



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

January 7, 2020

June Skinner
Owner
Amber Waves Boarding Home
302 E ASH ST
Waterville WA 98858

The Office of the State Fire Marshal conducted an annual fire and life safety inspection of Amber Waves Boarding Home.

Initial Inspection

During the inspection, we identified a number of violations.
We provided a copy of the inspection report to the facility.
The inspection report outlined each violation and items to correct prior to a reinspection, scheduled on or after December 18, 2019.

Required Reinspection

- Today we conducted a reinspection of Amber Waves Boarding Home.
- During the reinspection, one or more of the violations identified during the initial inspection remained uncorrected.

These two inspections found this facility failed to gain and maintain compliance as required by state law. These violations place the residents, staff, and visitors at risk.

Required Follow-Up

- The facility administrator shall submit a letter to Deputy State Fire Marshal Barbara Maier, PO, Box 42600, , Olympia, WA 98504 within 30 days. The letter shall explain, in detail, how the code violations were corrected and indicate the facility is ready for a final reinspection.
- Upon receipt of the letter, the Deputy State Fire Marshal will conduct a final reinspection.
- If the letter is not received by the time specified, we shall notify the Department of Social and Health Services (DSHS) Residential Care Services Division of the failure to correct violations. We will recommend enforcement action against the facility. Enforcement actions available to DSHS under RCW 18.20.190 include civil fines, stop placements, and license suspension or revocation.
- If the option chosen by DSHS is a license revocation, a new fire and life safety inspection will be required prior to recommending relicensure.

If you have any questions regarding this process, please contact Deputy State Fire Marshal Barbara Maier at (360) 596-3925.

Letter Received By:

Letter Issued By:
Deputy State Fire Marshal
Barbara Maier

cc: Residential Care Services
Enclosures

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



Business Name	Amber Waves Boarding Home	Provider Number	2324
Address	302 E ASH ST ,	Approval Status	Disapproved
City, State, Zip	Waterville, WA 98858	Facility Type	Residential Care

On 01/07/2020 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Admin New Requirements

<p>For your information:</p> <p>FIVE YEAR SMOKE DETECTOR SENSITIVITY TESTING</p> <p>Last documented testing report provided was November 20, 2014. Testing is due in 2 days is no other documentation is provided.</p> <p>Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of five years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p> <p>(IFC 907.8.3)</p> <p>ANNUAL FIRE WALL INSPECTIONS AND MAINTENANCE</p> <p>The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers , floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Records of inspection 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. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes</p>	
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Business Name Amber Waves Boarding Home	Provider Number 2324
Address 302 E ASH ST ,	Approval Status Disapproved
City, State, Zip Waterville, WA 98858	Facility Type Residential Care

On 01/07/2020 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
made for any reason shall be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. (IFC 703.1 2015)	

2 Frequency

Required emergency drills shall be held at the intervals specified in Table 405.2 or more frequently where necessary to familiarize all occupants with the drill procedure. IFC 405.2 2015	
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3 Fire Evacuation Drills

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drills proposed and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode EXCEPTION Drills conducted between the hours of 9:00 p.m. and 6:00 a.m., in Group R-2 boarding homes, group homes, and residential treatment facilities licensed by the state of Washington. (IFC 405.7.1 2015)	
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4 Abatement of electrical hazards.

Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. (IFC 605.1 2012, 2015)	The following violations were observed: The emergency panel schedule is not up to date and does not reflect emergency egress lighting.
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Code Requirement	Statement of Violation
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5 Multiplug adapters.

Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. (IFC 605.4 2012 2015)	
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6 Extension Cords.

Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible 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. (IFC 605.5)	
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7 Inspection, testing and maintenance.

<p>Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. (IFC 901.6 2012, 2015)</p> <p>Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of five years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3 2012)</p>	<p>The following violation was observed:</p> <p>Smoke detectors that failed sensitivity testing have not been replaced. Contractor is scheduled to replace on January 29, 2020.</p>
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Code Requirement	Statement of Violation
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8 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 three 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 2015

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Code Requirement	Statement of Violation
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9 Obstruction.

