STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

03/21/2025

Greenlake Management Lacey, LLC
Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

RE: Memory Care At The Lodges # 2600

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56739 (Completion Date 03/21/2025) and 53470 (Completion Date 01/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the On Site verification:
Paul Aube, ALF NCI

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros, Field Manager

Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Memory Care At The Lodges **Provider Type:** Assisted Living Facility

License/Cert.#: 2600
Intake ID: 162823
Compliance Determination #: 53470
Region/Unit #: RCS Region 3 / Unit E
Investigator: Paul Aube
Investigation Date(s): 01/23/2025 through 01/24/2025
Complainant Contact Date(s):

Allegation(s):
Life Safety Code: Public report of facility failing fire code inspections via the local Fire Marshall.

Investigation Methods:

Sample:	Total residents: Resident sample size: 0 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions Kitchen Maintenance Areas
Interviews:	Maintenance Management
Record Reviews:	Maintenance logs Facility Policies

Investigation Summary:
Life Safety Code: Facility failed three inspections from the local Fire Marshal, and is currently still out of compliance. Failed Practice Identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 01/23/2025 of:

Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

This document references the following complaint number(s): 162823

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain fire safety per the state fire marshal regulations for 1 of 1 facility reviewed. These failures placed 29 of 29 residents, staff, and visitors' life and safety at risk in the event of a fire.

Findings included…

Internation Fire Code (IFC) 0406.6 2021 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 706.1 2018) Maintaining protection.
“Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA [National Fire Protection Association] 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 903.5 2021) Testing and Maintenance.
“Sprinkler systems shall be tested and maintained in accordance with Section 901.”

(IFC 904.13.5.2 2021) 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 907.8 2018) 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 907.8.3 2021) 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 gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to not more than 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 1032.10.1 2021) 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 1031.10.2 2021) Power Test
“Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.”

(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 Inspection 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 its 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 on 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 are noncombustible 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.
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 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 intertie.
13. Signage affixed to a door meets the requirements listed in 4.1.4.”

Review of an undated facility policy titled, “Smoke/Fire Damper,” showed, “Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall be every 4 years, except in hospital, where frequency shall be every 6 years. Local jurisdictions identify minimum testing qualifications. Place fire and smoke damper inspection documents behind this tab.”

Review of an undated facility policy titled, “Sprinkler Systems,” showed, “Sprinkler Systems are required to be serviced annually. Place your annual report behind this tab. Sprinkler systems must have a 5-year internal pipe inspection. Place your last 5-year inspection report behind this tab. Sprinkler systems are required to be inspected quarterly. Place your quarterly inspection report behind this tab.”

Review of an undated facility policy titled, “Fire Alarm Systems,” showed, “Fire Alarms are required to be serviced annually. Place your fire alarm annual servicing report behind this tab. Smoke detectors shall be tested for sensitivity every 2 years if no nuisance log is being maintained, every 5-year if a nuisance log is being maintained. Place your sensitivity report behind this tab. Place your Nuisance Log behind this tab if being maintained.”

Review of an undated facility policy titled, “Carbon Monoxide Detectors and Smoke Detectors,” showed, “Single - and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly. Place carbon monoxide detector testing documentation behind this tab.”

Review of an undated facility policy titled, “Exit and Emergency Battery Lights,” showed, “Emergency lighting shall be tested for 30 seconds once a month, and 90 minutes annually. Place emergency lighting test documentation behind this tab.”

Review of an undated facility policy titled, “Kitchen Suppression Systems,” showed, “Chemical agent kitchen hood suppression systems shall be inspected every 6 months. Place last two semi-annual servicing reports behind this tab. 904.1.1.1 Pre-engineered kitchen fire-extinguishing systems. A current ICC/NAFED [International Code Council/National Association of Fire Equipment Distributors] certification for pre-engineered kitchen fire-extinguishing systems is required when performing design, installation, inspection/testing or maintenance on kitchen suppression systems. This standard went into effect 6/1/2021. Monthly hood system inspections shall be completed. If hood system has a monthly service tag, document monthly inspection on the tag, or use the form attached below. No certification will be required for monthly inspection.”

Review of an undated facility policy titled, “Backflow Preventers,” showed, “Backflow prevention assemblies are required to be serviced annually. Place your forward flow annual report behind this tab. Backflow prevention assemblies shall be inspected internally every 5-years to verify that all components operate correctly, move freely, and are in good condition. place your last 5-vear inspection report behind this tab.”

