



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

|                         |                      |                        |                  |
|-------------------------|----------------------|------------------------|------------------|
| <b>Business Name</b>    | Wellspring Residence | <b>Provider Number</b> | 2685             |
| <b>Address</b>          | 1215 S TOWER AVE ,   | <b>Approval Status</b> | Approved         |
| <b>City, State, Zip</b> | Centralia, WA 98531  | <b>Facility Type</b>   | Residential Care |

On 06/02/2026 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

Kari Sutherland  
Signature

Kari Sutherland Administrator  
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden  
1823 BAKER WAY  
Kelso WA 98626  
(360) 852-0966

Nicholas D. Wolden  
Signature

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

**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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|                         |                      |                        |                  |
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| <b>Business Name</b>    | Wellspring Residence | <b>Provider Number</b> | 2685             |
| <b>Address</b>          | 1215 S TOWER AVE ,   | <b>Approval Status</b> | Disapproved      |
| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 04/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**1 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)

corrected

**2 Portable Fire Extinguishers - General Requirements**

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

corrected



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**Business Name** Wellspring Residence  
**Address** 1215 S TOWER AVE ,  
**City, State, Zip** Centralia, WA

**Provider Number** 2685  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 04/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**3 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)

corrected

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**Business Name** Wellspring Residence  
**Address** 1215 S TOWER AVE ,  
**City, State, Zip** Centralia, WA

**Provider Number** 2685  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 04/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**4 Controlled Egress Doors in Groups I-1 and I-2**

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.

2. Items 1 through 4 and 6 shall not apply to doors to areas

Facility failed to installed locking arraignment in accordance with the international fire code. Door lock installed in resident area fails to release on fire alarm activation. Special knowledge is required for egress

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| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 04/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

5 Hardware

Door handles, pulls, latches, locks and other operating devices on doors required to be accessible by Chapter 11 of the International Building Code shall not require tight grasping, tight pinching or twisting of the wrist to operate.

(IFC 1010.2.2 2021)

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)

corrected

Next inspection scheduled on or after: 05/28/2026

**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

*Kari Sutherland*  
Signature

*Kari Sutherland Administrator*  
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden  
1823 BAKER WAY  
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*Nicholas D. Wolden*  
Signature



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On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**1 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.<br><br>(IFC 701.6 2021) | Corrected |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|

**2 Inspection and Maintenance**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.<br><br>(IFC 705.2 2021) | Corrected |
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On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**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)

Corrected

**4 Testing and Maintenance**

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

(IFC 903.5 2021)

Corrected

**5 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)

Facility failed to provide semi annual suppression system inspection



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On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**6 Portable Fire Extinguishers - General Requirements**

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.
2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
  - 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
  - 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
  - 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.
  - 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.
  - 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.
3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

Facility failed to provide documentation of monthly fire extinguisher inspections

**7 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)

Facility failed to provide semi annual fire alarm system inspection report



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On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**8 Controlled Egress Doors in Groups I-1 and I-2**

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.

2. Items 1 through 4 and 6 shall not apply to doors to areas

Facility failed to installed locking arraignment in accordance with the international fire code. Door lock installed in resident area fails to release on fire alarm activation. Special knowledge is required for egress

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| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

9 Hardware

Door handles, pulls, latches, locks and other operating devices on doors required to be accessible by Chapter 11 of the International Building Code shall not require tight grasping, tight pinching or twisting of the wrist to operate.

(IFC 1010.2.2 2021)

Outside gate hardware fails to release due to lock mechanism

10 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

11 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

12 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)

Facility failed to provide records of  
Annual generator inspection report



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| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 10/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**13 Fire Drills**

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

Corrected

**Next inspection scheduled on or after: 11/20/2025**

**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

Kari Sutherland  
Signature

Kari Sutherland Administrator  
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden  
1823 BAKER WAY  
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[Signature]  
Signature



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**Provider Number** 2685  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**1 Working Space and Clearance**

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

Electrical panels block in kitchen

**2 Cleaning**

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

Facility failed to provide records of semi annual hood cleaning

**3 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)

Facility failed to provide records of annual inspection of fire resistance-rated construction



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On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**4 Inspection and Maintenance**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80.<br>Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105.<br>Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.<br><br>(IFC 705.2 2021) | Facility failed to provide records of annual fire door inspection |
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**5 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.<br><br>(IFC 706.1 2018) | Facility failed to provide records of 4 year fire damper inspection. If dampers were replaced or repaired documents of 1 year testing shall be provided |
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**6 Testing and Maintenance**

|                                                                                                          |                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | Facility failed to provide records of:<br><br>Annual fire sprinkler inspection<br>5 year internal inspection report<br>5 year FDC hydrostatic inspection report<br>Quarterly fire sprinkler inspection report<br><br>Unknown age of dry pendant fire sprinkler heads |
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On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**7 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)

Facility failed to provide records of  
Semi annual suppression system inspection

Instructions shall be provided to new employees on hiring and to all employees annually on the use of portable fire extinguishers and the manual actuation of the fire-extinguishing system

**8 Portable Fire Extinguishers - General Requirements**

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

Facility failed to provide records of

Annual fire extinguisher inspection  
Monthly fire extinguisher inspection



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On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**9 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.<br>(IFC 907.8 2021) | Facility failed to provide records of<br>Annual fire alarm inspection<br>Semi annual fire alarm system inspection |
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On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**10 Controlled Egress Doors in Groups I-1 and I-2**

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.

