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

| | | | |
|---|---|---|---|
| ***Business Name*** | Prestige Senior Living Auburn Meadows | ***Provider Number*** | 2239 |
| ***Address*** | 945 22ND ST NE, | ***Approval Status*** | Approved |
| ***City, State, Zip*** | Auburn, WA | ***Facility Type*** | Residential Care |

On 02/24/2026 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*

James Heupel Maintenance Director
*Print Name and Title*

Deputy State Fire Marshal Cozetta Christian
106 11th AVE SW
Olympia WA 98501
(360) 584-5796

Cozetta

*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*** | Aegis Senior Inn of Kent | ***Provider Number*** | 1944 |
| ***Address*** | 10421 SE 248TH ST , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Kent, WA | ***Facility Type*** | Residential Care |

On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**1 Admin Fire & Life Safety**

| | |
|---|---|
| | This report is the result of an unannounced fire and life safety re-certification survey conducted at Aegis Senior Inn of Kent on 1/15/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes.<br><br>All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection.<br><br>The facility is not in compliance at the time of this inspection. |





Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Aegis Senior Inn of Kent | ***Provider Number*** | 1944 |
| ***Address*** | 10421 SE 248TH ST , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Kent, WA | ***Facility Type*** | Residential Care |

On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **2 Initiation** | |
| Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.<br>Exceptions:<br>1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.<br>2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to<br>be asleep, a coded announcement shall be an acceptable alternative to audible alarms.<br><br>(IFC 405.5 2021)<br><br>Records shall be maintained of required emergency evacuation drills and include the following information:<br><br>1. Identity of the person conducting the drill.<br>2. Date and time of the drill.<br>3. Notification method used.<br>4. Employees on duty and participating.<br>5. Number of occupants evacuated.<br>6. Special conditions simulated.<br>7. Problems encountered.<br>8. Weather conditions when occupants were evacuated.<br>9. Time required to accomplish complete evacuation.<br><br>(IFC 0405.6 2021)<br><br>Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.<br><br>(IFC 405.8 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.<br>The following drills are missing.<br>2nd Shift - Quarter 2 and 4<br>3rd Shift - Quarter 1 |





Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
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On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**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..<br><br>(IFC 603.6 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. In the nurses station has an extension cord in-use. |

**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.<br><br>(IFC 606.3.3 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. First semi-annual hood cleaning<br>2. Second semi-annual hood cleaning |

**5 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.<br><br>(IFC 701.6 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. The facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs.<br>2. Report on hand was not showing corridors throughout facility. |





Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Aegis Senior Inn of Kent | ***Provider Number*** | 1944 |
| ***Address*** | 10421 SE 248TH ST , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Kent, WA | ***Facility Type*** | Residential Care |

On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **6 Door Operation** | |
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. The kitchen double doors will not close and latch. |
| **7 Testing and Maintenance** | |
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Annual forward flow test (NFPA 25 13.7.2.1)<br>2. Quarterly inspections Reports |
| **8 Inspection, Testing and Maintenance** | |
| The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.<br><br>(IFC 907.8 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. 5/23/2025 report shows deficiencies on report<br>2. Semi-Annual Report |
| **9 Carbon Monoxide Detection - General** | |
| Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.<br><br>(IFC 0915.1 2021 WAC 51-54A) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. The facility must maintain detailed documentation and maps of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs. |





Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
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| ***Address*** | 10421 SE 248TH ST , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Kent, WA | ***Facility Type*** | Residential Care |

On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **10 Activation Test** | |
| Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired.<br><br>(IFC 1032.10.1 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Monthly 30-second activation testing had not been performed and documented |
| **11 Power Test** | |
| Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.<br><br>(IFC 1031.10.2 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Annual 90 minute power test had not been performed and documented |
| **12 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.<br><br>(IFC 1203.4 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Annual service report |





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**Fire Protection Bureau**
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| | | | |
|---|---|---|---|
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| ***Address*** | 10421 SE 248TH ST , | ***Approval Status*** | Disapproved |
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On 01/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**Next inspection scheduled on or after: 02/16/2026**

**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* *Print Name and Title*

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

_____

*Signature*





Initials of Authorized Facility Representative: _____

**Washington State Patrol**
**Fire Protection Bureau**
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| | | | |
|---|---|---|---|
| ***Business Name*** | Prestige Senior Living Auburn Meadows | ***Provider Number*** | 2239 |
| ***Address*** | 945 22ND ST NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Auburn, WA | ***Facility Type*** | Residential Care |

On 12/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**1 Admin Fire & Life Safety**

| | |
|---|---|
| | This report is the result of an unannounced fire and life safety re-certification survey conducted at Prestige Senior Living Auburn Meadows on 12/22/2025 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes.<br><br>All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection.<br><br>The facility is not in compliance at the time of this inspection. |

**2 Means of Egress - Storage in Buildings**

| | |
|---|---|
| Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.<br><br>(IFC 315.3.2 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. 1st floor memory care near resident room 310 in breeze way is blocked with combustible material. |

**3 Equipment Rooms**

| | |
|---|---|
| Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.<br><br>(IFC 315.2.3 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 1st floor sprinkler riser room has combustible material stored in the room. |





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| Code Requirement | Statement of Violation |
|---|---|

**4 Open electrical terminations**

| | |
|---|---|
| Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.<br><br>(IFC 603.2.2, 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. 1st floor memory care resident room 308 left side receptacle is missing the cover. |

**5 Working Space and Clearance**

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|---|---|
| Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.<br><br>(IFC 603.4, 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. 1st floor memory care storage room has blocked electrical panels. |





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On 12/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **6 Application and Use** | |
| 603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle.<br>Exceptions:<br>1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment.<br>2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices.<br><br>(IFC 603.5.2, 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 2nd floor resident room 221 has an extension cord plugged into a power strip.<br>2. On the 1st floor service hallway storage room has 2 power strips plugged into another power strip.<br>3. On the 1st floor medication room has a refrigerator plugged into a power strip. |
| **7 Listed and Labeled** | |
| Only listed and labeled portable, electric space heaters shall be used.<br><br>(IFC 603.9.1, 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 2nd floor office manager office has a portable heater that will not shut off when tilted over. |
| **8 Door Operation** | |
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 2nd floor resident door 203 will not latch.<br>2. On the 2nd floor TV/Library door will not latch.<br>3. On the 2nd floor resident door 215 will not latch.<br>4. On the 1st floor memory care resident door 305 will not latch.<br>5. On the 1st floor memory care resident door 307 will not latch. |





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| Code Requirement | Statement of Violation |
|---|---|

**9 Portable Fire Extinguishers - General Requirements**

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|---|---|
| Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.<br><br>Exceptions:<br>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.<br>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:<br>2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.<br>2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.<br>2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.<br>2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.<br>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.<br>3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.<br><br>(IFC 906.2 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following:<br><br>1. The facility will need to show that the deficiencies found on the annual inspection report for 6/16/2025 have been corrected.<br><br>At time of inspection the following was observed:<br><br>1. On the 2nd floor storage room there is a expired fire extinguisher that has not been inspected from the vendor over 12 months. |





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On 12/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **10 Inspection, Testing and Maintenance** | |
| The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.<br><br>(IFC 907.8 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. The facility will need to show that the deficiencies found on the annual inspection report for 5/30/2025 have been corrected.<br>2. The facility will need to show that the deficiencies found on the annual inspection report for 9/26/2025 have been corrected. |
| **11 Carbon Monoxide Detection - General** | |
| Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.<br><br>(IFC 0915.1 2021 WAC 51-54A) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 2nd floor mechanical room will need to have carbon monoxide detection in room. |
| **12 Rooms and Spaces** | |
| In the event of power supply failure, and emergency electrical system shall automatically illuminate all of the following areas:<br><br>1. Electrical equipment rooms.<br>2. Fire command centers.<br>3. Fire Pump rooms<br>4. Generator rooms<br>5. Public restrooms with an area greater than 300 square feet (27.87 m2).<br><br>(IFC 1008.3.3 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. On the 1st floor sprinkler riser room will need to have emergency lighting with battery backup. |





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On 12/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **13 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.<br><br>(IFC 1203.4 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:<br><br>1. Diesel fuel testing report |
| **14 Security** | |
| Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3.<br><br>(IFC 5303.5 2021) | The following deficiencies were cited as a result of this inspection:<br><br>At time of inspection the following was observed:<br><br>1. 1st floor memory care nurses office has a loose tank. |

**Next inspection scheduled on or after: 01/21/2026**

**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* *Print Name and Title*

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

_____
*Signature*



Initials of Authorized Facility Representative: _____