Record review of the Washington State Patrol Fire Protection Bureau report, dated 07/30/2024, showed the Fire Marshal conducted an inspection at the facility and found the facility was out of compliance. It stated,
• “(IFC 0406.6 2021): Findings during the inspection were: Fire drill shall be conducted once per shift, per quarter, and records shall be kept.”
• (IFC 706.1 2018): Findings during the inspection were: Facility failed to provide documentation of fire/smoke damper 4-year inspection report.”
• (IFC 903.5 2021): Finding 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.
• (IFC 904.13.5.2 2021): Findings during the inspection were: Facility failed to provide semi-annual kitchen suppression system report.
• (IFC 907.8 2018): Findings during the inspection were: Facility failed to provide monthly inspection logs of single and multiple station smoke alarms. Fire alarm report states deficiencies that must be corrected. Fire alarm batteries have no dates, load test should be conducted.
• (IFC 907.8.3 2021) Findings during the inspection were: Facility failed to provide documentation of smoke detectors sensitivity test.
• (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.
• (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.
• (NFPA 80 Fire Door Inspection and Testing): Findings during the inspection were: Facility failed to provide documentation of annual fire door inspection."

Record review of the Washington State Patrol Fire Protection Bureau report, dated 09/09/2024, showed the Fire Marshal conducted an inspection at the facility and found the facility was out of compliance. It stated,
• "(IFC 0406.6 2021): Corrected.
• (IFC 706.1 2018): Corrected.
• (IFC 903.5 2021): Finding 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.
• (IFC 904.13.5.2 2021): Findings during the inspection were: Facility failed to provide documentation that kitchen suppression system is being services twice a year.
• (IFC 907.8 2018): Findings during the inspection were: Facility failed to provide monthly inspection logs of single and 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.
• (IFC 907.8.3 2021) Findings during the inspection were: Facility failed to provide documentation of smoke detectors sensitivity test.
• (IFC 1032.10.1 2021) Corrected.
• (IFC 1031.10.2 2021) Corrected.
• (NFPA 80 Fire Door Inspection and Testing): Corrected."

Record review of the Washington State Patrol Fire Protection Bureau report, dated 10/08/2024, showed the Fire Marshal conducted an inspection at the facility and found the facility was out of compliance. It stated,
• "(IFC 0406.6 2021): Corrected.
• (IFC 706.1 2018): Corrected.
• (IFC 903.5 2021): Finding 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.
• (IFC 904.13.5.2 2021): Findings during the inspection were: Facility failed to provide

documentation that kitchen suppression system is being services twice a year.
• (IFC 907.8 2018): Findings during the inspection were: Facility failed to provide monthly inspection logs of single and 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.
• (IFC 907.8.3 2021) Findings during the inspection were: Facility failed to provide documentation of smoke detectors sensitivity test.
• (IFC 1032.10.1 2021) Corrected.
• (IFC 1031.10.2 2021) Corrected.
• (NFPA 80 Fire Door Inspection and Testing): Corrected."

