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

Business Name	Rose Pointe Assisted Living	***Provider Number***	2452
Address	13013 MISSION ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99216	***Facility Type***	Residential Care

On 02/07/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 163569 Here's a complaint of kitchen fire. Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? Kitchen gas line, kettle was moved back and forth rubbing a hold into the gas line causing a spark and fire. Staff put out the fire. 2. If the sprinklers were activated? N/A. 3. If there was an evacuation / how many were evacuated? N/A 4. If there were injuries / how many? None 5. Did the fire department respond? Yes.	On February 7, 2025 a representative from the State Fire Marshals Office completed a complaint inspection on a fire that was in the mobile kitchen. The fire was confined to the mobile kitchen due to wear/tear on the fuel line. Fire department responded and cleared the mobile kitchen. Upon inspection of the mobile kitchen, it is noted that the suppression system and fire extinguishers have not been serviced since 2023. It is also noted the kitchen did not have a carbon monoxide detector. The mobile kitchen is for temporary use until the kitchen remodel is completed in the facility. Contacted the mobile kitchen company and found out that the service requirements are the responsibility of the owner that is leasing the mobile kitchen, to include any state adopted fire code items. I also informed Spokane Valley Fire Departments in regards to the fire and life safety equipment and fire watch implementation. Permits are on file for the mobile kitchen.

2 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."	For your information all fire and life safety equipment shall have inspection, testing and maintenance completed.

Initials of Authorized Facility Representative

Business Name	Rose Pointe Assisted Living	***Provider Number***	2452
Address	13013 MISSION ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99216	***Facility Type***	Residential Care

On 02/07/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
3 Systems Out of Service	
Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires. Exception: Facilities with an approved notification and impairment management program. The notification and impairment program for water-based fire protection systems shall comply with NFPA 25. (IFC 901.7 2021)	A fire watch shall be implemented until the Carbon Monoxide Detector has been installed and the Mobile Kitchen Suppression System and Fire Extinguishers have been inspected/tested/maintained per state adopted codes. Modified fire watch during times of cooking and only for the mobile kitchen shall be implemented immediately. Fire watch documents received.
4 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)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing. The mobile kitchen suppression system has not been serviced since 2023. Serviced on 2/7/25 by PSI. Service documents received.

Initials of Authorized Facility Representative: _____

Business Name	Rose Pointe Assisted Living	***Provider Number***	2452
Address	13013 MISSION ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99216	***Facility Type***	Residential Care

On 02/07/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

5 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)	Facility was unable to provide the required documentation for monthly fire extinguisher maintenance in accordance with NFPA 10. All fire extinguishers in the mobile kitchen have not had annual maintenance or monthly inspections. Replaced 2/7/25 by PSI. Fire extinguishers have been replaced and monthly checks are to be implemented.

6 Locations

Where required by section 915.1.1, carbon monoxide detection shall be installed in the locations specified in Sections 915.2.1 through 915.2.3 (IFC 0915.2 2021)	The mobile kitchen has fuel burning appliances and does not have a carbon monoxide detector. Installed 2/7/25 and monthly checks shall be required.

Initials of Authorized Facility Representative: _____

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

Business Name	Rose Pointe Assisted Living	***Provider Number***	2452
Address	13013 MISSION ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99216	***Facility Type***	Residential Care

On 02/07/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

Trudie Chamberlain
Administrator
Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 844-2448

Barbara R. McMullen
Digitally signed by Barbara R. McMullen
Date: 2025.02.14 10:21:21 -08'00'

Signature

Initials of Authorized Facility Representative: