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

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 06/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457mm) below sprinkler head deflectors in sprinklered areas of buildings. Exceptions: 1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings. 2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3. (IFC 315.2.1 2021)	The following violation still remains: -In the Activities Storage Room there was combustible storage within 18" of the sprinkler head. Corrected

2 Contents

Fire safety, evacuation and lockdown plan contents shall be in accordance with Sections 404.2.1 through 404.2.3.2. (IFC 404.2 2021)	The following violation was observed: -The facility failed to provide documentation of fire drills between the months of April 2024 to December of 2024. (corrected) ✓

3 Maintenance

Fire safety, evacuation and lockdown plans shall be reviewed or updated annually or as necessitated by changes in staff assignments, occupancy or the physical arrangement of the building. (IFC 404.3 2021)	The following violation was observed: Upon the post inspection, the construction addition to the facility in progress has affected the emergency evacuation routes and emergency egress to the public way. -The facility failed to provide documentation of updated fire safety, evacuation and lockdown plans due to the physical arrangements and changes affected by the new construction addition in progress to the north side of the existing facility.

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Code Requirement	Statement of Violation
4 Abatement of Electrical Hazards	
Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated.. (IFC 603.2 2021)	The following violations still remain: -In the Laundry Room there was a screw and washer screwed into an electrical outlet. (corrected) ✓ -In the Med Room there was a missing/broken outlet cover. ✓ -In Room 20 there was a missing outlet cover near the bed. ✓
5 Relocatable power taps and current taps	
Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	The following violations still remain: -In Room 20 there was a unfused power strip in use near Bed A and Bed B. Additionally, there was a multi-plug adapter in use behind the TV/Fridge and microwave plugged into an additional power strip. (corrected) ✓ -In the Activities Room desk there was an unfused power strip in use. -Room 17 has a self-closer on the door that is not operational. ✓
6 Portable, Electric Space Heaters	
Where not prohibited by other sections of this code, portable, electric space heaters shall be permitted to be used in all occupancies in accordance with Sections 603.9.1 through 603.9.5. (IFC 603.9 2021)	The following violations were observed: -There was a portable heater in the Family Room that did not have an automatic shut off when tipped over. (corrected) ✓ -There was a portable heater in the Conference Room that did not have an automatic shut off when tipped over. (corrected) ✓

Initials of Authorized Facility Representative: _____

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Code Requirement	Statement of Violation
7 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)	The following violation still remains: -There was a penetration in the wall near the sprinkler piping in the Diaper Storage Room.✓
8 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)	The following violations still remain: -The new Med Room door has a gap at the base of the door assembly of approximately 1.5".✓ -The Soiled Laundry Room door has a gap at the base of the door assembly of approximately 1.5".✓

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Code Requirement	Statement of Violation
11 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 following violation was observed: -The fire extinguisher in the Break room was not serviced since 2023. (corrected) ✓
12 Hangers and Brackets	
Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions. (IFC 906.7 2021)	The following violation was observed: -The type K fire extinguisher in the kitchen was mounted to a bracket that was dislodged from the wall. (corrected)

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Code Requirement	Statement of Violation
13 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 following violations still remain: -The facility failed to provide documentation of the annual fire alarm system service within the past twelve months. -The facility failed to provide documentation of the semi-annual fire alarm service within the past twelve months.
14 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 following violation was observed: The facility failed to maintain a monthly nuisance log for smoke detectors for the past twelve months. (corrected) ✓

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Code Requirement	Statement of Violation
15 Continuity and Components	
Each required accessible means of egress shall be continuous to a public way and shall consist of one or more of the following components: 1. Accessible routes complying with Section 1104 of the International Building Code. 2. Interior exit stairways complying with Sections 1009.3 and 1023. 3. Interior exit access stairways complying with Sections 1009.3 and 1019.3 or 1019.4. 4. Exterior exit stairways complying with Sections 1009.3 and 1027 and serving levels other than the level of exit discharge. 5. Elevators complying with Section 1009.4. 6. Platform lifts complying with Section 1009.5. 7. Horizontal exits complying with Section 1026. 8. Ramps complying with Section 1012. 9. Areas of refuge complying with Section 1009.6. 10. Exterior area for assisted rescue complying with Section 1009.7 serving exits at the level of exit discharge. (IFC 1009.2 2015, 2018)	The following violations were observed: Upon the post inspection, the construction addition to the facility in progress has affected the emergency evacuation routes and emergency egress to the public way. -The N. emergency exit door was obstructed by a wooden board attached across the door assembly frame and was locked. --The facility placed a sign that stated "THIS IS NOT AN EMERGENCY EXIT" on the S. emergency exit door. (corrected)
16 Stationary Compressed Gas Containers, Cylinders and Tanks	
Stationary compressed gas containers, cylinders and tanks shall be marked with the name of the gas and in accordance with Sections 5003.5 and 5003.6. Markings shall be visible from any direction of approach. (IFC 5303.4.1 2021)	The following violation was observed: -There was no signage on the exterior of the Med Room door showing the use of oxygen storage. (corrected) -In the Med Room there was no signage showing "FULL" and "EMPTY" areas for storage of oxygen compressed tanks. (corrected)

