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

Business Name	Rock Cove Assisted Living	***Provider Number***	001254
Address	986 NW ROCK CREEK DR ,	***Approval Status***	Approved
City, State, Zip	Stevenson, WA 98648	***Facility Type***	Residential Care

On 11/28/2023 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

Elaine K [illegible]
Signature

Elaine Jeffries, Director
Print Name and Title

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

Nicholas D. Wolden
Signature

Digitally signed by Nicholas D. Wolden
DN: cn=Nicholas D. Wolden, o=WSP, ou=Fire, email=nicholas.wolden@wsp.wa.gov, c=US
Date: 2023.12.01 07:38:04 -08'00'

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Initials of Authorized Facility Representative: _____

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

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

Business Name	Rock Cove Assisted Living	***Provider Number***	001254
Address	986 NW ROCK CREEK DR ,	***Approval Status***	Disapproved
City, State, Zip	Stevenson, WA 98648	***Facility Type***	Residential Care

On 09/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2009, 2012, 2015, 2018)	Facility missing the following reports: 5 year internal pipe inspection Completed 9-26-22 3 year dry system full flow trip test Annual trip test – } scheduled for 10/9/23 Annual forward flow – 5 year fdc hydro (Not required if FDC is on the side of building) Scheduled for 10/23

2 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2018)	Facility missing monthly carbon monoxide detector testing Completed 9-7-23 Batteries replaced Added back to monthly on maintenance schedule.

3 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 2018)	Facility failed to provide annual emergency light testing Completed 9-6-23 during scheduled power outage 11p - 8A all emergency lighting operational.

4 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) 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. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.	Facility missing Swing shift fire drill during 2nd quarter of 2023 Printed off sensed drills + placed in binder.

Initials of Authorized Facility Representative:_____

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Business Name	Rock Cove Assisted Living	***Provider Number***	001254
Address	986 NW ROCK CREEK DR ,	***Approval Status***	Disapproved
City, State, Zip	Stevenson, WA 98648	***Facility Type***	Residential Care

On 09/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement — Statement of Violation

Next inspection scheduled on or after: 10/06/2023

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

Elaine Jeffries, Director
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden
1823 BAKER WAY
Kelso WA 98626

Nicholas D. Wolden
Signature

Digitally signed by Nicholas D. Wolden
DN: cn=Nicholas D. Wolden, o=WSP, ou=Fire, email=nicholas.wolden@wsp.wa.gov, c=US
Date: 2023.12.01 07:37:21 -08'00'

Initials of Authorized Facility Representative:_____

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