



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

Business Name	Ruthaven INC	Provider Number	2659
Address	15843 SE 256TH ST ,	Approval Status	Disapproved
City, State, Zip	Covington, WA	Facility Type	Residential Care

On 03/18/2026 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 Ruthaven INC on 3/18/2026 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 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 re-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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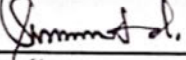
Code Requirement

Statement of Violation

Next inspection scheduled on or after: 04/17/2026

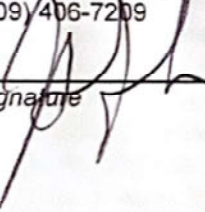
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Sabato David, Manager
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA, 984465104
(509) 406-7209


Signature

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On 01/15/2026 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-certification survey conducted at Ruthaven INC on 1/15/2026 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.
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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 documentation was not provided. Documents shall include the following, where applicable: 1. Second semi-annual hood cleaning report shows a deficiency that it is missing the hinge.
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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 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.

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4 Inspection and Maintenance

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 door
- Type 10: Vertically sliding fire door
- Type 11: Rolling steel door
- Type 12: Fire shutter
- Type 13: Service counter fire door

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.

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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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5 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. The laundry/garage door will not close and latch.

6 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 80.19.4)

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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7 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. 5-Year internal pipe Testing (NFPA 25 14.2.1)
2. Annual forward flow test (NFPA 25 13.7.2.1)
3. 5-Year FDC Hydro testing (NFPA 25 6.3.2)

At time of inspection the following was observed:

1. There are painted sprinkler head in the following locations:

In the dining room/kitchen
 Outside resident room 102
 Outside of the hair salon

8 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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9 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. Semi-Annual Report

At time of inspection the following was observed:

1. Found in the down stairs space has missing or hanging smoke detectors.

10 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 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. Smoke detector sensitivity Report

11 Emergency 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)

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

At time of inspection the following was observed:

1. Emergency light by room 104 is hanging by its wires.

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12 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 4. Diesel fuel testing report (for diesel generator only requirement) 5. 4-hour load test

Next inspection scheduled on or after: 02/16/2026

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

Authentisign
 Owner or Authorized Representative
Patrick Simon 01/22/26
 Signature

Patrick Simon / Administrator

Print Name and Title

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

DSFM Van Gorkum, Jason
 Digitally signed by DSFM Van Gorkum, Jason
 Date: 2026.01.20 15:35:55 -08'00'
 Signature

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