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 09/29/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 239812 Here's a complaint of Fire alarm 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 September 14, 2026, an inspection was completed for complaint #239812 at Sunnyside Care Assisted Living located at 907 Ida Belle Street in Sunnyside, Washington. During that inspection the fire alarm system was noted as being in trouble status, stating "Key BUS trouble." Staff stated that the fire alarm system was observed to be in trouble status since 0800 hours, in which a fire watch was initiated by the facility at 0820 hours. It is believed per staff interviews that the system may have been in trouble status prior to 0800 hours. Additionally staff stated that the fire alarm system had nuisance alarms since the most recent sprinkler system repair conducted approximately three weeks prior. Facility staff contacted the fire alarm company at approximately 0805 hours, and is scheduled to perform repairs on September 15 or 16, 2026. Staff were notified that a self-report must be filed with DSHS and notification to the WSFMO is required if the fire alarm system is showing a trouble or supervisory signal status. There was no fire, no fire and life safety systems activated, no fire department response, and no staff or residents were injured, relocated, or evacuated.

2 Records

Records of all system inspections, tests and maintenance required by the referenced standards shall be maintained. (IFC 901.6.3 2021)	The following violations were observed: -The facility failed to provide documentation of the fire alarm system nuisance alarms for the past three weeks. (CORRECTED) -The facility failed to provide documentation of the fire sprinkler repair conducted on a pipe leak within the past three weeks. (CORRECTED)

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

Initials of Authorized Facility Representative: _____

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3 Systems Out of Service	
Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires. Exception: Facilities with an approved notification and impairment management program. The notification and impairment program for water-based fire protection systems shall comply with NFPA 25. (IFC 901.7 2021)	The following violation was observed: -Fire watch documentation shall be submitted to our office for review from September 14, 2026 from 1230 hours to the time of repair. Documentation of the repairs must be submitted to our office for review, showing no deficiencies of the system. (CORRECTED, FW 9/14-9/16, repair on 9/15)
4 Impairment Coordinator	
The building owner shall assign an impairment coordinator to comply with the requirements of this section. In the absence of a specific designee, the owner shall be considered the impairment coordinator. (IFC 901.7.1 2021)	The following violation was observed: -The facility was unable to provide documentation of when the system went out of service; Per the Fire Watch Policy, under "Responsibilities" staff failed to notify the Administrator of the impairment to the system. (CORRECTED)

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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 *Print Name and Title*

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

Andrea Ely
Signature

Digitally signed by Andrea Ely
Date: 2026.09.29 15:48:18 -07'00'
Adobe Acrobat Reader version: 2026.002.21931

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