



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

Business Name	Brookdale Foundation House	Provider Number	1917
Address	32290 1st ,	Approval Status	Approved
City, State, Zip	Federal Way, WA	Facility Type	Residential Care

On 02/09/2026 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

BRADLEY HALL - MAINTENANCE DIRECTOR
Print Name and Title

Deputy State Fire Marshal Dylan Montgomery
2505 112TH ST E
Tacoma WA 984455104
(425) 577-0362


Signature

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



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On 09/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared.	Observation: Facility was unable to provide access to storage room 247 and to resident store (R Store). Upon reinspection, facility must provide access to those rooms for inspection.
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2 Clearance From Ignition Sources

Clearance between ignition sources, such as luminaries, heaters, flame-producing devices and combustible materials, shall be maintained in an approved manner. (IFC 0305.1 2021)	The following violation(s) was/were observed: 1st floor activity room - combustible placed on stove top (corrected)
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3 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings. Exceptions: 1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings. 2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3. (IFC 315.2.1 2021)	The following violation(s) was/were observed: Combustible material was being stored within 18 inches of the ceiling in the following locations: 1. Resident room 306 - bedroom closet and entrance closet. 2. Resident room 367 - bedroom closet. 3. Resident room 210 - bedroom closet. 4. Resident room 187 - in the pantry and bedroom closet.
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4 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. (IFC 315.2.3 2021)	The following violation(s) was/were observed: Electrical equipment room (where the generator transfer switch is located) on 1st floor had excess of combustible storage.
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5 Availability

Availability. Fire safety, evacuation and lockdown plans shall be available in the workplace for reference and review by employees, and copies shall be furnished to the fire code official for review on request.

(IFC 404.4 2021)

The following violation(s) was/were observed:

Evacuation plans were not available in the kitchen for employees to reference.

6 Equipment Access

Approved access shall be provided and maintained for all fire protection system equipment to permit immediate safe operation and maintenance of such equipment. Storage, trash and other materials or objects shall not be placed or kept in such a manner that would prevent such equipment from being readily accessible.

(IFC 509.2, 2021)

The following violation(s) was/were observed:

Sprinkler riser was obstructed by excess of storage.

7 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 violation(s) was/were observed:

1st floor laundry room has a broken outlet cover.

Open junction box by curtain rod in private dining room patio door.

Maintenance storage room 8094 had an open junction box

Exposed wires were observed in 2nd floor dining area.



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8 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

The following violation(s) was/were observed:

1. Electrical panel obstructed - 1st floor main laundry room.
2. Electrical room obstructed - by elevator on the 1st floor (corrected).
3. Electrical panel obstructed - Kitchen

9 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code.

(IFC 603.5, 2021)

The following violation(s) was/were observed:

Resident room 187 - in the bedroom, had a multi plug adapted connected to a power strip that was connected to a kitchen appliance.

Health and Wellness Director office - refrigerator was connected to a power strip.

10 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.

(IFC 603.5.1, 2021)

The following violation(s) was/were observed:

Unapproved multi plug adaptors in use in the following locations:

1. Resident room 376 - by the bathroom
2. Resident room 251 - two adaptors in the bedroom
3. Resident room 177 - in the living room.



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11 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..

(IFC 603.6 2021)

The following violation(s) was/were observed:

Extension cords were in use as permanent wiring in the following locations:

1. Resident room 274 - by the bed.
2. Resident room 259
3. Resident room 242
4. Resident room 219 - behind recliner (corrected)
5. Outside the private dining room patio door - on the right side of the door.
6. Resident room 251 - in the living room

12 Inspection

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 606.3.3.1 2021)

The following violation(s) was/were observed:

Facility was unable to provide documentation on second semiannual kitchen hood cleaning.

Excess of grease was observed on the kitchen hood.

13 Clothes Dryer Exhaust Systems - Maintenance

610.1.2 Maintenance. The lint trap, mechanical and heating components, and the exhaust duct system of a clothes dryer shall be maintained in accordance with the manufacturer's operating instructions to prevent the accumulation of lint or debris that prevents the exhaust of air and products of combustion.

(IFC 610.1.2 - 2021)

The following violation(s) was/were observed:

Excess of lint observed behind the dryer machines - 1st floor main laundry room.



