



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

Business Name	Pioneer Place Alzheimer Residence of Tacoma	Provider Number	001293
Address	11519 24TH AVE E,	Approval Status	Approved
City, State, Zip	Tacoma, WA 98445	Facility Type	Residential Care

On 06/29/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Signature

Bebie Rantalla, Administrator

Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

Signature

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

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.



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Business Name	Pioneer Place Alzheimer Residence of Tacoma	Provider Number	001293
Address	11519 24TH AVE E,	Approval Status	Disapproved
City, State, Zip	Tacoma, WA 98445	Facility Type	Residential Care

On 04/24/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Fire Hydrant System

Fire hydrant systems shall comply with Sections 507.5.1 through 507.5.6. 507.5.5 Clear space around hydrants. A 3-foot (914 mm) clear space shall be maintained around the circumference of fire hydrants, except as otherwise required or approved. (IFC 0507.5 2018)	The following citations were observed: Three feet of clearance required around fire hydrant located between both buildings.
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2 Working Space and Clearance

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. Exceptions: 1. Where other dimensions are required or allowed by NFPA 70. 2. Access openings into attics or under-floor areas that provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm). (IFC 604.3 2018)	The following citations were observed: Working space clearance must be maintained in the fire alarm panel closet.
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Code Requirement

Statement of Violation

3 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 2018 WAC 51-54A)

The following citations were observed:

Facility shall provide an inventory of all fire-resistance-rated construction in the building.

Due by 2024 annual inspection

4 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

The following citations were observed:

Unable to provide documentation showing that fire/smoke damper inspection and testing has been performed in the past 5 years, per NFPA 80, 19.5.3.

Redo req'd

Due by 2024 annual insp.

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Code Requirement

Statement of Violation

5 Smoke Detector Sensitivity

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 5 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, 2015, 2018)

The following citations were observed:

Unable to provide documentation showing that smoke detectors sensitivity testing has been performed in the last past 5 years.

Performed
1/27/2020

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Code Requirement

Statement of Violation

6 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 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 close before the active lead

The following citations were observed:

Facility was unable to provide documentation showing that an annual fire door inspection has been completed in the past 12 months.

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Provider Number 001293
Approval Status Disapproved
Facility Type Residential Care

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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 intertie 13. Signage affixed to a door meets the requirements listed in 4.1.4	

7 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) 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. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.	The following citations were observed: Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. The following fire drills are missing: 1st Shift - Quarter 1, 2, 3 and 4 2nd Shift - Quarter 1, 3 and 4 3rd Shift - Quarter 1, 2, 3 and 4
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Jan D ✓ ✓

Q1	Q2	Q3	Q4	
Jan ✓	✓	Aug	Sept	S
"	✓	"	✓	N
S	✓			
N	✓			

12 year

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Next inspection scheduled on or after: 05/25/2023

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

Bebie Rantalla, Administrator
Print Name and Title

Deputy State Fire Marshal Lysandra Davis
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