2. Items 1 through 4 and 6 shall not apply to doors to areas

Facility failed to installed locking arraignment in accordance with the international fire code. Door lock installed in resident area fails to release on fire alarm activation. Special knowledge is required for egress



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

**Business Name** Wellspring Residence  
**Address** 1215 S TOWER AVE ,  
**City, State, Zip** Centralia, WA

**Provider Number** 2685  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

**11 Hardware**

Door handles, pulls, latches, locks and other operating devices on doors required to be accessible by Chapter 11 of the International Building Code shall not require tight grasping, tight pinching or twisting of the wrist to operate.

(IFC 1010.2.2 2021)

Outside gate hardware fails to release when due to lock mechanism

**12 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)

Facility failed to provide records of  
Monthly emergency light testing

**13 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)

Facility failed to provide records of  
Annual emergency light testing

**14 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)

Facility failed to provide records of  
Annual generator inspection report

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



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|                         |                      |                        |                  |
|-------------------------|----------------------|------------------------|------------------|
| <b>Business Name</b>    | Wellspring Residence | <b>Provider Number</b> | 2685             |
| <b>Address</b>          | 1215 S TOWER AVE ,   | <b>Approval Status</b> | Disapproved      |
| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 05/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**15 Fire Drills**

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

Facility failed to provide records of fire drills

**Next inspection scheduled on or after: 06/14/2025**

**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

Kari Sutherland  
Signature

Kari Sutherland Administrator  
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden  
1823 BAKER WAY  
Kelso WA 98626  
(360) 852-0966

Nicholas D. Wolden  
Signature



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

**Business Name** Wellspring Residence  
**Address** 1215 S TOWER AVE ,  
**City, State, Zip** Centralia, WA

**Provider Number** 2685  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 09/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**1 Working Space and Clearance**

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

**2 Cleaning**

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

**3 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)

Facility failed to provide records of annual inspection of fire resistance-rated construction



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**Facility Type** Residential Care

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Code Requirement

Statement of Violation

**4 Inspection and Maintenance**

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.

(IFC 705.2 2021)

Facility failed to provide records of annual fire door inspection

**5 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)

Facility failed to provide records of 4 year fire damper inspection. If dampers were replaced or repaired documents of 1 year testing shall be provided

**6 Testing and Maintenance**

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

(IFC 903.5 2021)

Facility failed to provide records of:

Annual fire sprinkler inspection  
5 year internal inspection report  
5 year FDC hydrostatic inspection report  
Quarterly fire sprinkler inspection report

Unknown age of dry pendant fire sprinkler heads



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**Facility Type** Residential Care

On 09/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**7 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)

Facility failed to provide records of  
Semi annual suppression system inspection

Instructions shall be provided to new employees on hiring and to all employees annually on the use of portable fire extinguishers and the manual actuation of the fire-extinguishing system

**8 Portable Fire Extinguishers - General Requirements**

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

Facility failed to provide records of

Annual fire extinguisher inspection  
Monthly fire extinguisher inspection



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|                         |                      |                        |                  |
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| <b>Address</b>          | 1215 S TOWER AVE ,   | <b>Approval Status</b> | Disapproved      |
| <b>City, State, Zip</b> | Centralia, WA        | <b>Facility Type</b>   | Residential Care |

On 09/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**9 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.<br>(IFC 907.8 2021) | Facility failed to provide records of<br>Annual fire alarm inspection<br>Semi annual fire alarm system inspection |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

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**Approval Status** Disapproved  
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Code Requirement

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**Facility Type** Residential Care

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Code Requirement

Statement of Violation

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(IFC 1010.1.9.7 2021 WAC 51-54A)

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(IFC 1010.2.2 2021)

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**12 Activation Test**

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(IFC 1032.10.1 2021)

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Monthly emergency light testing

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(IFC 1031.10.2 2021)

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Annual emergency light testing

**14 Maintenance**

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(IFC 1203.4 2021)

Facility failed to provide records of  
Annual generator inspection report



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Code Requirement

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**15 Fire Drills**

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(WAC 212-12-044)

Facility failed to provide records of fire drills

**Next inspection scheduled on or after:** 10/16/2025

**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

Kari Sutherland  
Signature

Kari Sutherland Administrator  
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden  
1823 BAKER WAY  
Kelso WA 98626  
(360) 852-0966

Nicholas D. Wolden  
Signature