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

Business Name	Bonaventure of Lacey	***Provider Number***	2036
Address	4528 INTELCO LOOP SE,	***Approval Status***	Approved
City, State, Zip	Lacey, WA 98503	***Facility Type***	Residential Care

On 04/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

1 Admin Complaint

Code Requirement	Statement of Violation
COMPLAINT # 173999 and 174187 Here's a complaint of possible gas leak and dry system down Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? 2. If the sprinklers were activated? 3. If there was an evacuation / how many were evacuated? 4. If there were injuries / how many? 5. Did the fire department respond? Yes, No	COMPLAINT # 173999 and 174187 On 4/15/2025 a complaint investigation was conducted at Bonaventure of Lacey located at 4528 Intelco Loop SE, Lacey, WA 98503. An interview was conducted with facility staff. Complaint #173999; Found no odor of gas upon inspection, facility did have a gas leak on 4/3/2025 in which facility was evacuated. Repairs have been made. There was no fire, sprinkler system was not activated, the whole facility was evacuated, there were no injuries and fire department did respond. Complaint #174187; Sprinkler system operating normal upon inspection, facility did have a leak in their dry system on 4/7/2025 in which a fire watch was activated.. There was no fire, the sprinkler system was activated, facility was not evacuated, there were no injuries, fire department did respond.

Initials of Authorized Facility Representative: MH

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Code Requirement — Statement of Violation

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

Megan Harrison Executive Director
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: MH