



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

Business Name The Gardens at Marysville, Independent Living & AL **Provider Number** 2476
Address 9802 48th , **Approval Status** Approved
City, State, Zip Marysville, WA 98270 **Facility Type** Residential Care
On 06/07/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Complaint

COMPLAINT # 84812

Here's a complaint of facial burns from smoking in room while on oxygen

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 ref # 84812

At 1200 on the 06/07/23, DSFM Brown entered The Gardens at Marysville Independent Living and Assisted Living facility located at 9802 48th Dr NE, Marysville, WA 98270 to investigate complaint ref# 84812. On 6/4/23 at 1115 Staff reported that the resident seemed intoxicated. When entered his room they noted that his face was black, facial hair burned and blistering to his lips. Resident reported to staff that he had hid a small "snipe" of his cigarette and was attempting to light it when it erupted in his face. Resident was in his room and on oxygen at the time of the event. 911 was called and the local fire department responded. Resident was transported to the ER. Resident had a smoking plan in place where staff were to keep his cigarettes and lighters and he had to request a cigarette from staff and go outside. No previous smells of cigarette smoke in the room Resident noted to have gone to Fred Meyer on Friday and most likely purchased the whiskey he was drinking on this date.

No other injuries were report.

No violations observed.

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



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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 _____ Print Name and Title _____

Deputy State Fire Marshal Brandon G. Brown
16778 146 ST SE
Monroe WA 98272
(360) 791-7037

Brandon G. Brown Digitally signed by Brandon G. Brown
Date: 2023.06.07 14:19:22 -07'00'

Signature

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