



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

Business Name	Madrona Assisted Living LLC	Provider Number	2210
Address	8800 Madison AVE ,	Approval Status	Approved
City, State, Zip	Bainbridge Island, WA	Facility Type	Residential Care

On 11/19/2025 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

NOT AVAILABLE
Signature

Print Name and Title

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

[Signature]
Signature

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



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Phone: (360) 596-3900

Business Name	Madrona Assisted Living LLC	Provider Number	2210
Address	8800 Madison AVE ,	Approval Status	Disapproved
City, State, Zip	Bainbridge Island, WA	Facility Type	Residential Care

On 09/23/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Operations, Inspection and Maintenance

Commercial cooking systems shall be operated, inspected, and maintained in accordance with Sections 606.3.1 through 606.3.4 and Chapter 12 of NFPA 96.

(IFC 606.3 2021 WAC 51-54A)

Findings during inspection were:

6 burner stove needs to be tethered to the wall. ✓

2 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

Findings during inspection were:

Facility failed to provide documentation showing annual inspection of fire-resistance-rated construction. ✓

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

Work has been scheduled

Findings during inspection were:

Facility failed to provide documentation showing annual forward flow test for the fire sprinkler system backflow.

Fire department connection located outside of building needs 3 foot clearance, bushes need to be moved.



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Business Name Madrona Assisted Living LLC
Address 8800 Madison AVE ,
City, State, Zip Bainbridge Island, WA

Provider Number 2210
Approval Status Disapproved
Facility Type Residential Care

On 09/23/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

4 NFPA 80 Fire Door Inspection and Testing

5.2.1 Inspection and Testing. Upon completion 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 shall 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 inspection were:

3rd floor East dining room double doors by room 314 failed to latch.



This document was prepared by Residential Care Services for the Locator website.



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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 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: 10/31/2025

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Owner or Authorized Representative

Signature

Print Name and Title

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