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

06/10/2026

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) 78524 (Completion Date 06/10/2026) and 75384 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/10/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2220 Prescribed medication authorizations.

(1) Before the assisted living facility may provide medication assistance or medication administration to a resident for prescribed medications, the assisted living facility must have one of the following:

(a) A prescription label completed by a licensed pharmacy;

(b) A written order from the prescriber;

(c) A facsimile or other electronic transmission of the order from the prescriber; or

(d) Written documentation by a nurse of a telephone order from the prescriber.

(2) The documentation required above in subsection (1) of this section must include the following information:

(a) The name of the resident;

(b) The name of the medication;

(c) The dosage and dosage frequency of the medication; and

(d) The name of the prescriber.

This document was prepared by Residential Care Services for the Locator website.

The Department staff who did the On Site verification:
Amy Wright, NCI Complain 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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 75384
Intake ID: 218509
Investigator: Amy Wright
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 04/03/2026 through 04/09/2026
Complainant Contact Date(s):

Allegation(s):
Resident refusing to allow staff to provide wound care.

Investigation Methods:

Sample:
Total residents: 41
Resident sample size: 3
Closed records sample size: 0

Observations:
Alleged Victim
Residents
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Administrator
Alleged Victim
Residents
Resident Care Coordinator

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Provider visit note
*Staff credentials
*Staff training records
*Resident face sheets
*Resident care plan
*Alcohol and Drug Use Policy
*Abuse Prevention Policy and Procedure
*Medication Service Policy
*Medication administration records
*Progress notes
*Incident investigation
*Staff background checks

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Investigation Summary:

Interview and record review showed that staff had intermittently treated a resident's fungal skin infection with a prescription topical medication which there was no health care provider order for. Failed facility practice identified and cited under WAC 388-78A-2220 Prescribed medication authorizations (1)(a)(b)(c)(d)(2)(a)(b)(c)(d).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2650	Compliance Determination # 75384
Plan of Correction	Magnolia Care	Completion Date
Page 1 of 4	Licensee: Magnolia Operations LLC	04/09/2026

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 04/03/2026 and 04/09/2026 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 218509, 218043

The following sample was selected for review during the unannounced on-site visit: 3 of 41 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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

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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 — 04/15/2026 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) — 4/17/2026 Date

WAC 388-78A-2220 Prescribed medication authorizations.

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(a) A prescription label completed by a licensed pharmacy;

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(d) Written documentation by a nurse of a telephone order from the prescriber.

(2) The documentation required above in subsection (1) of this section must include the following information:

(a) The name of the resident;

(b) The name of the medication;

(c) The dosage and dosage frequency of the medication; and

(d) The name of the prescriber.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure they had a health care provider order prior to assisting a resident with the application of a prescription topical medication for 1 of 1 resident (Resident 1). This failed practice contributed to discomfort for Resident 1 and placed them at risk for adverse side effects and ineffective treatment of a fungal skin infection.

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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 | Date

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Findings included…

Review of a progress note for Resident 1, dated 02/27/2026, showed that the resident was assisted with showering that day due to redness and itching in their groin area which appeared to be a yeast infection. The note showed that staff used “emergency powder” which was located at the nurses’ station.

Review of a progress note for Resident 1, dated 03/02/2026, showed that Resident 1 continued to have signs of a yeast infection in their groin area and under their belly. The note showed that a shower was completed and powder was used.

Review of a progress note for Resident 1, dated 03/04/2026, showed that the resident refused their shower but their infected area was cleaned and powder was applied.

Review of a progress note for Resident 1, dated 03/16/2026, showed that the resident refused staff’s offer of help with showering which resulted in a strong yeast odor. The note showed that later, Resident 1 showered independently and accepted staff’s assistance and the affected area was dried and powder was applied.

Review of a progress note for Resident 1, dated 03/27/2026, showed that Resident 1 pulled their call light that morning and asked for assistance in looking at their stomach. Review of the note showed that the resident had severe chafing that was rubbed raw below their scar as well as in their groin area. The note showed that staff notified the medication technician who said they did not have anything for it at that time and that they would have to get something ordered.

In an interview on 04/03/2026 at 10:16 AM, Staff A, Administrator, stated that Resident 1 had a yeast infection under their abdominal fold. Staff A stated that Resident 1 had been resistive to cares, and that on occasion, Resident 1 refused their prescription antifungal powder treatment.

In an interview on 04/03/2026 at 11:13 AM, Resident 1 stated they had a rash under their stomach. Resident 1 stated that on multiple occasions, staff assisted them by applying powder to the area.

In an interview on 04/03/2026 at 12:00 pm, Staff B, Resident Care Coordinator, stated that Resident 1’s provider prescribed an antifungal powder for an area of skin breakdown under the resident’s belly. Staff B then looked at Resident 1’s medication administration record and stated they were unable to find the antifungal powder order. Staff B stated they believed staff just gave Resident 1 some antifungal powder to use until the resident was seen by the provider.

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Review of medication administration records for Resident 1, dated February and March 2026, showed there were no documented orders for antifungal powder to be applied beneath Resident 1's abdominal fold.

In an interview on 04/09/2026 at 12:41 PM, Resident 1 stated that their rash was chronic. Resident 1 stated that the last time a facility staff checked on their rash was a couple of weeks ago. Resident 1 stated that the rash burned, hurt, and that it could be itchy.

On 04/08/2026 and 04/09/2026, requests were made for Resident 1's antifungal powder order and no orders were provided.

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) 5/24/2026 .

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

Brittney Beg
Administrator (or Representative)

4/17/2026
Date

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

_____ _____

Administrator (or Representative) Date

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