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

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 09/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing

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)	Facility is unable to provide documentation for the required smoke detector sensitivity testing or a valid nuisance log.

3 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights.

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

Initials of Authorized Facility Representative: _____

Washington State Patrol
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Phone: (360) 596-3900

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 09/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 10/03/2026

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

No response to request for signature
Digitally signed by No response to request for signature
Date: 2026.09.03 14:43:12 -07'00'

Signature *Print Name and Title*

Deputy State Fire Marshal Arthur Jesse Ward
2502 112 ST E
Tacoma WA 984455104
(425) 401-7735

Jesse Ward
Digitally signed by Jesse Ward
Date: 2026.09.03 14:43:56 -07'00'

Signature

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

Initials of Authorized Facility Representative: _____

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

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 08/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing

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)	Facility is unable to provide documentation for the required smoke detector sensitivity testing or a valid nuisance log.

3 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights.

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City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 08/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 09/03/2026

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

No response to request for signature
Digitally signed by No response to request for signature
Date: 2026.09.03 14:38:36 -07'00'

Signature *Print Name and Title*

Deputy State Fire Marshal Arthur Jesse Ward
2502 112 ST E
Tacoma WA 984455104
(425) 401-7735

Jesse Ward
Digitally signed by Jesse Ward
Date: 2026.08.10 15:49:08 -07'00'

Signature

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

Initials of Authorized Facility Representative: _____

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

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 06/10/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing.

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)	Facility is unable to provide documentation for the required smoke detector sensitivity testing or a valid nuisance log.

3 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights.

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Initials of Authorized Facility Representative: _____

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

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA 98445	***Facility Type***	Residential Care

On 06/10/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 07/10/2026

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

No response to request for signature

Signature

Print Name and Title

Digitally signed by No response to request for signature
Date: 2026.09.03 14:38:07 -07'00'

Deputy State Fire Marshal Arthur Jesse Ward
2502 112 ST E
Tacoma WA 984455104
(425) 401-7735

Jesse Ward

Signature

Digitally signed by Jesse Ward
Date: 2026.06.10 11:19:22 -07'00'

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

Initials of Authorized Facility Representative: _____

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

Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA	***Facility Type***	Residential Care

On 04/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. (IFC 701.6 2021)	Facility is unable to provide documentation that the annual fire wall inspection has been completed.

Initials of Authorized Facility Representative: _____

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Business Name	6 Stars Healthcare LLC	***Provider Number***	2681
Address	10816 18TH AVE E,	***Approval Status***	Disapproved
City, State, Zip	Tacoma, WA	***Facility Type***	Residential Care

On 04/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
2 Inspection and Maintenance	
Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified. (IFC 705.2 2021)	Facility is unable to provide documentation that the annual fire door inspection has been completed and all deficiencies have been resolved. NFPA 80 (2016) 5.2.3.5.2 As a minimum, the following items shall be verified: (1) Labels are clearly visible and legible. (2) No open holes or breaks exist in surfaces of either the door or frame. (3) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (4) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (5) No parts are missing or broken. (6) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (7) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (8) If a coordinator is installed, the inactive leaf closes before the active leaf. (9) Latching hardware operates and secures the door when it is in the closed position. (10) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (11)* No field modifications to the door assembly have been performed that void the label. (12) Meeting edge protection, gasketing and edge seals, where required, are inspected to verify their presence and integrity. (13) Signage affixed to a door meets the requirements listed in 4.1.4.
3 Extinguishing System Service	
Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing.

Initials of Authorized Facility Representative:

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On 04/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 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)	Facility is unable to provide documentation for the required smoke detector sensitivity testing or a valid nuisance log.
5 Carbon Monoxide Detection - General	
Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code. (IFC 0915.1 2021 WAC 51-54A)	Facility is unable to provide documentation for the monthly carbon monoxide detector testing. NFPA 720 8.7.1 Single - and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.
6 Means of Egress Illumination	
Illumination shall be provided in the means of egress in accordance with Section 1008.2. Under emergency power, means of egress illumination shall comply with Section 1008.3. (IFC 1008.1 2021)	The emergency light by room 24 failed when tested.
7 Power Test	
Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights. See also 1032.10.1 Facility is unable to provide documentation for the annual 90 minute power test for the emergency lights.

Initials of Authorized Facility Representative:

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City, State, Zip	Tacoma, WA	***Facility Type***	Residential Care

On 04/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 05/08/2026

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

Mulugeta Aseresu, MHCM Administrator
Print Name and Title

Deputy State Fire Marshal Arthur Jesse Ward
2502 112 ST E
Tacoma WA 984455104
(425) 401-7735

Jesse Ward
Signature
Digitally signed by Jesse Ward
Date: 2026.04.09 08:45:32 -07'00'

Initials of Authorized Facility Representative:

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