



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

Business Name	Tekoa Care Center	Provider Number	2642
Address	330 N MADISON ST ,	Approval Status	Approved
City, State, Zip	Tekoa, WA 99033	Facility Type	Residential Care

On 11/12/2025 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

Vernell Bell
Signature

VERNELLE PLANTADORE
Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Alan Harlan
Signature

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.



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

Business Name	Tekoa Care Center	Provider Number	2642
Address	330 N MADISON ST ,	Approval Status	Approved
City, State, Zip	Tekoa, WA 99033	Facility Type	Residential Care

On 11/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared.

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)

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)

4 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 603.2.2, 2021)

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



Business Name Tekoa Care Center
Address 330 N MADISON ST ,
City, State, Zip Tekoa, WA 99033

Provider Number 2642
Approval Status Approved
Facility Type Residential Care

On 11/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

5 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

6 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

The following violation was observed:

The following locations had extension cord in use:

- 1) Break room near data center.

Corrected During Re-Inspection

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)



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

Business Name Tekoa Care Center
Address 330 N MADISON ST ,
City, State, Zip Tekoa, WA 99033

Provider Number 2642
Approval Status Approved
Facility Type Residential Care

On 11/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

8 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 2021)

9 Door Operation

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

(IFC 705.2.4 2021)

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)

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



Business Name Tekoa Care Center
Address 330 N MADISON ST ,
City, State, Zip Tekoa, WA 99033

Provider Number 2642
Approval Status Approved
Facility Type Residential Care

On 11/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

11 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)

12 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)



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

Business Name Tekoa Care Center
Address 330 N MADISON ST ,
City, State, Zip Tekoa, WA 99033

Provider Number 2642
Approval Status Approved
Facility Type Residential Care

On 11/12/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

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

13 Existing Buildings

On existing buildings, wherever the fire department connection is not visible to approaching fire apparatus, the fire department connection shall be indicated by an approved sign mounted on the street front or on the side of the building. Such sign shall have the letters "FDC" at least 6 inches (152 mm) high and words in letters at least 2 inches (51 mm) high or an arrow to indicate the location. All such signs shall be subject to the approval of the fire code official.

(IFC 912.2.2 2021)

14 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)

Next inspection scheduled on or after: 10/31/2026

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


Signature

VERN BELL maintenance
Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121


Signature