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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Approved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 03/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 201394 Here's a complaint of Fire Watch Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? No fire occurred 2. If the sprinklers were activated? No 3. If there was an evacuation / how many were evacuated? None 4. If there were injuries / how many? None 5. Did the fire department respond? Yes	On November 24, 2025 an inspection was completed at Sunnyside Care located at 907 Ida Belle Street in Sunnyside, Washington. The inspection was in regards to complaint #201394 which was due to a fire alarm system outage occurring on November 7, 2025 at approximately 12:00 am, and extended through until November 11, 2025 to approximately 8:30 am. A fire watch was completed by facility staff immediately, and documentation was viewed on site. The fire alarm system did activate and no staff or residents evacuated the building or obtained any injuries in the incident. The fire department responded and notified facility staff to contact their fire alarm service company for repairs and assisted with the system prior to exiting. The fire alarm system was back in service on November 11, 2025 and was observed in normal status upon the site visit.

2 Restoring Systems to Service

When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented: 1. Necessary inspections and tests have been conducted to verify that affected systems are operational. 2. Supervisors have been advised that protection is restored. 3. The fire department has been advised that protection is restored. 4. The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored. 5. The impairment tag has been removed. (IFC 0901.7.6 2021)	The following violation was observed: -The facility failed to provide documentation showing the deficiencies to the fire alarm system were repaired and retested after the system failure. (Corrected)

Initials of Authorized Facility Representative: _____

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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Approved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 03/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after:

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

Julie Santiago Executive Director

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: 2026.03.03 13:16:58 -08'00'

Signature

Initials of Authorized Facility Representative: _____

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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Disapproved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 201394 Here's a complaint of Fire Watch Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? No fire occurred 2. If the sprinklers were activated? No 3. If there was an evacuation / how many were evacuated? None 4. If there were injuries / how many? None 5. Did the fire department respond? Yes	On November 24, 2025 an inspection was completed at Sunnyside Care located at 907 Ida Belle Street in Sunnyside, Washington. The inspection was in regards to complaint #201394 which was due to a fire alarm system outage occurring on November 7, 2025 at approximately 12:00 am, and extended through until November 11, 2025 to approximately 8:30 am. A fire watch was completed by facility staff immediately, and documentation was viewed on site. The fire alarm system did activate and no staff or residents evacuated the building or obtained any injuries in the incident. The fire department responded and notified facility staff to contact their fire alarm service company for repairs and assisted with the system prior to exiting. The fire alarm system was back in service on November 11, 2025 and was observed in normal status upon the site visit.

2 Restoring Systems to Service

When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented: 1. Necessary inspections and tests have been conducted to verify that affected systems are operational. 2. Supervisors have been advised that protection is restored. 3. The fire department has been advised that protection is restored. 4. The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored. 5. The impairment tag has been removed. (IFC 0901.7.6 2021)	The following violation was observed: -The facility failed to provide documentation showing the deficiencies to the fire alarm system were repaired and retested after the system failure. (Violation Remains)

Initials of Authorized Facility Representative:

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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Disapproved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 02/04/2026

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

Signature

Julie Santiago Executive Director

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: 2026.01.05 20:54:30 -08'00'

Signature

Initials of Authorized Facility Representative:

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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Disapproved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 11/24/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 201394 Here's a complaint of Fire Watch Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? No fire occurred 2. If the sprinklers were activated? No 3. If there was an evacuation / how many were evacuated? None 4. If there were injuries / how many? None 5. Did the fire department respond? Yes	On November 24, 2025 an inspection was completed at Sunnyside Care located at 907 Ida Belle Street in Sunnyside, Washington. The inspection was in regards to complaint #201394 which was due to a fire alarm system outage occurring on November 7, 2025 at approximately 12:00 am, and extended through until November 11, 2025 to approximately 8:30 am. A fire watch was completed by facility staff immediately, and documentation was viewed on site. The fire alarm system did activate and no staff or residents evacuated the building or obtained any injuries in the incident. The fire department responded and notified facility staff to contact their fire alarm service company for repairs and assisted with the system prior to exiting. The fire alarm system was back in service on November 11, 2025 and was observed in normal status upon the site visit.

2 Restoring Systems to Service

When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented: 1. Necessary inspections and tests have been conducted to verify that affected systems are operational. 2. Supervisors have been advised that protection is restored. 3. The fire department has been advised that protection is restored. 4. The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored. 5. The impairment tag has been removed. (IFC 0901.7.6 2021)	The following violation was observed: -The facility failed to provide documentation showing the deficiencies to the fire alarm system were repaired and retested after the system failure.

Initials of Authorized Facility Representative: MC

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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Disapproved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 11/24/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 12/24/2025

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

Maribel Rojas, Executive Assistant
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: 2025.11.24 21:42:42 -08'00'

Signature

Initials of Authorized Facility Representative: