



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

Business Name	Cheney Assisted Living	Provider Number	001326
Address	2229 N 6TH ST ,	Approval Status	Approved
City, State, Zip	Cheney, WA	Facility Type	Residential Care

On 11/06/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Complaint

COMPLAINT # 169375 Here's a complaint of evacuation planning. Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? N/A 2. If the sprinklers were activated? N/A 3. If there was an evacuation / how many were evacuated? N/A 4. If there were injuries / how many? N/A 5. Did the fire department respond? N/A	Facility has submitted to DOH/CRS. 70035535 CRS # Extension requested by Zach Thiefaul, approved for 30 days until 10/31/25. Extension requested by Zach Thiefaul, approved for 45 days until 9/30/25. Extension requested by Zach Thiefaul, approved for 30 days until 8/15/25. Extension requested by Zach Thiefaul, approved for 45 days until 7/15/25.
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This document was prepared by Residential Care Services for the Locator website.



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Code Requirement

Statement of Violation

2 Fire Safety Plans

Fire safety plans shall include the following:

1. The procedure for reporting a fire or other emergency.
2. The life safety strategy including the following:
 - 2.1. Procedures for notifying occupants, including areas with a private mode alarm system.
 - 2.2. Procedures for occupants under a defend-in-place response.
 - 2.3. Procedures for evacuating occupants, including those who need evacuation assistance.
3. Site plans indicating the following:
 - 3.1. The occupancy assembly point.
 - 3.2. The locations of fire hydrants.
 - 3.3. The normal routes of fire department vehicle access.
4. Floor plans identifying the locations of the following:
 - 4.1. Exits.
 - 4.2. Primary evacuation routes.
 - 4.3. Secondary evacuation routes.
 - 4.4. Accessible egress routes.
 - 4.4.1. Areas of refuge.
 - 4.4.2. Exterior areas for assisted rescue.
 - 4.5. Refuge areas associated with smoke barriers and horizontal exits.
 - 4.6. Manual fire alarm boxes.
 - 4.7. Portable fire extinguishers.
 - 4.8. Occupant-use hose stations.
 - 4.9. Fire alarm annunciators and controls.
5. A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.
6. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.
7. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard

New Plans have been posted.



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Code Requirement

Statement of Violation

sources.

(IFC 404.2.2 2021)

3 Access to a Public Way

The exit discharge shall provide a direct and unobstructed access to a public way.

Exception: Where access to a public way cannot be provided, a safe dispersal area shall be provided where all of the following are met:

1. The area shall be of a size to accommodate not less than 5 square feet (0.46 m²) for each person.
2. The area shall be located on the same lot not less than 50 feet (15 240 mm) away from the building requiring egress.
3. The area shall be permanently maintained and identified as a safe dispersal area.
4. The area shall be provided with a safe and unobstructed path of travel from the building.

(IFC 1028.5 2021)

Sidewalks installed and approved by AHJ

Next inspection scheduled on or after:

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


Signature

JOHN F. GANNON JR. EXECUTIVE DIRECTOR
Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746


Signature



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

Business Name Cheney Assisted Living
Address 2229 N 6TH ST ,
City, State, Zip Cheney, WA 99004

Provider Number 001326
Approval Status Disapproved
Facility Type Residential Care

On 04/17/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Complaint

COMPLAINT # 169375

Here's a complaint of evacuation planning.

Please include the answers to the following questions in your report in FDM.

1. The cause of the fire? N/A
2. If the sprinklers were activated? N/A
3. If there was an evacuation / how many were evacuated? N/A
4. If there were injuries / how many? N/A
5. Did the fire department respond? N/A

On 3/19/25 a representative from the State Fire Marshal's office investigated complaints regarding evacuation policies, procedures and plans.

Extension requested for design/approval of exit path/dispersal area.

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Code Requirement

Statement of Violation

2 Fire Evacuation Plans

Fire evacuation plans shall include the following:

1. Emergency egress or escape routes and whether evacuation of the building is to be complete by selected floors or areas only or with a defend-in-place response.
2. Procedures for employees who must remain to operate critical equipment before evacuating.
3. Procedures for the use of elevators to evacuate the building where occupant evacuation elevators complying with Section 3008 of the International Building Code are provided.
4. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.
5. Procedures for accounting for employees and occupants after evacuation has been completed.
6. Identification and assignment of personnel responsible for rescue or emergency medical aid.
7. The preferred and any alternative means of notifying occupants of a fire or emergency.
8. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.
9. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
10. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.

(IFC 404.2.1 2021)

Evacuation routes and legible.

Corrected.

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Fire Safety Plan shall be provided.

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(IFC 404.2.2 2021)

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(IFC 1028.5 2021)

Next inspection scheduled on or after:

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Owner or Authorized Representative

Signature

John F. Garrison Jr. Executive Director
Print Name and Title

Deputy State Fire Marshal Barbara McMullen
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Signature