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

Business Name	Olympic View Assisted Living	***Provider Number***	2130
Address	21202 Pacific HWY S,	***Approval Status***	Disapproved
City, State, Zip	SeaTac, WA 98198	***Facility Type***	Residential Care

On 07/14/2026 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.	On 7/14/2026 an unannounced Fire and Life Safety Code inspection was conducted at Olympic View Assisted Living 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 inspection:

2 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)	Findings during the inspection were: The following appliances were found connected to a relocatable power tap in the following locations: 1. Mini fridge in Room 1 2. Mini fridge in Medication room

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Code Requirement	Statement of Violation
3 Where Required A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors. Exceptions: 1. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with Section 17 UL 710B. 2. A Type I hood shall not be required to be installed in an R-2 occupancy, an assisted living facility licensed under chapter 388-78A WAC, or residential treatment facility licensed under chapter 246-337 WAC with not more than 16 residents. 3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them. 4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with UL 710B. 5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents. (IFC 607.2 2018 WAC 51-54A)	Findings during the inspection were: The facility has not upgraded their kitchen hood. They continue to use vegetable oil for cooking. The facility stated they are currently in the process of bidding for a contractor to do it however they are having issues. See previous complaint # 113170

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Code Requirement	Statement of Violation
4 Owner's Responsibility	
The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. (IFC 701.6 2021)	Findings during the inspection were: There was no documentation provided to verify that the facility is conducting the required annual inspection of fire-resistance-rated construction. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
5 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)	Findings during the inspection were: Penetrations in fire-resistance-rated construction were found out in the following place: 1. Electrical room
6 Calculations	
Hydraulic calculations in accordance with NFPA 13 shall be provided to demonstrate that the available water flow and pressure are adequate to supply all sprinklers installed in any single fire area with discharge densities corresponding to the hazard classification. (IFC 903.3.8.5 2021)	Findings during the inspection were: The facility does not have a hydraulic calculation plate on the fire sprinkler system as required by NFPA 13..

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Code Requirement	Statement of Violation
7 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: The facility provided multiple reports that did not identify a certified individual for the work performed. The following reports were: 1. Annual forward flow

Next inspection scheduled on or after: 08/13/2026

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 *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: 2026.07.21 14:36:50 -07'00'

Signature

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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.	On 03/31/2026 an unannounced Fire and Life Safety Code re-inspection was conducted at Olympic View Assisted Living 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 inspection:
2 Storage	
Storage of combustible rubbish shall not produce conditions that will create a nuisance or a hazard to the public health, safety or welfare. (IFC 304.2 2021)	Findings during the inspection were: Room 57 had excessive combustible storage and rubbish blocking the door, restricting safe exit from the room and creating a fire hazard.
3 Ash Trays	
Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. In Group I-2 occupancies, noncombustible metal containers with self-closing covers shall be provided in areas where smoking is permitted (IFC 310.6 2021)	Findings during the inspection were: The facility had a liner in the cigarette receptacle. The facility will need to provide a noncombustible metal container for the bottom of the cigarette receptacle.
4 Burning Objects	
Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material. (IFC 310.7 2021)	Findings during the inspection were: Cigarette butts were found scattered throughout multiple grass areas on the facility's grounds.
5 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)	Findings during the inspection were: Room 10 has an electrical outlet with no cover plate.

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Code Requirement	Statement of Violation
6 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)	Findings during the inspection were: The following appliances were found connected to a relocatable power tap in the following locations: 1. AC unit in office 2. Mini fridge in Room 1 3. Mini fridge in Medication room
7 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 0603.5.1, 2021)	Findings during the inspection were: Relocatable power tap not listed were found in the following location: 1. Room 57 Relocatable power tower not listed were found in the following location: 1. Room 20 Multi plug power tap not listed were found in the following location: 1. Room 20

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Code Requirement	Statement of Violation
8 Application and Use	
603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle. Exceptions: 1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment. 2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices. (IFC 603.5.2, 2021)	Findings during the inspection were: Relocatable power taps not directly connected to a permanently installed receptacle, were founded in the following locations: 1. Office bathroom 2. Room 10
9 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)	Findings during the inspection were: Extension cord used as permanent wiring were found in the following locations: 1. Office Bathroom 2. Room 1 3. Room 10 4. Kitchen 5. Mini fridge in Room 57
10 Power Supply	
Portable, electric space heaters shall be plugged directly into an approved receptacle. (IFC 603.9.2, 2021)	Findings during the inspection were: Portable electric space heater plugged into a relocatable power tap in room 1.

