



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

Business Name	Deer Ridge Memory Care Community	Provider Number	2578
Address	3901 5TH ST SE,	Approval Status	Approved
City, State, Zip	Puyallup, WA 98374	Facility Type	Residential Care

On 09/06/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

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

Owner or Owner's Representative

Signature

Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 98445
(360) 890-1622

Signature

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 Deer Ridge Memory Care Community
3901 5TH ST SE,
City, State, Zip Puyallup, WA 98374

Provider Number 2578
Approval Status Disapproved
Facility Type Residential Care

On 08/02/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
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1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.	Findings during the re-inspection were:
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(IFC 903.5 2009, 2012, 2015, 2018)

Facility was unable to provide fire sprinkler system documentation showing that annual forward flow testing has been performed per NFPA 25, 13.7.2.

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



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Facility Type Residential Care

On 08/02/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement

Statement of Violation

2NFPA 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

Findings during the re-inspection were:

- 1) Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months.
- 2) Records of the facility's fire-door inspection shall be maintained and reviewed at the next annual inspection in 2024.

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Code Requirement

Statement of Violation

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 combustibile 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

9. Latching hardware operates and secures the door when it is in the closed positon

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

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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 2018 WAC 51-54A)

Findings during the re-inspection were:

- 1) Facility shall provide an inventory of all fire-resistance-rated construction.
- 2) Facility shall conduct an annual inspection of all fire-resistance-rated construction assemblies, and maintain records of all repairs and materials, where originally required during time of construction.
- 3) Records of the facility's annual fire-resistance-rated inspections/repairs shall be maintained and reviewed at the next annual SFMO inspection in 2024.

4 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)

Findings during the re-inspection were:

Unable to provide test documentation showing that fire/smoke damper 1-year, post install, inspection and testing has been performed, per NFPA 80, 19.5.3. Three quotes in 30-days, with completion due at next annual inspection.

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City, State, Zip

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Approval Status Disapproved

Facility Type Residential Care

On 08/02/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement

Statement of Violation

5Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

Findings during the re-inspection were:

- 1) Exterior exit sign required outside the Rose dining room pointing in the direction of egress travel.
- 2) Exit sign installed ± 30 feet from north exit door, visible from main lobby direction, shall be rotated towards maintenance/activity office, with chevron arrow pointing to exit door.

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Facility Type Residential Care

On 08/02/2023 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
(IFC 1013.1 2018) 6 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 2018)	Findings during the re-inspection were: Unable to provide documentation showing the emergency generator has received monthly load tests for the past 12 months.

Next inspection scheduled on or after: 09/04/2023

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

Owner or Authorized Representative

Signature

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 98445-104
(360) 890-1622

Signature

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Business Name	Deer Ridge Memory Care Community	Provider Number	2578
Address	3901 5TH ST SE,	Approval Status	Disapproved
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On 05/16/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3.

(IFC 607.3.3 2018)

The following citations were observed:

Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months.

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 2018 WAC 51-54A)

The following citations were observed:

1) Facility shall provide an inventory of all fire-resistance-rated construction.

2) Facility shall conduct an annual inspection of all fire-resistant-rated construction assemblies, and maintain records of all repairs and materials used, where originally required during time of construction.

3 Inspection and Maintenance

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives 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 protectives and smoke and draft control doors shall not be modified.

(IFC 705.2 2018)

The following citations were observed:

Fire door to main boiler room has been made inoperable - door handle has been removed, and tape found on latch.

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Code Requirement	Statement of Violation
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4 Door Operation

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

(IFC 705.2.4 2018)

The following citations were observed:

Ivy dining room fire door, next to eye wash closet, failed to close and latch when tested.

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 citations were observed:

Unable to provide test documentation showing that fire/smoke damper 1-year, post install, inspection and testing has been performed, per NFPA 80, 19.5.3.

6 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

The following citations were observed:

Facility was unable to provide fire sprinkler system documentation for the following:

- 1) Last annual confidence test report
- 3) Last 3-year full flow trip test report for dry system
- 4) Last 5-year inspection/test report(s)
- 5) Last annual forward flow test report

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 904.12.5.2 2018)

The following citations were observed:

Unable to provide reports showing that two semi-annual suppression system servicings were performed in the past 12 months.

8 Unobstructed and Unobscured

Manual fire alarm boxes shall be provided with ready access, unobstructed, unobscured and visible at all times.

(IFC 907.4.2.6 2018)

The following citations were observed:

Furniture found blocking manual pull-station next to north hall exit door.



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On 05/16/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

9 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2018)

The following citations were observed:

Unable to provide documentation showing that monthly inspection of the facility's carbon monoxide alarms has been performed in the past 12 months.

10 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

(IFC 1013.1 2018)

The following citations were observed:

Exit signs required in the following locations:

- 1) Rose activity room - above direct exit doors
- 2) Rose exterior overhang - chevron pointing to right
- 3) Exit sign installed ± 30 feet from north exit door, visible from main lobby direction, shall be rotated towards maintenance/activity office, with chevron arrow pointing to exit door.

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Code Requirement	Statement of Violation
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11 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 2018)

The following citations were observed:

- 1) Unable to provide documentation showing the emergency generator has received monthly load tests for the past 12 months.
- 2) Unable to provide documentation showing that annual servicing of the emergency backup generator has been performed in the past 12 months.

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On 05/16/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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12 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 citations were observed:

Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months

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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 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	

13 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) 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. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.	The following citations were observed: Unable to provide fire drill documentation for the following: 1) Swing shift for 2nd quarter of 2022 2) Day, Swing or Night shift for 3rd quarter of 2022 3) Night shift for 4th quarter of 2022 4) Swing or Night shift of 1st quarter 2023
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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 06/19/2023

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

Owner or Authorized Representative

Signature

Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

Signature

Initials of Authorized Facility Representative: _____

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