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

Business Name	Garden Terrace Healthcare Ctr of Federal Way	***Provider Number***	1631
Address	491 S 338TH ST ,	***Approval Status***	Approved
City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 08/24/2026 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

Tim Alton

Signature

Tim Alton - Maint. Director

Print Name and Title

Deputy State Fire Marshal Cozetta Christian
106 11th AVE SW
Olympia WA 98501
(360) 584-5796

Cozetta Christian

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: _____

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

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

Business Name	Garden Terrace Healthcare Ctr of Federal Way	***Provider Number***	1631
Address	491 S 338TH ST ,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety Inspection

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.	On 07/20/2026 an unannounced Fire and Life Safety Code re-inspection was conducted at Garden Terrace Healthcare Ctr of Federal Way by a representative of the Washington State Patrol, State Fire Marshal's Office to determine compliance with all applicable codes. The following deficiencies were cited as a result of this re-inspection:

2 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)	Corrected

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 violation was observed at the time of re-inspection: The facility was unable to provide documentation for the current year for their annual fire wall inspection. The last one conducted was 3/4/2025.

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Address	491 S 338TH ST ,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 Inspection and Maintenance	
Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 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	The following violation was observed at the time of re-inspection: The facility was unable to provide a current annual fire door inspection. Facility was only checking dining room, soiled linen, and front door.

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City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door 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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Initials of Authorized Facility Representative: _____

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City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

5 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 violation was observed at the time of re-inspection: The facility was unable to provide documentation for their fire / smoke dampers. The facility stated they are in the process of getting it scheduled.

6 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Testing has been done. Facility waiting on report.

7 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)	Corrected The facility does not have single station smoke detectors.

8 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code. (IFC 0915.1 2021 WAC 51-54A)	Facility to verify gas is being used.

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On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
9 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)	Corrected
10 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)	Corrected
11 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)	Corrected

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Address	491 S 338TH ST ,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/20/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
12 Fire Drills	
In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode. (WAC 212-12-044) Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire. Exceptions: 1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency. 2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms. (IFC 405.5 2021) Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated.	Corrected

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Code Requirement	Statement of Violation
6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021) Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. (IFC 405.8 2021)	

Next inspection scheduled on or after: 08/19/2026

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

A Moss
Signature

Amanda Moss, Executive Director
Print Name and Title

Deputy State Fire Marshal Cozetta Christian
106 11th AVE SW
Olympia WA 98501
(360) 584-5796

Cozetta
Signature

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

Initials of Authorized Facility Representative: _____

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

Business Name	Garden Terrace Healthcare Ctr of Federal Way	***Provider Number***	1631
Address	491 S 338TH ST ,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety Inspection

	This report is the result of an unannounced fire and life safety re-certification survey conducted at Garden Terrace Healthcare Ctr of Federal Way on 4/15/2026 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.

2 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)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Above the fire door between assistant living and skilled area there is an open junction box.

Initials of Authorized Facility Representative: LM

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On 04/15/2026 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. The facility must maintain detailed documentation and maps of fire-rated construction locations, including annual inspection reports detailing testing dates, modifications, and repairs.

Initials of Authorized Facility Representative: AM

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Address	491 S 336TH ST ,	***Approval Status***	Disapproved
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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 Inspection and Maintenance	
Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 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	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. The facility must maintain detailed documentation of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs.

Initials of Authorized Facility Representative: lm

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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door 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)	

Initials of Authorized Facility Representative: AM

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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

5 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. 1. The facility will need to show that the Fire/smoke dampers inspection has been performed and documented.

6 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. 1. Annual Sprinkler System report 2. 5-Year Internal pipe Testing (NFPA 25 14.2.1) 3. Annual forward flow test (NFPA 25 13.7.2.1) 4. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 5. Quarterly inspections Reports

Initials of Authorized Facility Representative:

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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 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. 1. Annual Report 2. Semi-Annual Report 3. Smoke detector sensitivity Report IFC 907.8.3 4. Monthly single and multiple station alarms test (IFC 907.8)
8 Carbon Monoxide Detection - General	
Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code. (IFC 0915.1 2021 WAC 51-54A)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. The facility must maintain detailed documentation of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs.
9 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. Monthly 30-second activation testing had not been performed and documented

Initials of Authorized Facility Representative:

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Code Requirement	Statement of Violation
10 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. Annual 90 minute power test had not been performed and documented
11 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. 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

Initials of Authorized Facility Representative:

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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
12 Fire Drills	
In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode. (WAC 212-12-044) Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire. Exceptions: 1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency. 2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms. (IFC 405.5 2021) Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated.	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. The following drills are missing. 1st Shift - Quarter 1, 2, 3 and 4 2nd Shift - Quarter 1, 2, 3 and 4 3rd Shift - Quarter 1, 2, 3 and 4

Initials of Authorized Facility Representative:

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On 04/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021) Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. (IFC 405.8 2021)	

Next Inspection scheduled on or after: 05/15/2026

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

A. Moss — *Signature*

Amanda Moss, Executive Director — *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: 2026.04.16 15:51:36 -07'00'

Signature

Initials of Authorized Facility Representative: AM

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