



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

Business Name	NorthCare Kennewick	Provider Number	2734
Address	3321 W 10 AVE ,	Approval Status	Approved
City, State, Zip	Kennewick, WA	Facility Type	Residential Care

On 2/9/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative



Signature

Crystal Worcott RN, COO

Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Alan Harlan Digitally signed by Alan Harlan
Date: 2026.02.09 09:56:59 -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

Business Name NorthCare Kennewick
Address 3321 W 10 AVE ,
City, State, Zip Kennewick, WA

Provider Number 2734
Approval Status Disapproved
Facility Type Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared.

On 10/08/2025 an unannounced Fire and Life Safety Code re-inspection was conducted at NorthCare Kennewick by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes. The following deficiencies were cited as a result of this inspections.

2 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

Corrected

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)

Facility was unable to provide documentation that the 4 year fire/smoke damper inspection had been performed.

The facility is documenting the inspection of the dampeners, but is not checking to the operation of dampener.

Scheduled for December.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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

Business Name NorthCare Kennewick
Address 3321 W 10 AVE ,
City, State, Zip Kennewick, WA

Provider Number 2734
Approval Status Disapproved
Facility Type Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

4 Testing and Maintenance

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

(IFC 903.5 2021)

The facility was unable to provide documentation that the following sprinkler system testing had been performed:

5-Year Internal Pipe Testing (NFPA 25 13.1.1.2)

Annual Foward Flow Test (NFPA 25 13 .7.2)

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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

Business Name NorthCare Kennewick

Address 3321 W 10 AVE ,

City, State, Zip Kennewick, WA

Provider Number 2734

Approval Status Disapproved

Facility Type Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

5 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)

The facility failed to provide documentation that the annual fire extinguisher servicing had been performed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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

Business Name NorthCare Kennewick
Address 3321 W 10 AVE ,
City, State, Zip Kennewick, WA

Provider Number 2734
Approval Status Disapproved
Facility Type Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

6 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)

The facility failed to provide documentation that an annual fire alarm inspection had been performed in the last twelve months.

Monthly smoke detector testing had been performed and a report or log was created.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

7 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)

The facility failed to provide documentation that a sensitivity test had been performed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected

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



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

Business Name NorthCare Kennewick
Address 3321 W 10 AVE ,
City, State, Zip Kennewick, WA

Provider Number 2734
Approval Status Disapproved
Facility Type Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

8 Unlatching

The unlatching of any door or leaf for egress shall require not more than one motion in a single linear or rotational direction to release all latching and all locking devices.
Exceptions:
1. Places of detention or restraint.
2. Where manually operated bolt locks are permitted by Section 1010.2.5.
3. Doors with automatic flush bolts as permitted by Section 1010.2.4, Item 4.
4. Doors from individual dwelling units and sleeping units of Group R occupancies as permitted by Section 1010.2.4, Item 5.
(IFC 1010.2.1 2021)

Corrected

9 Power Source

Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. The installation of the emergency power system shall be in accordance with Section 603. Group I-2, Condition 2 exit sign illumination shall not be provided by unit equipment batteries only.

Exception: Approved exit sign illumination types that provide continuous illumination independent of external power sources for a duration of not less than 90 minutes, in case of primary power loss, are not required to be connected to an emergency electrical system.
(IFC 1013.6.3 2021)

Corrected



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

Business Name	NorthCare Kennewick	Provider Number	2734
Address	3321 W 10 AVE ,	Approval Status	Disapproved
City, State, Zip	Kennewick, WA	Facility Type	Residential Care

On 10/8/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

Next inspection scheduled on or after: 11/7/2025

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

Signature

Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Signature

Initials of Authorized Facility Representative: _____

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