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

Business Name	Welcome Home (Oak Habor Senior Memory Care)	***Provider Number***	2424
Address	235 6TH ,	***Approval Status***	Approved
City, State, Zip	Oak Harbor, WA 98277	***Facility Type***	Residential Care

On 07/29/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 233076 Here's a complaint of Fire Alarm 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 # 233076 At 1100 on 07/29/2026, DSFM Brown conducted complaint inspection for Welcome Home (Oak Harbor Senior Memory Care) located at 235 SW 6th Ave, Oak Harbor, WA 98277 to investigate complaint ref # 233076. I interviewed the Facility Maintenance Director. On 7/21/2026 at approximately 1000, facility staff detected the odor of smoke originating from Room[redacted] Upon entering the apartment, staff discovered the resident asleep in the bed. A smoldering cigarette was located on the bedside table in a cup. The facility fire alarm system activated. Staff immediately extinguished the smoking material/fire, initiated emergency procedures, and safely evacuated all residents from the building. During the evacuation, the Executive Director contacted emergency services via 911. First responders and the Fire Marshal arrived on-site, verified the area was safe, and reset the building fire alarm system before residents were cleared to return. Executive Director contacted the residents Power of Attorney and came to the facility for an in-person meeting with her father and facility administration to discuss the incident and ongoing safety concerns. The City Fire Marshal did meet directly with the resident to reinforce the life-safety hazards of smoking in a residential care setting. The facility smoking policy was re-educated to the resident. No sprinkler activation No injuries were report. 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

Pamela K Joselyn
Signature

Pamela K Joselyn Dining Services Director
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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