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

Business Name	Sunnyside Care	***Provider Number***	2754
Address	907 IDA BELLE ST ,	***Approval Status***	Approved
City, State, Zip	Sunnyside, WA 989449062	***Facility Type***	Residential Care

On 08/31/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 237813 Here's a complaint of Fire Panal Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? 2. If the sprinklers were activated? 3. If there was an evacuation / how many were evacuated? 4. If there were injuries / how many? 5. Did the fire department respond? Yes, No	On August 31, 2026, an inspection was completed for complaint #237813 at Sunnyside Care Assisted Living at 907 Ida Belle Street in Sunnyside, Washington. This inspection is in response to self-reported complaint for a fire alarm control panel that was showing a "Key Bus Trouble" status on August 24, 2026.. The facility stated that staff observed a trouble status on August 24, 2026 at approximately 0830 hours. The facility was unable to reset the system with the fire alarm monitoring company, and a technician was sent out on August 25, 2026 and repaired the system at approximately 1030 hours. During the fire alarm outage, staff began a self-initiated fire watch per their emergency policies. Upon inspection the fire alarm system showed "All Systems Normal." There was no fire, no fire and life safety systems activated, and no staff or residents were injured, relocated or evacuated, and the fire department did not respond. Documentation of the fire watch log and repair report was reviewed on site. No violations were observed.

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

Initials of Authorized Facility Representative: _____

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Next inspection scheduled on or after:

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

Julie Santiago – Executive Director

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: 2026.08.31 09:46:31 -07'00'
Adobe Acrobat Reader version: 2026.001.21789

Signature

Initials of Authorized Facility Representative: _____

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