



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

Business Name	Meridian at Stone Creek (The)	Provider Number	2365
Address	1111 S 376th ST ,	Approval Status	Approved
City, State, Zip	Milton, WA 98354	Facility Type	Residential Care

On 08/14/2023 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 Authorized Representative

C. Schafer
Signature

Cindy Schaker, Executive Director
Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

L. Davis
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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Business Name Meridian at Stone Creek (The)
1111 S 376th ST ,
City, State, Zip Milton, WA 98354

Provider Number 2365
Approval Status Disapproved
Facility Type Residential Care

On 06/05/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
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1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2009, 2012, 2015, 2018)

Findings during the re-inspection were:

Facility has failed to conduct quarterly inspections of the fire sprinkler system. Sprinkler contractor confirmed that they have not performed quarterly inspections, as they do not have a contract with the facility to perform them.

2 Throwing or Placing Sources of Ignition

A person shall not throw or place, or cause to be thrown or placed, a lighted match, cigar, cigarette, matches, or other flaming or glowing substance or object on any surface or article where it can cause an unwanted fire.

(IFC 308.1.2 2018)

Findings during the inspection were:

Smoking debris observed outside the main entrance.

3 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3.

(IFC 607.3.3 2018)

Findings during the inspection were:

Unable to provide cleaning reports for both semi-annual cleanings performed in the past 12 months. Staff stated that service company does not provide reports - invoice shows that the service report was uploaded to local compliance engine.

Facility shall obtain an electronic copy of report to maintain on the premises, per IFC 108.3.

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Provider Number 2365
Approval Status Disapproved
Facility Type Residential Care

On 06/05/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
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 2018 WAC 51-54A)	Findings during the re-inspection were: 1) Unable to provide documentation showing that annual fire-resistance-rated construction inspection was re-conducted, per the initial inspection on 2/06/23. 2) Facility failed to have all fire-resistive-rated construction inventoried--to use as a reference for the required annual 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)	Findings during the inspection were: Unable to provide list of fire stop materials used by staff to repair each through-penetration--serving as evidence of compliance with the building's required fire-resistive rating.

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Facility Type Residential Care

On 06/05/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
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)	Findings during the re-inspection were: FIRE DOORS FOUND PROPPED OPEN: 1) Fire door to room E318 - unapproved mag holder installed 2) Fire door that opens to Legacies - door signage required stating "Fire Door - do not prop open by order of the fire marshal" on both sides of this door.
7 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2018)	Findings during the re-inspection were: FIRE DOORS THAT FAILED TO CLOSE AND LATCH: 1) West Med Room - second floor 2) In door to kitchen from dining room 3) Out door to dining room from kitchen
8 Unobstructed and Unobscured	
Manual fire alarm boxes shall be provided with ready access, unobstructed, unobscured and visible at all times. (IFC 907.4.2.6 2018)	Findings during the re-inspection were: Fire alarm pull station by Stairwell 4 was blocked by lounge furniture on Second and Third floors.

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Business Name Meridian at Stone Creek (The) 1111 S 376th ST , City, State, Zip Milton, WA 98354	Provider Number 2365 Approval Status Disapproved Facility Type Residential Care
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On 06/05/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
9Maintenance	
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 2018)	Findings during the re-inspection were: Facility has failed to document monthly load testing of the emergency generator.

Next inspection scheduled on or after: 07/05/2023

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

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622


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Provider Number 2365
Approval Status Disapproved
Facility Type Residential Care

On 04/11/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
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14Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year.
(1) 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.
(2) A detailed written record of all fire drills shall be maintained and available for inspection.
(3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.

The following citations were observed during the re-inspection:

- 1) Facility failed to conduct twelve planned and unannounced fire drills in the past 12 months, per WAC 212-12-044--only one fire drill was performed, record was for March of 2022 (day shift). Staff stated that they stopped conducting fire drills because residents were bothered by the fire alarm noise.
- 2) Facility will need to conduct a day, swing, and night shift fire drill for February AND March of 2023, to be in compliance at the next re-inspection.

Next inspection scheduled on or after: 05/11/2023

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

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

Signature

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Business Name	Meridian at Stone Creek (The)	Provider Number	2365
Address	1111 S 376th ST ,	Approval Status	Disapproved
City, State, Zip	Milton, WA 98354	Facility Type	Residential Care

On 02/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Recordkeeping

A record of periodic inspections, tests, servicing and other operations and maintenance shall be maintained on the premises or other approved location for not less than 3 years, or a different period of time where specified in this code or referenced standards. Records shall be made available for inspection by the fire code official, and a copy of the records shall be provided to the fire code official on request.

The fire code official is authorized to prescribe the form and format of such recordkeeping. The fire code official is authorized to require that certain required records be filed with the fire code official.

(IFC 108.3 2018)

The following violations were observed:

The facility shall obtain electronic copies of ALL periodic inspections, tests, servicing and other operations and maintenance from service providers, and shall be maintain on the premissis for not less than 3 years.

2 Throwing or Placing Sources of Ignition

A person shall not throw or place, or cause to be thrown or placed, a lighted match, cigar, cigarette, matches, or other flaming or glowing substance or object on any surface or article where it can cause an unwanted fire.

(IFC 308.1.2 2018)

The following violations were observed:

Residents were seen disposing smoking debris in garbage can located outside main entrance.

3 Compliance with "No Smoking" signs.

Smoking shall not be permitted nor shall a person smoke, throw or deposit any lighted or smoldering substance in any place where "No Smoking" signs are posted.