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On 06/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
17 Securing Compressed Gas Containers, Cylinders and Tanks	
Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. (IFC 5303.5.3 2021)	The following violation still remains: -In the Med Room, room there were several unsecured compressed oxygen tanks. (corrected)✓ -Upon post inspection, 3 unsecured tanks were found in the oxygen storage room and there was no OXYGEN IN USE signage on the door. The Med Room removed all oxygen storage to the previous location in the corridor, and the sign was not relocated to the new Oxygen Storage Room.✓

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On 06/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 07/05/2025

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 Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea Ely Digitally signed by Andrea Ely Date: 2025.06.12 00:42:58 -07'00'

Signature

Initials of Authorized Facility Representative: _____

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

Business Name	Grandview Assisted Living	***Provider Number***	2502
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 04/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457mm) below sprinkler head deflectors in sprinklered areas of buildings. Exceptions: 1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings. 2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3. (IFC 315.2.1 2021)	The following violation was observed: -In the Activities Storage Room there was combustible storage within 18" of the sprinkler head.

2 Contents

Fire safety, evacuation and lockdown plan contents shall be in accordance with Sections 404.2.1 through 404.2.3.2. (IFC 404.2 2021)	The following violation was observed: The facility failed to provide documentation of fire drills between the months of April 2024 to December of 2024.

3 Abatement of Electrical Hazards

Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated.. (IFC 603.2 2021)	The following violations were observed: -In the Laundry Room there was a screw and washer screwed into an electrical outlet. -In the Med Room there was a missing/broken outlet cover. -In Room 20 there was a missing outlet cover near the bed.

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Business Name	Grandview Assisted Living	***Provider Number***	2502
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 04/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 Relocatable power taps and current taps	
Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	The following violations were observed: -In Room 20 there was a unfused power strip in use near Bed A and Bed B. Additionally, there was a multi-plug adapter in use behind the TV/Fridge and microwave plugged into an additional power strip. -In the Activities Room desk there was an unfused power strip in use. -Room 17 has a self-closer on the door that is not operational.
5 Portable, Electric Space Heaters	
Where not prohibited by other sections of this code, portable, electric space heaters shall be permitted to be used in all occupancies in accordance with Sections 603.9.1 through 603.9.5. (IFC 603.9 2021)	The following violation was observed: -There was a portable heater in the Family Room that did not have an automatic shut off when tipped over. -There was a portable heater in the Conference Room that did not have an automatic shut off when tipped over.
6 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)	The following violation was observed: -There was a penetration in the wall near the sprinkler piping in the Diaper Storage Room.

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On 04/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 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)	The following violation was observed: -The new Med Room door has a gap at the base of the door assembly of approximately 1.5". -The Soiled Laundry Room door has a gap at the base of the door assembly of approximately 1.5".
8 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	The following violations were observed: -The door to the Conference Room would not fully close and latch and the self-closure needs repair. -The door to the Nursing Director's Office would not fully close and latch upon release. -Room 6 door would not fully close and latch upon release. -The Kitchen Storage door does not have a self-closer installed and is over 50sf in hazardous storage. -Room 29 door was propped open with a piece of cardboard.
9 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violation was observed: -Several of the exterior sprinkler heads were covered in paint and require replacement.

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Code Requirement	Statement of Violation
10 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 following violation was observed: -The fire extinguisher in the Break room was not serviced since 2023.
11 Hangers and Brackets	
Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions. (IFC 906.7 2021)	The following violation was observed: -The type K fire extinguisher in the kitchen was mounted to a bracket that was dislodged from the wall.

Initials of Authorized Facility Representative:

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On 04/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

12 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 following violations were observed: -The facility failed to provide documentation of the annual fire alarm system service within the past twelve months. -The facility failed to provide documentation of the semi-annual fire alarm service within the past twelve months.

13 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 following violation was observed: The facility failed to maintain a monthly nuisance log for smoke detectors for the past twelve months.

14 Stationary Compressed Gas Containers, Cylinders and Tanks

Stationary compressed gas containers, cylinders and tanks shall be marked with the name of the gas and in accordance with Sections 5003.5 and 5003.6. Markings shall be visible from any direction of approach. (IFC 5303.4.1 2021)	The following violation was observed: -There was no signage on the exterior of the Med Room door showing the use of oxygen storage -In the Med Room there was no signage showing "FULL" and "EMPTY" areas for storage of oxygen compressed tanks.

Initials of Authorized Facility Representative

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Code Requirement	Statement of Violation

15 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. (IFC 5303.5.3 2021)	The following violation was observed: -In the Med Room, room there were several unsecured compressed oxygen tanks. (corrected)

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Code Requirement	Statement of Violation

Next inspection scheduled on or after: 05/30/2025

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 Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea Ely Digitally signed by Andrea Ely Date: 2025.05.06 10:24:22 -07'00'

Signature

Initials of Authorized Facility Representative