



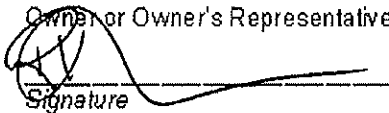
Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Memory Care at the Lodges	Provider Number	2600
Address	1530 CARPENTER ,	Approval Status	Approved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 03/04/2025 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

Rebecca Kindley, Executive Director
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: 2025.03.04 15:30:43 -08'00'

Signature

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.



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

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

Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 10/08/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Record Keeping

Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated. 6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021)	Corrected.
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2 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)	Corrected.
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3 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 sprinkler system; - Five-year internal pipe inspection. - Annual forward flow test on backflow. - Fire department connection hydrostatic test (every 5 years). Kitchen sprinkler head needs escutcheon ring.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 10/08/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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)	Findings during the inspection were: Facility failed to provide documentation that kitchen suppression system is being serviced twice a year.
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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 2018)	Findings during the inspection were: Facility failed to provide monthly inspection logs of single and or multiple station smoke alarms. Fire alarm report states deficiencies that must be corrected. Fire alarm batteries have no dates, load test should be conducted or batteries replaced.
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6 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3 2021)	Findings during the inspection were: Facility failed to provide documentation of smoke detectors sensitivity test.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 10/08/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

7 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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8 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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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 10/08/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

9 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 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

Corrected.



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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 10/08/2024 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 position 10. Auxillary 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: 11/12/2024

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 NOT AVAILABLE

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: 2024.10.18 08:30:56
+07'00'

Signature _____



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

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

Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 09/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Record Keeping

Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated. 6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021)	Corrected.
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2 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)	Corrected.
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3 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 sprinkler system; - Five-year internal pipe inspection. - Annual forward flow test on backflow. - Fire department connection hydrostatic test (every 5 years). Kitchen sprinkler head needs escutcheon ring.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 09/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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)

Findings during the inspection were:

Facility failed to provide documentation that kitchen suppression system is being serviced twice a year.

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 2018)

Findings during the inspection were:

Facility failed to provide monthly inspection logs of single and or multiple station smoke alarms.

Fire alarm report states deficiencies that must be corrected.

Fire alarm batteries have no dates, load test should be conducted or batteries replaced.

6 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

Findings during the inspection were:

Facility failed to provide documentation of smoke detectors sensitivity test.



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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 09/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

7 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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8 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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Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 09/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

9 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 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	Corrected.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 09/09/2024 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 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: 10/09/2024

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

Rebecca Kinsky - Executive Director
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-8067

Signature



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

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

Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 07/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Record Keeping

Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated. 6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021)	Findings during the inspection were: Fire drill shall be conducted once per shift per quarter and records shall be kept.
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2 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 of fire/smoke damper 4-year inspection report.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER .	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 07/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

3 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 sprinkler system; - Annual inspection report - Five-year internal pipe inspection. - Annual trip test. - Annual forward flow test on backflow. - Fire department connection hydrostatic test (every 5 years). - Quarterly inspection reports. Kitchen sprinkler head needs escutcheon ring.
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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)	Findings during the inspection were: Facility failed to provide semi-annual kitchen suppression system report.
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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 2018)	Findings during the inspection were: Facility failed to provide monthly inspection logs of single and or multiple station smoke alarms. Fire alarm report states deficiencies that must be corrected. Fire alarm batteries have no dates, load test should be conducted.
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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 07/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

6 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

Findings during the inspection were:

Facility failed to provide documentation of smoke detectors sensitivity test.

7 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 during the inspection were:

Facility failed to provide log of 30 second monthly activation test for exit signs and emergency lights.

8 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 during the inspection were:

Facility failed to provide documentation of annual 1.5 hour power test for exit signs and emergency lights.



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Business Name	Lacey Memory Care	Provider Number	001168
Address	1530 CARPENTER ,	Approval Status	Disapproved
City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 07/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

9 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 closes before the active lead

Findings during the inspection were:

Facility failed to provide documentation of annual fire door inspection.



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City, State, Zip	Lacey, WA 98503	Facility Type	Residential Care

On 07/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

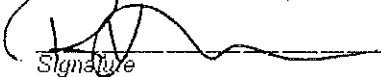
Statement of Violation

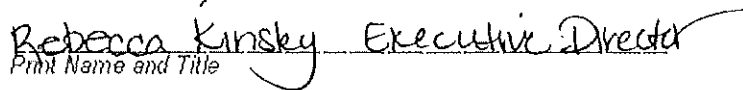
9. Latching hardware operates and secures the door when it is in the closed position
10. Auxillary hardware items that interfere or prohibit operation are not installed on the door or frame
11. No field modification to the door assembly have been preformed that void the label.
12. Meeting edge protection, 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: 08/30/2024

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) 819-0087


Signature