



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

Business Name	South Hill Village, Assisted Living & Memory Care	Provider Number	2480
Address	3117 E CHASER Lane ,	Approval Status	Approved
City, State, Zip	Spokane, WA 99223	Facility Type	Residential Care

On 01/08/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Power Supply

Extension cords shall be plugged directly into an approved receptacle, relocatable power tap or current tap and, except for approved multiplug extension cords, shall serve only one portable appliance.

(IFC 603.6.1, 2021)

Corrected.

2 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)

Completed.

3 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.

Repaired.

4 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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Code Requirement

Statement of Violation

7 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.

8 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)

Provided.



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Code Requirement

Statement of Violation

11 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)

Completed.

12 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

(IFC 1013.1 2021)

Corrected.



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Code Requirement

Statement of Violation

16 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 combustibile 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

Completed.

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



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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

DAANE MIELER / MAINTENANCE DIRECTOR
Print Name and Title

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

Barbara R.
McMullen

Digitally signed by
Barbara R. McMullen
Date: 2025.01.15
15:27:33 -08'00'

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 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)

The electrical panel located in the laundry room has a trash can stored in front of it.

Removed at inspection.

3 Power Supply

Extension cords shall be plugged directly into an approved receptacle, relocatable power tap or current tap and, except for approved multiplug extension cords, shall serve only one portable appliance.

(IFC 603.6.1, 2021)

- On the 3rd floor in room 373, there is an extension cord plugged into a powerstrip. REMOVED AT INSPECTION.

- On the 3rd floor med room there are two (black and decker) refrigerators plugged into a powerstrip. REMOVED AT INSPECTION.

- On the 1st floor in room 155, there is an extension cord plugged into a powerstrip.



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Code Requirement

Statement of Violation

4 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)	Facility is unable to provide documentation for the semi-annual hood cleaning for the last 24 months. Reports provided for 12/16/23 and 6/07/24.
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5 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)	Facility is unable to provide documentation that the annual fire wall inspection has been completed.
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6 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.	On the 2nd floor in the riser room there is a ceiling penetration. On the 1st floor in the break room mechanical room there are ceiling penetrations.
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Statement of Violation

7 Door Operation

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

(IFC 705.2.4 2021)

The following doors did not close and latch when tested:

3rd floor -

- Westside elevator door
- Community room door in front of men's room

2nd floor -

- Door in front of med room
- Eastside elevator door
- Exercise/weight room door (was blocked open with a dumbbell)
- Chapel room door

1st floor -

- Employee break room door is being propped open with a wedge (THIS IS A REPEAT VIOLATION)

All floors - Multiple laundry room doors on several floors are being propped open with a wedge. (THIS IS A REPEAT VIOLATION).

8 Unprotected Openings

Unprotected duct and air transfer openings in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be protected so as to comply with requirements that were in effect when the building was constructed.

(IFC 706.2 2021)

On the 1st floor laundry room there is a ceiling vent cover missing.



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Statement of Violation

9 Testing and Maintenance

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

(IFC 903.5 2021)

1. Facility is unable to provide documentation for the annual dry system trip test.

2. 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.

3. Facility is unable to provide documentation of the 2nd quarter of 2024 fire sprinkler inspection.



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Code Requirement

Statement of Violation

10 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)	Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing for the first half of 2024. Report for 3/25/24 provided.
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11 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)	The fire extinguisher located in the westside elevator mechanical room has not had the monthly inspection completed for the month of October.
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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 2021)	The fire extinguisher located in the 3rd floor community room is blocked by storage (trashcan) - REMOVED AT INSPECTION.
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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 2021)	The fire alarm manual pull station located on the 1st floor in the private dining room is obstructed by storage (plant). CORRECTED AT INSPECTION.
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14 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)	Facility is unable to provide documentation for the annual fire alarm system testing and maintenance.
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15 Smoke Detector Sensitivity

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 grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 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 2021)	Facility is unable to provide documentation for the required smoke detector sensitivity testing.
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Code Requirement

Statement of Violation

16 Fuel-Burn Appliances Outside of Dwelling, Sleep Units & Classro

Carbon monoxide detection shall be provided in dwelling units, sleeping units and classrooms located in buildings that contain fuel-burning appliances or fuel-burning fireplaces.

Exceptions:

1. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms without communicating openings between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom.
2. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms where a carbon monoxide detector is provided in one of the following locations:
 - 2.1. In an approved location between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom.
 - 2.2. On the ceiling of the room containing the fuel-burning appliance or fuel-burning fireplace.

(IFC 915.1.4 2021)

On every floor in the common area there is a fuel burning fireplace and no carbon monoxide detection installed.

17 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)

Facility was unable to provide documentation for the monthly carbon monoxide detector maintenance.

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.



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Code Requirement

Statement of Violation

18 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

(IFC 1013.1 2021)

On the 2nd floor exit sign number 29 is missing the front of the sign/powerback.



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Code Requirement

Statement of Violation

19 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 facility failed to provide records showing monthly 30 second emergency egress lighting activation tests.

20 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 facility was unable to provide documentation indicating they have conducted an annual 90-minute test of their battery backup lights within the last 12 months.

Was not completed due to not being able to find circuit breaker for emergency lights.

21 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.



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22 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

Facility is unable to provide documentation that the annual fire door inspection has been completed.



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before the active lead

9. Latching hardware operates and secures the door when it is in the closed position
10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame
11. No field modification to the door assembly have been performed that void the label.
12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie
13. Signage affixed to a door meets the requirements listed in 4.1.4

23 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.

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 Quarter (January through March) - missed swing and night shifts
- 2nd Quarter (April through June) - missed swing shift
- 3rd Quarter (July through September) - missed swing and night shifts

Facility shall be required to conduct a fire drill for all shifts prior to reinspection.



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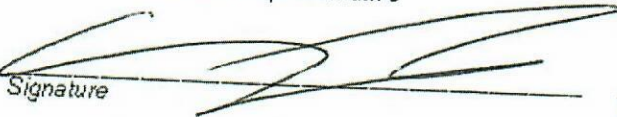
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Statement of Violation

Next inspection scheduled on or after: 12/27/2024

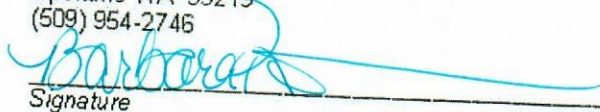
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative

Signature 

SHANE MULLER / MAINTENANCE DIRECTOR
Print Name and Title

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


Signature

Initials of Authorized Facility Representative: 