



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

Business Name	Highgate Senior Living - Wenatchee	Provider Number	2225
Address	1320 S MILLER ST ,	Approval Status	Approved
City, State, Zip	Wenatchee, WA 98801	Facility Type	Residential Care

On 08/08/2023 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

Jen F. Lehman, ED
Print Name and Title

Deputy State Fire Marshal Barbara Maier
PO BOX 42642
Olympia WA 98504
(360) 596-3925


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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On 06/27/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Record Keeping

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 0405.5 2018)

The following violation was observed:

The facility was unable to provide documentation of fire drills for the third and fourth quarter of 2022.

2 Multiplug Adapters

Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited.

(IFC 604.4 2018)

The following violations were observed:

Unfused multiplug adapter was in use in the following locations:
Resident Room 102 - by the window
Resident Room 105 - by the bed
Resident Room 210 - by the bed, by Christmas tree and in kitchen area
Resident Room 221 - by window
Memory Care Resident Room 3 - two by the television

3 Power Supply

Relocatable power taps shall be directly connected to a permanently installed receptacle.

(IFC 604.4.2 2018)

The following violation was observed:

Memory Care Resident Room 3 - a multiplug adapter was plugged into another multiplug adapter.



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4 Installation

Relocatable power tap cords shall not extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage.

(IFC 604.4.3 2018)

The following violation was observed:

Reception Area - multiplug adapter cord was running under the door. Removed during inspection.

5 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 violations were observed:

Memory Care Emergency Supply Room - penetration was observed in the wall to the Spa.

6 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 2018)

The following violation was observed:

The facility's documentation of rated door inspections did not include the required documentation. Facility was previously provided with requirements and sample forms.

7 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position.

(IFC 705.2.3 2018)

The following violation was observed:

Salon - the door was blocked open. Door stop was removed during inspection.



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8 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2018)	The following violations were observed: Doors did not close and latch when tested: Resident Room 102 Resident Room 120 Resident Room 203 Memory Care double door to dining room Memory Care single door to dining room Memory Care cross corridor doors by medication room
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9 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: The facility's documentation of damper inspections and testing did not include the required documentation. Facility was previously provided with requirements.
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10 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2009, 2012, 2015, 2018)	The following violation was observed: Memory Care kitchen - sprinkler head had excessive particulate on it. Memory Care outdoor electrical room - missing escutcheon room.
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11 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 2015, 2018)

The following violation was observed:

Elevator Room - monthly inspection on fire extinguisher was not performed in May 2023. Completed during inspection.

FYI Room - monthly inspection on fire extinguisher was not performed in May 2023.

12 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 violation was observed:

Reception Area - smoke detector was dislodged.

The facility was unable to provide documentation of single station smoke alarms in the resident rooms for June, July, August, October, November and December 2022.



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13 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 violation was observed: The facility was unable to provide documentation of carbon monoxide alarms for 2022.
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14 Delayed Egress Locking System

The delayed egress locking system shall be installed and operated in accordance with all of the following:

1. The delay electronics of the delayed egress locking system shall deactivate upon actuation of the automatic sprinkler system or automatic fire detection system, allowing immediate, free egress.
2. The delay electronics of the delayed egress locking system shall deactivate upon loss of power controlling the lock or lock mechanism, allowing immediate free egress.
3. The delayed egress locking system shall have the capability of being deactivated at the fire command center and other approved locations.
4. An attempt to egress shall initiate an irreversible process that shall allow such egress in not more than 15 seconds when a physical effort to exit is applied to the egress side door hardware for not more than 3 seconds. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the delay electronics have been deactivated, rearming the delay electronics shall be by manual means only.

Exception: Where approved, a delay of not more than 30 seconds is permitted on a delayed egress door.

5. The egress path from any point shall not pass through more than one delayed egress locking system.

Exceptions:

1. In Group I-2 or I-3 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds.
2. In Group I-1 or I-4 occupancies, the egress path from any point in the building shall pass through not more than two delayed egress locking systems provided that the combined delay does not exceed 30 seconds and the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1.

