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

Business Name	Hawthorne Court	***Provider Number***	001268
Address	524 ELY ,	***Approval Status***	Approved
City, State, Zip	Kennewick, WA 99336	***Facility Type***	Residential Care

On 06/16/2026 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

John Conley
Signature

Felisha Conley, General Manager
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: 2026.06.16 06:34:47 -07'00'
Signature

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: F.C.

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On 2/11/2026 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."	

2 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. (IFC 315.2.3 2021)	The following violations were observed: Combustibles were in close proximity of mechanical equipment in the following locations: Mechanical/Water Shut Off Room

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)	Corrected

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: Unfused powerstrips or cubes were in use in the following locations: Room H4 in bedroom

5 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

Initials of Authorized Facility Representative: FC

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Code Requirement	Statement of Violation

6 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 were observed: Facility was unable to provide required documentation of annual inspection and testing of all rated door assemblies

7 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position. (IFC 705.2.3 2021)	The following violations were observed: Doors with self closers were blocked open inhibiting the self closer in the following violations: Room J25

8 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Corrected

9 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)	The following violations were observed: Facility was unable to provide required documentation of fire/smoke dampers within the past 4 years.

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City, State, Zip	Kennewick, WA 99336	***Facility Type***	Residential Care

On 2/11/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
10 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violations were observed: Facility was unable to provide documentation of annual forward flow testing on the fire sprinkler system backflow device. Facility was unable to provide documentation of successful hydrostatic testing of the fire department connection within the past five years. Testing performed on July 26, 2024 failed. Facility was unable to provide documentation of quarterly fire sprinkler system inspection and maintenance Second, Third and Fourth quarter of 2025. Fire sprinkler head escutcheon ring was missing or dislodged in the following locations: Room J18 in closet Room J25 in bathroom

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Initials of Authorized Facility Representative: FC

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City, State, Zip	Kennewick, WA 99336	***Facility Type***	Residential Care

On 2/11/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
11 Commercial Cooking Systems	
904.13 Commercial cooking systems. The automatic fire-extinguishing system for commercial cooking systems shall be of a type recognized for protection of commercial cooking equipment and exhaust systems of the type and arrangement protected. Preengineered automatic dry- and wet-chemical extinguishing systems shall be tested in accordance with UL 300 and listed and labeled for the intended application. Other types of automatic fireextinguishing systems shall be listed and labeled for specific use as protection for commercial cooking operations. The system shall be installed in accordance with this code, NFPA 96, its listing and the manufacturer's installation instructions. Additional protection is not required for ductwork beyond 75 feet when hood suppression system complies with UL 300. Signage shall be provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire-extinguishing system. Signage shall indicate appliances from left to right, be durable, and the size, color, and lettering shall be approved. Automatic fireextinguishing systems of the following types shall be installed in accordance with the referenced standard indicated, as follows: 1. Carbon dioxide extinguishing systems, NFPA 12. 2. Automatic sprinkler systems, NFPA 13. 3. Automatic water mist systems, NFPA 750. 4. Foam-water sprinkler system or foam-water spray systems, NFPA 16. 5. Dry-chemical extinguishing systems, NFPA 17. 6. Wet-chemical extinguishing systems, NFPA 17A. EXCEPTIONS: 1. Factory-built commercial cooking recirculating systems that are tested in accordance with UL 710B and listed, labeled and installed in accordance with Section 304.1 of the International Mechanical Code. 2. Protection of duct systems beyond 75 feet when the commercial kitchen exhaust hood is protected by a system listed in accordance with UL 300. (IFC 904.13 2021 WAC 51-54A)	Corrected

Initials of Authorized Facility Representative: FC

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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: Facility was unable to provide documentation of semi annual fire alarm system inspection, testing and maintenance. Fire alarm contractor was on site during inspection. Facility was unable to provide documentation of monthly testing of single station smoke alarms in "Older" area resident rooms. "Older" area resident rooms with single station smoke alarms greater than 10 years old must be replaced. Fire Alarm Control Panel Room - breaker lock not installed on breaker providing power to the fire alarm system.

13 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	The following violations were observed: Facility was unable to provide required documentation of monthly testing of all carbon monoxide alarms.

14 Internally Illuminated Exit Signs

Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 1203. Exit signs shall be illuminated at all times. (IFC 1013.5 2021)	Corrected

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Code Requirement	Statement of Violation

15 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)	The following violations were observed: Facility was unable to provide required documentation of monthly 30 second activation testing of all emergency lights and exit signs.

16 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)	The following violations were observed: Facility was unable to provide required documentation of annual 90 minute power testing of all emergency exit signs and lights.

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On 2/11/2026 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)	Corrected

18 Special Requirements

In addition to the fire and life safety standards listed in WAC 212-12-010, the following shall apply: In all occupancies inspected by the state fire marshal's office, emergency lighting for means of egress shall be provided. Emergency systems shall activate automatically in a power failure and be supplied from storage batteries or an on-site generator set. (WAC 212-12-035 2020)	.The following violation was observed: "New" addition corridors do not have emergency lighting. When tested the corridor lights thought to be emergency lighting failed to illuminate when tested.

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On 2/11/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

19 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. Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated. 6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021)	The following violation was observed: Fire drills from 3rd and 4th quarter 2025 were not being filled out properly. Missing fire drills: 1) 4th quarter day / swing

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Code Requirement	Statement of Violation

Next inspection scheduled on or after: 3/13/2026

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

Felisha Conley

Signature

Felisha Conley, General Manager

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: 2026.02.13 06:58:37 -08'00'

Signature

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

Initials of Authorized Facility Representative: FC

HAWTHORNE COURT

— A LEISURE CARE COMMUNITY —

3/6/2026

Provider Number: 001268

Address: 524 Ely, Kennewick, WA 99336

Inspection Date: February 11, 2026

Submitted To: Office of the State Fire Marshal

Dear Deputy State Fire Marshal Harlan,

Thank you for your February 11, 2026 inspection of Hawthorne Court. We appreciate the detailed review and have taken comprehensive corrective action to address every cited deficiency. Below is our formal Plan of Correction, organized by item number as listed in the inspection report.

