



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

Business Name	Weatherly Inn	Provider Number	001577
Address	6016 N HIGHLANDS PKWY ,	Approval Status	Approved
City, State, Zip	Tacoma, WA	Facility Type	Residential Care

On 08/25/2025 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

Andrea Peterson
Signature

Andrea Peterson, General Manager
Print Name and Title

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

Raul Murcia
Signature

Digitally signed by Raul Murcia
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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	Weatherly Inn	Provider Number	001577
Address	6016 N HIGHLANDS PKWY ,	Approval Status	Disapproved
City, State, Zip	Tacoma, WA 98406	Facility Type	Residential Care

On 06/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 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)

Findings during the inspection were:

Main laundry room had multiple ceiling penetrations.

2 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)

Findings during the inspection were:

Facility failed to provide fire/smoke dampers 4 year inspection.

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Code Requirement

Statement of Violation

3 Testing and Maintenance

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

(IFC 903.5 2021)

Findings during the inspection were:

Facility failed to provide the following documentation for the fire sprinkler system;

- Annual forward flow test for backflow.
- Fire department connection hydrostatic test.

Sprinkler system is due for repairs, leaks in dry system with accelerator turned off; system not functioning as installed and shall be corrected.

Main dining back nook area has a missing escutcheon ring.

The following areas have sprinkler heads loaded with debris;

- Main dining back nook area.
- Kitchen area.
- Cove deli.
- Memory care main dining area.
- Memory staff coordinator office.

4 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 the inspection were:

Facility failed to provide reports that kitchen suppression system is being inspected twice a year.



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Code Requirement

Statement of Violation

5 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 the inspection were:

Facility failed to provide annual inspection report of fire alarm system.

Facility failed to provide monthly inspection report of smoke alarms.

Fire alarm report from 2/25/2025 did not show that all 5 doors that failed to release were fixed.

Pull station at front desk being blocked by decoration.

Fire alarm electrical breaker needs a breaker lock.

6 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)

Findings during the inspection were:

Facility failed to provide monthly 30 second test of exit signs and emergency lights.

7 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)

Findings during the inspection were:

Facility failed to provide 1.5 hrs power test of exit signs and emergency lights.

8 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

Findings during the inspection were:

Generator report from 1/15/25 states fuel lines and belt need to be replace.



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Code Requirement

Statement of Violation

9 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 close before the active lead

Findings during the inspection were:

Memory care employee bathroom across from room 176 has more than 1/16 of an inch gap around door and can see into bathroom. Door needs to have no more than 1/16 of an inch around door and no more than 3/4 of an inch below door.

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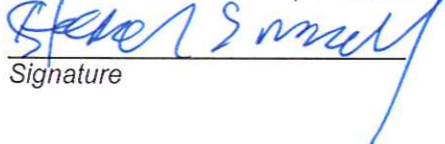
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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification 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: 07/16/2025

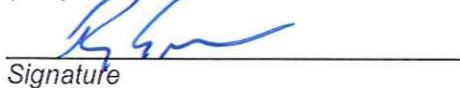
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Stephen Smalley Maintenance
Print Name and Title

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


Signature

Signed for Aitesh

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