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

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 10/01/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
1 Contents	
Fire safety, evacuation and lockdown plan contents shall be in accordance with Sections 404.2.1 through 404.2.3.2. (IFC 404.2 2021)	The following violations were observed: -The facility failed to provide documentation of fire drills for the NOC shift within the past twelve months. (CORRECTED)
2 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 violation was observed: -The facility failed to provide documentation of both semi-annual hood suppression cleaning service within the past twelve months. (Violation remains: Invoice from 2/1/2026 and 8/7/2025 that state "reports will not be provided until invoice is paid.") (CORRECTED) 2/1/2026
3 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violations were observed: -The facility was unable to provide documentation of the annual fire sprinkler system inspection, testing, and maintenance within the past twelve months, including the three-year dry trip testing on the system. (Violation remains with the annual inspection only. The following deficiency was noted on the annual report: "Forward flow test can't be performed without test header installed.") -The walk-in type freezer with automatic defrost has ordinary temperature heads installed. (Violation remains)

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

Initials of Authorized Facility Representative: NP

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

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 10/01/2026 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 violations were observed: -The facility was unable to provide documentation that the following deficiency noted on the first semi-annual hood suppression system service conducted on April 1, 2026 was corrected: "Improper nozzle coverage over all appliances." (Violation Remains)
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 violations were observed: -The facility could not provide documentation of the semi-annual fire alarm system inspection, testing, and maintenance in the past twelve months. (Violation remains) -The facility could not provide documentation that the fire alarm system nuisance log is being maintained for the past twelve months. If a nuisance log is not being maintained, smoke detector sensitivity testing is required every two years; the last testing was completed on January of 2024. (Corrected, 7/20/2026)

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

Initials of Authorized Facility Representative: NP

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

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 10/01/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
6 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 violations were observed: The facility failed to provide the following documentation on their weekly testing and maintenance on their emergency back up generator: (Violation remains) -Monthly lead acid battery conductance testing (Violation remains) -Run Time; beginning and ending clock hours (Violation remains) -Fuel and Oil levels/assessments (Violation remains) -The facility failed to provide documentation of the annual load bank testing on the emergency back up generator. (Corrected, 4/22/2026)

Next inspection scheduled on or after: 10/31/2026

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

Margaret Pardher., Administrator.

Print Name and Title

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea Ely

Digitally signed by Andrea Ely
Date: 2026.10.01 12:57:26 -07'00'
Adobe Acrobat Reader version: 2026.002.21931

Signature

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

Initials of Authorized Facility Representative: NP

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

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Contents

Fire safety, evacuation and lockdown plan contents shall be in accordance with Sections 404.2.1 through 404.2.3.2. (IFC 404.2 2021)	The following violations were observed: -The facility failed to provide documentation of fire drills for the NOC shift within the past twelve months. (Violation remains) -The facility failed to conduct fire drills at various times for the day and swing shift, often occurring from approximately 1400-1430 hours during shift changes. (Corrected)

2 Abatement of Electrical Hazards

Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated.. (IFC 603.2 2021)	The following violation was observed: -The electrical panel located in the front lobby area was unsecured. (Corrected)

3 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)	The following violation was observed: -In Room 20 there was an extension cord in use for permanent wiring. (Corrected)

4 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 violation was observed: -The facility failed to provide documentation of both semi-annual hood suppression cleaning service within the past twelve months. (Violation remains: Invoice from 2/1/2026 and 8/7/2025 that state "reports will not be provided until invoice is paid.")

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

Initials of Authorized Facility Representative: _____

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 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)	The following violation was observed: -Doors to Rooms 4 & 6 had penetrations in the top of the door from where self-closers were replaced. (Corrected)
6 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)	The following violation was observed: -The facility failed to provide documentation that the annual fire-resistance-rated construction inspection was conducted within the past twelve months. (Corrected)
7 Hold-Open Devices and Closers	
Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position. (IFC 705.2.3 2021)	The following violation was observed: -The Med Room door was propped open by a stool and was not connected to the mag lock installed. (Corrected)

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

Initials of Authorized Facility Representative: _____

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
8 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violations were observed: -The facility was unable to provide documentation of the annual fire sprinkler system inspection, testing, and maintenance within the past twelve months, including the three-year dry trip testing on the system. (Violation remains for the annual inspection only. The following deficiency was noted on the report: "Forward flow test can't be performed without test header installed.") -The facility was unable to provide documentation of the fire sprinkler system quarterly inspections for the first and second quarters within the past twelve months. (Corrected) -The walk-in type freezer with automatic defrost has ordinary temperature heads installed. (Violation remains)
9 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 violations were observed: -The facility was unable to provide documentation that the following deficiency noted on the first semi-annual hood suppression system service conducted on April 1, 2026 was corrected: "Improper nozzle coverage over all appliances." (Violation Remains) -The facility was unable to provide documentation of the second semi-annual hood suppression system inspection, testing, and maintenance within the past twelve months. (Corrected)

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

Initials of Authorized Facility Representative: _____

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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 violation was observed: -The facility could not provide documentation of the monthly inspections for fire extinguishers for the past twelve months. (Corrected)

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

Initials of Authorized Facility Representative: _____

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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 violations were observed: -The facility could not provide documentation of the semi-annual fire alarm system inspection, testing, and maintenance in the past twelve months. (Violation remains) -The facility could not provide documentation that the fire alarm system nuisance log is being maintained for the past twelve months. If a nuisance log is not being maintained, smoke detector sensitivity testing is required every two years; the last testing was completed on January of 2024. (Violation remains) -The facility could not provide documentation of the monthly carbon monoxide detector testing for the past twelve months.(Corrected) -The facility could not provide documentation of the monthly single-station smoke alarm testing for the past twelve months. (Corrected)
12 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 violation was observed: -The facility could not provide documentation of the 90-minute annual testing of the emergency backup battery exit lighting. (Corrected)

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

Initials of Authorized Facility Representative: _____

Business Name	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
13 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 violations were observed: The facility failed to provide the following documentation on their weekly testing and maintenance on their emergency back up generator: (Violation remains) -Monthly lead acid battery conductance testing (Violation remains) -Run Time; beginning and ending clock hours (Violation remains) -Fuel and Oil levels/assessments (Violation remains) -The facility failed to provide documentation of the annual load bank testing on the emergency back up generator. (Violation remains)
14 Hazard Identification Signs	
Unless otherwise exempted by the fire code official, visible hazard identification signs as specified in NFPA 704 for the specific material contained shall be placed on stationary containers and above-ground tanks and at entrances to locations where hazardous materials are stored, dispensed, used or handled in quantities requiring a permit and at specific entrances and locations designated by the fire code official. (IFC 5003.5 2021)	The following violation was observed: -Room 28 had no "OXYGEN IN USE" sign on the door. (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	Magnolia Assisted Living	***Provider Number***	2570
Address	912 HILLCREST ST ,	***Approval Status***	Disapproved
City, State, Zip	Grandview, WA 98930	***Facility Type***	Residential Care

On 07/09/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

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

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 *Print Name and Title*

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea Ely
Digitally signed by Andrea Ely
Date: 2026.07.13 12:31:20 -07'00'

Signature

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

Initials of Authorized Facility Representative: _____