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

Business Name	Olympic Place Retirement & AL Community	***Provider Number***	001712
Address	20909 OLYMPIC PL NE,	***Approval Status***	Approved
City, State, Zip	Arlington, WA 98223	***Facility Type***	Residential Care

On 09/01/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 238731 Here's a complaint of Fire Panel Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? 2. If the sprinklers were activated? 3. If there was an evacuation / how many were evacuated? 4. If there were injuries / how many? 5. Did the fire department respond? Yes, No	Complaint ref # 238731 At 1600 on 09/01/2026, DSFM Brown conducted complaint inspection for Olympic Place Retirement & AL Community located at 20909 Olympic Pl, Arlington, WA 98223 to investigate complaint ref # 238731. I interviewed the Facility Maintenance Director. On 8/28/2026 at approximately 1200, the installed fire alarm system activated intermittently throughout the evening. The local fire department asked the facility to place the system in test mode and to start a fire watch. The fire alarm vendor was on site 8/31/2026 to reprogram the system and was restored approximately 2000 on 8/31/2026. The system has been operating normally since that time. No sprinkler activation No evacuation No injuries were report. Fire department did respond. No violations observed.

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

Initials of Authorized Facility Representative: _____

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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 *Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

_____
Signature

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Initials of Authorized Facility Representative: _____