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

Business Name	Wesley Homes Lea Hill	***Provider Number***	1964
Address	32049 109 PL ,	***Approval Status***	Approved
City, State, Zip	Auburn, WA 98092	***Facility Type***	Residential Care

On 08/25/2026 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

Mike Bailey

Signature

MIKE BAILEY

Print Name and Title

Deputy State Fire Marshal Cozetta Christian
106 11th AVE SW
Olympia WA 98501
(360) 584-5796

Cozette

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: _____

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

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

Business Name	Wesley Homes Lea Hill	***Provider Number***	1964
Address	32049 109 PL ,	***Approval Status***	Disapproved
City, State, Zip	Auburn, WA 98092	***Facility Type***	Residential Care

On 07/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Application and Use

603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle. Exceptions: 1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment. 2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices. (IFC 603.5.2, 2021)	A power strip was plugged into another power strip in the memory care nursing office.

2 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Fire rated door would not latch from the fully open position in the memory care dining area.

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	1. Facility was unable to provide documentation for the five year FDC Hydro testing. 2. The facility was unable to provide documentation for the automatic sprinkler quarterly inspection for the third quarter.

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Initials of Authorized Facility Representative: _____

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Business Name	Wesley Homes Lea Hill	***Provider Number***	1964
Address	32049 109 PL ,	***Approval Status***	Disapproved
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On 07/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 08/07/2026

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 *Print Name and Title*

Deputy State Fire Marshal Larisa Hennessy
2803 156TH AVE SE
Bellevue WA 98007
(425) 620-5012

_____

Signature

Initials of Authorized Facility Representative: _____

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