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

Business Name	Fieldstone Memory Care of Silverdale	***Provider Number***	2583
Address	11313 CLEAR CREEK RD NW,	***Approval Status***	Approved
City, State, Zip	Silverdale, WA 98383	***Facility Type***	[None selected]

On 08/27/2024 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

ERIK PEASE MAINT. DIRECTOR
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

Signature

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

Initials of Authorized Facility Representative: _____

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Business Name	Fieldstone Memory Care of Silverdale	***Provider Number***	2583
Address	11313 CLEAR CREEK RD NW,	***Approval Status***	Disapproved
City, State, Zip	Silverdale, WA 98383	***Facility Type***	[None selected]

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

Code Requirement	Statement of Violation

1 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)	Findings during the inspection were: Facility failed to provide annual inspection report of all fire-resistance-rated construction (fire wall inspection).

2 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 inspection were: Facility failed to provide 4-year inspection report for fire/smoke dampers.

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: Facility failed to provide annual forward flow test inspection report for the back flow.

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4 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)	Findings during the inspection were: Facility failed to maintain monthly inspection of all portable fire extinguishers.

5 Emergnecy Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	Findings during the inspection were: Facility failed to maintain exit sign in kitchen, failed to illuminate when tested.

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Code Requirement	Statement of Violation
6 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)	Findings during the inspection were: Facility failed to provide monthly 30-second activation test for exits and emergency lights.
7 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)	Findings during the inspection were: Facility failed to provide documentation of yearly 1.5 hour test for exit signs and emergency lights.

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Code Requirement	Statement of Violation
8 NFPA 80 Fire Door Inspection and Testing	
5.2.1 Inspection and Testing. Upon completin 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 hall 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	Findings during the inspection were: Facility failed to provide annual fire door inspection documentation. Facility failed to maintain the following doors; - Door wedge being used on self closing door of Cascade side med room. - Door wedge being used on self closing door of Olympic side med room.

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Code Requirement	Statement of Violation
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	

Next inspection scheduled on or after: 08/15/2024

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Owner or Authorized Representative

Signature

ERIK PASE MAINT. DIRECTOR

Print Name and Title

Deputy State Fire Marshal Raul Murcia
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