STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

03/19/2026

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

RE: Magnolia Care # 2650

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 74557 (Completion Date 03/19/2026) and 71624 (Completion Date 01/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

The Department staff who did the On Site verification:

Sandra Fast, Community Complaint Investigator

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 follow-up on 01/20/2026 of:
Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following SOD dated: 01/30/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sandra Fast, Community Complaint Investigator

From:
DSHS, Home and Community Living 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.

Residential Care Services — 02/10/2026 (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) — 2/20/2026 (Date)

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health (MH), dementia and developmental disabilities (DD) specialty trainings were completed by 2 of 3 staff (Staff B and C). This failure placed residents at risk of unmet care needs.

Findings included...

[redacted] [redacted]

<Staff B>

Review of the facility's undated and untitled list of staff showed, that Staff B was hired on 05/02/2024 and worked as a caregiver and medication technician.

Review of Staff B's personnel documentation showed that they did not have their DD specialty training.

<Staff C>

Review of the facility's undated and untitled list of staff showed, that Staff C was hired on 02/24/2025 and worked as a caregiver.

Review of Staff C's personnel documentation showed that they did not have their MH and dementia specialty trainings.

In an interview on 01/30/2026 at 3:41 PM, Staff A, Administrator, stated that Staff B did not have their specialty trainings for MH and dementia. Staff A further stated that Staff C did not have their DD specialty training. Staff A further stated that their process for ensuring that staff obtained all of their specialty trainings had remained unchanged and used, "on and off," for the previous one to two years.

This is an uncorrected deficiency previously cited on 12/02/2025 for subsection(s) 2(c).

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) 3/13/2026 .

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

Brittney Beatty
Administrator (or Representative)

2/20/2026
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 69126
Intake ID: 201736
Investigator: Sandra Fast
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 11/21/2025 through 12/02/2025
Complainant Contact Date(s):

Allegation(s):

1. A resident allegedly was physically abused by a staff member.
2. A staff member was working as a caregiver/medication technician without specialized trainings.

Investigation Methods:

Sample:
Total residents: 25
Resident sample size: 4
Closed records sample size: 0

Observations:
Identified resident
Residents
Resident rooms
Staff to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Administrator
Nurse administrator

Record Reviews:
Medical records
Incident investigation
Facility policies
Personnel files
Staff training records
Characteristic Roster
Staff List

Investigation Summary:

1. A witness staff interviewed stated that the identified resident was upset with a peer and that they threw their pop at the witness staff while at the nurses' station, called them a profane name and then went to their room. The witness staff stated that the identified staff was on the telephone and not within close proximity to the resident. The witness staff stated that the resident attacked the two after they went to the residents room to check on them. The witness staff stated no hands were put on the resident and that the resident had put their hands on the identified

staff. The witness staff stated that there were no injuries or harm noted to the resident after the staff was released. The administrator stated that the resident had a history of becoming very upset usually after interacting with their boyfriend. Records reviewed showed that the facility investigated the incident and determined there was no harm to the resident. The identified resident interviewed stated that the staff treated them well and that they felt safe at the facility. All sampled residents interviewed stated that the staff treated them well and that they felt safe at the facility. No failed facility practice was identified.
2. Records reviews showed that there were residents who had diagnoses that required staff with specialized trainings in dementia, mental health and developmental disabilities. Records showed that a sampled staff member did not have the required specialized trainings and had worked for over 120 days. Failed facility practice was identified according to Washington Administrative Code (WAC) 388-78a-2474(2)(c) and referenced WAC 388-12-12a-0495(4).

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 11/21/2025 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 199796, 201736

The following sample was selected for review during the unannounced on-site visit: 4 of 25 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, 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.

Residential Care Services — 12/15/2025 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.

Administrator (or Representative) — 12/30/2025 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health, dementia and developmentally disabled adult specialty training was completed by 1 of 2 staff (Staff B). This failure placed residents at risk of unmet care needs.

Findings included...

Review of the facility's undated Characteristic Roster showed the facility cared for residents who had been diagnosed with [redacted] and [redacted].

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health, dementia and developmentally disabled adult specialty training was completed by 1 of 2 staff (Staff B). This failure placed residents at risk of unmet care needs.

Findings Included…

Review of the facility's undated Characteristic Roster showed the facility cared for residents who had been diagnosed with [redacted] and [redacted].

Review of the facility's undated list of staff showed that Staff B was hired on 04/03/2024 as a nursing assistant certified and worked during the night shift as a caregiver/medication technician.

Record review of Resident 1's Negotiated Service Plan (NSP) dated 05/15/2025, showed that the resident had dementia (loss of cognitive functioning).

In an interview on 12/11/2025 at 11:01 AM, Staff A, Administrator, stated that Staff B had not yet obtained their specialized training in the areas of dementia, mental health and developmental disabilities.

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) 1/16/2026 .

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

Brittney Beg

Administrator (or Representative)

12/30/2025

Date

Review of the facility's undated list of staff showed that Staff B was hired on 04/03/2024 as a nursing assistant certified and worked during the night shift as a caregiver/medication technician.

Record review of Resident 1's Negotiated Service Plan (NSP) dated 05/15/2025, showed that the resident had dementia (loss of cognitive functioning).

In an interview on 12/11/2025 at 11:01 AM, Staff A, Administrator, stated that Staff B had not yet obtained their specialized training in the areas of dementia, mental health and developmental disabilities.

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)_____ .

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

_____ _____

Administrator (or Representative) Date