Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	St. Andrews Place Assisted Living	***Provider Number***	001195
Address	520 E PARK AVE ,	***Approval Status***	Approved
City, State, Zip	Port Angeles, WA	***Facility Type***	Residential Care

On 03/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Laura Dodd
Signature

Laura Dodd, Administrator
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Initials of Authorized Facility Representative:

Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	St. Andrews Place Assisted Living	***Provider Number***	001195
Address	520 E PARK AVE ,	***Approval Status***	Disapproved
City, State, Zip	Port Angeles, WA	***Facility Type***	Residential Care

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Storage in buildings.

Storage of materials in buildings shall be orderly and stacks shall be stable. Storage of combustible materials shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur. (IFC 315.3 2021)	Findings during the inspection were: Flammable material being stored on top of stove located in activity room on 1st floor.

2 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. (IFC 315.2.3 2021)	Findings during the inspection were: Combustible material being stored in electrical room that is located by the dining room.

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: Facility needs to provide the following documentation for the fire sprinkler system; -Annual inspection. -Five-year internal pipe inspection. -Annual trip test. -Annual forward flow test on riser backflow. -Five-year fire department connection hydrostatic test. -Quarterly inspection reports. 3-year dry sprinkler report from 3/13/25 shows multiple deficiencies that shall be corrected or show proof that deficiencies were corrected.

Initials of Authorized Facility Representative:_____

Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	St. Andrews Place Assisted Living	***Provider Number***	001195
Address	520 E PARK AVE ,	***Approval Status***	Disapproved
City, State, Zip	Port Angeles, WA	***Facility Type***	Residential Care

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

4 Inspection, Testing and Maintenance

The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained. (IFC 907.8 2021)	Findings during the inspection were: Fire alarm report from 9/18/25 shows deficiencies, need report showing deficiencies were corrected.

5 Emergnecy Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	Findings during the inspection were: Exit sign on 2nd floor in front of room 212 needs directional chevron to show direction of travel.

6 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Findings during the inspection were: Facility needs to provide documentation showing 1.5 hour power test for all exit signs and emergency lights.

Initials of Authorized Facility Representative:_____

Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	St. Andrews Place Assisted Living	***Provider Number***	001195
Address	520 E PARK AVE ,	***Approval Status***	Disapproved
City, State, Zip	Port Angeles, WA	***Facility Type***	Residential Care

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin of the installation, door, shutters, and window assemblies shall be inspected and tested in accordance with 5.2.4. 5.2.4 Periodic Inspection and Testing. 5.2.4.1 Periodic inspections and testing shall be performed not less than annually. 5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information: 1. Date of inspection 2. Name of facility 3. Address of facility 4. Name of person(s) performing inspections and testing 5. Company name and address of inspecting company 6. Signature of inspector of record 7. Individual record of each inspected and tested fire door assembly 8. Opening identifier and location of each inspected and tested fire door assembly 9. Type and description of each inspected and tested fire door assembly 10. Verification of visual inspection and functional operation 11. Listing of deficiencies in accordance with 5.2.3, Section 5.3, and Section 5.4 And the following hall be checked: 1. Labels are clearly visible and legible 2. No open holes or breaks exist in surfaces of wither the door or frame 3. Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. 4. The door, frame, hinges, hardware, and non combustible threshold are secured, aligned and in working order with no visible, signs of damage 5. No parts are missing or broken 6. Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7 7. The self-closing device is operational,: that is, the active door completely closes when operated from the full open position 8. If a coordinator is installed, the inactive lead close before the active lead	Findings during the inspection were: Fire door going from dining room into the kitchen does not close due to delamination.

Initials of Authorized Facility Representative:_____

Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	St. Andrews Place Assisted Living	***Provider Number***	001195
Address	520 E PARK AVE ,	***Approval Status***	Disapproved
City, State, Zip	Port Angeles, WA	***Facility Type***	Residential Care

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed positon 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification to the door assembly have been preformed that void the label. 12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 01/04/2026

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative

Laura Dodd
Signature

Laura Dodd, Administrator
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

Initials of Authorized Facility Representative: LD