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Code Requirement	Statement of Violation
11 Cleaning	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 2021)	Findings during the inspection were: No documentation was provided for cleaning that occurred during the second half of 2024. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
12 Where Required	
A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors. Exceptions: 1. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with Section 17 UL 710B. 2. A Type I hood shall not be required to be installed in an R-2 occupancy, an assisted living facility licensed under chapter 388-78A WAC, or residential treatment facility licensed under chapter 246-337 WAC with not more than 16 residents. 3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them. 4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with UL 710B. 5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents. (IFC 607.2 2018 WAC 51-54A)	Findings during the inspection were: The facility has not upgraded their kitchen hood. They continue to use vegetable oil for cooking. The facility stated they are currently in the process of bidding for a contractor to do it however they are having issues. See previous complaint # 113170

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Code Requirement	Statement of Violation
13 Hanging Displays	
The hanging and displaying of salable goods and other decorative materials from acoustical ceiling systems that are part of a fire-resistance-rated horizontal assembly shall be prohibited. (IFC 701.2.1 2021)	Findings during the inspection were: Room 30 had combustible decorative materials hanging from the acoustic ceiling.
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)	Findings during the inspection were: There was no documentation provided to verify that the facility is conducting the required annual inspection of fire-resistance-rated construction. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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)	Findings during the inspection were: Penetrations in fire-resistance-rated construction were found out in the following place: 1. Electrical room
16 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Findings during the inspection were: The following fire doors did not latch during testing: 1. Exit door by room 20

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Code Requirement	Statement of Violation
17 Group I-1 and I-2 Condition 1 Within Units	
In Group I-1 and Group I-2 Condition 1 occupancies, equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1, within sleeping units and dwelling units, combustible decorative materials placed on walls shall be limited to not more than 50 percent of the wall area to which they are attached. (IFC 807.5.3.1 2021)	Findings during the inspection were: Room 30 had more than 50 percent of its wall area covered with combustible decorative materials.
18 Obstructed Locations	
Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers. Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904. (IFC 903.3.3 2021)	Findings during the inspection were: In Room 30, combustible decorative materials located within 318 inches of the sprinkler head, obstructing required clearance.
19 Calculations	
Hydraulic calculations in accordance with NFPA 13 shall be provided to demonstrate that the available water flow and pressure are adequate to supply all sprinklers installed in any single fire area with discharge densities corresponding to the hazard classification. (IFC 903.3.8.5 2021)	Findings during the inspection were: The facility does not have a hydraulic calculation plate on the fire sprinkler system as required by NFPA 13.

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Code Requirement	Statement of Violation
20 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: The facility provided multiple reports that did not identify a certified individual for the work performed. The following reports were: 1. 5 year internal pipe testing 2. 5 year FDC hydro testing 3. Annual forward flow The escutcheon rings missing in the movie theater room. Multiple sprinkler heads covered in Room 25 and 26. Painted sprinkler heads found in the following locations: 1. Main entrance into the facility 2. West suite 3. In front of the door of west suite The kitchen sprinkler head above the cooking appliances needs to be cleaned due to grease buildup and possible mold. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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21 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)	Findings during the inspection were: Throughout the facility, multiple portable fire extinguishers did not have documentation of their annual inspection.

22 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)	Findings during the inspection were: Portable fire extinguisher obstructed in the following locations: 1. Kitchen 2. Activity room

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Code Requirement	Statement of Violation
23 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)	Findings during the inspection were: Two hand-held portable fire extinguisher located at the front desk are not securely anchored.
24 Maintenance Required	
Whenever required for compliance with the provisions of this code, devices, equipment, systems, conditions, arrangements, levels of protection or other features shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the fire code official. (IFC 907.8.1 2021)	Findings during the inspection were: The facility's FACP showed two trouble statuses for Room 23 and the West Wing, and the FACP is currently silenced. As a result, in the event of a fire, staff and residents may not be alerted. The local fire department also noted this issue during an inspection conducted two weeks ago.
25 Fuel-Burn Appliances Outside of Dwelling, Sleep Units & Classro	
Carbon monoxide detection shall be provided in dwelling units, sleeping units and classrooms located in buildings that contain fuel-burning appliances or fuel-burning fireplaces. Exceptions: 1. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms without communicating openings between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom. 2. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms where a carbon monoxide detector is provided in one of the following locations: 2.1. In an approved location between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom. 2.2. On the ceiling of the room containing the fuel-burning appliance or fuel-burning fireplace. (IFC 915.1.4 2021)	Findings during the inspection were: Carbon monoxide detection not located in the following locations: 1. Main electrical room 2. Main laundry room

