



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

Business Name	Fieldstone Rolling Bay	Provider Number	2590
Address	10861 Manitou Park BLVD ,	Approval Status	Approved
City, State, Zip	Bainbridge Island, WA	Facility Type	Residential Care

On 03/31/2026 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

Bill Johnson Maintenance Director
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.



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Phone: (360) 596-3900

Business Name	Fieldstone Rolling Bay	Provider Number	2590
Address	10861 Manitou Park BLVD ,	Approval Status	Disapproved
City, State, Zip	Bainbridge Island, WA	Facility Type	Residential Care

On 09/23/2025 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)

Findings during the inspection were;

Fire drills shall be conducted once per shift per quarter. Documentation shall be kept for the last 12 months, to include participants signatures.

2 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.

(IFC 701.6 2021)

Findings during the inspection were;

Facility failed to provide annual inspection report of all fire-resistance-rated construction (fire wall inspection).

Storage room by Director of Nursing office has wall penetrations.

Memory care storage room by soiled linen room had ceiling tiles missing.

3 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

Findings during the inspection were;

Facility failed to provide documentation showing fire/smoke damper 4-year inspection report. Any deficiencies found shall be corrected.



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Code Requirement

Statement of Violation

4 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

Findings during the inspection were;

Facility failed to provide the following documentation for the fire sprinkler system;

- Annual forward flow test for the backflow.
- Fire department connection 5-year hydrostatic test.
- Quarterly inspection reports.

Kitchen had multiple sprinkler heads loaded with debris.

Med room by charting room on 1st floor has a sprinkler head that was hiding above the drop ceiling, not properly installed.

Gauges in memory care fire sprinkler riser room are due for their 5-year inspection or replacement.

5 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.

(IFC 907.8 2021)

Findings during the inspection were;

Fire alarm in memory care is currently in trouble mode. Deficiency shall be corrected.

6 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.

(IFC 1203.4 2021)

Findings during the inspection were;

Facility failed to provide the following reports for the generator;

- Annual inspection report.
- Log of weekly inspections.
- Log of monthly 30 minute full load test.



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Code Requirement

Statement of Violation

7 NFPA 80 Fire Door Inspection and Testing

5.2.1 Inspection and Testing. Upon completion 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 shall be checked:

1. Labels are clearly visible and legible
2. No open holes or breaks exist in surfaces of either 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;

Double doors by room 309 failed to latch.

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



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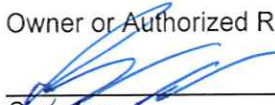
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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification to the door assembly have been performed that void the label. 12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and integrity 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 10/31/2025

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Owner or Authorized Representative


Signature

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