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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Approved
City, State, Zip	Sequim, WA	***Facility Type***	Residential Care

On 09/02/2025 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
Mike Lofgren
Signature

Mike Lofgren Dir of Enviormental Services
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

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

Initials of Authorized Facility Representative:_____

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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Disapproved
City, State, Zip	Sequim, WA 98382	***Facility Type***	Residential Care

On 06/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during inspection were: Facility failed to provide the following documentation for the fire sprinkler system; -Three-year dry system full flow trip test. -Annual forward flow test for the backflow. -Quarterly inspection reports for the last year. Sprinkler head in freezer is loaded with ice.

2 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)	Findings during inspection were: Facility failed to provide documentation showing kitchen suppression system is being inspected twice a year.

Initials of Authorized Facility Representative:_____

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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Disapproved
City, State, Zip	Sequim, WA 98382	***Facility Type***	Residential Care

On 06/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

3 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)	Findings during inspection were: Facility failed to maintain fire extinguisher in laundry room, last annual inspection in 2023. Fire extinguisher in kitchen by cooler is higher than 5 feet.

4 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)	Findings during inspection were: Facility failed to provide the following documentation for the fire alarm system; -Semi annual inspection. Fire alarm in trouble mode, all deficiencies shall be corrected.

Initials of Authorized Facility Representative:_____

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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Disapproved
City, State, Zip	Sequim, WA 98382	***Facility Type***	Residential Care

On 06/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

5 Emergnecy Lighting Equipment Inspection and Testing

Code Requirement	Statement of Violation
Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	Findings during inspection were: Facility failed to maintain the following exit signs; -Inoperable when tested by room #1 -Needs bulbs replace by exit door by room #1. -Inoperable when tested by room #5. -Inoperable when tested by director of residential services office. -Inoperable when tested by room #15. -Inoperable when tested by room #12. -Inoperable when tested by room #22.

Initials of Authorized Facility Representative:_____

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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Disapproved
City, State, Zip	Sequim, WA 98382	***Facility Type***	Residential Care

On 06/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
6 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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	Findings during inspection were: Facility failed to maintain door to linen room in central hallway, door failed to latch.

Initials of Authorized Facility Representative:_____

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

Business Name	Dungeness Courte Memory Care	***Provider Number***	001328
Address	651 GARRY OAK DR ,	***Approval Status***	Disapproved
City, State, Zip	Sequim, WA 98382	***Facility Type***	Residential Care

On 06/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed positon 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 preformed 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	

Next inspection scheduled on or after: 07/24/2025

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

Mik Jolon
Signature

Mike Lofgren Maint. Supervisor
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

Initials of Authorized Facility Representative:_____