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

Business Name	Assisted Living on Jensen	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA 98022	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety

On 07/20/2026 an unannounced Fire and Life Safety Code re-inspection was conducted at Assisted Living on Jensen by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes. The following deficiencies were cited as a result of this re-inspection:	

2 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. (IFC 603.2.2, 2021)	Corrected

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Corrected

4 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)	The following violation was observed at the time of re-inspection: The facility was unable to provide the following documents: 1. First semi-annual serving report for their kitchen suppression 2. Second semi annual report for their kitchen suppression

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	Assisted Living on Jensen	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA 98022	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 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)	The following violation was observed at the time of re-inspection: The facility was unable to provide the following documents: 1. Annual fire alarm report 2. Semi annual fire alarm report 3. Smoke detector sensitivity report (IFC 907.8.3)
6 Emergency Power for Illumination	
The power supply for means of egress illumination shall normally be provided by the premises' electrical supply. (IFC 1008.3 2021)	The following violation was observed at the time of re-inspection: The facility was unable to provide documentation showing the emergency lighting had been tested in the following areas: 1. 2nd floor new building southeast stairwell 2. 2nd floor new building by room 208

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	Assisted Living on Jensen	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA 98022	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 Exit Signs - Where Required	
Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign. Exceptions: 1. Exit signs are not required in rooms or areas that require only one exit or exit access. 2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official. 3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3. 4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3. 5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency. (IFC 1013.1 2021)	Corrected

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	Assisted Living on Jensen	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA 98022	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 08/19/2026

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

TAWG NGOYEN MAINTENANCE DIRECTOR
Print Name and Title

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

Cozetta

Signature

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 05/14/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety

	This report is the result of an unannounced fire and life safety re-inspection, re-certification survey conducted at White River Assisted Living on 5/14/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.

2 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. (IFC 603.2.2, 2021)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. In the kitchen's office has a missing receptacle cover.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 05/14/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Sprinkler System report 2. Annual forward flow test (NFPA 25 13.7.2.1) 3. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 4. The facility will need to confirm how many backflows are on the sprinkler fire system to determine forward flow testing.

4 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)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual servicing report 2. Second semi-annual service report

5 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)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Report 2. Semi-Annual Report 3. Smoke detector sensitivity Report IFC 907.8.3

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 05/14/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
6 Emergency Power for Illumination	
The power supply for means of egress illumination shall normally be provided by the premises' electrical supply. (IFC 1008.3 2021)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. On the 2nd floor in the new building's southeast stairwell has emergency lighting that needs testing. 2. On the 2nd floor in the new building stairwell by room 208 has emergency lighting that needs testing.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 05/14/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 Exit Signs - Where Required	
Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign. Exceptions: 1. Exit signs are not required in rooms or areas that require only one exit or exit access. 2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official. 3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3. 4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3. 5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency. (IFC 1013.1 2021)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. On the 2nd floor in the old building has two exit signs that are not illuminating. 2. On the 1st floor by room 116 has an exit sign that is missing.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 05/14/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 06/13/2026

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 Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Signature

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	Assisted Living on Jensen	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA 98022	***Facility Type***	Residential Care

On 04/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety

	This report is the result of an unannounced fire and life safety re-certification survey conducted at White River Assisted Living on 4/9/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.

2 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. (IFC 603.2.2, 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. In the kitchen's office has a missing receptacle cover.

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Sprinkler System report 2. Annual forward flow test (NFPA 25 13.7.2.1) 3. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 4. The facility will need to confirm how many backflows are on the sprinkler fire system to determine forward flow testing.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 04/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual servicing report 2. Second semi-annual service report
5 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Report 2. Semi-Annual Report 3. Smoke detector sensitivity Report IFC 907.8.3
6 Emergency Power for Illumination	
The power supply for means of egress illumination shall normally be provided by the premises' electrical supply. (IFC 1008.3 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 2nd floor in the new building's southeast stairwell has emergency lighting that needs testing. 2. On the 2nd floor in the new building stairwell by room 208 has emergency lighting that needs testing.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 04/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 Exit Signs - Where Required	
Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign. Exceptions: 1. Exit signs are not required in rooms or areas that require only one exit or exit access. 2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official. 3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3. 4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3. 5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency. (IFC 1013.1 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 2nd floor in the old building has two exit signs that are not illuminating. 2. On the 1st floor by room 116 has an exit sign that is missing.

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	White River Assisted Living	***Provider Number***	2713
Address	2229 JENSEN ST ,	***Approval Status***	Disapproved
City, State, Zip	Enumclaw, WA	***Facility Type***	Residential Care

On 04/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 05/11/2026

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

Tami L Mode, ED

Print Name and Title

5/14/2026

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

DSFM Van Gorkum, Jason Digitally signed by DSFM Van Gorkum, Jason Date: 2026.04.13 16:04:40 -07'00'

Signature

Initials of Authorized Facility Representative: _____

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