



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

Business Name	North Point Village, Assisted Living & Memory Care	Provider Number	2479
Address	1110 E WESTVIEW CT ,	Approval Status	Approved
City, State, Zip	Spokane, WA 99218	Facility Type	Residential Care

On 04/04/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."

Noted.

2 Storage in buildings.

Storage of materials in buildings shall be orderly and stacks shall be stable. Storage of combustible materials shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.

(IFC 315.3 2021)

Corrected.

3 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)

Noted.

4 Initiation

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

(IFC 405.8, 2021)

Completed.



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Statement of Violation

5 Identification - Fire Protection and Utility Equipment

Fire protection equipment shall be identified in an approved manner. Rooms containing controls for air-conditioning systems or fire protection systems shall be identified for the use of the fire department. Approved signs required to identify fire protection system equipment and equipment location shall be constructed of durable materials, permanently installed and readily visible. (IFC 509.1, 2021)	Installed.
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6 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. (IFC 603.2.2, 2021)	Corrected.
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7 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. (IFC 603.4, 2021)	Corrected.
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8 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	Removed.
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9 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

Removed.

10 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)

Corrected.

11 Repair of penetrations

Repair of penetrations. Where damaged, materials used to protect membrane- and through-penetrations shall be replaced or restored with materials or systems that meet or exceed the code requirements applicable at the time when the assembly was constructed, remodeled or altered.

Corrected.

12 Door Operation

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

(IFC 705.2.4 2021)

Corrected.



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13 Testing and Maintenance

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

(IFC 903.5 2021)

1. Forward flow testing on the backflow preventer shall be required (annually) - scheduled with Hiller Fire to be completed prior 4/30/25.

NFPA 25 13.7.2 Testing.

13.7.2.1* All backflow preventers installed in fire protection system piping shall be exercised annually by conducting a forward flow test at a minimum flow rate of the system demand.

13.7.2.1.1 Where water rationing is enforced during shortages lasting more than 1 year, an internal inspection of the backflow preventer to ensure the check valves will fully open shall be permitted in lieu of conducting the annual forward flow test.

13.7.2.1.2 The forward flow test shall not be required where annual fire pump testing causes the system flow rate to flow through the backflow preventer device.

13.7.2.2 Where hydrants or inside hose stations are located downstream of the backflow preventer, the forward flow test shall include hose stream demand.

13.7.2.3 Where connections do not permit verification of the forward flow test at the minimum flow rate of system demand, test shall be conducted at maximum flow rate possible.

The full flow test of the backflow prevention valve can be performed with a test header or other connections downstream of the valve. A bypass around the check valve in the fire department connection line with a control valve in the normally closed position can be an acceptable arrangement. When flow to a visible drain cannot be accomplished, closed loop flow can be acceptable if a flowmeter or sight glass is incorporated into the system to ensure flow.

2. On the 2nd floor in storage room across from room 211 there is an escutcheon missing - installed

3. In the kitchen there are loaded fire sprinklers - cleaned

4. In the dining room there is an escutcheon missing -



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installed
5. In the lobby there are loaded fire sprinklers - cleaned
6. In Cottage B there is an escutcheon loose in the utility room
- corrected

14 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.
2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
 - 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
 - 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
 - 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.
 - 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.
 - 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.
3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

Corrected.



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15 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 2021)

Corrected.

16 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 2021)

Corrected.

17 Inspection, Testing and Maintenance

The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for inspection, testing and maintenance of such systems. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8.4 2021)

Corrected.



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18 Where Required

Carbon monoxide detection shall be provided in Group I and R occupancies and in classrooms in Group E occupancies in the locations specified in Section 915.2 where any of the conditions in Sections 915.1.2 through 915.1.6 exist.

EXCEPTIONS:

1. R-2 occupancies, with the exception of R-2 college dormitories, are required to install carbon monoxide detectors without exception.
2. Sleeping units or dwelling units in I and R-1 occupancies and R-2 college dormitories, hotel, DOC prisons and work releases and assisted living facilities and residential treatment facilities licensed by the state of Washington, which do not themselves contain a fuel-burning appliance, a fuel-burning fireplace, or have an attached garage, need not be provided with carbon monoxide alarms provided that they comply with the exceptions of Section 915.1.4.

(IFC 915.1.1 2021 WAC 51-54A)

Installed.

19 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)

Noted.

20 Means of Egress Continuity

The path of egress travel along a means of egress shall not be interrupted by any building element other than a means of egress component as specified in this chapter. Obstructions shall not be placed in the minimum width or required capacity of a means of egress component except projections permitted by this chapter. The minimum width or required capacity of a means of egress system shall not be diminished along the path of egress travel.

(IFC 1003.6 2021)

Corrected



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21 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 shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on 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.

