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

03/03/2026

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) 73757 (Completion Date 03/03/2026) and 70026 (Completion Date 01/13/2026).

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

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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:

(2) The results of the national fingerprint background check are pending.

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

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Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 70026
Intake ID: 202298
Investigator: Sandra Fast
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 12/12/2025 through 01/13/2026
Complainant Contact Date(s): 01/15/2026, 12/12/2025

Allegation(s):

1. A medication technician took sedating medication while on duty.
2. There was a potentially unqualified staff member who had direct resident access.

Investigation Methods:

Sample:
Total residents: 45
Resident sample size: 4
Closed records sample size: 1

Observations:
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Nursing staff
Residents
Family members
Administrator
Complainant

Record Reviews:
Medical records
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns

Investigation Summary:

1. The identified medication technician was unable to be observed. A sampled medication staff observed was kind to the residents and responsive to their requests. The medication staff followed safe medication services protocol practices. The facility followed their house policy titled Alcohol/Drug Policy. All sampled staff interviewed stated no concerns regarding residents' medication services. All sampled residents interviewed stated no concerns regarding the medication staff or about the facility's medication services. The administrator interviewed stated there had been no concerns reported to them about staff being impaired. The

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administrator stated they had not observed any concerning medication staff behaviors. No failed facility practice was found.

2. A staff member did not have their final fingerprint background check completed after 120 days. A citation was issued based on Washington Administrative Code (WAC) 388-78a-24681(2)

Conclusion / Action:

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 70026
Intake ID: 203052
Investigator: Sandra Fast
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 12/12/2025 through 01/13/2026
Complainant Contact Date(s): 01/15/2026, 12/12/2025

Allegation(s):

1. Facility administrators were disorganized and were not reporting resident status changes and bed holds.
2. Residents may not have received their mail or packages.

Investigation Methods:

Sample:	Total residents: 45 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Staff to resident interactions Common areas
Interviews:	Nursing staff Residents Social services staff Human resources
Record Reviews:	Medical records Facility policies Personnel files Staff training records

Investigation Summary:

1. The facility administrator observed showed no signs of being disorganized and was able to locate all requested documents. The administrative staff interviewed was organized in their thought process and was able to provide adequate responses to all questions and requests. The facility administrator interviewed stated that a resident's Case Manager (CM) was notified when a resident was sent to the hospital or was discharged from the facility. The reporting CM interviewed stated that the facility had corrected their documentation and notifications regarding residents' changes in conditions, hospitalizations, and discharges. The CM stated that they had no further facility

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concerns. No failed facility practice was identified.

2. The mailboxes observed were in good condition and were locked with a key provided to the residents. The CM interviewed stated that there was a general concern and they could not name a specific resident. A sampled resident interviewed stated that the mail parcels were loaded into the mailboxes by the mail delivery person. The facility had a process for receiving and distributing residents' packages. All sampled residents interviewed stated no concerns regarding receiving their mail or packages in a timely manner. No failed facility practice was identified.

A staff member did not have their final fingerprint background check completed after 120 days. A citation was issued based on Washington Administrative Code (WAC) 388-78a-24681(2)

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

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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 # 70026
Plan of Correction	Magnolia Care	Completion Date
Page 1 of 3	Licensee: Magnolia Operations LLC	01/13/2026

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 12/12/2025 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 202298, 203052

The following sample was selected for review during the unannounced on-site visit: 4 of 45 current residents and 1 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

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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 — 01/15/2026 (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) — 1/15/2026 (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:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete a fingerprint background check for 1 of 2 staff (Staff B). This failed practice placed residents at risk of receiving unsupervised care and services from a potentially disqualified caregiver.

Findings included...

Review of Staff B's, Medication Technician (MT), personnel file showed a receipt for a fingerprint background check appointment dated 10/21/2025. Further review showed that there was no fingerprint background check result in their file.

Review of the facility's staff schedules from 10/01/2025 to 12/15/2025, showed that Staff B worked for four to five days per week as a MT interacting with the residents.

In an interview on 01/13/2026 at 4:53 PM, Staff A, Administrator stated that Staff B's date of hire was 06/24/2025. Staff A stated they had not received a fingerprint background check for Staff B..

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Statement of Deficiencies	License #: 2650	Compliance Determination # 70026
Plan of Correction	Magnolia Care	Completion Date
Page 3 of 3	Licensee: Magnolia Operations LLC	01/13/2026

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) 2/27/2026 .

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

Administrator (or Representative) 1/15/2026 Date

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