



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

Business Name	El Dorado West Retirement Community	Provider Number	2140
Address	1010 SW 134TH ST ,	Approval Status	Approved
City, State, Zip	Burien, WA	Facility Type	Residential Care

On 03/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

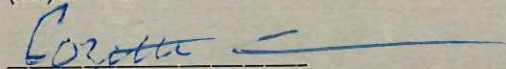
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature

SEMKO AUDIE
Print Name and Title

Deputy State Fire Marshal Cozetta Christian
106 11th AVE SW
Olympia WA 98501
(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.

Initials of Authorized Facility Representative: _____



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Business Name	El Dorado West Retirement Community	Provider Number	2140
Address	1010 SW 134TH ST ,	Approval Status	Disapproved
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On 12/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Fire & Life Safety

This report is the result of an unannounced fire and life safety re-certification survey conducted at El Dorado West Retirement Community on 12/16/2025 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes.

All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection.

The facility is not in compliance at the time of this inspection.

2 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)

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

At time of inspection the following was observed:

1. In the kitchen near the back door has Combustible materials within 18 inches of a sprinkler head.

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3 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)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the ground floor near room 38, in the path of egress from inside to the outside is blocked with chairs.
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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 405.5 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) Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. (IFC 405.8 2021)	 The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Facility will need to confirm the times of staff shifts hours so shifts are not combined or over lapping. 2. Fire drill will need to be a drill/event that involves staff to react to the drill 3. The facility will need to perform drills that will challenges the EPP for fire and evacuation drills.

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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 2021)

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

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. The facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs.

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Code Requirement

Statement of Violation

6 Inspection and Maintenance

Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 protective's and smoke and draft control doors shall not be modified.

(IFC 705.2 2021)

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

To aid the AHJ during the review of the inspections and testing reports, the records should include a description of the type of fire door assembly as follows:

- Type 6: Swinging door with builders hardware
- Type 7: Swinging fire door with fire door hardware
- Type 8: Horizontally sliding fire door

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

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. The facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs.

At time of inspection the following was observed:

1. On the 2nd floor, door 203 is held open with a wedge.
2. On the 2nd floor, door 208 is held open with a wedge.
3. On the 2nd floor, stairwell door by room 238 will not latch
4. On the 2nd floor, stairwell door by wellness center will need adjustment
5. On the 2nd floor, resident door 241 will need adjustment
6. On the 2nd floor, resident room 229 will not latch.
7. On the 2nd floor, stairwell door 2-6 will need adjustment
8. On the 1st floor, room 126 door will not latch
9. On the 1st floor, stairwell door by employee break room will not latch
10. On the ground floor, stairwell door by room 26 will not latch



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Type 9: Special purpose horizontally accordion or folding door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door Type 14: Hoistway doors for elevators and dumbwaiter Type 15: Chute door Type 16: Access door Type 17: Fire window 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 As a minimum, the following items shall be verified: - Labels are clearly visible and legible. - No open holes or breaks exist in surfaces of either the door or frame. - Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. - The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned and in working order with no visible signs of damage. - No parts are missing or broken. - Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7 - The self-closing device is operational; that is, the active door completely closes when operated from the full open position. - If a coordinator is installed, the inactive leaf closes before the active leaf. - Latching hardware operates and secures the door when it is in the closed position. - Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. - No field modifications to the door assembly have been performed that void the label. - Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and integrity. - Signage affixed to a door meets the requirements listed in 4.1.4 (NFPA 80.5.2)	

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7 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 time of inspection the following was observed:

1. On the 1st floor in the employee break room there is a missing Escutcheon.

8 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 documentation was not provided. Documents shall include the following, where applicable:

1. Annual 90 minute power test had not been performed and documented

9 Security

Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3.

(IFC 5303.5 2021)

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

At time of inspection the following was observed:

1. On the 2nd floor in resident room 204 has three (3) loose cylinder tanks.

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Next inspection scheduled on or after: 03/24/2026

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
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Signature

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