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Code Requirement	Statement of Violation
26 Maintenance	
Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	Findings during the inspection were: The facility was only conducting annual inspections and maintenance of carbon monoxide alarms and detection systems. The facility must begin conducting monthly inspections and maintenance of these systems as required. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
27 Emergency Power for Illumination - General	
In the event of power supply failure in rooms and spaces that require two or more exits or access to exits, an emergency electrical system shall automatically illuminate all of the following areas: 1. Aisles 2. Corridors 3. Exit access stairways and ramps (IFC 1008.3.1 2021)	Findings during the inspection were: The emergency light near Room 20 did not activate when placed in test mode to switch to secondary power.
28 Unlatching	
The unlatching of any door or leaf for egress shall require not more than one motion in a single linear or rotational direction to release all latching and all locking devices. Exceptions: 1. Places of detention or restraint. 2. Where manually operated bolt locks are permitted by Section 1010.2.5. 3. Doors with automatic flush bolts as permitted by Section 1010.2.4, Item 4. 4. Doors from individual dwelling units and sleeping units of Group R occupancies as permitted by Section 1010.2.4, Item 5. (IFC 1010.2.1 2021)	Findings during the inspection were: Room 10 door requires more than one motion to release all latching and locking devices. Facility stated that several resident rooms throughout the building have the same hardware and will need to be replaced. Facility will need to do an audit of all resident doors to confirm they are all single action.

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29 Power Source	
Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. The installation of the emergency power system shall be in accordance with Section 603. Group I-2, Condition 2 exit sign illumination shall not be provided by unit equipment batteries only. Exception: Approved exit sign illumination types that provide continuous illumination independent of external power sources for a duration of not less than 90 minutes, in case of primary power loss, are not required to be connected to an emergency electrical system. (IFC 1013.6.3 2021)	Findings during the inspection were: During testing, exit sign located in the Activity room failed to operate on backup power.
30 Activation Test	
Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Findings during the inspection were: No documentation was provided for June and July to verify that the facility is conducting the required 30-second monthly testing of exit signs. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
31 Power Test	
Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Findings during the inspection were: No documentation was provided to verify that the facility is conducting the required 90-minute annual testing of exit signs. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement	Statement of Violation
32 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)	Findings during the inspection were: The door to Room 57 is blocked by multiple objects and combustible materials, obstructing access and discharge.
33 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)	Findings during the inspection were: The facility was unable to provide documentation for June and July for the log of the weekly inspections and monthly 30 minute load test. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
34 Inspection Frequency	
Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require. (NFPA Standard 10 Section 6.2.1)	Findings during the inspection were: Throughout the facility, all fire extinguishers had no documentation of July's monthly inspections. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement	Statement of Violation
35 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)	Findings during the inspection were: The facility was unable to provide documentation confirming completion of required fire drills for the following quarters and shifts: 1. Q4 2024: Day and Swing shift 2. Q1 2025: Night shift 3. Q2 2025: Day shift 4. Q3 2025 Swing and Night shift

Next inspection scheduled on or after: 04/30/2026

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

Deanna Snider Administrator

Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Signature

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	Olympic View Assisted Living	***Provider Number***	2130
Address	21202 Pacific HWY S,	***Approval Status***	Disapproved
City, State, Zip	SeaTac, WA	***Facility Type***	Residential Care

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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.	On 08/20/2025 an unannounced Fire and Life Safety Code inspection was conducted at Olympic View Assisted Living 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 inspection:

2 Storage

Storage of combustible rubbish shall not produce conditions that will create a nuisance or a hazard to the public health, safety or welfare. (IFC 304.2 2021)	Findings during the inspection were: Room 57 had excessive combustible storage and rubbish blocking the door, restricting safe exit from the room and creating a fire hazard.

3 Ash Trays

Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. In Group I-2 occupancies, noncombustible metal containers with self-closing covers shall be provided in areas where smoking is permitted (IFC 310.6 2021)	Findings during the inspection were: The facility had a liner in the cigarette receptacle. The facility will need to provide a noncombustible metal container for the bottom of the cigarette receptacle.

4 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material. (IFC 310.7 2021)	Findings during the inspection were: Cigarette butts were found scattered throughout multiple grass areas on the facility's grounds.

5 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)	Findings during the inspection were: Room 10 has an electrical outlet with no cover plate.

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Code Requirement	Statement of Violation
6 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)	Findings during the inspection were: The following appliances were found connected to a relocatable power tap in the following locations: 1. AC unit in office 2. Mini fridge in Room 1 3. Mini fridge in Medication room
7 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 0603.5.1, 2021)	Findings during the inspection were: Relocatable power tap not listed were found in the following location: 1. Room 57 Relocatable power tower not listed were found in the following location: 1. Room 20 Multi plug power tap not listed were found in the following location: 1. Room 20

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Code Requirement	Statement of Violation
8 Application and Use	
603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle. Exceptions: 1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment. 2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices. (IFC 603.5.2, 2021)	Findings during the inspection were: Relocatable power taps not directly connected to a permanently installed receptacle, were founded in the following locations: 1. Office bathroom 2. Room 10
9 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)	Findings during the inspection were: Extension cord used as permanent wiring were found in the following locations: 1. Office Bathroom 2. Room 1 3. