STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 78880 (Completion Date 06/11/2026) and 76024 (Completion Date 04/20/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/11/2026 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-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2, WAC 388-78A-2210

The Department staff who did the on-site verification:
Brian Zbylski, ALF 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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Magnolia Care
Provider Type: Assisted Living Facility
License/Cert.#: 2650
Compliance Determination #: 76024
Intake ID: 217158
Investigator: Brian Zbylski
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 04/16/2026 through 04/20/2026
Complainant Contact Date(s):

Allegation(s):

1. Named staff was very drowsy while on shift.
2. Named residents' medication was missing from the medication cart.
3. Named resident given medications incorrectly.
4. Narcotic count was incorrect.
5. Narcotic medications were improperly secured.

Investigation Methods:

Sample:	Total residents: 39 Resident sample size: 2 Closed records sample size: 1
Observations:	Medication storage and security. Staff appearance. Staff assisting residents.
Interviews:	Named residents. Med Tech. Administrator. Licensed nurse.
Record Reviews:	Resident records. Disclosure of services. Staff list and schedule. Facility policies. Narcotic medication book.

Investigation Summary:

1. Upon notification of the concern, the named staff person was spoken to and monitored by the management who determined that further action was not warranted. The facility had a policy in place regarding employee conduct and substance use. No deficient practice identified.
2. Medication records were reviewed. Medication carts were observed to be secured. The facility failed to complete documentation regarding destruction/disposal of residents' narcotic medications. Deficient practice identified related to Washington Administrative Code WAC 388-78A-2210 (1; a,b).

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3. Two medication administration errors were discovered for the named resident. Deficient practice identified related to WAC 388-78A-2210 (2; a,b).
4. Narcotic records were reviewed and counting errors were not discovered. There was a process in place for counting narcotics at the beginning and end of each shift. Deficient practice not identified.
5. Narcotic storage was observed to be stored appropriately behind multiple locks and access was given to designated staff only. Deficient practice not identified.

Conclusion / Action:

- [x] 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

HOME AND COMMUNITY LIVING ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2650	Compliance Determination # 76024
Plan of Correction	Magnolia Care	Completion Date
Page 1 of 5	Licensee: Magnolia Operations LLC	04/20/2026

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 04/16/2026 of:

Magnolia Care
1707 E Rowan Ave
Spokane, WA 99207

This document references the following complaint number(s): 217158

The following sample was selected for review during the unannounced on-site visit: 2 of 39 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Brian Zbylski, ALF Licensor

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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Statement of Deficiencies	License #: 2650	Compliance Determination # 76024
Plan of Correction	Magnolia Care	Completion Date
Page 2 of 5	Licensee: Magnolia Operations LLC	04/20/2026

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 — 04/21/2026 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) — 4/23/2026 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure controlled substances were properly accounted for, including documentation of destruction for 1 of 3 residents (Resident 3), and to ensure medication was received and documented as prescribed for 1 of 3 residents (Residents 2). This failure resulted in Resident 3's narcotic medications not being accounted for, medication errors for Resident 2, and placed residents at risk of drug diversion and adverse health effects.

Findings included...

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Review of RCW 69.41.042, Record requirements, states that a pharmaceutical manufacturer, wholesaler, pharmacy, or practitioner who purchases, dispenses, or distributes legend drugs shall maintain invoices or such other records as are necessary to account for the receipt and disposition of the legend drugs.

<Resident 3>

Review of Resident 3's face sheet showed they were admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 3's Service Plan (the facility's titled negotiated service agreement), dated 02/12/2025, showed the resident required medication assistance from staff.

Review of Resident 3's Controlled Drug Record, dated 09/05/2025, showed an order for buprenorphine (medication used to treat opioid use disorder) every morning. Further review showed that on 09/18/2025 a quantity of one remained, a handwritten "D'C [discontinued]" notation, and that it did not contain documentation of disposal or destruction of the remaining dose.

Review of Resident 3's Controlled Drug Record, dated 09/05/2025, showed an order buprenorphine every evening. Further review showed that on 09/17/2025 a quantity of two remained, a handwritten "D'C" notation, and that it did not contain documentation of disposal or destruction of the remaining doses.

Review of Resident 3's Controlled Drug Record, dated 11/19/2025, showed an order for buprenorphine three times daily. Further review showed that on 11/19/2025 a quantity of 13 remained, two signatures on the page, and that it did not contain documentation of disposal or destruction of the remaining doses.

Review of Resident 3's Controlled Drug Record, dated 12/30/2025, showed an order for buprenorphine/naloxone (medication used to treat opioid use disorder) daily. Further review showed that on 01/29/2026 a quantity of four remained, a handwritten "DC" notation, and that it did not contain documentation of disposal or destruction of the remaining doses.

In an interview on 04/16/2026 at 2:05 PM, Staff A, Administrator, stated that they were unsure what happened with Resident 3's unaccounted for narcotic medications and that the nurse should have documented the destruction in the Controlled Drug Record.

<Resident 2>

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Review of Resident 2's face sheet showed they were admitted to the facility on [redacted]/2010 and had a diagnosis of [redacted].

Review of Resident 2's Service Plan, dated 06/05/2025, showed the resident required medication assistance from staff.

Review of Resident 2's February 2026 Medication Administration Record (MAR), showed the resident had an order for Mounjaro (medication used to lower blood sugar levels) injections every week. Further review showed the resident received the injection on three consecutive days from 02/24/2026 – 02/26/2026.

Review of Resident 2's April 2026 MAR showed there was no documentation that the resident received their weekly injection as scheduled on 04/02/2026.

Review of the facility's undated policy titled, "Medication Service," showed that staff were to document the reason a medication was not given.

In an interview on 04/16/2026 at 2:05 PM, Staff A stated that the previous facility nurse entered the Mounjaro order into the electronic MAR incorrectly, resulting in the medication administration error.

In an interview on 04/16/2026 at 2:59 PM, Resident 2 stated that staff assisted them with their medication injections.

In an interview on 04/16/2026 at 3:05 PM, Staff A stated that there was no documentation to indicate if the Resident 2's Mounjaro was given or not on 04/02/2026.

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Plan of Correction	Magnolia Care	Completion Date
Page 5 of 5	Licensee: Magnolia Operations LLC	04/20/2026

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) 6/4/2026 .

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

Administrator (or Representative) Brittney Beyer Date 4/23/2026

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