



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

Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 6/27/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Working Space and Clearance

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

Exceptions:

1. Where other dimensions are required or allowed by NFPA 70.
2. Access openings into attics or under-floor areas that provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

(IFC 604.3 2018)

Corrected

2 Power Supply

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

(IFC 604.4.2 2018)

Corrected

3 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).



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4 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:

The following doors would not latch and or close:

1. fire door by residents room 208D
2. stairwell door will not latch on main floor

5 Inspection, Testing and Maintenance

Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.

(IFC 901.6 2018)

Corrected

6 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:

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

1. Carbon Monoxide Alarms and Detectors testing and maintenance (IFC 915.6)

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Code Requirement	Statement of Violation
7 Graphics	
Externally illuminated exit signs shall comply with Sections 1013.6.1 through 1013.6.3 Every exit sign and directional exit sign shall have plainly legible letters not less than 6 inches (152 mm) high with the principal strokes of the letters not less than 3/4 inch (19.1 mm) wide. The word "EXIT" shall have letters having a width not less than 2 inches (51 mm) wide, except the letter "I," and the minimum spacing between letters shall not be less than 3/8 inch (9.5 mm). Signs larger than the minimum established in this section shall have letter widths, strokes and spacing in proportion to their height. The word "EXIT" shall be in high contrast with the background and shall be clearly discernible when the means of exit sign illumination is or is not energized. If a chevron directional indicator is provided as part of the exit sign, the construction shall be such that the direction of the chevron directional indicator cannot be readily changed. (IFC 1013.6.1 2015, 2018)	Corrected
8 Maintenance Record Keeping	
Each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed and that identifies the person performing the service. (NFPA Standard 10 Section 6.3.4)	Corrected
9 Circuit identification and Accessibility	
10.6.5.4 Circuit Breaker Lock. Where a circuit breaker is the disconnecting means, a listed breaker locking device shall be installed. (NFPA 72 10.6.5.4)	Corrected

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Code Requirement	Statement of Violation
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10 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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Business Name Peters Creek Retirement Community
Address 14431 Redmond WAY ,
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Provider Number 2245
Approval Status Disapproved
Facility Type Residential Care

On 6/27/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

11 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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Code Requirement	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 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	

12 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 deficiencies were cited as a result of this inspection:

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

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

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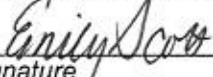
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Next inspection scheduled on or after:

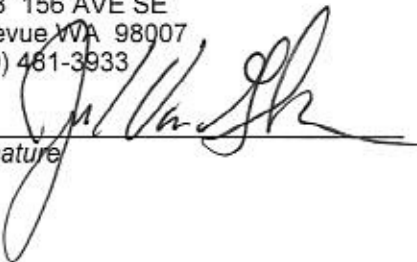
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature


Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(360) 461-3933


Signature

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Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 5/24/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Working Space and Clearance

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

Exceptions:

1. Where other dimensions are required or allowed by NFPA 70.
2. Access openings into attics or under-floor areas that provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

(IFC 604.3 2018)

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

1. Combustible storage found blocking access to the electrical panel in kitchen.

2 Power Supply

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

(IFC 604.4.2 2018)

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

1. There was a power strip plugged into another power strip used at nurses carts outside of dinning room.

3 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).



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Facility Type Residential Care

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Code Requirement	Statement of Violation
4 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: The following doors would not latch and or close: 1. fire door by residents room 211 ✓ 2. fire door by residents room 208D ○ 3. fire door by going into laundry on the main floor ✓ 4. stairwell door will not latch on main floor ○
5 Inspection, Testing and Maintenance	
Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. (IFC 901.6 2018)	The following deficiencies were cited as a result of this inspection: 1. need to have a wrench to be able to replace sprinkler head. it should be found in the replacement sprinkler heads box. ✓ on order
6 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: At the time of inspection the following paperwork was not provided: 1. Carbon Monoxide Alarms and Detectors testing and maintenance (IFC 915.6) ○ 2. found not working outside of laundry room in basement ✓ (resolved at time of inspection)



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7 Graphics

Externally illuminated exit signs shall comply with Sections 1013.6.1 through 1013.6.3 Every exit sign and directional exit sign shall have plainly legible letters not less than 6 inches (152 mm) high with the principal strokes of the letters not less than 3/4 inch (19.1 mm) wide. The word "EXIT" shall have letters having a width not less than 2 inches (51 mm) wide, except the letter "I," and the minimum spacing between letters shall not be less than 3/8 inch (9.5 mm). Signs larger than the minimum established in this section shall have letter widths, strokes and spacing in proportion to their height. The word "EXIT" shall be in high contrast with the background and shall be clearly discernible when the means of exit sign illumination is or is not energized. If a chevron directional indicator is provided as part of the exit sign, the construction shall be such that the direction of the chevron directional indicator cannot be readily changed. (IFC 1013.6.1 2015, 2018)	The following deficiencies were cited as a result of this inspection: 1. need to show a clear path for egress going through back patio.
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8 Maintenance Record Keeping

Each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed and that identifies the person performing the service. (NFPA Standard 10 Section 6.3.4)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Monthly Inspection by Facility Maintenance Log Provided (NFPA 10.7.2)
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9 Circuit identification and Accessibility

10.6.5.4 Circuit Breaker Lock. Where a circuit breaker is the disconnecting means, a listed breaker locking device shall be installed. (NFPA 72 10.6.5.4)	The following deficiencies were cited as a result of this inspection: 1. Where a circuit breaker is the disconnecting means, an approved breaker locking device shall be installed.
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10 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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11 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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On 5/24/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	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 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	

12 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 deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.
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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 6/26/2023

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

Emily Scott
Signature

Emily Scott / Executive Director
Print Name and Title

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

Jason E Van Gorkum
Signature