



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

Business Name	Arbor Village Retirement & ALF Community	Provider Number	1993
Address	24121 116th AVE SE,	Approval Status	Approved
City, State, Zip	Kent, WA 98031	Facility Type	Residential Care

On 03/06/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

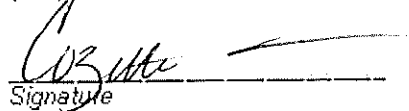
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature

Jennifer Shegrud ED
Print Name and Title

Deputy State Fire Marshal Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796


Signature

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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On 12/30/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

	On 12/30/2024 an unannounced Fire and Life Safety Code inspection was conducted at Arbor Village Retirement & ALF Community by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes. The following deficiencies were cited as a result of this inspection:
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2 Clearance From Ignition Sources

Clearance between ignition sources, such as luminaries, heaters, flame-producing devices and combustible materials, shall be maintained in an approved manner. (IFC 0305.1 2021)	The following violation was observed at the time of inspection: The Activity room has combustible materials on their stove top. - The facility has removed the nobs however, you can still turn them and turn on the stove top. - 1st floor
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3 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material. (IFC 310.7 2021)	The following violation was observed at the time of inspection: The facility's smoking area has cigarette butts discarded in the brush and on the ground under the table. The facility's smoking area is not 25 feet from the building.
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4 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)	The following violation was observed at the time of inspection: The HVAC closet in the dining room has combustible storage stored in it.
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5 Equipment and Fixtures

Equipment and wiring. All electrical equipment, wiring, devices and appliances shall be tested; listed and labeled; and installed, used and maintained in accordance with NFPA 70 and all instructions included as part of such listing. (IFC 603.1.1, 2021)	The following violation was observed at the time of inspection: Resident room 101 has an AC unit plugged into a power strip.
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Statement of Violation

6 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension 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. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

The following violation was observed at the time of inspection:
Resident room 306 has an extension cord in use.

7 Portable, Electric Space Heaters

Where not prohibited by other sections of this code, portable, electric space heaters shall be permitted to be used in all occupancies in accordance with Sections 603.9.1 through 603.9.5.

(IFC 603.9 2021)

The following violation was observed at the time of inspection:
The Wellness Center on 1st floor has an unapproved heater.

8 Clearances.

Working clearances between fuel-fired appliances and electrical panelboards and equipment shall be in accordance with NFPA 70. Clearances between oil-fired equipment and oil supply tanks shall be in accordance with NFPA 31.

(IFC 605.1.6 2021)

The following violation was observed at the time of inspection:
The electrical / mechanical room on 1st floor have electrical panels that do not have 36 inches of clearance.

9 Records

The following violation was observed at the time of inspection:
The facility was unable to provide documentation for their 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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Statement of Violation

10 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 violation was observed at the time of inspection:

The facility was unable to provide record of their annual fire wall inspection and/or repairs for all fire-resistant-rated construction.

11 Inspection and Maintenance

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.

(IFC 705.2 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation for their annual fire door inspection. Facility only documented some of the fire doors.

12 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 violation was observed at the time of inspection:

The facility was unable to provide documentation for their last fire/smoke damper testing.

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

13 Inspection, Testing and Maintenance

Fire protection and life safety systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection and life safety systems and equipment shall be inspected, tested and maintained or removed in accordance with Section 901.8.
(IFC 901.6 2021)

The following violation was observed at the time of inspection:
The facility has an escutcheon ring missing in the hall by room 322.
The following locations have loaded sprinkler heads:
1. In hall by room 316
2. Staff Lounge

14 Obstructed Locations

Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers.
Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904.
(IFC 903.3.3 2021)

The following violation was observed at the time of inspection:
Resident room 315 has a sprinkler head obstructed in the closet by a shelf.



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Code Requirement

Statement of Violation

15 Testing and Maintenance

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

(IFC 903.5 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation for their 3rd and 4th quarter sprinkler report.

The facility will need to have a Forward flow test done. The previous report shows it was tested through the main drain which is not permitted.

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

16 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 violation was observed at the time of inspection:

The facility was unable to provide service reports showing that the kitchen suppression system has been serviced semi-annually in the past 12 months.

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

17 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)

The following violation was observed at the time of inspection:

The fire extinguisher in the Elevator room on 1st floor did not receive its annual maintenance.

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Code Requirement

Statement of Violation

18 Smoke Alarm Maintenance

Smoke alarms shall be tested and maintained in accordance with the manufacturer's instructions. Smoke alarms shall be replaced when they fail to respond to operability tests, or when they exceed 10 years from the date of manufacture, unless an earlier replacement is specified in the manufacturer's published instructions.

(IFC 907.10 2021)

The following violation was observed at the time of inspection:

The facility has multiple smoke detectors throughout the building that are older than 10 years.

The following resident rooms are missing their smoke detectors:

1. 306 (missing 2)
2. 105

19 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

The following violation was observed at the time of inspection:

The following locations have unsecured oxygen:

1. Oxygen room - 2nd floor (multiple cylinders)
2. Resident room 109



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Code Requirement

Statement of Violation

20 Interior Supply Location

Medical gases shall be located in areas dedicated to the storage of such gases without other storage or uses. Where containers of medical gases in quantities greater than the permit amount are located inside buildings, they shall be in a 1-hour exterior room, a 1-hour interior room or a gas cabinet in accordance with Section 5306.2.1, 5306.2.2 or 5306.2.3, respectively. Rooms or areas where medical gases are stored or used in quantities exceeding the maximum allowable quantity per control area as set forth in Section 5003.1 shall be in accordance with the International Building Code for high-hazard Group H occupancies.

(IFC 5306.2 2021)

The following violation was observed at the time of inspection:

The oxygen storage room has combustible storage in it. - by 229

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Code Requirement

Statement of Violation

21 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

The following violation was observed at the time of inspection:

Resident room 315 has a penetration in the fire door.

Independence Rehab has their fire door propped open. - by 233

The following doors did not close / latch properly when tested:

1. Resident room 109
2. Resident room 103
3. Elevator door - by dining room
4. Staff Lounge - 1st floor

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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 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: 01/29/2025

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


Print Name and Title

Deputy State Fire Marshal Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796


Signature

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