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

Business Name	Normandy Park Assisted Living	***Provider Number***	2746
Address	16625 1st AVE S,	***Approval Status***	Disapproved
City, State, Zip	Normandy Park, WA 98148	***Facility Type***	Residential Care

On 07/13/2026 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 desktop fire and life safety re-inspection, re-certification survey conducted at Normandy Park Assisted Living and Memory Care on 7/13/2026 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 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)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: Main Building: 1. On the 2nd floor, outside the entrance of memory care the emergency light was not illuminating. 2. On the 2nd floor, south/west stairwell by 232 the emergency light was not illuminating. Memory Care: 1. Through out the building most emergency lighting would not illuminate when test button was pushed. Facility is working with a vendor to correct the emergency lighting that is not working. Per email the vendor will be staring work on 8/3/2026 and will take up to two weeks to complete.

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

Initials of Authorized Facility Representative: _____

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Code Requirement	Statement of Violation

Next inspection scheduled on or after: 08/12/2026

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

DSFM Van Gorkum, Jason Digitally signed by DSFM Van Gorkum, Jason
Date: 2026.07.13 13:26:00 -07'00'

Signature

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Initials of Authorized Facility Representative: _____

Washington State Patrol
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Phone: (360) 596-3900

Business Name	Normandy Park Assisted Living	***Provider Number***	2746
Address	16625 1st AVE S,	***Approval Status***	Disapproved
City, State, Zip	Normandy Park, WA	***Facility Type***	Residential Care

On 03/31/2026 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 Normandy Park Assisted Living and Memory Care on 3/31/2026 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 Testing	
Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained. (IFC 705.2.6 2018)	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. In the memory care building, surounding both kitchen spaces have vertical sliding doors

Initials of Authorized Facility Representative: _____

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Business Name	Normandy Park Assisted Living	***Provider Number***	2746
Address	16625 1st AVE S,	***Approval Status***	Disapproved
City, State, Zip	Normandy Park, WA	***Facility Type***	Residential Care

On 03/31/2026 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: Main Building Assisted Living: 1. Annual forward flow test *through both backflows (NFPA 25 13.7.2.1) Memory Care Building: 1. Annual forward flow test (NFPA 25 13.7.2.1)
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)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: Main Building: 1. On the 2nd floor, outside the entrance of memory care the emergency light was not illuminating. 2. On the 2nd floor, south/west stairwell by 232 the emergency light was not illuminating. Memory Care: 1. Through out the building most emergency lighting would not illuminate when test button was pushed. Facility is working with a vendor to correct emergency lighting not working.

Initials of Authorized Facility Representative: _____

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Business Name	Normandy Park Assisted Living	***Provider Number***	2746
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On 03/31/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 Maintenance	
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 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. Fuel test report

Next inspection scheduled on or after: 04/30/2026

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

Greg R Evans — *Signature*

GREG R EVANS — *Print Name and Title*

MAINT. DIRECTOR

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

Signature

Initials of Authorized Facility Representative: _____

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Washington State Patrol
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Business Name	Normandy Park Assisted Living	***Provider Number***	2746
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City, State, Zip	Normandy Park, WA	***Facility Type***	Residential Care

On 02/03/2026 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 Normandy Park Assisted Living and Memory Care on 2/3/2026 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 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3. (IFC 315.3.2 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. In the main building on the 1st floor, in the southwest stairway has stored combustible material.

3 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 main building, 1st floor med room has a broken receptacle cover.

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Code Requirement	Statement of Violation
4 Working Space and Clearance	
Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. (IFC 603.4, 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. In the main building, 1st floors nurses station has blocked electrical panels.
5 Ampacity	
The ampacity of the extension cords shall be not less than the rated capacity of the portable appliance supplied by the cord. (IFC 603.6.2 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. In the main building, 1st floor med room has a appliance plugged into a power strip.
6 Cleaning	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 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 hood cleaning report on 2/18/2025 shows deficiencies. Facility will need to show paperwork of completion. 2. Second semi-annual hood cleaning

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Initials of Authorized Facility Representative: Jm

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Code Requirement	Statement of Violation
7 Inspection and Maintenance	
Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 protective's and smoke and draft control doors shall not be modified. (IFC 705.2 2021) 5.2.1 Inspection and Testing. Upon completion of the installation, door, shutters, and window assemblies shall be inspected and tested in accordance with 5.2.4. 5.2.4 Periodic Inspection and Testing. 5.2.4.1 Periodic inspections and testing shall be performed not less than annually. 5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information: 1. Date of inspection 2. Name of facility 3. Address of facility 4. Name of person(s) performing inspections and testing 5. Company name and address of inspecting company 6. Signature of inspector of record 7. Individual record of each inspected and tested fire door assembly 8. Opening identifier and location of each inspected and tested fire door assembly 9. Type and description of each inspected and tested fire door assembly To aid the AHJ during the review of the inspections and testing reports, the records should include a description of the type of fire door assembly as follows: Type 6: Swinging door with builders hardware Type 7: Swinging fire door with fire door hardware Type 8: Horizontally sliding fire door Type 9: Special purpose horizontally accordion or folding	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. The facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs. At time of inspection the following was observed: 1. On the 2nd floor activities office has a set of double doors showing damage to the doors. 2. On the 2nd floor Southwest stairway door will not close and latch. (IFC 705.2.4)

Initials of Authorized Facility Representative: JM

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Code Requirement	Statement of Violation
door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door Type 14: Hoistway doors for elevators and dumbwaiter Type 15: Chute door Type 16: Access door Type 17: Fire window 10. Verification of visual inspection and functional operation 11. Listing of deficiencies in accordance with 5.2.3, Section 5.3, and Section 5.4 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 (NFPA 80.5.2)	

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On 02/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
8 Testing	
Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained. (IFC 705.2.6 2018)	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. In the memory care building, surounding both kitchen spaces have vertical sliding doors
9 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: Main Building Assisted Living: 1. 5-Year internal pipe Testing (NFPA 25 14.2.1) 2. 3-Year Dry System Full flow trip test (NFPA 25 13.4.4.2.2.2) 3. Annual Trip Test (NFPA 25 13.4.4.2.2) 4. Annual forward flow test *through both backflows (NFPA 25 13.7.2.1) 5. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 6. Quarterly inspections Reports Memory Care Building: 1. 5-Year internal pipe Testing (NFPA 25 14.2.1) 2. Annual Trip Test (NFPA 25 13.4.4.2.2) 3. Annual forward flow test (NFPA 25 13.7.2.1) 4. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 5. Quarterly inspections Reports

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

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Code Requirement	Statement of Violation

10 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The distance of travel to reach an extinguisher shall not apply The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations. (IFC 906.2 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. Fire extinguisher performed the day of inspection shows over 20 Fire extinguisher past there 6 year testing.

11 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.On the main building fire alarm report from 12/15/2025 shows deficiencies.

Initials of Authorized Facility Representative: JM

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Code Requirement	Statement of Violation
12 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)	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. The facility must maintain detailed documentation and maps of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs. At time of inspection the following was observed: There were missing Carbon Monoxide alarms inside areas that was directly connected to a fossil fuel burning appliance in the following areas: 1. Where fireplaces are found in both buildings. 2. Water heaters/Boiler rooms
13 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)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: Main Building: 1. On the 2nd floor, outside the entrance of memory care the emergency light was not illuminating. 2. On the 2nd floor, south/west stairwell by 232 the emergency light was not illuminating. Memory Care: 1. Through out the building most emergency lighting would not illuminate when test button was pushed.

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Code Requirement	Statement of Violation
14 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)	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. Monthly 30-second activation testing had not been performed and documented
15 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)	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 90 minute power test had not been performed and documented
16 Maintenance	
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 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. There are deficiencies found on annual report performed on 3/17/2025. 2. Fuel test report 3. 1.5 load test 4. 4-hour load test with date of when last performed.

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

Initials of Authorized Facility Representative: JM

Washington State Patrol
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Phone: (360) 596-3900

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On 02/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
17 Fire Drills	
In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode. (WAC 212-12-044) Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire. Exceptions: 1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency. 2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms. (IFC 405.5 2021) Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated.	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: Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. The following drills are missing. 1st Shift - Quarter 1, and 4 2nd Shift - Quarter 1, and 4 3rd Shift - Quarter 1

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Code Requirement	Statement of Violation
6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021) Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. (IFC 405.8 2021)	

Next inspection scheduled on or after: 03/05/2026

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

Jenny Mack, Administrator
Print Name and Title

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: 2026.02.04 11:17:51 -08'00'

Signature

Initials of Authorized Facility Representative: JM

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