In an interview on 01/23/2025 at 10:17AM, Staff A, the Maintenance Director, was asked to discuss any updates to the violations that occurred during the Fire Marshal visit.
• Fire Drill and Record Keeping. (IFC 0406.6 2021): Staff A was asked how often Fire Drills were conducted. Staff A stated they were to be completed once a month. Staff A was asked if these were being conducted monthly and if they were documented. Staff A stated, "I didn't have a lot of information to go off of conducting the actual drills. I was relying on getting the employees knowing on what they were supposed to do. I didn't have any keys to the pull stations. I had to ask the old business office managers to get me a set of keys." Staff A stated the key was used to open the fire panels to conduct drills.
•Dampers, ducts, and air transfer openings. (IFC 706.1 2018): Staff A was asked to explain why they were out of compliance. Staff A stated, "When I first started, I was under a different ED [Executive Director]. [They] said we didn't have those, and we were grandfathered in. I thought that was unusual. So, I had an HVAC [Heating, Ventilation, and Air Conditioning] company go up there and to tell me if we had fire dampers up there. They came in and counted that we have like 16 of them. Turns out we don't have any dampers up there. The fire marshal went up there and saw there were stickers. At the time we did not have documentation of that, but we did get documentation after [their] first inspection."
•Sprinkler system testing and maintenance. (IFC 903.5 2021): Staff A to explain the areas of non-compliance. Staff A stated, "The backflow has been updated." Staff A also stated that the Escutcheon ring had been replaced. "I did have Fire Tek come out and [they] climbed up to see if it was a loose hook, and [they] did not want to crank on it because there was a remodel, and the plumbing company came by and ran some flex pipe, and it [they] thought yanking on it would damage it. So, they went and ordered a 3-inch-long escutcheon. That took a couple of weeks to get, but it is now installed. As far as the reports, I believe they have been recently all updated."
•Extinguishing system service.(IFC 904.13.5.2 2021): Staff A was asked if they were aware of how often the kitchen suppression system was to be tested. Staff A stated, "I do not know how often we are supposed to be testing that system. I think it is every 2 to 5 years I would imagine."
•Inspection, testing, and maintenance. (IFC 907.8 2018): Staff A was asked about the Smoke Alarm testing. Staff A stated, "Those are the interior room sensor heads. I told the Fire Marshal that those are hard wired and non-battery. [They] had me go into the room just to show them that. I think that should be resolved now. These are hard wired in and do not need batteries." Staff A was asked if there was any documentation done regarding the monthly inspection. Staff A stated, "I have not done that yet."
•Smoke Detector Sensitivity. (IFC 907.8.3 2021) Staff A was asked to explain the deficiencies in this area. Staff A stated that this was corrected. Staff A provided a

Smoke Detector sensitivity Test report for review.
• Activation Test. (IFC 1032.10.1 2021) Staff A was asked to explain the deficiencies in this area. Staff A stated, “That falls on the key for the pull stations. I could not pull the pull stations. So, I did a makeshift and, did a mock emergency with staff. Now I know from Fire Tek which levers I need to pull to make it silent.” Staff A stated that they have just recently started the documentation of testing due to the fact that they just obtained the key for testing. Staff A stated that they provided this information to the Fire Marshal.
•Power Test. (IFC 1031.10.2 2021) Staff A was asked to explain the deficiencies in this area. Staff A stated, “I did do the testing on this, and I provided that to [the Fire Marshal]. Staff A stated that the Fire Marshal gave him some education and clarity on future testing.
• Fire door inspection and testing. (NFPA 80 Fire Door Inspection and Testing): Staff A was asked to explain the deficiencies in this area. Staff A stated, “We don’t have any doors that are actually rated as a fire door. [The Fire Marshal] put us back in for that one, I think. But I did tell [the Fire Marshal] that I would do my own thing, go around and check all the doors and make sure the doors are all in operating order, and sealed the best I can.”

Review of the facility Fire Safety Binder showed a variety of tabs, all separated by items. Noted that that behind the sprinkler tab, there was a sprinkler inspection certificate which was completed on 07/31/2024. Behind the Backflow tab, it showed there was an inspection completed on 03/12/2024. Behind the Kitchen Suppression Systems tab, it showed there was an inspection completed on 11/02/2023. Behind the Smoke/Fire Damper tab there were no inspection reports included. Behind the Emergency Lighting/Batter Testing tab, showed a testing which was conducted on 12/02/2024, with a result of pass in Lodge 1 and 2. Behind the Smoke detector/CO2 detector tab, showed an inspection of the smoke detectors, last checked on June of 2024. No further testing was documented. Review of the “Smoke Detector Sensitivity Report” showed it was conducted and completed on 12/17/2024 with no concerns. Behind the Fire Drill tab, showed a monthly fire drill report, which was dated on 09/06/2024, showing it was completed. There were no further fire drills documented past this date.

During an interview with 01/23/2025 at 10:17AM, Staff A was asked why all the items were not yet corrected, and why the facility was still out of compliance. Staff A stated, “I think corporate holds back. I go through and find an issue, and then I have to report to them [facility management], and they report to corporate. Then they give push back and make us do these other things. That is part of the hold up of getting these fixed.” Staff A stated that the other reason why the facility was still out of compliance was that they were not educated in fire code. Staff A stated that have never been fully responsible for ensuring compliance with fire code and stated that they were learning the regulations and were working with the Fire Marshal to correct them to the best of their ability.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Memory Care At The Lodges is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date