



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

Business Name	Ridge an Encore Community (The)	Provider Number	2231
Address	1501 TOWER VIEW CIR NW,	Approval Status	Approved
City, State, Zip	Silverdale, WA	Facility Type	Residential Care

On 08/14/2025 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

Ashley Rook Director of Maintenance
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067


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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Business Name Ridge an Encore Community (The)
Address 1501 TOWER VIEW CIR NW,
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Provider Number 2231
Approval Status Disapproved
Facility Type Residential Care

On 05/08/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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 0405.6 2021)

Findings during the inspection were:

Facility failed to provide documentation showing fire drills are being conducted once per shift per quarter for the last 12 months.

2 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)

Findings during the inspection were:

Facility failed to provide documentation showing annual inspection of fire-resistance-rated construction. (fire wall inspection)

This document was prepared by Residential Care Services for the Locator website.



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Code Requirement

Statement of Violation

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: -Facility failed to provide documentation showing fire department connection 5-year hydrostatic test has been conducted. -Missing escutcheon ring at front entrance overhang. -Loaded sprinkler head at front entrance overhang.
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4 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	Findings during the inspection were: Facility failed to provide documentation showing testing and maintenance of carbon monoxide alarms.
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5 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	Findings during the inspection were: Facility failed to maintain exit signs #1 and #2, not illuminated and do not turn on when tested.
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6 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)	Findings during the inspection were: Facility failed to provide documentation showing monthly 30-second test for exit signs and emergency lights.
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Code Requirement

Statement of Violation

7 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)

Findings during the inspection were:

Facility failed to provide documentation showing annual 1.5 hour test for exit signs and emergency lights.

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Code Requirement

Statement of Violation

8 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

Findings during the inspection were:

Facility failed to provide documentation showing annual inspection of fire doors.

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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: 06/09/2025

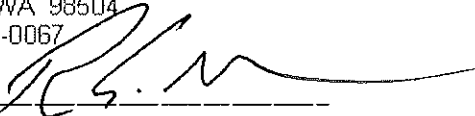
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Owner or Authorized Representative


Signature

Ashley Boark Director of Maintenance
Print Name and Title

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