



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

Business Name	Lodge at Arbor Village, The	Provider Number	2037
Address	24004 114TH PL SE,	Approval Status	Approved
City, State, Zip	Kent, WA 98030	Facility Type	Residential Care

On 07/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

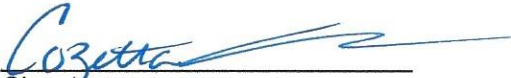
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Signature

Print Name and Title

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



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	Lodge at Arbor Village, The	Provider Number	2037
Address	24004 114TH PL SE,	Approval Status	Disapproved
City, State, Zip	Kent, WA 98030	Facility Type	Residential Care

On 07/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Administration

On 07/09/2024 an unannounced Fire and Life Safety Code re-inspection was conducted at The Lodge at Arbor Village 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 re-inspection:	Approved for a 30 day extension
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2 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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3 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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4 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Corrected
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5 Fusible Link Maintenance

Fixed temperature-sensing elements shall be maintained to ensure proper operation of the system. (IFC 904.5.2 2021)	Corrected
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6 Hangers and Brackets

Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions. (IFC 906.7 2021)	Corrected
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Provider Number 2037
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Facility Type Residential Care

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Code Requirement

Statement of Violation

7 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 2021)

Corrected

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Code Requirement	Statement of Violation
8 Controlled Egress Doors in Groups I-1 and I-2	
Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following: 1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system. 2. The door locks shall unlock on loss of power controlling the lock or lock mechanism. 3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock. 4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit. 5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code. 6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door. 7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems. 8. Emergency lighting shall be provided at the door. 9. The door locking system units shall be listed in accordance with UL 294. EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area. 2. Items 1 through 4 and 6 shall not apply to doors to areas	Corrected

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Code Requirement

Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

9 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)

The following violation was observed at the time of re-inspection:

The exit door in Adams does not have an exit sign.

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Code Requirement

Statement of Violation

10 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

11 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

12 Installation

Emergency power systems and standby power systems shall be installed in accordance with the International Building Code, NFPA 70, NFPA 110 and NFPA 111.

(IFC 1203.1.3 2021)

The following violation was observed at the time of re-inspection:

The generator remote manual stop station was not installed per the requirements in NFPA 110.

5.6.5.6* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

5.6.5.6.1 The remote manual stop station shall be labeled.

13 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)

Corrected

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Code Requirement

Statement of Violation

14 Inspection Frequency

Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.

(NFPA Standard 10 Section 6.2.1)

Corrected

15 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

Corrected

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Code Requirement

Statement of Violation

Next inspection scheduled on or after: 08/08/2024

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 Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796

Signature

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Address	24004 114TH PL SE,	Approval Status	Disapproved
City, State, Zip	Kent, WA 98030	Facility Type	Residential Care

On 05/06/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

On 05/06/2024 an unannounced Fire and Life Safety Code inspection was conducted at The Lodge at Arbor Village 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:

* The facility will need to find keys for keyless areas. DSFM was unable to inspect multiple rooms due to not having keys.

2 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)

The following violation was observed at the time of inspection:

The following locations have broken receptacle cover plates:

1. Kitchen - Denali
2. Room 207 - Cascade

There is a broken receptacle by room 108 in Baker

3 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

The following violation was observed at the time of inspection:

Resident room 211 door did not close / latch properly when tested.

4 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 their quarterly sprinkler report for 3rd quarter.

5 Fusible Link Maintenance

Fixed temperature-sensing elements shall be maintained to ensure proper operation of the system.

(IFC 904.5.2 2021)

The following violation was observed at the time of inspection:

The facility will need to have a heat survey performed for the commercial hood to determine the fusible link rating required for installation. There are currently three 450 degree links in place.

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Code Requirement

Statement of Violation

6 Hangers and Brackets

Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions.

(IFC 906.7 2021)

The following violation was observed at the time of inspection:

The fire extinguisher in the Mechanical / Electrical room outside was not properly mounted.

7 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 2021)

The following violation was observed at the time of inspection:

The facility is unable to provide documentation for last smoke detector sensitivity test report.

The facility was unable to provide documentation for their nuisance log. Facility had a blank one.

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Code Requirement

Statement of Violation

8 Controlled Egress Doors in Groups I-1 and I-2

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.

2. Items 1 through 4 and 6 shall not apply to doors to areas

The following violation was observed at the time of inspection:

The emergency exit door will not open; located outside of Baker kitchen

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Code Requirement

Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

9 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)

The following violation was observed at the time of inspection:

The exit door in Adams does not have an exit sign.

The exit sign on the gate outside of Adams should be moved and show the direction of egress.

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Code Requirement

Statement of Violation

10 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 violation was observed at the time of inspection:

The facility was unable to provide documentation for their 30 second monthly testing of their exit signs.

11 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 violation was observed at the time of inspection:

The facility was unable to provide documentation for their annual 90 minute testing of their exit signs.

12 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)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation for their monthly load test for February and March 2024.

The facility does not have an emergency stop button located outside of the generator.

The facility does not have an annunciator panel. Annunciator panels should be placed where it can be observed by staff.

13 Inspection Frequency

Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.

(NFPA Standard 10 Section 6.2.1)

The following violation was observed at the time of inspection:

The facility failed to conduct monthly inspections for the fire extinguishers for the month of April.

The fire extinguisher in the Mechanical / Electrical room outside has never had monthly inspections completed.

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Code Requirement

Statement of Violation

14 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

The following violation was observed at the time of inspection:

The facility was not able to provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

Next inspection scheduled on or after: 06/05/2024

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 Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796

Signature

Initials of Authorized Facility Representative: _____