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Statement of Violation

14 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(s) was/were observed:

Facility provided partial annual fire wall inspection report.

Upon reinspection, facility must be able to provide inspection report of all fire-resistance-rated construction.

15 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.

(IFC 703.1 2021)

The following violation(s) was/were observed:

Penetrations on fire-resistance-rated construction were observed in the following locations:

1. Kitchen storage room by elevator - ceiling penetration.
2. Dining office - ceiling penetration.
3. Walk in freezer - ceiling penetration by sprinkler head.
4. 1st floor Housekeeping storage by Claire Bridge Coordinator office - wall penetration.
5. Riser room - ceiling penetrations.



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Code Requirement

Statement of Violation

16 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)

The following violation(s) was/were observed:

Fire door assembly penetrations were observed in the following locations:

1. Kitchen door - leading to beverage area - had penetrations on the door.
2. Door 8163 Janitor closet - penetrations on the door frame.
3. Egress door leading to staircase by room 219 - door frame penetration and the door rating was covered by paint.
4. Door 8151 - door and frame penetrations.
5. Maintenance room door 8094 - door penetrations.

Facility annual inspection report contained only cross corridor fire doors inspections.

Upon reinspection, facility must be able to provide inspection report of all rated doors

Door obstruction observed in the following locations:

- Memory care activities room - both entrances were obstructed by chair.
- Resident room 306 (door latch inhibiting closing)
- Resident room 203 (door latch inhibiting closing)
- Resident room 268 (door latch inhibiting closing)
- Resident room 274 (door latch inhibiting closing)
- Resident room 275 (door latch inhibiting closing)
- Resident room 290 (door latch inhibiting closing)
- Resident room 177 (door latch inhibiting closing)
- Health and Wellness Director door leading to med-room

17 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position.

(IFC 705.2.3 2021)

The following violation(s) was/were observed:

1. Kitchen door - leading to beverage area - had broken hardware, magnetic hold broken.



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Code Requirement

Statement of Violation

18 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

The following violation(s) was/were observed:

Rated doors failed to close and latch when tested in the following locations:

- Resident room 306
- Salon door - rated door leading to waiting room
- Storage room 8169
- Resident room 251
- Resident room 210
- Door 8155
- 2nd floor elevator - inside kitchen
- Door 8150
- Resident room 268
- Resident room 274
- Resident room 275
- Resident room 290
- Resident room 177
- Door 8097
- Door 8008
- Maintenance Office - 1st floor
- Door 8204 - third floor activity room
- Door 8115



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Statement of Violation

19 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 2018)

The following violation(s) was/were observed:

The facility damper testing report from 9/10/2022 had two failed items as follows:

- 1-FSD-028 above double doors by room 120: No access door (inaccessible).
- 2-FSD-028 outside staff break room: failed (inoperable actuator).

Facility was unable to provide documentation showing that those items have been corrected.

20 Inspection, Testing and Maintenance

Fire protection and life safety systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection and life safety systems and equipment shall be inspected, tested and maintained or removed in accordance with Section 901.8.

(IFC 901.6 2021)

The following violation(s) was/were observed:

- Kitchen:
 - Sprinkler head by dry storage is bent.
 - Sprinkler head by oven is dirty.
 - Sprinkler head in walk-in fridge is corroded.
 - Sprinkler head in walk-in freezer is corroded.
 - Sprinkler heads by kitchen hood and serving station are dirty and showing signs of corrosion.
 - Sprinkler head on kitchen suppression systems are uncapped (on top of the oven and the deep fat fryer)

Dinning office - sprinkler head is dirty.



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21 Systems Out of Service

Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service.

Where utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

Exception: Facilities with an approved notification and impairment management program. The notification and impairment program for water-based fire protection systems shall comply with NFPA 25.

(IFC 901.7 2021)

The following violation(s) was/were observed:

The facility sensitivity test showed that 205 smoke detectors failed.

Facility shall start Fire Watch operation until system is back to code compliance.