(IFC 310.5 2015, 2018)

The following violations were observed:

Residents were seen smoking outside the front entrance, next to no-smoking signs.

4 Unapproved Conditions

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 604.6 2018)

The following violations were observed:

Outlet behind main office copy machine is missing receptacle cover.



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Code Requirement	Statement of Violation
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5 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3.

(IFC 607.3.3 2018)

The following violations were observed:

Unable to provide cleaning reports for both semi-annual cleanings performed in the past 12 months. Staff stated that service company does not provide reports - invoice shows that the service report was uploaded to local compliance engine. Facility shall obtain an electronic copy of report to maintain on the premises, per IFC 108.3.

6 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 violations were observed:

Facility shall re-conduct thier annual inspection of all fire-resistant rated construction in the building, making corrections/repairs where necessary - multiple penetrations observed had not been reported in the facility's records.



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Code Requirement	Statement of Violation
7 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: THIRD FLOOR 1) Storage room (within west mech. rm.) has ceiling and fire wall penetrations 2) Corridor wall penetrations above ceiling tiles over west corridor doors 3) East attic dry system sprinkler control room has ceiling penetrations SECOND FLOOR 4) West housekeeping closet has ceiling penetrations 5) West mech. rm. has corridor wall penetrations (by E222) 6) Storage room (within west mech. rm.) has ceiling and wall penetrations 7) Unapproved air vent installed above maintenance office door FIRST FLOOR 8) Stairwell 5 has interior fire wall penetrations above MC exit door 9) MC electrical closet by W169 has ceiling penetrations 10) Housekeeping closet by E122 has ceiling penetrations 11) Fire wall between main electrical rm. & telecom rm. has fire wall penetrations
8 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 violations were observed: 1) FIRE DOOR(S) FOUND PROPPED OPEN: a) Fire door to room E318 - unapproved mag holder installed b) Main laundry room door that opens to exit corridor c) Fire door that opens to Legacies — <i>floor signage</i> 2) Fire door to third floor storage room (inside west mech. rm) is missing door handle

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On 02/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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9 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:

FIRE DOOR(S) THAT FAILED TO CLOSE AND LATCH:

- 1) West Med Room - second floor - *failed*
- 2) ~~MC DD #6~~
- 3) In door to kitchen from dining room
- 4) Out door to dining room from kitchen
- 5) Exit door to service hall from kitchen - self closer bent ✓
- 6) ~~Staff lounge exit door - self-closer found disengaged.~~

10 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 violations were observed:

Unable to provide last fire and smoke damper test report - for testing conducted on 6/13/22. Facility shall obtain an electronic copy of report to maintain on the premises, per IFC 108.3. ✓

11 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2009, 2012, 2015, 2018)

The following violations were observed:

- 1) Unable to produce documentation showing that dry sprinkler system has received full flow trip testing in the past 3 years. ✓
- 2) Facility has failed to conduct quarterly inspections of the fire sprinkler system. Staff stated that they perform visual inspection, but does not keep records. Staff does not have required NICET certification to perform quarterly testing. 



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Code Requirement	Statement of Violation
12 Unobstructed and Unobscured	
Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers. (IFC 906.6 2015, 2018)	The following violations were observed: Fire extinguisher by admin offices found blocked by luggage cart - signage and/or tape required to remind staff to keep access to fire extinguisher unobstructed.

13 Unobstructed and Unobscured	
Manual fire alarm boxes shall be provided with ready access, unobstructed, unobscured and visible at all times. (IFC 907.4.2.6 2018)	The following violations were observed: Second floor pull station by Stairwell 4 was blocked by lounge furniture - Marketing team will need to come up with an approved furniture layout.

Signage Req'd



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Facility Type Residential Care

On 02/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
14 Controlled Egress Doors in Groups I-1 and I-2 Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following: 1. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system. 2. The doors unlock upon loss of power controlling the lock or lock mechanism. 3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock. 4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit. 5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code. 6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door. 7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems. 8. Emergency lighting shall be provided at the door. 9. The door locking system units shall be listed in accordance with UL 294. EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.	The following violations were observed: 1) Incorrect open-door-code posted at MC exit door to stairwell 5. 2) 15-second delayed egress signage shall be removed.



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Code Requirement	Statement of Violation
2. Items 1 through 4 and 6 shall not apply to doors to areas where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital. (IFC 1010.1.9.7 2018 WAC 51-54A)	

15 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 2018)	The following violations were observed: Facility has failed to document monthly load testing of the emergency generator. Staff stated that the generator performs self-tests, but does not keep records. Facility shall maintain records of all tests, per IFC 108.3.
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16 Maintenance Frequency

Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. (NFPA Standard 10 Section 6.3.1)	The following violations were observed: Fire extinguisher inside telecom room is overdue for annual servicing - last performed in 2021.
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17 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) 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. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.	The following violations were observed: 1) Facility failed to conduct twelve planned and unannounced fire drills in the past 12 months, per WAC 212-12-044—only one fire drill was performed, record was for March of 2022 (day shift). Staff stated that they stopped conducting fire drills because residents were bothered by the fire alarm noise. 2) Facility will need to conduct a day, swing, and night shift fire drill for February AND March of 2023, to be in compliance at the next re-inspection.
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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 03/09/2023

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

C. Schafer
Signature

Cindy Schaker Executive Director
Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

L. Davis
Signature

Initials of Authorized Facility Representative: CS