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

Business Name	Ocean Shores Assisted Living	***Provider Number***	2615
Address	1020 CATALA AVE SE	***Approval Status***	Approved
City, State, Zip	Ocean Shores, WA 98569	***Facility Type***	Residential Care

On 07/29/2026 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

Debbie Smathers
Signature

Debbie Smathers - Executive Director
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	Ocean Shores Assisted Living	***Provider Number***	2615
Address	1020 CATALA AVE SE,	***Approval Status***	Disapproved
City, State, Zip	Ocean Shores, WA	***Facility Type***	Residential Care

On 12/01/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 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)	Findings during the inspection were: There was an extension cord being used as permanent wiring in maintenance shop. Being used for a computer system.

2 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: Facility failed to provide annual forward flow test for the fire sprinkler backflow device.

3 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: Facility failed to provide report showing monthly inspection of all fire alarms with battery backup.

4 Emergnecy Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	Findings during the inspection were: Facility failed to maintain the following exit signs or emergency lights; -Emergency light about kitchen exit to dining room. -Exit sign from dining room to hallway. -Exit sign by medtech station close to Veteran wall. -Exit sign by room 102 missing bulb. -Exit sign by room 108. -Exit sign by vending machines by room 119 is upside down.

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	Ocean Shores Assisted Living	***Provider Number***	2615
Address	1020 CATALA AVE SE,	***Approval Status***	Disapproved
City, State, Zip	Ocean Shores, WA	***Facility Type***	Residential Care

On 12/01/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

Next inspection scheduled on or after: 01/04/2026

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

Debbie Smathers
Signature

Debbie Smathers - Executive Director
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:_____

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