22 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

The following violation(s) was/were observed:

- Facility was unable to provide documentation for 5 year internal pipe testing.
- Facility was unable to provide documentation for 3 year dry system full flow trip test.
- Facility was unable to provide documentation for annual trip test.
- Facility was unable to provide documentation for 5 year FDC hydrostatic test

Inspection report dated from 9/25/24 indicated a crack on fire sprinkler pipe. Facility was unable to provide report indicating correction have been made.

Inspection report dated from 1/24/2025 indicates that 8 painted sprinkler head units still need to be corrected. Facility was unable to provide report attesting that corrections were made.



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Code Requirement

Statement of Violation

23 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

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.

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:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

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.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

The following violation(s) was/were observed:

The fire extinguisher located in riser room had not had its annual servicing.

24 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)

The following violation(s) was/were observed:

Fire extinguisher located in riser room was obstructed.



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Code Requirement

Statement of Violation

25 Hangers and Brackets

Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions.

(IFC 906.7 2021)

The following violation(s) was/were observed:

Two unsecured fire extinguishers in the 1st floor maintenance director's office.

26 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 violation(s) was/were observed:

Facility was unable to provide documentation for single station smoke alarm testing.

Fire alarm system maintenance report dated from 12/15/2024 indicated battery failure in the following locations:
-1st floor memory care electrical room
-1st floor memory care Altronix power supply
-3rd floor electrical room near room 373

Facility was unable to provide documentation attesting corrections have been made.

27 Smoke Detector Sensitivity

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

(IFC 907.8.3 2021)

The following violation(s) was/were observed:

The sensitivity report from 7/15/2025 indicated that 205 smoke detectors failed when tested. Facility was unable to provide documentation that system is back in code compliance. Facility was placed on fire watch.



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Code Requirement

Statement of Violation

28 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)

The following violation(s) was/were observed:

Facility was unable to provide documentation for carbon monoxide testing and maintenance.

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Statement of Violation

29 Controlled Egress Doors in Groups I-1 and I-2

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS: 1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.

2. Items 1 through 4 and 6 shall not apply to doors to areas

The following violation(s) was/were observed:

Memory care common area egress doors do not provide a code displayed within 6 feet of the egress doors and, when requested, staff members were not able to unlock the egress door.



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Statement of Violation

where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

(IFC 1010.1.9.7 2021 WAC 51-54A)

30 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)

The following violation(s) was/were observed:

Kitchen egress door leading to beverage area does not have an exit sign.

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Statement of Violation

31 Reliability

Required exit accesses, exits and exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the building area served by the means of egress is occupied. An exit or exit passageway shall not be used for any purpose that interferes with a means of egress.

(IFC 1032.2 2021)

The following violation(s) was/were observed:

Egress door 8052 was obstructed (corrected).

32 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 violation(s) was/were observed:

Facility was unable to provide monthly 30-minute full load test for the following months:

September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
April 2025
May 2025
June 2025
July 2025
August 2025

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Statement of Violation

33 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:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
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.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

The following violation(s) was/were observed:

Unsecured compressed gas cylinders in the following locations:

Kitchen - two locations: by the exit door and by food station.
By the generator - two propane tanks.



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

Business Name	Brookdale Foundation House	Provider Number	1917
Address	32290 1st ,	Approval Status	Disapproved
City, State, Zip	Federal Way, WA	Facility Type	Residential Care

On 09/16/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

34 NFPA 80 Fire Door Inspection and Testing

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
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

And the following shall be checked:

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 non combustible 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 lead close before the active lead

The following violation(s) was/were observed:

Door 8013 - door did not have rating tag.

Door 8051 - door hardware was broken.

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



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Code Requirement

Statement of Violation

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 modification 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

35 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.

The following violation(s) was/were observed:

Facility was not conducting fire drills for the Assisted Living side of the building, only for the Memory Care side.

Facility was unable to provide documentation on Memory Care part of the building fire drills conducted on:

- First quarter of 2025 - NOC and swing shifts.
- Third quarter of 2024 - NOC and swing shifts
- Fourth quarter of 2024 - morning shift.



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Code Requirement

Statement of Violation

Next inspection scheduled on or after: 10/16/2025

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

Print Name and Title

Deputy State Fire Marshal Jessica Teobaldino-Mutton
143302 E Law Lane
Kennewick WA 99337
(425) 557-0362

Signature