



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

Business Name	Mirror Lake Village	Provider Number	2564
Address	31000 9th PL SW,	Approval Status	Disapproved
City, State, Zip	Federal Way, WA	Facility Type	Residential Care

On 04/07/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Fire & Life Safety

This report is the result of an unannounced fire and life safety re-inspection, re-certification survey conducted at Mirror Lake Village on 04/7/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes.

All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection.

The facility is not in compliance at the time of this inspection.

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)

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

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. Had deficiencies found on 2/17/2026 report

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Next inspection scheduled on or after: 05/07/2026

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

Owner or Authorized Representative

Brian Potts
Signature

BRIAN POTTS MAINTENANCE SUPERVISOR
Print Name and Title

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

[Signature]
Signature

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Business Name	Mirror Lake Village	Provider Number	2564
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On 12/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Admin Fire & Life Safety

	This report is the result of an unannounced fire and life safety re-certification survey conducted at Mirror Lake Village on 12/22/2025 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.
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2 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 405.5 2021)

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 documentation was not provided. Documents shall include the following, where applicable:

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.

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

3 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)

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

At time of inspection the following was observed:

1. Facility will need to increase cleaning service to quarterly.



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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 deficiencies were cited as a result of this inspection:

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. The facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs.

5 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 deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. Building A, floor 2 electrical room has penetration in the floor.



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6 Inspection and Maintenance

Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protective's and smoke and draft control doors shall not be modified.

(IFC 705.2 2021)

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

To aid the AHJ during the review of the inspections and testing reports, the records should include a description of the type of fire door assembly as follows:

- Type 6: Swinging door with builders hardware
- Type 7: Swinging fire door with fire door hardware
- Type 8: Horizontally sliding fire door
- Type 9: Special purpose horizontally accordion or folding

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

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. The facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs.

At time of inspection the following was observed:

1. Building A, 3rd floor elevator room door is being held open with a trash can.
2. Building A, 2nd floor elevator room door is being held open with a trash can.
3. Building A, 1st floor gym door is held open with a wedge.
4. Building A, 1st floor theater door is held open with a wedge.
5. Building B, 1st floor med room door is held open with a wedge.
6. Building B, 1st floor double doors have been taken off. Facility will need to show that they are not need fire/smoke protection.

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door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door Type 14: Hoistway doors for elevators and dumbwaiter Type 15: Chute door Type 16: Access door Type 17: Fire window 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 As a minimum, the following items shall be verified: 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 noncombustible 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 leaf closes before the active leaf. 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 modifications 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 (NFPA 80.5.2)	

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7 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 2021) 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. (NFPA 80)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. The facility will need to show that the Fire/smoke dampers inspection has been performed and documented.
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8 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 documentation was not provided. Documents shall include the following, where applicable: 1. Annual forward flow test (NFPA 25 13.7.2.1) 2. Quarterly inspections Reports 3. On the 10/2025 report shows of painted sprinkler heads. At time of inspection the following was observed: 1. Building A, floor 1 hair salon storage room is missing sprinkler.
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9 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 documentation was not provided. Documents shall include the following, where applicable: 1. Second semi-annual service report
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10 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 following deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. Building B, 1st floor fire extinguisher by room 112 is missing annual inspection tag.

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 deficiencies were cited as a result of this inspection:

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. Building B, 3rd floor fire alarm amplifier annual testing is past due.



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12 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

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

At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable:

1. The facility must maintain detailed documentation and maps of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs.

At time of inspection the following was observed:

1. Building A, floor 1 laundry room is missing carbon monoxide detector.

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13 Bolt Locks

Manually operated flush bolts or surface bolts are not permitted. Exceptions: 1. On doors not required for egress in individual dwelling units or sleeping units. 2. Where a pair of doors serves a storage or equipment room, manually operated edge- or surface-mounted bolts are permitted on the inactive leaf. 3. Where a pair of doors serves an occupant load of less than 50 persons in a Group B, F or S occupancy, manually operated edge- or surface- mounted bolts are permitted on the inactive leaf. The inactive leaf shall not contain doorknobs, panic bars or similar operating hardware. 4. Where a pair of doors serves a Group B, F or S occupancy, manually operated edge- or surface- mounted bolts are permitted on the inactive leaf provided that such inactive leaf is not needed to meet egress capacity requirements and the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1. The inactive leaf shall not contain doorknobs, panic bars or similar operating hardware. 5. Where a pair of doors serves patient care rooms in Group I-2 occupancies, self-latching edge- or surface-mounted bolts are permitted on the inactive leaf provided that the inactive leaf is not needed to meet egress capacity requirements and the inactive leaf shall not contain doorknobs, panic bars or similar operating hardware. (IFC 1010.2.5 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Building B, 1st floor in the path of egress doors by resident door 115 has a dead bolt.
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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 deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual service report 2. Log of weekly inspections 3. Monthly 30-minute full load test
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15 Separation From Hazardous Conditions

Compressed gas containers, cylinders and tanks and systems in storage or use shall be separated from materials and conditions that pose exposure hazards to or from each other. Compressed gas containers, cylinders, tanks and systems in storage or use shall be separated in accordance with Sections 5303.7.1 through 5303.7.11.2.

(IFC 5303.7 2021)

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

At time of inspection the following was observed:

1. Kitchen has a loose tank near soda machine.

Next inspection scheduled on or after: 01/21/2026

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

Owner or Authorized Representative

Brian Potts
Signature

BRIAN POTTS MAINTENANCE
Print Name and Title
MANAGER

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

Jason Van Gorkum Date: 2025.12.23
18:45:05 -08'00'
Signature