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

Business Name	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Approved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 09/08/2026 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

NOT AVAILABLE
Signature

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

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	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Disapproved
City, State, Zip	Olympia, WA 98502	***Facility Type***	Residential Care

On 06/09/2026 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 2021)	Findings during the inspection were: Sprinkler report from 12/17/25 states water gong inoperable and PIV failure, deficiency shall be corrected. 6/9/26 additional issue found from June of 2026 inspection. All violations need to be corrected.
2 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)	Corrected.

Next inspection scheduled on or after: 07/09/2026

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

NOT AVAILABLE
Signature

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

Initials of Authorized Facility Representative:_____

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

Business Name	Artesian Place	***Provider Number***	2542
Address	828 MCPHEE RD SW,	***Approval Status***	Disapproved
City, State, Zip	Olympia, WA	***Facility Type***	Residential Care

On 01/15/2026 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 2021)	Findings during the inspection were: Annual forward flow for the backflow required. Sprinkler report from 12/17/25 states water gong inoperable and PIV failure, deficiency shall be corrected. 2nd floor storage, less than 18 inch clearance from sprinkler head. Kitchen has sprinkler heads loaded with debris, by appliances.

2 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)	Findings during the inspection were: Semi annual inspection of fire alarm system required or needs to be scheduled.

Next inspection scheduled on or after: 02/25/2026

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

Pat White Maintenance

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0867

Signature

Initials of Authorized Facility Representative:_____

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