1. Inspection, Testing & Maintenance (ITM) Documentation

Citation: "Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed... before the citation is cleared."

Correction:

All required ITM activities have been completed, and full documentation has been compiled and is now maintained in a dedicated Life Safety Binder accessible for review at any time.

2. Combustible Storage in Equipment Rooms

Citation: "Combustibles were in close proximity of mechanical equipment... Mechanical/Water Shut Off Room."

Correction:

All combustible materials have been removed from the Mechanical/Water Shut Off Room. Staff have been retrained on storage restrictions, and weekly room checks have been implemented.

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

3. Abatement of Electrical Hazards

Citation: Marked as Corrected in the report.

Correction:

No further action required. Documentation retained.

4. Unfused Power Strips / Current Taps

Citation: "Unfused power strips or cubes were in use... Room H4."

Correction:

All non-compliant power taps have been removed and replaced with UL-listed, fused devices. Staff have been instructed on approved equipment.

5. Extension Cords

Citation: Marked as Corrected.

Correction:

No further action required.

6. Fire Door Assembly Annual Inspections

Citation: "Facility was unable to provide required documentation of annual inspection and testing of all rated door assemblies."

Correction: Vendor, All Doors, have been scheduled to complete inspection on 3/17

7. Blocked Self-Closing Doors

Citation: "Doors with self-closers were blocked open... Room J25."

Correction:

Obstructions were removed immediately. Staff have been retrained, and daily rounds now include door-closer compliance checks.

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

8. Fire Door Operation

Citation: Marked as Corrected.

Correction:

No further action required.

9. Fire/Smoke Damper Testing

Citation: "Facility was unable to provide required documentation of fire/smoke dampers within the past 4 years."

Correction: Inspection/Testing was done 2024 per invoice found. Awaiting documentation of testing from Cascade Fire.

10. Sprinkler System Testing & Maintenance

The report noted several items:

a. Annual Forward Flow Test

Citation: "Facility was unable to provide documentation of annual forward flow testing..."

Correction:

Forward flow testing documentation has been obtained and included in the Fire & Life Safety Binder

b. Hydrostatic Testing of FDC

Citation: "Testing performed on July 26, 2024 failed."

Correction: The testing was completed in March 2025 and passed. Reports are now available.

c. Quarterly Sprinkler Inspections (2025)

Citation: Missing Q2–Q4 2025 documentation.

Correction:

Documentation of the inspection has been obtained. Quarterly inspections for 2026 have been scheduled and placed on a recurring calendar.

d. Missing Escutcheon Rings

Citation: "Room J18... Room J25..."

Correction:

All missing or dislodged escutcheon rings have been replaced.

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

11. Commercial Cooking System

Citation: Marked as Corrected.

Correction:

No further action required.

12. Fire Alarm System ITM

The report listed several items:

a. Semi-Annual Fire Alarm Testing

Citation: "Facility was unable to provide documentation of semi annual fire alarm system inspection..."

Correction: Documentation is now on file.

b. Monthly Testing of Single-Station Smoke Alarms

Citation: "Facility was unable to provide documentation of monthly testing..."

Correction: Monthly testing logs have been obtained and in the Fire & Life Safety Binder.

c. Replacement of Smoke Alarms >10 Years Old

Citation: "Single station smoke alarms greater than 10 years old must be replaced."

Correction:

All outdated smoke alarms have been replaced with new units. The community will be installing new smoke detectors in IL as a major project this year, connecting them to the emergency call system.

d. Breaker Lock Missing

Citation: "Breaker lock not installed..."

Correction:

A compliant breaker lock has been installed.

13. Carbon Monoxide Alarm Testing

Citation: "Facility was unable to provide required documentation of monthly testing..."

Correction:

All CO alarms have been tested, and a monthly log has been obtained.

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

14. Exit Signs

Citation: Marked as Corrected.

Correction:

No further action required.

15. Monthly 30-Second Emergency Light Testing

Citation: "Facility was unable to provide required documentation..."

Correction:

All emergency lights and exit signs have been tested. A monthly testing log is now maintained.

16. Annual 90-Minute Emergency Power Test

Citation: "Facility was unable to provide required documentation..."

Correction:

The annual 90-minute test has been completed and documented.

17. Securing Compressed Gas Cylinders

Citation: Marked as Corrected.

Correction:

No further action required.

18. Emergency Lighting – New Addition

Citation: "'New' addition corridors do not have emergency lighting... failed to illuminate."

Correction: Xterior Plus were scheduled to add emergency lighting on 3/10. Upon arrival they discovered a permit would need to be pulled in order to complete project. This is scheduled with the vendor for after permit is issued.

19. Fire Drills

Citation: "Fire drills from 3rd and 4th quarter 2025 were not being filled out properly... Missing fire drills."

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

Correction:

All missing drills have been obtained and properly filed in the Fire & Life Safety Binder. Staff have been retrained on proper drill documentation requirements.

Conclusion

All deficiencies cited in the February 11, 2026 inspection have been fully corrected. Supporting documentation is organized and available for review at your next scheduled inspection on or after March 13, 2026.

We appreciate your guidance and remain committed to maintaining full compliance with all fire and life safety standards.

Respectfully,



Felisha Conley

General Manager

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