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

Business Name	Kin on Assisted Living	***Provider Number***	2519
Address	5214 42ND AVE S,	***Approval Status***	Approved
City, State, Zip	Seattle, WA 98118	***Facility Type***	Residential Care

On 09/07/2023 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 Owner's Representative

Mingchen Li

Signature

Mingchen Li, Supportive Housing Director

Print Name and Title

Deputy State Fire Marshal Arthur Jesse Ward
2803 156TH AVE SE
Bellevue WA 98007
(425) 401-7735

Jesse Ward Digitally signed by Jesse Ward Date: 2023.09.07 11:49:32 -07'00'

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.

Initials of Authorized Facility Representative: _____

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

Business Name	Kin on Assisted Living	***Provider Number***	2519
Address	5214 42ND AVE S,	***Approval Status***	Disapproved
City, State, Zip	Seattle, WA 98118	***Facility Type***	Residential Care

On 08/28/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
1 Owner's Responsibility	
The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. (IFC 701.6 2018 WAC 51-54A)	Facility is unable to provide documentation that the annual fire wall inspection has been completed.
2 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 1031.10.1 2018)	Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights.

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Business Name	Kin on Assisted Living	***Provider Number***	2519
Address	5214 42ND AVE S,	***Approval Status***	Disapproved
City, State, Zip	Seattle, WA 98118	***Facility Type***	Residential Care

On 08/28/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 09/27/2023

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

Mingchen Li, Resident Service Director, Kin On Assisted Living

Print Name and Title

Deputy State Fire Marshal Arthur Jesse Ward
2803 156TH AVE SE
Bellevue WA 98007
(425) 401-7735

Signature

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Initials of Authorized Facility Representative:_____