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

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risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

22 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)

Noted.

23 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

Removed.



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24 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.	Provided.
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Next inspection scheduled on or after: 03/31/2026

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


Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746


Signature



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Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."

For your information.

2 Storage in buildings.

Storage of materials in buildings shall be orderly and stacks shall be stable. Storage of combustible materials shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.

(IFC 315.3 2021)

In the following locations there is too much combustible storage:

1. 2nd floor storage room across from room 211

3 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

In the following locations there is storage too close to the fire sprinkler:

1. 3rd floor storage room across from room 306. Corrected at inspection.

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



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Code Requirement

Statement of Violation

4 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)

Facility was unable to provide complete fire drill documentation for the following:

October 2024 and May 2024 there are no participants listed.

5 Initiation

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

(IFC 405.8, 2021)

All day and swing fire drills completed did not have activation of any alarm, all have been simulated.

A fire drill for day and swing shift shall be completed with alarm activation prior to reinspection.

6 Identification - Fire Protection and Utility Equipment

Fire protection equipment shall be identified in an approved manner. Rooms containing controls for air-conditioning systems or fire protection systems shall be identified for the use of the fire department. Approved signs required to identify fire protection system equipment and equipment location shall be constructed of durable materials, permanently installed and readily visible.

(IFC 509.1, 2021)

During the inspection it is noted that the fire department connection does not have an identifying sign.

7 Open electrical terminations

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

(IFC 603.2.2, 2021)

1. On the first floor receiving there is an electrical cover missing.

2. In Cottage C there is an electrical light switch cover missing.



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Code Requirement

Statement of Violation

8 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

In the following locations there are electrical panels blocked:

1. In the kitchen there is an electrical panel blocked

9 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code.

(IFC 603.5, 2021)

In the following locations there are relocatable / multiplug adapters in use in an unauthorized manner:

1. Room 407 powerstrip plugged into a multiplug adapter
2. Room 417 there are three (3) multiplug adapters in use
3. In business office there is a microwave plugged into a powerstrip (appliances shall be plugged directly into wall receptacle)
4. Executive directors office there is a refrigerator plugged into a powerstrip - Removed at inspection.
5. C-Cottage riser room there is a powerstrip that is dangling/loose on the wall.

10 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

On the 4th floor in the kitchen there are appliances plugged into extension cords.



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Code Requirement

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11 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)

In all of the cottages the hoods for the stoves shall have cleaning completed.

12 Repair of penetrations

Repair of penetrations. Where damaged, materials used to protect membrane- and through-penetrations shall be replaced or restored with materials or systems that meet or exceed the code requirements applicable at the time when the assembly was constructed, remodeled or altered.

In the following locations there are penetrations:

4th floor

1. Housekeeping next to room 405 has a wall penetration
2. Fire door by room 409 there is a wall penetration around the magnetic hold
3. Between rooms 411 and 412 there is a wall penetration
4. Fire door between room 414 and salon there is a wall penetration around the magnetic hold

3rd floor

1. Central fire door between rooms 314 and 313 there is a wall penetration around the magnetic hold
2. Elevator lobby electrical room right door has door frame penetrations
3. Housekeeping electrical room across from 305 has penetrations

1st floor

1. In the laundry room there are several penetrations in the walls and ceiling
2. In the kitchen dry storage there is a ceiling grate missing
3. In the 1st floor electrical/mechanical there is a wall penetration
4. In the 1st floor elevator lobby there is a penetration behind door 2

Cottages

1. In A-Cottage storage room there is a ceiling penetration



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13 Door Operation

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

(IFC 705.2.4 2021)

During the inspection it is noted that the following doors did not close and latch:

1. 4th floor fire door between 414 and salon did not close and latch - Corrected at inspection.
2. Main elevator lobby door #1 did not close and latch
3. Staff lounge door did not close and latch
4. Cottage B fire door by riser room did not close and latch
5. Cottage B fire door by room L did not close and latch



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14 Testing and Maintenance

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

(IFC 903.5 2021)

1. Forward flow testing on the backflow preventer shall be required (annually)

NFPA 25 13.7.2 Testing.

13.7.2.1* All backflow preventers installed in fire protection system piping shall be exercised annually by conducting a forward flow test at a minimum flow rate of the system demand.

13.7.2.1.1 Where water rationing is enforced during shortages lasting more than 1 year, an internal inspection of the backflow preventer to ensure the check valves will fully open shall be permitted in lieu of conducting the annual forward flow test.

13.7.2.1.2 The forward flow test shall not be required where annual fire pump testing causes the system flow rate to flow through the backflow preventer device.

13.7.2.2 Where hydrants or inside hose stations are located downstream of the backflow preventer, the forward flow test shall include hose stream demand.

