



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

Business Name

10816 18TH AVE E,

City, State, Zip

Tacoma, WA 98445

Provider Number 2531

Approval Status Disapproved

Facility Type Residential Care

On 12/12/2024 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
1 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.	Findings during the re-inspection were: 1) Unable to provide records showing that twelve planned and unannounced fire drills have been conducted in the past 12 months, per WAC 212-12-044. Must be performed quarterly for each shift. 2) Facility has failed to conduct night shift fire drills since November 2023. 3) Facility shall be required to conduct a fire drill for DAY and NIGHT shifts in the month of December 2024, January and February 2025, to be in compliance at time of re-inspection.

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



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Code Requirement	Statement of Violation
2Application and Use	
603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle. Exceptions: 1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment. 2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices. (IFC 603.5.2, 2021)	Findings during the re-inspection were: Power strip found plugged into another power strip in nurse's office, under glass desk.
3Cleaning	
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)	Findings during the re-inspection were: 1) Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months. 2) Kitchen hood was found past due for semi-annual cleaning - last performed November 2023.

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Code Requirement	Statement of Violation
4 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 re-inspection were: Unable to provide documentation showing that annual fire wall inspection has been performed in the past 12 months.

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Code Requirement	Statement of Violation
5 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)	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) Fire door between dining room and kitchen has open penetration covered with duct tape—cover plate required.
6 Signs	
Where required by the fire code official, a sign shall be permanently displayed on or near each fire door in letters not less than 1 inch (25 mm) high to read as follows: 1. For doors designed to be kept normally open: FIRE DOOR—DO NOT BLOCK. 2. For doors designed to be kept normally closed: FIRE DOOR—KEEP CLOSED. (IFC 705.2.2 2021)	Findings during the re-inspection were: Facility shall install permanent signage on the 2nd and 3rd floors, interior stairwell door, designed to be kept normally closed, that reads: FIRE DOOR—KEEP CLOSED. Doors found wedged open.

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Code Requirement	Statement of Violation
7 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the re-inspection were: Facility was unable to provide fire sprinkler system documentation for the following: 1) Quarterly inspection reports - three performed in the last 12 months. 2) Last 3-year full flow trip test report for dry fire sprinkler system 3) Last 5-year inspection/test report(s) 4) Last annual forward flow test report for backflow control valve
8 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)	Findings during the re-inspection were: Tape found on heat detector located in main floor living room.

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On 12/12/2024 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
9 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)	Findings during the re-inspection were: Unable to provide documentation showing that smoke detectors sensitivity testing has been performed in the last past 5 years.
10 Maintenance	
Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	Findings during the re-inspection were: 1) Unable to provide documentation showing that monthly inspection of the facility's carbon monoxide alarms has been performed in the past 12 months. 2) No carbon monoxide detector found in kitchen--installation required. 3) Facility shall verify that all locations containing fuel burning equipment has a carbon monoxide detector installed.

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Facility Type Residential Care

On 12/12/2024 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
11Activation 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 re-inspection were: Unable to provide documentation showing that 30-second monthly battery testing of the facility's emergency lighting and exit signs has been performed in the last 12 months.
12Power 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 re-inspection were: 1) Unable to provide documentation showing that 90-minute annual battery testing of the emergency lighting and exit signs has been performed in the past 12 months. 2) Facility will need to conduct a 90-minute annual test of all emergency lighting and exit signs in the building to be in compliance at time of 30-day re-inspection.

