



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

Business Name	Jefferson House Memory Care Community	Provider Number	2548
Address	12217 NE 128 ST ,	Approval Status	Disapproved
City, State, Zip	Kirkland, WA 98034	Facility Type	Residential Care

On 10/03/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

On 10/03/2024 an unannounced Fire and Life Safety Code re-inspection was conducted at Jefferson House Memory Care Community by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes.

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

2 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)

Educated on records.

3 Inspection

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 606.3.3.1 2021)

Corrected



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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 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide record of their annual fire wall inspection and/or repairs for all fire-resistant-rated construction.

5 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 violation was observed at the time of re-inspection:

The facility was unable to provide documentation for their last fire/smoke damper testing.

The report provided did not indicate how many dampers or location of dampers.

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



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6 Testing and Maintenance

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

(IFC 903.5 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation for:

1. Annual sprinkler servicing is deficient - 3 year full flow trip due
2. Quarterly sprinkler servicing

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

7 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 violation was observed at the time of re-inspection:

The facility was unable to provide service reports showing that the kitchen suppression system has been serviced semi-annually in the past 12 months.

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

8 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)

Corrected



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9 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 following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that 90-minute annual testing of the emergency lighting has been performed in the last 12 months.

10 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 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that annual servicing of the emergency generator has been performed in the last 12 months.

The facility has not conducted/documented the required weekly visual inspections of the generator as required by NFPA 110 for the last 12 months.

The facility has not conducted/documented the required 30 min monthly load test of the generator as required by NFPA 110 for the last 12 months.

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



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11 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 2018)

Corrected

12 Inspection Frequency

Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.

(NFPA Standard 10 Section 6.2.1)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that the fire extinguishers in the facility were inspected on a monthly basis.

-Facility has conducted monthly's on some of the extinguishers.



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Code Requirement

Statement of Violation

13 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 violation was observed at the time of re-inspection:

The facility was unable to provide inventory record of their annual inspection and/or repairs for all fire-resistant-rated doors.

The Ivy Living room - 059527 - by room 207 did not close / latch properly.



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

14 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

The following violation was observed at the time of re-inspection:

The facility was not able to provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.



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Next inspection scheduled on or after: 11/02/2024

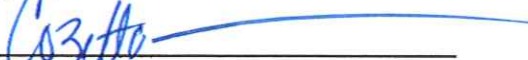
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative

Signature 

Mana Ruku Executive Director
Print Name and Title

Deputy State Fire Marshal Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796

Signature 



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On 08/20/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

	On 08/20/2024 an unannounced Fire and Life Safety Code re-inspection was conducted at Jefferson House Memory Care Community by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes. The following deficiencies were cited as a result of this re-inspection:
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2 Ash Trays

Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. In Group I-2 occupancies, noncombustible metal containers with self-closing covers shall be provided in areas where smoking is permitted (IFC 310.6 2021)	Corrected
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3 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material. (IFC 310.7 2021)	Corrected
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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)	The following violation was observed at the time of re-inspection: The facilities fire drills did not have a record of employees participating in the fire drills - for some of their fire drill logs.
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Code Requirement

Statement of Violation

5 Inspection

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 606.3.3.1 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation for their semi annual hood cleaning.

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 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide record of their annual fire wall inspection and/or repairs for all fire-resistant construction.

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 2021)

Corrected



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Code Requirement

Statement of Violation

8 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 violation was observed at the time of re-inspection:

The facility was unable to provide documentation for their last fire/smoke damper testing.

The report provided did not indicate how many dampers or location of dampers.

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

9 Testing and Maintenance

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

(IFC 903.5 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation for:

1. Annual sprinkler servicing is deficient
2. Quarterly sprinkler servicing
3. Forward flow test

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

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)

The following violation was observed at the time of re-inspection:

The facility was unable to provide service reports showing that the kitchen suppression system has been serviced semi-annually in the past 12 months.

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



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Code Requirement

Statement of Violation

11 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)

Corrected

12 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 following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that 30-second monthly testing of the emergency lighting has been performed in the last 12 months.

13 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 following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that 90-minute annual testing of the emergency lighting has been performed in the last 12 months.



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Code Requirement

Statement of Violation

14 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 2021)

The following violation was observed at the time of re-inspection:

The facility was unable to provide documentation showing that annual servicing of the emergency generator has been performed in the last 12 months.

The facility has not conducted/documented the required weekly visual inspections of the generator as required by NFPA 110 for the last 12 months.

The facility has not conducted/documented the required 30 min monthly load test of the generator as required by NFPA 110 for the last 12 months.

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



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On 08/20/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

15 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 2018)

The following violation was observed at the time of re-inspection:

There is an unsecured oxygen cylinder in the room next to the Med room at the nurses station. - 3rd floor

16 Inspection Frequency

Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.

(NFPA Standard 10 Section 6.2.1)

The following violation was observed at the time of re-inspection:

The facility was unable to produce documentation showing that fire extinguishers in the facility were inspected on a monthly basis.



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

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Code Requirement

Statement of Violation

17 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 either 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 violation was observed at the time of re-inspection:

The facility was unable to provide inventory record of their annual inspection and/or repairs for all fire-resistant-rated doors.

