



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Approved
City, State, Zip	Issaquah, WA	Facility Type	Residential Care

On 10/20/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

Owner or Owner's Representative


Signature

James Sizemore MC
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Jason Van Gorkum Date: 2025.10.27
07:16:31 -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.



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA	Facility Type	Residential Care

On 09/10/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

From the Sunrise Senior Living

On 9/10/2025 The facility informed the SFMO through email that the company is still working through in house Cap ex for the request to complete the work needed to bring the fire alarm out of trouble mode.

2 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)

At time of re-inspection the following was observed:

1. Fire alarm system is found in trouble mode.

Next inspection scheduled on or after: 10/10/2025

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

James Sizemore M.C
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Jason Van Gorkum Date: 2025.09.10
10:39:51 -07'00'

Signature



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA	Facility Type	Residential Care

On 07/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following paperwork was not provided: 1. Annual forward flow test (NFPA 25 13.7.2) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
--	--

2 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)	At time of re-inspection the following was observed: 1. Fire alarm system is found in trouble mode.
--	--

3 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.	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: Two dampers found that failed on report from 7/2022 1. 3-FSD-010 2. 3-FSD-004
--	--

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA	Facility Type	Residential Care

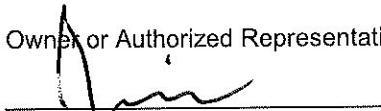
On 07/21/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

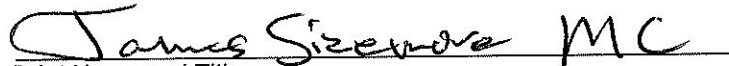
Code Requirement	Statement of Violation
------------------	------------------------

Next inspection scheduled on or after: 08/20/2025

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

Owner or Authorized Representative


Signature


Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason Van Gorkum Date: 2025.07.21
Signature 15:17:22 -07'00'

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

1 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.2 2018)

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)

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

(IFC 405.8, 2021)

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

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

1. 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 Shift - Quarter 1, 2, 3 and 4
- 2nd Shift - Quarter 1, 2, 3 and 4
- 3rd Shift - Quarter 1, 2, 3 and 4

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

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

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)

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

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

1. Facility will need to provide documentation of locations of Fire-Rated Construction. Inspections report will need to show testing date, modifications, and repairs. Annual inspection of fire-resistance-rated construction will need to be performed and completed.

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

3 Testing and Maintenance

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

(IFC 903.5 2021)

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

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

1. Annual forward flow test (NFPA 25 13.7.2)
2. Quarterly inspections Reports

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

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

4 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)

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

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

1. Second semi-annual service (around November 2024)

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

5 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)

At time of inspection the following was observed:

1. Fire alarm system is found in trouble mode.

6 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2.

(IFC 1032.10 2021)

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

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

1. Monthly visual inspection will need to be performed and documented of emergency lighting and exit signs.

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

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

7 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.	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Fire/smoke damper inspection will need to be performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
--	---

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



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

8 NFPA 80 Fire Door Inspection and Testing

5.2.1 Inspection and Testing. Upon completion of the installation, door, shutters, and window assemblies shall be inspected and tested in accordance with 5.2.4. 5.2.4 Periodic Inspection and Testing. 5.2.4.1 Periodic inspections and testing shall be performed not less than annually. 5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information: 1. Date of inspection 2. Name of facility 3. Address of facility 4. Name of person(s) performing inspections and testing 5. Company name and address of inspecting company 6. Signature of Inspector of record 7. Individual record of each inspected and tested fire door assembly 8. Opening identifier and location of each inspected and tested fire door assembly 9. Type and description of each inspected and tested fire door assembly 10. Verification of visual inspection and functional operation 11. Listing of deficiencies in accordance with 5.2.3, Section 5.3, and Section 5.4 And the following shall be checked: 1. Labels are clearly visible and legible 2. No open holes or breaks exist in surfaces of wither the door or frame 3. Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. 4. The door, frame, hinges, hardware, and non combustible threshold are secured, aligned and in working order with no visible, signs of damage 5. No parts are missing or broken 6. Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7 7. The self-closing device is operational,; that is, the active door completely closes when operated from the full open position 8. If a coordinator is installed, the inactive lead close before the active lead	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Facility will need to provide documentation of locations of Fire Doors. Inspections report will need to show testing date, modifications, and repairs. Annual inspection of Fire Doors will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. At time of inspection the following was observed: 1. Will need to audit all door to include resident doors and any other fire rated doors found in facility.
--	---



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

Business Name	Sunrise of Issaquah	Provider Number	2543
Address	23599 SE Issaquah- Fall City RD ,	Approval Status	Disapproved
City, State, Zip	Issaquah, WA 980299265	Facility Type	Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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	

Next inspection scheduled on or after: 04/24/2025

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

James Sizemore Maintenance Coordinator
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Signature