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Code Requirement

Statement of Violation

Next inspection scheduled on or after: 01/13/2025

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

Signature

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984456104
(360) 890-1622

Signature

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



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

Business Name Alpha Cottage
10816 18TH AVE E,
City, State, Zip Tacoma, WA 98445

Provider Number 2531
Approval Status Disapproved
Facility Type Residential Care

On 07/23/2024 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
1 Extinguishing system service	
Automatic fire-extinguishing systems shall be serviced at least every 6 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 904.12.6.2	Findings during the re-inspection were: 1) Unable to provide reports showing that two semi-annual kitchen hood suppression system servicings were performed in the past 12 months. 2) Kitchen hood suppression system found past due for semi-annual servicing - due May 2024.
2 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.	Findings during the re-inspection were: 1) Unable to provide records showing that twelve planned and unannounced fire drills have been conducted in the past 12 months, per WAC 212-12-044. Must be performed quarterly for each shift. 2) Facility has failed to conduct night shift fire drills since November 2023. 3) Facility shall be required to conduct a fire drill for ALL shifts in the month of July, August and September to be in compliance at time of re-inspection.

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Code Requirement	Statement of Violation
3Application and Use	
603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle. Exceptions: 1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment. 2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices. (IFC 603.5.2, 2021)	Findings during the re-inspection were: Power strip found plugged into another power strip in the nurse's office, under glass desk.
4Cleaning	
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)	Findings during the re-inspection were: 1) Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months. 2) Kitchen hood was found past due for semi-annual cleaning - November 2023.

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Code Requirement	Statement of Violation
5 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 re-inspection were: 1) Unable to provide documentation showing that annual fire wall inspection has been performed in the past 12 months. 2) Room 208 has an unsealed ceiling penetration.

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Code Requirement	Statement of Violation
6 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)	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) Fire door between dining room and kitchen has open penetration covered with duct tape—cover plate required.
7 Signs	
Where required by the fire code official, a sign shall be permanently displayed on or near each fire door in letters not less than 1 inch (25 mm) high to read as follows: 1. For doors designed to be kept normally open: FIRE DOOR—DO NOT BLOCK. 2. For doors designed to be kept normally closed: FIRE DOOR—KEEP CLOSED. (IFC 705.2.2 2021)	Findings during the re-inspection were: Facility shall install permanent signage on the 2nd floor, interior stairwell door, designed to be kept normally closed, that reads: FIRE DOOR—KEEP CLOSED. Door found wedged open.

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On 07/23/2024 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
8 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the re-inspection were: Facility was unable to provide fire sprinkler system documentation for the following: 1) Quarterly inspection reports - three performed in the last 12 months. 2) Last annual confidence test report 3) Last 3-year full flow trip test report for dry fire sprinkler system 4) Last 5-year inspection/test report(s) 5) Last annual forward flow test report for backflow control valve
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)	Findings during the re-inspection were: Tape found on heat detector located in main floor living room.

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Facility Type Residential Care

On 07/23/2024 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
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)	Findings during the re-inspection were: Unable to provide documentation showing that smoke detectors sensitivity testing has been performed in the last past 5 years.
11 Maintenance Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	Findings during the re-inspection were: 1) Unable to provide documentation showing that monthly inspection of the facility's carbon monoxide alarms has been performed in the past 12 months. 2) No carbon monoxide detector found in kitchen--installation required. 3) Facility shall verify that all locations containing fuel burning equipment has a carbon monoxide detector installed.

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On 07/23/2024 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
12Exit 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: Exit signs throughout the facility need correct directional arrow punched out--pointing to exit route location.

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On 07/23/2024 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 2021) 13Activation 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.	Findings during the re-inspection were: Unable to provide documentation showing that 30-second monthly battery testing of the facility's emergency lighting and exit signs has been performed in the last 12 months.
(IFC 1032.10.1 2021) 14Power Test	
Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.	Findings during the re-inspection were: 1) Unable to provide documentation showing that 90-minute annual battery testing of the emergency lighting and exit signs has been performed in the past 12 months. 2) Facility will need to conduct a 90-minute annual test of all emergency lighting and exit signs in the building to be in compliance at time of 30-day re-inspection.

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Business Name Alpha Cottage
10816 18TH AVE E,
City, State, Zip Tacoma, WA 98445

Provider Number 2531
Approval Status Disapproved
Facility Type Residential Care

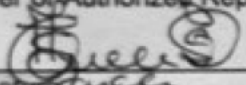
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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 08/22/2024

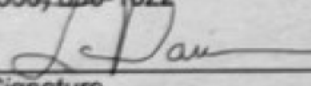
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative



Signature

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



Signature

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

Business Name	Alpha Cottage, LLC	Provider Number	2531
Address	10816 18TH AVE E,	Approval Status	Disapproved
City, State, Zip	Tacoma, WA 98445	Facility Type	Residential Care

On 03/28/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Application and Use

603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle.