<p>The minimum width or required capacity of corridors shall be unobstructed</p> <p>Exception: Encroachments complying with Section 1005.7.</p> <p>(IFC 1020.3 2015)</p>	
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Code Requirement	Statement of Violation
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10 NFPA 80 Fire Door Inspection and Testing

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
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

And the following shall be checked:

1. Labels are clearly visible and legible
2. No open holes or breaks exist in surfaces of wither 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 non combustibile 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 lead close

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Code Requirement	Statement of Violation
before the active lead 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 modification 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	

Next inspection scheduled on or after: 02/06/2020

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 Barbara Maier
 PO Box 42600
 Olympia WA 98504
 (360) 596-3925

Signature

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On 11/18/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin New Requirements

For your information:

FIVE YEAR SMOKE DETECTOR SENSITIVITY TESTING

Last documented testing report provided was November 20, 2014. Testing is due in 2 days is no other documentation is provided.

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of five years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3)

ANNUAL FIRE WALL INSPECTIONS AND MAINTENANCE

The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Records of inspection 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. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason shall be protected with approved methods

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Code Requirement

Statement of Violation

capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly.

(IFC 703.1 2015)

2 Frequency

Required emergency drills shall be held at the intervals specified in Table 405.2 or more frequently where necessary to familiarize all occupants with the drill procedure.

IFC 405.2 2015

The following violation was observed:

The facility was unable to provide documentation of a second quarter fire drill on swing shift.

The facility was unable to provide documentation of a first quarter fire drill on night shift.

3 Fire Evacuation Drills

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drills proposed and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode

EXCEPTION

Drills conducted between the hours of 9:00 p.m. and 6:00 a.m., in Group R-2 boarding homes, group homes, and residential treatment facilities licensed by the state of Washington.

(IFC 405.7.1 2015)

The following violations were observed:

Initiating device was not activated and/or documented during day shift fire drills in January, February, May, June and August 2019.

Initiating device was not activated and/or documented during swing shift fire drill in September 2019.

A fire drill on each shift in which an initiating device is activated must be performed within the next 30 days.

4 Abatement of electrical hazards.

Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used.

(IFC 605.1 2012, 2015)

The following violations were observed:

The emergency panel schedule is not up to date and does not reflect emergency egress lighting.

Resident Room 3 - Missing receptacle cover behind bed by the door.

Resident Room 4 - Missing receptacle cover behind bed.

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Code Requirement

Statement of Violation

5 Multiplug adapters.

Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. (IFC 605.4 2012 2015)	The following violations was observed: Resident Room 1 - an unfused powerstrip was in use below the television.
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6 Extension Cords.

Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible 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. (IFC 605.5)	The following violation was observed: An extension cord was in use on the enclosed porch. Corrected during inspection.
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7 Inspection, testing and maintenance.

Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. (IFC 901.6 2012, 2015)	The following violations were observed: The facility was unable to provide documentation of quarterly fire sprinkler inspections. Two of the three sprinkler heads in the living area had excessive build up on them and could possibly inhibit flow if activated.
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Code Requirement

Statement of Violation

8 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 three 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 2015

The following violation was observed:

The facility was unable to provide documentation of monthly inspections for the last twelve months. The annual serving was performed on October 23, 2019.

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Code Requirement

Statement of Violation

9 Obstruction.

<p>The minimum width or required capacity of corridors shall be unobstructed</p> <p>Exception: Encroachments complying with Section 1005.7.</p> <p>(IFC 1020.3 2015)</p>	<p>The following violation was observed:</p> <p>Resident Room 1 - the door was blocked open. Corrected during inspection.</p>
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On 11/18/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

10 NFPA 80 Fire Door Inspection and Testing

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
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

And the following shall be checked:

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 non-combustible 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 lead closes before the active lead

The following violation was observed:

The facility was unable to provide documentation of annual fire door inspections.

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Code Requirement

Statement of Violation

- 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 modification 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

Next inspection scheduled on or after: 12/18/2019

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 Barbara Maier
PO Box 42600
Olympia WA 98504
(360) 596-3925

Signature

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