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

Business Name	Sharon Care Center Assisted Living	***Provider Number***	001428
Address	1509 Harrison AVE ,	***Approval Status***	Approved
City, State, Zip	Centralia, WA 98531	***Facility Type***	Residential Care

On 09/04/2024 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

Signature

JR Blood/Administrator
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden
1823 BAKER WAY
Kelso WA 98626
(360) 852-0966

Nicholas D. Wolden
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	Sharon Care Center Assisted Living	***Provider Number***	001428
Address	1509 Harrison AVE ,	***Approval Status***	Disapproved
City, State, Zip	Centralia, WA 98531	***Facility Type***	Residential Care

On 06/26/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
1 Inspection and Maintenance	
Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified. (IFC 705.2 2021)	Fire doors found throughout to have excessive gap.

Next inspection scheduled on or after: 07/26/2024

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

R Blood
Signature

JR Blood / Administrator
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden
1823 BAKER WAY
Kelso WA 98626
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