



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

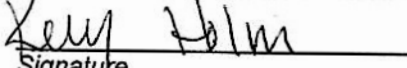
Business Name Brookdale West Seattle
Address 4611 35TH AVE SW,
City, State, Zip Seattle, WA 98126

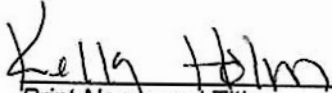
Provider Number 2319
Approval Status Approved
Facility Type Residential Care

On 02/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

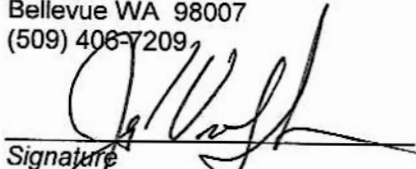
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature

 Executive Dir.
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 408-7209


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	Brookdale West Seattle	Provider Number	2319
Address	4611 35TH AVE SW,	Approval Status	Disapproved
City, State, Zip	Seattle, WA 98126	Facility Type	Residential Care

On 12/18/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Application and Use

603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle.

Exceptions:

1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment.

2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices.

(IFC 603.5.2, 2021)

At time of inspection the following was observed:

1. There was a power strip plugged into another power strip found in the 3rd floor utility room.
2. One of the power strips will need to be switched out. One of the open plugs shows burnt marks.

2 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 2021)

At time of inspection the following was observed:

1. New IT cabling has been installed throughout the building leaving holes left open through fire walls. Full audit and repairs will need to be performed.
1. 3rd floor utility room will need to have the fire wall re-installed to the door frame.



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3 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 2021)

At time of inspection the following was observed:

1. Door wedges are being used in the following places to holding fire doors open:
 1. Business Office
 2. Sales office
 3. Game room
 4. Theater
 5. Main floor kitchen dry storage held open #92

4 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. 4th floor room 404 will not close and latch.
2. 4th floor room 402 will not close and latch.
3. Main floor kitchen back door will not close and latch #89
4. Main floor kitchen dry storage will not close and latch #91
5. Main floor kitchen dry storage will not close and latch #92

on order 2/11/2025



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5 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 paperwork was not provided: 1. Annual forward flow test (NFPA 25 13.7.2) 0 ✓ All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. At time of inspection the following was observed: 1. 1st floor staff lounge has a painted sprinkler head. ✓ 2. Main floor kitchen found in the dish room has a rusted ✓ sprinkler head 3. Main floor kitchen has loaded sprinkler heads ✓ 4. 1st floor looking over lobby has a sprinkler head that has ✓ been installed to close to wall.
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6 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)	At time of inspection the following was observed: 1. Missing CO detector found on the 3rd floor by room 303 ✓ 2. Missing CO detector lobby area 3. Missing CO detector library
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7 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)	At time of inspection the following was observed: 1. Found emergency lights not working throughout the facility. Will need to complete full audit and document and ✓ repair what is not working.
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8 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

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

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

1. Annual service report ✓

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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)

At time of inspection the following was observed:

1. Room 517 has a loose O2 tank needing to be place in holder. ✓



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10 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. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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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 integrity 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 01/20/2025

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

Kelly Helm
Signature

Kelly Helm Executive Director
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum

2803 156 AVE SE

Bellevue WA 98007

(509) 406-7209

Jason E Van Gorkum
Signature