13.7.2.3 Where connections do not permit verification of the forward flow test at the minimum flow rate of system demand, test shall be conducted at maximum flow rate possible.

The full flow test of the backflow prevention valve can be performed with a test header or other connections downstream of the valve. A bypass around the check valve in the fire department connection line with a control valve in the normally closed position can be an acceptable arrangement. When flow to a visible drain cannot be accomplished, closed loop flow can be acceptable if a flowmeter or sight glass is incorporated into the system to ensure flow.

2. On the 2nd floor in storage room across from room 211 there is an escutcheon missing

3. In the kitchen there are loaded fire sprinklers

4. In the dining room there is an escutcheon missing

5. In the lobby there are loaded fire sprinklers



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6. In Cottage B there is an escutcheon loose in the utility room

15 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.
2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
 - 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
 - 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
 - 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.
 - 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.
 - 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.
3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

1. In the kitchen there is a fire extinguisher that has not had the annual completed, all others January 2025.
2. In the main laundry room the fire extinguisher has not had the annual completed.



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Business Name	North Point Village, Assisted Living & Memory Care	Provider Number	2479
Address	1110 E WESTVIEW CT ,	Approval Status	Disapproved
City, State, Zip	Spokane, WA 99218	Facility Type	Residential Care

On 02/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

16 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 2021)

In the following locations the fire extinguisher is inaccessible or obstructed:

1. 4th floor past room 421/422 at the end of the hall the fire extinguisher is blocked by a chair. Removed at inspection.
2. In the main laundry room the fire extinguisher is blocked by a laundry hamper. Removed at inspection.

17 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 2021)

In the following locations there are manual pull stations that are blocked:

1. In the cottages there is furniture located too close to pull stations. Removed at inspection.
2. In the main lobby there are ADA buttons obstructed by furniture.

18 Inspection, Testing and Maintenance

The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for inspection, testing and maintenance of such systems. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8.4 2021)

1. On the annual fire alarm maintenance report (3/27/24) there items noted that have not been resolved:

- a. Cottages have hornstrobes that are to be replaced
- b. 2 hallway hornstrobes have the covers missing

2. During the inspection the following items are noted:

- a. On the 4th floor between rooms 412 and 411 there is a horn strobe cover missing
- b. In the salon there is a hornstrobe that has a cover missing

3. On the 1st floor in the fire alarm control panel room there are electrical module covers missing

4. All fire alarm control panel circuits shall have lockout devices installed

5. The monthly single station smoke detector testing (was not completed for the month of January 2025)



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Statement of Violation

19 Where Required

Carbon monoxide detection shall be provided in Group I and R occupancies and in classrooms in Group E occupancies in the locations specified in Section 915.2 where any of the conditions in Sections 915.1.2 through 915.1.6 exist.

EXCEPTIONS:

1. R-2 occupancies, with the exception of R-2 college dormitories, are required to install carbon monoxide detectors without exception.
2. Sleeping units or dwelling units in I and R-1 occupancies and R-2 college dormitories, hotel, DOC prisons and work releases and assisted living facilities and residential treatment facilities licensed by the state of Washington, which do not themselves contain a fuel-burning appliance, a fuel-burning fireplace, or have an attached garage, need not be provided with carbon monoxide alarms provided that they comply with the exceptions of Section 915.1.4.

(IFC 915.1.1 2021 WAC 51-54A)

In the following locations the carbon detectors were removed:

There are fuel burning appliances in the main building and in each of the cottages:

1. Main lobby
2. Cottages - C and B

20 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)

The monthly carbon monoxide testing was not completed for the month of January 2025.

NFPA 720 8.7.1 Single - and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.

21 Means of Egress Continuity

The path of egress travel along a means of egress shall not be interrupted by any building element other than a means of egress component as specified in this chapter. Obstructions shall not be placed in the minimum width or required capacity of a means of egress component except projections permitted by this chapter. The minimum width or required capacity of a means of egress system shall not be diminished along the path of egress travel.

(IFC 1003.6 2021)

During the inspection it is noted:

1. In the kitchen the means of egress is blocked by storage
2. In Cottage A dining room the exits are blocked by storage/furniture.



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Code Requirement

Statement of Violation

22 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 shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on 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.

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

Instructions for exiting shall be posted within six feet of the door.

Instructions for the cottages for the gate are unreadable due to weather.



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Code Requirement

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risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

23 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)

The monthly testing of the emergency lights was not completed for the month of January 2025.

24 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

In the kitchen the carbonated containers/cannisters are unsecured.



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Code Requirement

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25 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.

Facility is unable to provide documentation for the 4 year fire and smoke damper inspection.

Next inspection scheduled on or after: 03/30/2025

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

Bridget Kosinski Executive Director

Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746

Signature