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) 69241 (Completion Date 11/25/2025) and 67008 (Completion Date 10/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/25/2025 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-2450-2-e

The Department staff who did the on-site verification:
Patricia Eddy, Community Licensor

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

Sincerely,

Stephanie Jenks, Community 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 #: 67008
Intake ID: 196784
Investigator: Anne Boyd
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 10/09/2025 through 10/21/2025
Complainant Contact Date(s): 10/07/2025, 10/08/2025, 10/10/2025

Allegation(s):

1. Unqualified staff providing care.
2. Staff not having proper training/license.

Investigation Methods:

Sample:	Total residents: 45 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Residents Director of Nursing Administrator Caregiver Medtech Housekeeping staff
Record Reviews:	Sample resident care plan/face sheet Named resident care plan/face sheet Disclosure of Services Characteristic roster Sample staff background check/CPR/License Facility staff schedule (September 2025) Facility shower log

Investigation Summary:

1. Observation, Interview and record review showed a facility staff was providing direct care for a resident without having appropriate license. Facility was issued a citation under WAC 388-78A-2450(2)(e).
2. Record review showed one sampled staff had been in process of obtaining their

Federal Fingerprint Background check. Facility and staff immediately completed requirement before investigation exit. Consultation provided for WAC 388-78A-2462(2)(b).

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 #: 67008
Intake ID: 196766
Investigator: Anne Boyd
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 10/09/2025 through 10/21/2025
Complainant Contact Date(s): 10/09/2025, 10/21/2025, 10/22/2025

Allegation(s):

1. Staff treatment of resident.
2. Unqualified staff providing direct resident care.

Investigation Methods:

Sample:	Total residents: 45 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Residents Director of Nursing Administrator Caregiver Medtech Housekeeping staff
Record Reviews:	Sample resident care plan/face sheet Named resident care plan/face sheet Disclosure of Services Characteristic roster Sample staff background check/CPR/License Facility staff schedule (September 2025) Facility shower log Facility investigation

Investigation Summary:

1. Facility investigated allegation of staff treatment of resident, suspended staff pending investigation, provided re-education and training to staff related to resident rights, along with written write up. Named residents interviewed had no concerns

with staff, felt safe, and had staff to talk to about concerns. Other residents had no concerns, felt safe, and had staff to talk to about concerns. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Findings do not support failed facility practice.
2. Investigated in intake 196784, findings: Observation, Interview and record review showed a facility staff were providing direct care for a resident without having appropriate credential. Facility was issued a citation under WAC 388-78A-2450(2)(e).

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

Statement of Deficiencies	License #: 2650	Compliance Determination # 67008
Plan of Correction	Magnolia Care	Completion Date
Page 1 of 3	Licensee: Magnolia Operations LLC	10/21/2025

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 10/09/2025 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 196784, 196766

The following sample was selected for review during the unannounced on-site visit: 4 of 45 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Boyd, NCI Community 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.

Stephanie Jones
Residential Care Services

10/30/2025
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.

Brittney Barratt
Administrator (or Representative)

11/3/2025
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff held the required credentials before providing resident care for 1 of 4 sampled staff (Staff A) who provided shower assistance to 1 of 4 sampled residents (Resident 1). This failure placed the resident at risk of injury and unmet care and services.

Findings included..

Review of Resident 1's service plan, dated 04/30/2025, showed Resident 1 had an intellectual disability and required staff assistance with bathing.

In an interview on 10/09/2025 at 11:42AM, Resident 1 verified that Staff A, Housekeeper, provided them with shower assistance at the facility.

Review of the Facility Care Log Book showed Resident 1 was bathed on 08/26/2025 by Staff A .

In an interview on 10/13/2025 at 4:05PM, Staff A verified that they assist Resident 1

with their showers several times a week. Staff A further verified that they did not have an active long-term care worker credential.

In an interview on 10/14/2025 at 1:00 PM, Staff B, Administrator, stated that Staff A had verified to them that they had provided bathing assistance to Resident 1. Staff B further verified that Staff A did not have a long-term care worker credential and was employed at the facility as part of the housekeeping staff.

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) 11/15/2025 .

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

Brittney Beatty — Administrator (or Representative)

11/3/2025 — Date

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 # 2650

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 10/21/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services

Region 1, Unit B
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

Record review showed one sampled staff had been in process of obtaining their Federal Fingerprint Background check. Facility and staff immediately completed requirement before investigation exit. Consultation provided for WAC 388-78A-2462(2)(b).

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

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

Enclosure