



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

Business Name	Highgate Senior Living - Wenatchee	Provider Number	2225
Address	1320 S MILLER ST ,	Approval Status	Approved
City, State, Zip	Wenatchee, WA 98801	Facility Type	Residential Care

On 11/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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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)

The following violation was observed:

-The facility failed to provide documentation of the annual fire door inspection being conducted within the last twelve months. (Corrected)

2 Testing and Maintenance

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

(IFC 903.5.2021)

The following violations were observed:

-The facility failed to provide documentation of the annual forward flow testing. (Corrected)

-The facility failed to provide documentation of the first quarter inspection on the fire sprinkler system within the past twelve months. (Corrected)

3 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

(IFC 904.13.5.2.2021)

The following violation was observed:

-The facility failed to provide documentation of the first semi-annual hood suppression system service being completed within the past twelve months. (Corrected)

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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 08/31/2026

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

[Signature]
Signature

Jean F. Lehman, Executive Director
Print Name and Title

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea
Ely

Digitally signed by
Andrea Ely
Date: 2025.11.18
09:04:10 -08'00'

Signature

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Business Name Highgate Senior Living - Wenatchee
Address 1320 S MILLER ST ,
City, State, Zip Wenatchee, WA 98801

Provider Number 2225
Approval Status Disapproved
Facility Type Residential Care

On 10/23/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Clearance From Ignition Sources

Clearance between ignition sources, such as luminaries, heaters, flame-producing devices and combustible materials, shall be maintained in an approved manner.

(IFC 0305.1 2021)

The following violations were observed:

-In the kitchen there was a towel placed on the 6-unit open flame gas burner and combustibles were placed on the shelf above the stove. (Corrected)

2 Listing

603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.

(IFC 0603.5.1, 2021)

The following violation was observed:

-In Room 122 there was a 3-unit multi plug in use behind the bed in use. (Corrected)

3 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

The following violations were observed:

-In Room 206 there was an extension cord in use behind the tables near the window. (Corrected)

-In Room 224 there was an extension cord plugged in between two power strips (one unfused) in use behind the TV to Christmas lights and to the TV. (Corrected)

4 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

The following violation was observed:

-The facility failed to provide documentation of the first semi-annual hood suppression cleaning service being completed within the past twelve months. (Corrected)

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Code Requirement	Statement of Violation
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5 Fire-Resistance-Rated Construction

The fire-resistance rating of the following fire-resistance-rated construction shall be maintained: 1. Structural members. 2. Exterior walls. 3. Fire walls, fire barriers, fire partitions. 4. Horizontal assemblies. 5. Shaft enclosures. (IFC 701.2 2021)	The following violation was observed: -In Room 206 there was a penetration in the wall behind the chair. (Corrected)
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6 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)	The following violation was observed: -The facility failed to provide documentation of the annual fire door inspection being conducted within the last twelve months. *Violation remains; deficiencies were noted in the report of the door inspections on 09/09/2025.*
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7 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violations were observed: -The facility failed to provide documentation of the annual forward flow testing. (Corrected) -The facility failed to provide documentation of the first quarter inspection on the fire sprinkler system within the past twelve months. *Violation #2 remains; a quarterly inspection has not been completed since June of 2025.*
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Facility Type Residential Care

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Code Requirement

Statement of Violation

8 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

(IFC 904.13.5.2 2021)

The following violation was observed:

-The facility failed to provide documentation of the first semi-annual hood suppression system service being completed within the past twelve months.

Violation Remains, next scheduled inspection should be in February of 2026.

