3 sampled staff (Staff F, G, and H). This failure placed residents at risk of receiving care from potentially disqualified staff.

Findings included...

Review of the March 2024 staff schedule showed Staff F, Caregiver, Staff G, Caregiver, and Staff H, Caregiver, were currently employed to provide care to residents.

Reviews of the personnel files for Staff F, Staff G, and Staff H showed the facility had no documentation of contacting references upon hire.

In an interview on 03/18/2024 at 3:00 PM, Staff A, Administrator, stated they were unable to locate documentation of reference checks in the files for Staff F, Staff G, and Staff H, and they would provide them to the department investigator if they located the documents.

In an interview on 03/22/2024 at 1:30 PM, Staff A stated the facility did not have documentation of reference checks for Staff F, G, and H.

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, Magnolia Care is or will be in compliance with this law and / or regulation on (Date) May 4th 2024.

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

Administrator (or Representative) 3/30/24 Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the facility failed to complete a fingerprint background check for 1 of 3 sampled staff (Staff H). This failure placed residents at risk of receiving care from potentially disqualified staff.

Findings included...

Review of the file for Staff H, Caregiver, showed they were hired on 06/04/2023.

Statement of Deficiencies	License #: 2650	Compliance Determination # 38427
Plan of Correction	Magnolia Care	Completion Date
Page 7 of 7	Licensee: Magnolia Operations LLC	03/25/2024

Review of the March 2024 staff schedule showed Staff H worked during the day and evening shifts as a caregiver.

In an interview on 03/22/2024 at 1:30 PM, Staff A, Administrator, stated Staff H's file did not contain documentation of a fingerprint background check result for Staff H (296 days overdue as of 03/22/2024). Staff A further stated they contacted the Background Check Central Unit (BCCU) and was told BCCU did not have documentation of the fingerprint background check for Staff H.

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, Magnolia Care is or will be in compliance with this law and / or regulation on (Date) May 9th, 2024.

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

Administrator (or Representative) — Date: 3/30/24