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

Business Name	Summer Wood Alzheimers Special Care Center	***Provider Number***	2514
Address	830 SUNBURST ,	***Approval Status***	Approved
City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 2/5/2026 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

Maggie Mixesell, Executive Director

Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Alan Harlan Digitally signed by Alan Harlan Date: 2026.02.05 15:19:49 -08'00'

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: _____

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Business Name	Summer Wood Alzheimers Special Care Center	***Provider Number***	2514
Address	830 SUNBURST ,	***Approval Status***	Disapproved
City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 03/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Frequency

Required emergency drills shall be held at the intervals specified in Table 405.3 or more frequently where necessary to familiarize all occupants with the drill procedure. (IFC 405.2 2021)	Corrected.

2 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	October 30, 2024 findings were: Facility failed to provide the following documentation for the fire sprinkler system; -Three year dry system full flow trip test. -Annual forward flow test for the backflow. -Fire department connection hydrostatic test. Facility was unable to provide documentation of full trip test of the dry system during reinspection. Facility was unable to provide documentation of forward flow test of the fire system backflow device during reinspection. Documentation only showed a flush. Facility was unable to provide documentation that the fire department connection check valve was hydrostatically tested at 150 psi for two hours during reinspection. Documentation only indicated test completed.

3 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. (IFC 1032.10.1 2021)	Corrected.

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On 03/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

4 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Corrected.

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On 03/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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	October 30, 2024 findings were: Facility failed to provide annual inspection of all fire doors. Facility was unable to provide documentation during reinspection.

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City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 03/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
before the active lead 9. Latching hardware operates and secures the door when it is in the closed positon 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: 04/09/2025

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 Print Name and Title

Deputy State Fire Marshal Barbara Maier
PO BOX 42642
Olympia WA 98504
(360) 596-3925
CDSFM Barbara A Maier Digitally signed by CDSFM Barbara A Maier DN: cn=CDSFM Barbara A Maier, o=Washington State Patrol, ou=Fire Protection Bureau, email=barbara.maier@wsp.wa.gov, c=US Date: 2025.03.11 02:14:31 -07'00'

Signature

Initials of Authorized Facility Representative: _____

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

Business Name	Summer Wood Alzheimers Special Care Center	***Provider Number***	2419
Address	830 SUNBURST ,	***Approval Status***	Disapproved
City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 10/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Frequency

Required emergency drills shall be held at the intervals specified in Table 405.3 or more frequently where necessary to familiarize all occupants with the drill procedure. (IFC 405.2 2021)	Findings were: Fire drills shall be conducted once per shift per quarter and records shall be kept for one year.

2 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings were: Facility failed to provide the following documentation for the fire sprinkler system; -Five year internal pipe examination. -Three year dry system full flow trip test. -Annual forward flow test for the backflow. -Fire department connection hydrostatic test.

3 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. (IFC 1032.10.1 2021)	Findings were: Facility failed to provide documentation showing 30 second monthly activation test for exit signs.

4 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Findings were: Facility failed to provide documentation showing annual 1.5 hour power test for exit signs.

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Business Name	Summer Wood Alzheimers Special Care Center	***Provider Number***	2419
Address	830 SUNBURST ,	***Approval Status***	Disapproved
City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 10/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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 were: Facility failed to provide annual inspection of all fire doors.

Initials of Authorized Facility Representative:_____

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Address	830 SUNBURST ,	***Approval Status***	Disapproved
City, State, Zip	Moses Lake, WA 98837	***Facility Type***	Residential Care

On 10/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed positon 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: 12/07/2024

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 Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Raul Murcia Digitally signed by Raul Murcia
Date: 2024.11.06 07:51:25 -08'00'

_____
Signature

Initials of Authorized Facility Representative:_____