9 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

The following violation was observed:

-In the Life Enhancement Specialist Room the fire extinguisher was not serviced within the last twelve months. (Corrected)



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Approval Status Disapproved
Facility Type Residential Care

On 10/23/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

10 Delayed Egress Locking System

The delayed egress locking system shall be installed and operated in accordance with all of the following:

1. The delay electronics of the delayed egress locking system shall deactivate upon actuation of the automatic sprinkler system or automatic fire detection system, allowing immediate, free egress.
2. The delay electronics of the delayed egress locking system shall deactivate upon loss of power controlling the lock or lock mechanism, allowing immediate free egress.
3. The delayed egress locking system shall have the capability of being deactivated at the fire command center and other approved locations.
4. An attempt to egress shall initiate an irreversible process that shall allow such egress in not more than 15 seconds when a physical effort to exit is applied to the egress side door hardware for not more than 3 seconds. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the delay electronics have been deactivated, rearming the delay electronics shall be by manual means only. Exception: Where approved , a delay of not more than 30 seconds is permitted on a delayed egress door.
5. The egress path from any point shall not pass through more than one delayed egress locking system.
Exceptions:
 1. In Group I-1, Condition 2, Group I-2 or I-3 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds.
 2. In Group I-1, Condition 1 or Group I-4 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds and the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.
6. A sign shall be provided on the door and shall be located above and within 12 inches (305 mm) of the door exit

The following violations were observed:

- The following doors were missing required delayed egress signs:
 - 2nd Floor Exit Door near Room 210 (Corrected)
 - 2nd Floor Exit Door near Maintenance Office (Corrected)
 - 1st Floor Exit Door near Laundry Room (Corrected)
 - 1st Floor Activities Room Exit Door (Corrected)
 - 1st Floor Exit to Cottages (Middle Door) (Corrected)
 - 1st Floor Dining Room Exit Door (Corrected)



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Code Requirement	Statement of Violation
hardware: Exception: Where approved , in Group I occupancies, the installation of a sign is not required where care recipients who, because of clinical needs, require restraint or containment as part of the function of the treatment area. 6.1. For doors that swing in the direction of egress, the sign shall read: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS." 6.2. For doors that swing in the opposite direction of egress, the sign shall read: "PULL UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS." 6.3. The sign shall comply with the visual character requirements in ICC A117.1. 7. Emergency lighting shall be provided on the egress side of the door. 8. The delayed egress locking system units shall be listed in accordance with UL 294. (IFC 1010.2.13.1 2021)	

11 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 2021)	The following violation was observed: -The facility was unable to provide documentation of the annual fuel sampling and testing for the diesel generator within the past twelve months. (Corrected) -For the months of August through December of 2024, the facility was unable to provide documentation of weekly inspections on both generators; documentation provided showed only one full load test being completed a month. (Corrected)
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Code Requirement

Statement of Violation

12 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

The following violations were observed:

- Two oxygen cylinders in Room 111 were not secured to prevent the cylinders from falling or tipping over. (Corrected)
- There was an unsecured oxygen cylinder in the Health Care Director's Office. (Corrected)

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Provider Number 2225

Address 1320 S MILLER ST ,

Approval Status Disapproved

City, State, Zip Wenatchee, WA 98801

Facility Type Residential Care

On 08/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Clearance From Ignition Sources

Clearance between ignition sources, such as luminaries, heaters, flame-producing devices and combustible materials, shall be maintained in an approved manner.

(IFC 0305.1 2021)

The following violations were observed:

-In the kitchen there was a towel placed on the 6-unit open flame gas burner and combustibles were placed on the shelf above the stove.

2 Listing

603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.

(IFC 0603.5.1, 2021)

The following violation was observed:

-In Room 122 there was a 3-unit multi plug in use behind the bed in use. (Corrected)

3 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

The following violations were observed:

-In Room 206 there was an extension cord in use behind the tables near the window. (Corrected)

-In Room 224 there was an extension cord plugged in between two power strips (one unfused) in use behind the TV to Christmas lights and to the TV. (Corrected)

4 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

The following violation was observed:

-The facility failed to provide documentation of the first semi-annual hood suppression cleaning service being completed within the past twelve months.

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Code Requirement	Statement of Violation
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5 Fire-Resistance-Rated Construction

The fire-resistance rating of the following fire-resistance-rated construction shall be maintained:

1. Structural members.
2. Exterior walls.
3. Fire walls, fire barriers, fire partitions.
4. Horizontal assemblies.
5. Shaft enclosures.

(IFC 701.2 2021)

The following violation was observed:

-In Room 206 there was a penetration in the wall behind the chair.

6 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)

The following violation was observed:

-The facility failed to provide documentation of the annual fire door inspection being conducted within the last twelve months.

7 Testing and Maintenance

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

(IFC 903.5 2021)

The following violations were observed:

- The facility failed to provide documentation of the annual forward flow testing.
- The facility failed to provide documentation of the first quarter inspection on the fire sprinkler system within the past twelve months.
- There were only five spare sprinkler heads located in the fire sprinkler box in the riser room.
- In the front lobby, there were two sprinkler heads that were loaded with debris.



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8 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	The following violation was observed: -The facility failed to provide documentation of the first semi-annual hood suppression system service being completed within the past twelve months.
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9 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations. (IFC 906.2 2021)	The following violation was observed: -In the Life Enhancement Specialist Room the fire extinguisher was not serviced within the last twelve months.
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10 Delayed Egress Locking System

The delayed egress locking system shall be installed and operated in accordance with all of the following:

1. The delay electronics of the delayed egress locking system shall deactivate upon actuation of the automatic sprinkler system or automatic fire detection system, allowing immediate, free egress.
2. The delay electronics of the delayed egress locking system shall deactivate upon loss of power controlling the lock or lock mechanism, allowing immediate free egress.
3. The delayed egress locking system shall have the capability of being deactivated at the fire command center and other approved locations.
4. An attempt to egress shall initiate an irreversible process that shall allow such egress in not more than 15 seconds when a physical effort to exit is applied to the egress side door hardware for not more than 3 seconds. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the delay electronics have been deactivated, rearming the delay electronics shall be by manual means only. Exception: Where approved , a delay of not more than 30 seconds is permitted on a delayed egress door.
5. The egress path from any point shall not pass through more than one delayed egress locking system. Exceptions:
 1. In Group I-1, Condition 2, Group I-2 or I-3 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds.
 2. In Group I-1, Condition 1 or Group I-4 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds and the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.
6. A sign shall be provided on the door and shall be located above and within 12 inches (305 mm) of the door exit

The following violations were observed:

-The following doors were missing required delayed egress signs:

- 2nd Floor Exit Door near Room 210
- 2nd Floor Exit Door near Maintenance Office
- 1st Floor Exit Door near Laundry Room
- 1st Floor Activities Room Exit Door
- 1st Floor Exit to Cottages (Middle Door)
- 1st Floor Dining Room Exit Door

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hardware: Exception: Where approved , in Group I occupancies, the installation of a sign is not required where care recipients who, because of clinical needs, require restraint or containment as part of the function of the treatment area. 6.1. For doors that swing in the direction of egress, the sign shall read: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS." 6.2. For doors that swing in the opposite direction of egress, the sign shall read: "PULL UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS." 6.3. The sign shall comply with the visual character requirements in ICC A117.1. 7. Emergency lighting shall be provided on the egress side of the door. 8. The delayed egress locking system units shall be listed in accordance with UL 294. (IFC 1010.2.13.1 2021)	
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11 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 2021)	The following violation was observed: -The facility was unable to provide documentation of the annual fuel sampling and testing for the diesel generator within the past twelve months. -For the months of August through December of 2024, the facility was unable to provide documentation of weekly inspections on both generators; documentation provided showed only one full load test being completed a month.
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12 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

The following violations were observed:

- Two oxygen cylinders in Room 111 were not secured to prevent the cylinders from falling or tipping over.
- There was an unsecured oxygen cylinder in the Health Care Director's Office. (Corrected)



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Next inspection scheduled on or after: 09/24/2025

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

Jean F. Lehman, Executive Director
Print Name and Title

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea
Ely

Digitally signed by
Andrea Ely
Date: 2025.08.25
15:21:35 -07'00'

Signature