STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

11/24/2025

Grandview Assited Living LLC
Magnolia Assisted Living
912 Hillcrest St
Grandview, WA 98930

RE: Magnolia Assisted Living # 2750

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69105 (Completion Date 11/24/2025) and 64109 (Completion Date 08/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/24/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the Off Site verification:
Melissa Milanez, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2750	Compliance Determination #64109
Plan of Correction	Magnolia Assisted Living	Completion Date
Page 1 of 3	Licensee: Grandview Assited Living LLC	08/18/2025

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 follow-up on 08/13/2025 of:
Magnolia Assisted Living
912 Hillcrest St
Grandview, WA 98930

This document references the following SOD dated: 08/18/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2750	Compliance Determination #64109
Plan of Correction	Magnolia Assisted Living	Completion Date
Page 2 of 3	Licensee: Grandview Assited Living LLC	08/18/2025

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.

Laura Williams-Davis
Residential Care Services

08/28/2025
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)

10-02-25
Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was non-compliant during their third inspection of the facility. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included...

Review of the Washington State Patrol Fire Protection Bureau report, dated 08/18/2025, showed that the facility remained in violation for not having documentation of the annual fire alarm system services within the past 12 months for the "1-24 VDC Bell, North Hall Failure."

In an interview on 08/22/2025 at 9:18 AM, Staff A, Administrator, acknowledged that the facility had an uncorrected violation during their Fire Marshal inspection that occurred on 08/18/2025.

This is a uncorrected deficiency previously cited on 07/15/2025.

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-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was non-compliant during their third inspection of the facility. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included…

Review of the Washington State Patrol Fire Protection Bureau report, dated 08/18/2025, showed that the facility remained in violation for not having documentation of the annual fire alarm system services within the past 12 months for the “1-24 VDC Bell, North Hall Failure.”

In an interview on 08/22/2025 at 9:18 AM, Staff A, Administrator, acknowledged that the facility had an uncorrected violation during their Fire Marshal inspection that occurred on 08/18/2025.

This is a uncorrected deficiency previously cited on 07/15/2025.

Statement of Deficiencies	License #: 2750	Compliance Determination #64109
Plan of Correction	Magnolia Assisted Living	Completion Date
Page 3 of 3	Licensee: Grandview Assited Living LLC	08/18/2025

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 Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10-02-25

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

Administrator (or Representative) — Date: 10-02-25

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 Assisted Living 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2750
Intake ID: 185205
Compliance Determination #: 62744
Region/Unit #: RCS Region 1 / Unit G
Investigator: Anna Cairns
Investigation Date(s): 07/15/2025 through 07/15/2025
Complainant Contact Date(s):

Allegation(s):
The facility had two failed Fire Marshal follow-ups.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 0 Closed records sample size: 0
Observations:	Desk review per Field Manager approval
Interviews:	Interview completed by Complaint Investigator.
Record Reviews:	Characteristic roster Initial inspection report Follow-up inspection report Follow-up letter

Investigation Summary:
The facility failed their initial Fire Marshal inspection and their follow-up Fire Marshal inspection. Failed practice identified. WAC 388-78A-2040 (2).

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

1200 Alder Street, Union Gap, WA 98903

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 07/15/2025 of:

Magnolia Assisted Living
912 Hillcrest St
Grandview, WA 98930

This document references the following complaint number(s): 185205

The following sample was selected for review during the unannounced on-site visit: 0 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2750	Compliance Determination # 62744
Plan of Correction	Magnolia Assisted Living	Completion Date
Page 2 of 4	Licensee: Grandview Assited Living LLC	07/15/2025

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.

Laura Williams-Davis
Residential Care Services

07/23/2025
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)

7.31.25
Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was in violation of several codes during the initial inspection on 04/30/2025, and then continued violation of codes during a second inspection on 06/05/2025. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included...

Review of the Washington State Patrol Fire Protection Bureau report, dated 04/30/2025, showed that facility failed their initial inspection on 04/30/2025. The initial inspection on 04/30/2025, showed that facility violated the following requirements:

- The activity storage room had combustible storage within 18 inches of the sprinkler head.
- The facility could not provide documentation of fire drills that had been completed from April of 2024 to December 2024.
- The laundry room had a screw and washer screwed into an electrical outlet.
- The medication room had a missing/broken outlet cover.
- A resident room had a missing outlet cover.
- A resident room had an unfused power strip and multi-plug adapter in use that was plugged into an additional power strip.