The following locations have excessive gaps in the doors:

1. Jack's Cabin doors - 059493 - by room 322
2. 50's kitchen - 2nd floor

The following doors did not close / latch properly when tested:

1. 50's kitchen - 059472 - by room 221
2. 50's kitchen - by private dining - 2nd floor
3. Ivy Living room - 059527 - by room 207
4. Courtyard door by nurses station - 3rd floor



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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 integrity
13. Signage affixed to a door meets the requirements listed in 4.1.4

18 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

The following violation was observed at the time of re-inspection:

The facility was not able to provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.



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Next inspection scheduled on or after: 09/19/2024

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

Print Name and Title

Deputy State Fire Marshal Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796

Signature

Initials of Authorized Facility Representative: _____



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On 07/11/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Administration

On 07/11/2024 an unannounced Fire and Life Safety Code inspection was conducted at Jefferson House Memory Care Community by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes.

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

2 Ash Trays

Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. In Group I-2 occupancies, noncombustible metal containers with self-closing covers shall be provided in areas where smoking is permitted

(IFC 310.6 2021)

The following violation was observed at the time of inspection:
The facility has plastic ash tray containers in the smoking area.

3 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material.

(IFC 310.7 2021)

The following violation was observed at the time of inspection:
The facility's smoking area has cigarette butts discarded in the brush.

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)

The following violation was observed at the time of inspection:
The facilities fire drills did not have a record of employees participating in the drills - for some of their fire drill logs.



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Code Requirement

Statement of Violation

5 Inspection

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 606.3.3.1 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation for their annual and semi annual hood cleaning.

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 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide record of their annual fire wall inspection and/or repairs for all fire-resistant-rated construction.

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 2021)

The following violation was observed at the time of inspection:

The Electrical room by the elevator on 1st floor (by kitchen) has unsealed conduits.

The Laundry room on 1st floor is missing a ceiling tile.



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Code Requirement

Statement of Violation

8 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 violation was observed at the time of inspection:

The facility was unable to provide documentation for their last fire/smoke damper testing.

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

9 Testing and Maintenance

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

(IFC 903.5 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation for:

1. Annual sprinkler servicing
2. 5 year internal pipe testing
3. 5 year FDC testing
4. Quarterly sprinkler servicing
5. Forward flow test

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

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)

The following violation was observed at the time of inspection:

The facility was unable to provide service reports showing that the kitchen suppression system has been serviced annually and semi-annually in the past 12 months.

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



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Code Requirement

Statement of Violation

11 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)

The following violation was observed at the time of inspection:

The facility was unable to provide record of their annual inspection for their fire alarm system.

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

12 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 following violation was observed at the time of inspection:

The facility was unable to provide documentation showing that 30-second monthly testing of the exit signs has been performed in the last 12 months.

13 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 following violation was observed at the time of inspection:

The facility was unable to provide documentation showing that 90-minute annual testing of the exit signs has been performed in the last 12 months.



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Code Requirement

Statement of Violation

14 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 2021)

The following violation was observed at the time of inspection:

The facility was unable to provide documentation showing that annual servicing of the emergency generator has been performed in the last 12 months.

The facility has not conducted/documented the required weekly visual inspections of the generator as required by NFPA 110 for the last 12 months.

The facility has not conducted/documented the required 30 min monthly load test of the generator as required by NFPA 110 for the last 12 months.

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



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Code Requirement

Statement of Violation

15 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 2018)

The following violation was observed at the time of inspection:

There is an unsecured oxygen cylinder in the room next to the Med room at the nurses station. - 3rd floor

16 Inspection Frequency

Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require.

(NFPA Standard 10 Section 6.2.1)

The following violation was observed at the time of inspection:

The facility was unable to produce documentation showing that fire extinguishers in the facility were inspected on a monthly basis.



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Code Requirement

Statement of Violation

17 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 violation was observed at the time of inspection:

The facility was unable to provide inventory record of their annual inspection and/or repairs for all fire-resistant-rated doors.

The following locations have excessive gaps in the doors:

1. Jack's Cabin doors - 059493 - by room 322
2. 50's kitchen - 2nd floor

The following doors did not close / latch properly when tested:

1. 50's kitchen - 059472 - by room 221
2. 50's kitchen - by private dining - 2nd floor
3. Ivy Living room - 059527 - by room 207
4. Elevator doors - 741615 - by 213
5. Courtyard door by nurses station - 3rd floor
6. Laundry room door - 1st floor; due to boxes blocking
7. Mechanical room - outside - by elevator room
8. Storage - back of garage - missing door closure



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Code Requirement

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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 integrity
13. Signage affixed to a door meets the requirements listed in 4.1.4

18 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

(WAC 212-12-044)

The following violation was observed at the time of inspection:

The facility was not able to provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.



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Code Requirement

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Next inspection scheduled on or after: 08/10/2024

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

Print Name and Title

Mana Pulu

Deputy State Fire Marshal Cozetta Christian
2502 112TH E
Tacoma WA 984455104
(360) 584-5796

Signature