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

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Approved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 05/11/2026 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

Hannah Moore

Signature

Hannah Moore - Facilities Supervisor

Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

Brandon Brown Digitally signed by Brandon Brown
Date: 2026.05.11 08:04:02 -07'00'

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: _____

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

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 04/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Administration

	All residents have been moved to thier new location at Birchwood Assisted Living. The facility wants to keep the license current as this time, inspection was completed as normal. It was discovered during the inspection the two employees currently live at the facility.

Initials of Authorized Facility Representative: _____

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

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 04/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
2 Where Required 606.2 Where required. A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors. EXCEPTIONS: 1. Factory-built commercial exhaust hoods that are listed and labeled in accordance with UL 710, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code. 2. Factory-built commercial cooking recirculating systems that are listed and labeled in accordance with UL 710B, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code. Spaces in which such systems are located shall be considered to be kitchens and shall be ventilated in accordance with Table 403.3.1.1 of the International Mechanical Code. For the purpose of determining the floor area required to be ventilated, each individual appliance shall be considered as occupying not less than 100 square feet (9.3 m2). 3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them. 4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with UL 710B. 5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents.	The basement kitchen residential hood has grease build up which indicates that the residential cooking appliance is being used in a matter that produces grease vapors without the proper hood system installed.

Initials of Authorized Facility Representative: _____

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 04/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
(IFC 607.2 2018 WAC 51-54A)	
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)	Facility is unable to provide documentation that the annual fire resistance rated construction material inspection has been completed.
4 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)	As per documents provided the fire alarm annual inspection conducted on 11/25/2025 had deficiencies noted that have not been corrected.

Initials of Authorized Facility Representative: _____

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 04/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 Width and Capacity	
The required capacity of stairways shall be determined as specified in Section 1005.1, but the minimum width shall be not less than 44 inches (1118 mm). See Section 1009.3 for accessible means of egress stairways. Exceptions: 1. Stairways serving an occupant load of less than 50 shall have a width of not less than 36 inches (914 mm). 2. Spiral stairways as provided for in Section 1011.10. 3. Where an incline platform lift or stairway chair lift is installed on stairways serving occupancies in Group R-3, or within dwelling units in occupancies in Group R-2, a clear passage width not less than 20 inches (508 mm) shall be provided. Where the seat and platform can be folded when not in use, the distance shall be measured from the folded position. (IFC 1011.2 2021)	There was a chair in the 3rd floor stairway that was restricting the size of the exit access.
6 Obstruction	
The minimum width or required capacity of corridors shall be unobstructed. Exception: Encroachments complying with Section 1005.7. (IFC 1020.4 2021)	Old mattresses were stored in the corridors of the 3rd and 2nd floors which was obstructing the exit pathways.

Initials of Authorized Facility Representative: _____

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

Business Name	Lake Whatcom Residential & Treatment Ctr.	***Provider Number***	000601
Address	3400 AGATE HEIGHTS RD ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 04/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 05/23/2026

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

Hannah Moore
Signature

Hannah Moore-Facilities Supervisor
Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

Brandon Brown Digitally signed by Brandon Brown Date: 2026.04.23 10:47:30 -07'00'
Signature

Initials of Authorized Facility Representative: _____