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

Business Name	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Approved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 01/24/2024 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

Angela Pitts - Asst. Administrator

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

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	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Disapproved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 12/13/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 COVID - 19 Pandemic (ALFs)

Memorandum of record: Inspection request received 5/26/2021 Due to the state of emergency declaration of the COVID-19 pandemic event; Department of Social and Health Services (DSHS), halted on-site licensing renewals and activities. DSHS revoked the request per RCW 18.20.130, of the Washington State Fire Marshal Office (SFMO) to conduct renewal licensing inspections of licensed Assisted Living Facilities (ALFs) from April 1, 2020 to April 18, 2021.	

2 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2009, 2012, 2015, 2018)	Findings during the inspection were: Facility failed provide the following documentation for the automatic sprinkler system; 1. Five-year internal pipe testing. 2. Annual forward flow test on the backflow. 3. Five-year hydrostatic test on the fire department connection. Facility failed to maintain sprinkler head located in utility room across from Director's Office, sprinkler head blocked by light fixture.

3 Certification of Service Personnel for Fire-Extinguishing Equip

Service personnel performing system design, installation or conducting system maintenance or testing on automatic fire-extinguishing systems, other than automatic sprinkler systems, shall possess the appropriate ICC/NAFED certification. (IFC 904.1.1 2018 WAC 51-54A)	Findings during the inspection were: Facility failed provide documentation showing service technician for the kitchen suppression system holds ICC certification.

Initials of Authorized Facility Representative:_____

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

Business Name	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Disapproved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 12/13/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

4 NFPA 80 Fire Door Inspection and Testing

Code Requirement	Statement of Violation
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 during the inspection were: Facility failed maintain storage room door located across from room 318, not latching.

Initials of Authorized Facility Representative:_____

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

Business Name	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Disapproved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 12/13/2023 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: 01/13/2024

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

NOT AVAILABLE
Signature

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

Initials of Authorized Facility Representative:_____