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.

Laura Williams-Davis
Residential Care Services

07/23/2025
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)

Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was in violation of several codes during the initial inspection on 04/30/2025, and then continued violation of codes during a second inspection on 06/05/2025. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included...

Review of the Washington State Patrol Fire Protection Bureau report, dated 04/30/2025, showed that facility failed their initial inspection on 04/30/2025. The initial inspection on 04/30/2025, showed that facility violated the following requirements:

- The activity storage room had combustible storage within 18 inches of the sprinkler head.
- The facility could not provide documentation of fire drills that had been completed from April of 2024 to December 2024.
- The laundry room had a screw and washer screwed into an electrical outlet.
- The medication room had a missing/broken outlet cover.
- A resident room had a missing outlet cover.
- A resident room had an unfused power strip and multi-plug adapter in use that was plugged into an additional power strip.

- The activity room desk had an unfused power strip in use.
- A room in the facility had a self-closer on the door that was not operable.
- There was a portable heater without an automatic shut off in a common area.
- There a portable heater without an automatic shut off in the conference room.
- A storage room had penetration in a wall near the sprinkler piping.
- The medication room door had a gap at the base of the door that was 1.5 inches in size.
- The soiled laundry room had a gap at the base of the door that was 1.5 inches in size.
- The conference room had a door that would not fully close and latch.
- The nursing director's office had a door that would not fully close and latch when released.
- A resident room had a door that would not fully close and latch when released.
- The kitchen storage area that contained over 50 square feet of hazardous storage did not have a self-closing door.
- A resident room had a door that had been propped open with a piece of cardboard.
- Sprinkler heads throughout the facility were covered in paint and required replacement.
- The break room had an extinguisher that had not been serviced since 2023.
- The kitchen had a fire extinguisher that had been mounted to a bracket that was disconnected from the wall.
- The facility could not provide documentation of the annual fire alarm system service.
- The facility could not provide documentation of the semi-annual fire alarm service.
- The facility could not provide documentation of monthly maintenance logs for smoke detectors for the past 12 months.
- The facility did not have signage of on exterior of the medication room to show use of oxygen storage and to show which areas were for empty and full oxygen tanks.

Record review of the Washington State Patrol Fire Protection Bureau report, dated 06/05/2025, showed that facility failed their second inspection on 06/05/2025 and continued to violate the following requirements:

- The emergency evacuation routes and emergency egress were affected due to the construction in progress for the addition to the facility.
- The facility failed to provide documentation of updated fire safety, evacuation, and lockdown plans that included the physical changes from the new construction that had occurred to the north side of the facility.
- The medication room had a missing/broken outlet cover.
- A resident room had a missing outlet cover.
- The activity room desk had an unfused power strip in use.
- A storage room wall had penetration near the sprinkler piping.
- The medication room door had a gap at the base of the door that was 1.5 inches in size.
- The soiled laundry room had a gap at the base of the door that was 1.5 inches in size.
- The facility could not provide documentation of the annual fire alarm system

service that had been completed in the past 12 months.

- The emergency evacuation routes and emergency egress were affected due to the construction for the addition to the facility.
- An emergency exit door was obstructed by a wooden board across the door frame that was locked.
- There were three unsecured tanks that were found in the oxygen storage room without signage to indicate the room contained oxygen.

In an interview on 07/15/2025 at 3:33 PM, Staff A, Administrator, acknowledged that the facility was out of compliance with the Life Safety Code Inspection and requirements.

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 Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7.31.25.

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

[redacted] 7.31.25

Administrator (or Representative) Date

service that had been completed in the past 12 months.

- The emergency evacuation routes and emergency egress were affected due to the construction for the addition to the facility.
- An emergency exit door was obstructed by a wooden board across the door frame that was locked.
- There were three unsecured tanks that were found in the oxygen storage room without signage to indicate the room contained oxygen.

In an interview on 07/15/2025 at 3:33 PM, Staff A, Administrator, acknowledged that the facility was out of compliance with the Life Safety Code Inspection and requirements.

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 Assisted Living 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 _____