



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

Business Name Evergreen Court	Provider Number 001502
Address 900 124TH NE,	Approval Status Disapproved
City, State, Zip Bellevue, WA 98005	Facility Type Residential Care

On 07/29/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

Corrected

2 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.

(IFC 315.3.2 2021)

Corrected

3 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

(IFC 315.2.3 2021)

Corrected

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Code Requirement

Statement of Violation

4 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.2 2021)

Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

(IFC 0405.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following Drills are missing.

- 1st Shift - Quarter 1, 2, 3 and 4
- 2nd Shift - Quarter 1, 2, 3 and 4
- 3rd Shift - Quarter 1, 2, 3 and 4

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Facility will need to perform one fired drill per shift in the next 30 days.

5 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 603.2.2, 2021)

Corrected

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Code Requirement	Statement of Violation
6 Cleaning	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 2021)	Corrected
7 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 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
8 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Corrected



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Code Requirement

Statement of Violation

9 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

Completed 1. Annual report
Completed 2. 5-Year internal pipe Testing (NFPA 25 14.2.1.1)
X 3. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
Completed 4. Annual Trip Test (NFPA 25 13.1.1.2)
X 5. Annual forward flow test (NFPA 25 13.7.2)
Completed 6. 5-Year FDC Hydro testing (NFPA 25 13.8.5)
Completed 7. Quarterly inspections

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

10 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)

Corrected

11 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)

Corrected

12 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

Corrected



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Code Requirement	Statement of Violation
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13 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign. Exceptions: 1. Exit signs are not required in rooms or areas that require only one exit or exit access. 2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official. 3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3. 4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3. 5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency. (IFC 1013.1 2021)	Corrected
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14 Emergency Lighting Equipment Inspection and Testing

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)	Corrected
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Code Requirement	Statement of Violation
15 Activation Test	
Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Corrected
16 Power Test	
Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Corrected
17 NFPA 80 Fire /Smoke Dampers Inspection and Testing	
19.4 Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	Corrected

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J.K



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Code Requirement

Statement of Violation

18 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

Corrected

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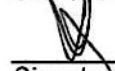
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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification 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: 08/28/2024

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

 - EXECUTIVE DIRECTOR
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209


Signature



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Code Requirement

Statement of Violation

1 Ceiling Clearance

	At time of inspection the following was observed: 1. 1st floor storage room (PPE) is within 18" of sprinkler head
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2 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3. (IFC 315.3.2 2021)	At time of inspection the following was observed: 1. Combustible materials found on the 3rd floor stairwell
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3 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. (IFC 315.2.3 2021)	At time of inspection the following was observed: 1. Combustible materials found in electrical room bottom floor
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Code Requirement

Statement of Violation

4 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.2 2021)

Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

(IFC 0405.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following Drills are missing.

- 1st Shift - Quarter 1, 2, 3 and 4
- 2nd Shift - Quarter 1, 2, 3 and 4
- 3rd Shift - Quarter 1, 2, 3 and 4

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

5 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 603.2.2, 2021)

At time of inspection the following was observed:

1. Open junction found on 3rd floor in electrical room outside of meeting room/restroom

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Code Requirement

Statement of Violation

6 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. First semi-annual hood cleaning 2. Second semi-annual hood cleaning All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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7 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 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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8 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	At time of inspection the following was observed: 1. Room 163 will not latch 2. PPE door will not latch
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Code Requirement

Statement of Violation

9 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Annual report 2. 5-Year internal pipe Testing (NFPA 25 14.2.1.1) 3. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2) 4. Annual Trip Test (NFPA 25 13.1.1.2) 5. Annual forward flow test (NFPA 25 13.7.2) 6. 5-Year FDC Hydro testing (NFPA 25 13.8.5) 7. Quarterly inspections All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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10 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. First semi-annual servicing 2. Second semi-annual service All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Code Requirement

Statement of Violation

11 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Annual report 2. Sensitivity Testing (IFC 907.8.3) 3. Monthly single and multiple station alarms test (IFC 907.8) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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12 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code. (IFC 0915.1 2021 WAC 51-54A)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Code Requirement

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13 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

(IFC 1013.1 2021)

At time of inspection the following was observed:

1. Exit sign not working when test button is performed on main floor by room 95

14 Emergency Lighting Equipment Inspection and Testing

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)

At time of inspection the following was observed:

Emergency light found not working by:

1. by room 221
2. by room 227
3. look over all lights in stairwells

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Code Requirement

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15 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. 30-second monthly activation testing had not been performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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16 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Annual 90 minute power test had not been performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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17 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Fire/smoke damper inspection will need to be performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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18 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 deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Evergreen Court	Provider Number	001502
Address	900 124TH NE,	Approval Status	Disapproved
City, State, Zip	Bellevue, WA 98005	Facility Type	Residential Care

On 05/23/2024 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 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: 06/24/2024

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 Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Signature

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