Exceptions:

1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment.

2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices.

(IFC 603.5.2, 2021)

Findings during the inspection were:

Power strip found plugged into another power strip in the nurse's office, under glass desk.

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)

Findings during the inspection were:

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

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Business Name Alpha Cottage, LLC
Address 10816 18TH AVE E,
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Provider Number 2531
Approval Status Disapproved
Facility Type Residential Care

On 03/28/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

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)

Findings during the inspection were:

- 1) Unable to provide documentation showing that annual fire wall inspection has been performed in the past 12 months.
- 2) Room 208 has an unsealed ceiling penetration.

4 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)

Findings during the inspection were:

- 1) Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months.
- 2) Fire door between dining room and kitchen has open penetration covered with duct tape--cover plate required.

5 Signs

Where required by the fire code official, a sign shall be permanently displayed on or near each fire door in letters not less than 1 inch (25 mm) high to read as follows:

1. For doors designed to be kept normally open: FIRE DOOR—DO NOT BLOCK.
2. For doors designed to be kept normally closed: FIRE DOOR—KEEP CLOSED.

(IFC 705.2.2 2021)

Findings during the inspection were:

Facility shall install permanent signage on the 2nd floor, interior stairwell door, designed to be kept normally closed, that reads: FIRE DOOR—KEEP CLOSED. Door found wedged open.

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Facility Type Residential Care

On 03/28/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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

- 1) Quarterly inspection reports - three performed in the last 12 months.
- 2) Last annual confidence test report
- 3) Last 3-year full flow trip test report for dry fire sprinkler system
- 4) Last 5-year inspection/test report(s)
- 5) Last annual forward flow test report for backflow control valve

7 Extinguishing system service

Automatic fire-extinguishing systems shall be serviced at least every 6 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 904.12.6.2

Findings during the inspection were:

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

8 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)

Findings during the inspection were:

Tape found on heat detector located in main floor living room.

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



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

Business Name	Alpha Cottage, LLC	Provider Number	2531
Address	10816 18TH AVE E,	Approval Status	Disapproved
City, State, Zip	Tacoma, WA 98445	Facility Type	Residential Care

On 03/28/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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9 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)

Findings during the inspection were:

Unable to provide documentation showing that smoke detectors sensitivity testing has been performed in the last past 5 years.

10 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2021 WAC)

Findings during the inspection were:

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

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Provider Number 2531
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Facility Type Residential Care

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Code Requirement

Statement of Violation

11 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 2021)

Findings during the inspection were:

Exit signs throughout the facility need correct chevron arrow punched out--pointing to exit route location.

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Facility Type Residential Care

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Code Requirement	Statement of Violation
12 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: Unable to provide documentation showing that 30-second monthly battery testing of the facility's emergency lighting and exit signs has been performed in the last 12 months.
13 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: 1) Unable to provide documentation showing that 90-minute annual battery testing of the emergency lighting and exit signs has been performed in the past 12 months. 2) Facility will need to conduct a 90-minute annual test of all emergency lighting and exit signs in the building to be in compliance at time of 30-day re-inspection.
14 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.	Findings during the inspection were: Unable to provide records showing that twelve planned and unannounced fire drills have been conducted in the past 12 months, per WAC 212-12-044. Must be performed quarterly for each shift.

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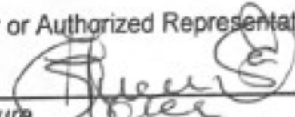
On 03/28/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 04/30/2024

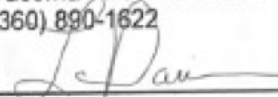
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Mueller Aserescu
Print Name and Title

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


Signature

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