6. A sign shall be provided on the door and shall be located above and within 12 inches (305 mm) of the door exit hardware:

6.1. For doors that swing in the direction of egress, the sign shall read: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE

The following violations were observed:

South gate from courtyard outside activities room - gate does not release after 15 second delay and does not release when code is used.

West gate from courtyard outside activities room - gate does not release after 15 second delay.

Memory Care main entrance - door does not release after 15 second delay



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OPENED IN 15 [30] SECONDS. 6.2. For doors that swing in the opposite direction of egress, the sign shall read: PULL UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS. 6.3 The sign shall comply with the visual character requirements in ICC A117.1. Exception: Where approved, in Group I occupancies, the installation of a sign is not required where care recipients who, because of clinical needs, require restraint or containment as part of the function of the treatment area. 7. Emergency lighting shall be provided on the egress side of the door. 8. The delayed egress locking system units shall be listed in accordance with UL 294. (IFC 1010.1.9.8.1 2018)	

15 Illumination

Exit signs shall be internally or externally illuminated. Exception: Tactile signs required by Section 1013.4 need not be provided with illumination. (IFC 1013.3 2015, 2018)	The following violations were observed: Emergency exit signs in the following locations failed to illuminate when tested in the following locations: Dining Room Kitchen Northwest Corridor South by Resident Room 121 South exit in stairwell South exit Second floor north hall by Resident Room 203 Second floor southeast by resident library Memory Care emergency exit out of courtyard Memory Care corridor by FYI room Memory Care emergency exit to back garden Memory Care emergency exit by the laundry room
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16 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 1031.10.1 2018)	The following violation was observed: The facility was unable to provide documentation of 30 second monthly activation testing of the emergency lights and exit signs for 2022.
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17 Carbon Monoxide Alarms

Existing Group I or Group R occupancies shall be provided with single station carbon monoxide alarms in accordance with Section 915.4.3. An inspection will occur when alterations, repairs or additions requiring a permit occur, or when one or more sleeping rooms are added or created. The carbon monoxide alarms shall be listed as complying with UL 2034 and be installed and maintained in accordance with NFPA 720-2015 and the manufacturer's instructions.

EXCEPTIONS:

1. For other than R-2 occupancies, if the building does not contain a fuel-burning appliance, a fuel-burning fireplace, or an attached garage.
2. Work involving the exterior surfaces of dwellings, such as the replacement of roofing or siding, or the addition or replacement of windows or doors, or the addition of a porch or deck, or electrical permits.
3. Installation, alteration or repairs of noncombustion plumbing or mechanical systems.
4. Sleeping units or dwelling units in I and R-1 occupancies and R-2 college dormitories, hotel, DOC prisons and work releases and assisted living facilities and residential treatment facilities licensed by the state of Washington which do not themselves contain a fuel-burning appliance, a fuel-burning fireplace, or have an attached garage, need not be provided with carbon monoxide alarms provided that:
 - 4.1. The sleeping units or dwelling unit is not adjacent to any room which contains a fuel-burning appliance, a fuel-burning fireplace, or an attached garage; and
 - 4.2. The sleeping units or dwelling unit is not connected by duct work or ventilation shafts with a supply or return register in the same room to any room containing a fuel-burning appliance, a fuel-burning fireplace, or to an attached garage; and
 - 4.3. The building is provided with a common area carbon monoxide detection system.
5. An open parking garage, as defined in the International Building Code, or enclosed parking garage ventilated in accordance with Section 404 of the International Mechanical Code shall not be considered an attached garage.

The following violation was observed:

Reception area with fire place - carbon monoxide alarm was removed.

Dining room with fire place - carbon monoxide alarm was removed.

Corridor outside main laundry - carbon monoxide alarm did not work when tested.



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(IFC 1103.9 2018)	

18 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 2018)

The following violation was observed:

Resident Room 222 - unsecured oxygen cylinder was observed. Secured during inspection.

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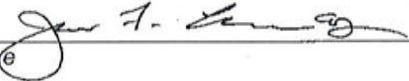
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Next inspection scheduled on or after: 07/27/2023

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 

Jen F. Lehman Executive Director
Print Name and Title

Deputy State Fire Marshal Barbara Maier
PO BOX 42642
Olympia WA 98504
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