



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

Business Name	Silverado Bellevue	Provider Number	2573
Address	14428 NE 8TH ST ,	Approval Status	Approved
City, State, Zip	Bellevue, WA	Facility Type	Residential Care

On 06/23/2025 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]
Signature

Kristine Mills, Administrator
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: 2025.07.01
[Signature] 12:47:45 -07'00'

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.



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Phone: (360) 596-3900

Business Name Silverado Bellevue	Provider Number 2573
Address 14428 NE 8TH ST ,	Approval Status Disapproved
City, State, Zip Bellevue, WA 98007	Facility Type Residential Care

On 04/09/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

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

At time of inspection the following was observed:

1. Combustible materials found within 18" of sprinkler head located in storage room by room 205

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

1. First semi-annual hood cleaning
2. Second semi-annual hood cleaning

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

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Code Requirement

Statement of Violation

3 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 must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs. Inspection did not show stairwells.

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

4 Door Operation

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

(IFC 705.2.4 2021)

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

At time of inspection the following was observed:

1. Double doors by room 220 will not latch.

5 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:

- Deficiency
1. Annual report ✓
 2. 5-Year internal pipe Testing (NFPA 25 14.2.1.1) ✓
 3. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2) ✓
 4. Annual Trip Test (NFPA 25 13.1.1.2) ✓
 5. Annual forward flow test (NFPA 25 13.7.2)
 6. 5-Year FDC Hydro testing (NFPA 25 13.8.5) ✓

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

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Code Requirement

Statement of Violation

6 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 December)

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

7 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 paperwork was not provided:

1. will need to see if fire alarm is monitoring carbon monoxide detection in facilities corridors where natural gas is connected to heating units providing heat.

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

8 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 paperwork was not provided:

1. Diesel fuel testing

All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

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8/28/2024 ✓



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Code Requirement	Statement of Violation
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9 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 be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.
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Code Requirement	Statement of Violation
10 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 must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs. This also includes resident doors. All inspection reports must be complete and verify the system has no deficiencies, and if deficiencies are found, documentation is required to show they have been corrected.

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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 preformed 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: 05/08/2025

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

Kristina Mills
Signature

Kristina Mills, Administrator
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
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Jason E Van Gorkum
Signature

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