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

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Approved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 08/20/2026 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

*Signature* *Print Name and Title*

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

*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.



Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 07/16/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**1 Listing**

| | |
|---|---|
| 603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.<br><br>(IFC 0603.5.1, 2021) | There was multi-plug adapter that what was unable to be verified as listed under UL 498A in room 121. |

**2 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..<br><br>(IFC 603.6 2021) | There was 3 extension cords utilized as permanent wiring in room 121. |

**3 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.<br><br>(IFC 705.2 2021) | Facility is unable to provide documentation that the annual fire door inspection has been completed.<br><br>Update: Inspection has been completed with defeciencies, doors need repair. |

**4 Door Operation**

| | |
|---|---|
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | The fire rated door from the 1st floor laundry room near 151 to the corridor would not close and latch from a fully open position. |

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Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 07/16/2026 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.<br><br>(IFC 706.1 2018) | Facility is unable to provide documentation for the 4 year fire and smoke damper inspection. Inspection has been completed recently, awaiting repairs for failed dampers.<br><br>Update: Two dampers are pending repair. |
| **6 Securing Compressed Gas Containers, Cylinders and Tanks** | |
| Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:<br><br>1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.<br>2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.<br>3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.<br>4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.<br><br>Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.<br><br>(IFC 5303.5.3 2021) | Oxygen cylinder in room 303 were not properly secured. |

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*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 07/16/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**Next inspection scheduled on or after: 08/15/2026**

**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

*Signature*

Justin Abshier Plant Ops Supervisor

*Print Name and Title*

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

*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*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **1 Listing** | |
| 603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.<br><br>(IFC 0603.5.1, 2021) | There was multi-plug adapter that what was unable to be verified as listed under UL 498A in room 121. |
| **2 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..<br><br>(IFC 603.6 2021) | 1. There was 3 extension cords utilized as permanent wiring in room 121.<br><br>2. There was an extension cords utilized as permanent wiring in the Health and Wellness office. |
| **3 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.<br><br>(IFC 705.2 2021) | Facility is unable to provide documentation that the annual fire door inspection has been completed.<br><br>Update: Inspection has been completed with defeciencies, doors need repair. |
| **4 Door Operation** | |
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | The fire rated door from the 1st floor laundry room near 151 to the corridor would not close and latch from a fully open position. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 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.<br><br>(IFC 706.1 2018) | Facility is unable to provide documentation for the 4 year fire and smoke damper inspection. Inspection has been completed recently, awaiting repairs for failed dampers.<br><br>Update: Two dampers are pending repair. |
| **6 Testing and Maintenance** | |
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | Completed |
| **7 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.<br><br>(IFC 904.13.5.2 2021) | Completed |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **8 Portable Fire Extinguishers - General Requirements** | |
| Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.<br><br>Exceptions:<br>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.<br>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:<br>2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.<br>2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.<br>2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.<br>2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.<br>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.<br>3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.<br><br>(IFC 906.2 2021) | Completed |
| **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.<br><br>(IFC 907.8 2021) | Completed |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| 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.<br><br>(IFC 907.8.3 2021) | Completed |
| **11 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.<br><br>(IFC 1032.10.1 2021) | Completed |
| **12 Power Test** | |
| Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.<br><br>(IFC 1031.10.2 2021) | Completed |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **13 Securing Compressed Gas Containers, Cylinders and Tanks** | |
| Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:<br><br>1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.<br>2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.<br>3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.<br>4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.<br><br>Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.<br><br>(IFC 5303.5.3 2021) | Oxygen cylinder in room 303 were not properly secured. |

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*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA 98052 | ***Facility Type*** | Residential Care |

On 06/15/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**Next inspection scheduled on or after: 07/15/2026**

**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

*Signature*

Justin Abshier FANT OPS Supervisor
*Print Name and Title*

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

*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*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**1 Listing**

| | |
|---|---|
| 603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.<br><br>(IFC 0603.5.1, 2021) | There was multi-plug adapter that what was unable to be verified as listed under UL 498A in room 121. |

**2 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..<br><br>(IFC 603.6 2021) | 1. There was an extension cord utilized as permanent wiring in room 303.<br><br>2. There was 3 extension cords utilized as permanent wiring in room 121.<br><br>3. There was an extension cords utilized as permanent wiring in the Health and Wellness office. |

**3 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.<br><br>(IFC 705.2 2021) | 1. Facility is unable to provide documentation that the annual fire door inspection has been completed.<br><br>2. Resident room 151 fire rated door that opens to the corridor was blocked open using a stuffed animal, preventing it from closing and latching. |

**4 Door Operation**

| | |
|---|---|
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | The fire rated door from the 1st floor laundry room near 151 to the corridor would not close and latch from a fully open position. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 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.<br><br>(IFC 706.1 2018) | Facility is unable to provide documentation for the 4 year fire and smoke damper inspection. Inspection has been completed recently, awaiting repairs for failed dampers. |

**6 Testing and Maintenance**

| | |
|---|---|
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | 1. Facility is unable to provide documentation for the annual sprinkler system inspection.<br><br>2. Facility is unable to provide documentation for the 3 year dry system full flow trip test.<br><br>3. Facility is unable to provide documentation for the annual dry system trip test. |

**7 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.<br><br>(IFC 904.13.5.2 2021) | 1. Several nozzles for the kitchen suppression system are loose and were moved so they were no longer pointing in the proper direction.<br><br>2. The UL 300 complaint kitchen suppression system has 450 degree fusible links currently installed with no evidence of a proper heat test in accordance manufactures instructions. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**8 Portable Fire Extinguishers - General Requirements**

| | |
|---|---|
| Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.<br><br>Exceptions:<br>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.<br>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:<br>2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.<br>2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.<br>2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.<br>2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.<br>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.<br>3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.<br><br>(IFC 906.2 2021) | The portable fire extinguisher in the main laundry is missing the last 5 months of maintenance. |

**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.<br><br>(IFC 907.8 2021) | 1. As per documents provided the fire alarm inspection conducted on 9/10/2025 had deficiencies noted that have not been corrected. Horn in 112 needed to be replaced.<br><br>2. Facility is unable to provide documentation for the monthly single station smoke alarm testing. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| 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.<br><br>(IFC 907.8.3 2021) | As per documents provided the smoke detector sensitivity testing conducted on 4/29/2025 had deficiencies noted that have not been corrected. 86 smoked detectors failed testing. |
| **11 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.<br><br>(IFC 1032.10.1 2021) | Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights. |
| **12 Power Test** | |
| Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.<br><br>(IFC 1031.10.2 2021) | Facility is unable to provide documentation for the annual 90 minute power test for the emergency lights. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **13 Securing Compressed Gas Containers, Cylinders and Tanks** | |
| Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:<br><br>1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.<br>2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.<br>3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.<br>4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.<br><br>Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.<br><br>(IFC 5303.5.3 2021) | Oxygen cylinder in room 303 were not properly secured. |

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*** | Fairwinds Redmond | ***Provider Number*** | 1814 |
| ***Address*** | 9988 AVONDALE RD NE, | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Redmond, WA | ***Facility Type*** | Residential Care |

On 04/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

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

**Next inspection scheduled on or after: 05/22/2026**

**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*

Justin Abshier Plantops Sup.

*Print Name and Title*

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

*Signature*

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



Initials of Authorized Facility Representative: _____