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	***Facility Type***	Residential Care

On 03/19/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual forward flow test (NFPA 25 13.7.2) All inspection reports must be completely filled out from 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.

Next inspection scheduled on or after: 04/18/2026

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

Tyanne Roldan, Administrative Assistant
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Signature

Initials of Authorized Facility Representative: _____

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	***Facility Type***	Residential Care

On 12/01/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs. All inspection reports must be completely filled out from 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.

2 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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual forward flow test (NFPA 25 13.7.2) All inspection reports must be completely filled out from 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.

Initials of Authorized Facility Representative: _____

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

On 12/01/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
3 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 904.13.5.2 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual servicing report 2. Second semi-annual service report All inspection reports must be completely filled out from 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.
4 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 2021) Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to not more than 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual report All inspection reports must be completely filled out from 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.

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On 12/01/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs. All inspection reports must be completely filled out from 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.

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On 12/01/2025 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 positon 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: 12/31/2025

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

Paul Hannah Facilities Director
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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Business Name	Peters Creek Retirement Community	***Provider Number***	2245
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On 06/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 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 405.2 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 cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. The following drills are missing. 1st Shift - Quarter 1, 2, 3 and 4 2nd Shift - Quarter 1, 2, 3 and 4 3rd Shift - Quarter 1, 2, 3 and 4 All inspection reports must be completely filled out from 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.

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Code Requirement	Statement of Violation
2 Cleaning	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 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. First semi-annual hood cleaning 2. Second semi-annual hood cleaning All inspection reports must be completely filled out from 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.
3 Inspection	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals. (IFC 606.3.3.1 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Facility will need to increase cleaning to every 3 months.
4 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. Facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs. All inspection reports must be completely filled out from 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.

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Code Requirement	Statement of Violation
5 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. 3rd floor double doors #50 by room 303 will not latch ✓ 2. 2nd floor double doors breeze way by residents laundry will not latch. 3. Kitchen main door between dinning room and kitchen will not close and latch.
6 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 the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Sprinkler System report ✓ 2. Annual Trip Test (NFPA 25 13.4.4.2.2) ✓ 3. Annual forward flow test (NFPA 25 13.7.2) ✓ O 4. Quarterly inspections Reports ✓ 5. 5-Year internal pipe Testing (NFPA 25 14.2.1) ✓ 6. 5-Year FDC Hydro testing (NFPA 25 6.3.2) ✓ All inspection reports must be completely filled out from 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 following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. 1st floor dinning room has painted sprinkler heads ✓ 2. Kitchen has painted sprinkler heads

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Code Requirement	Statement of Violation
7 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 904.13.5.2 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. First semi-annual servicing report 2. Second semi-annual service report All inspection reports must be completely filled out from 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.
8 Extinguishers Weighing 40 Pounds or Less	
Portable fire extinguishers having a gross weight not exceeding 40 pounds (18 kg) shall be installed so that their tops are not more than 5 feet (1524 mm) above the floor. (IFC 906.9.1 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Kitchen has 2 fire extinguishers out of compliance.

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Code Requirement	Statement of Violation
9 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 2021) Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to not more than 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3)	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 report All inspection reports must be completely filled out from 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.
10 Carbon Monoxide Detection - General	
Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code. (IFC 0915.1 2021 WAC 51-54A)	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 must maintain detailed documentation and maps of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs. All inspection reports must be completely filled out from 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.

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On 06/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
11 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 All inspection reports must be completely filled out from 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.

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On 06/30/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
12 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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 documentation was not provided. Documents shall include the following, where applicable: 1. Facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs. All inspection reports must be completely filled out from 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 following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Kitchens janitor closet is missing fire rated door. 2. Kitchens janitors closet door frame has a fire rated tag that has been painted over.

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On 06/30/2025 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 positon 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: 08/07/2025

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

Paul W. Hannah
Signature

Paul W. Hannah Facility Director
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason Van Gorkum
Signature

Date: 2025.07.07 13:14:26 -07'00'

Initials of Authorized Facility Representative: _____