



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

Business Name	Spiritwood at Pinelake	Provider Number	2137
Address	3607 228TH SE,	Approval Status	Approved
City, State, Zip	Issaquah, WA 98029	Facility Type	Residential Care

On 6/15/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

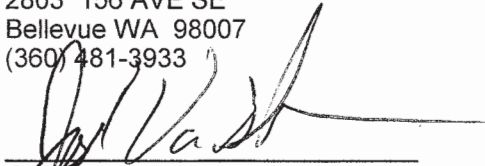
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature

Robert Williams Maintenance
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(360) 481-3933


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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Code Requirement	Statement of Violation
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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 315.3.1 2018)

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

1. supplies under sprinkler in storage room on 3rd floor across resident room 322
2. supplies under sprinkler in storage room on 2nd floor

2 Equipment Rooms - Storage in Buildings

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 315.3.3 2018)

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

1. Electrical room being used for storage room
2. Boiler room being used for storage room

3 Extension Cords

Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible 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 604.5 2018)

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

1. Storage room 321 had daisy chain power strips
2. extension cord attached to building in courtyard
3. extension cord found in memory care on TV wall



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4 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3.

(IFC 607.3.3 2018)

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

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

1. Second semi-annual hood cleaning

5 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 deficiencies were cited as a result of this inspection:

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

1. Annual inspection of fire-resistance-rated construction (IFC 701.6)

6 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.

(IFC 703.1 2018)

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

1. Storage room by residents mail boxes
2. Stairwell by resident room 103
3. above exit door in dish room
4. above fire doors by kitchen

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7 Door Operation

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

(IFC 705.2.4 2018)

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

1. corridor door will not latch
2. electrical door by resident room 341 will not latch

8 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 deficiencies were cited as a result of this inspection:

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

1. Fire/smoke damper 4-year inspection (IFC 706.1/NFPA 80 19.5.1)

9 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

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

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

1. 5-Year internal pipe Testing (NFPA 25 14.2.1.1)
2. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
3. Annual forward flow test (NFPA 25 13.7.2)
4. 5-years Backflow internal pipe (IFC 901.6)
5. 5-Year FDC Hydro testing (IFC 912.7)
6. Quarterly inspections

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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 904.12.5.2 2018)	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 3. Annual replacement of fusible links/auto sprinkler heads (IFC 904.12.5.3) 4. NAFED certification (IFC 904.1.1/WAC 51-54A-0904)
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 2018)	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. Nuisance Log (IFC 907.8.3)
12 Maintenance	
Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2018)	The following deficiencies were cited as a result of this inspection: 1. found not working by resident mail room



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13 Directional Signage

Directional signage indicating the location of all other means of egress and which of those are accessible means of egress shall be provided at the following: 1. At exits serving a required accessible space but not providing an approved accessible means of egress. 2. At elevator landings. 3. Within areas of refuge. (IFC 1009.10 2018)	The following deficiencies were cited as a result of this inspection: 1. Exit signs to show direction of egress from courtyard to parking lot
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14 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 4-year inspection (IFC 706.1/NFPA 80 19.5.1)
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15 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	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: ✓ 1. Fire door annual inspection (IFC 705.2/NFPA 80 5.2)
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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 intertie 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 6/12/2023

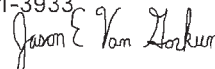
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Robert Williams Maintenance Director
Print Name and Title

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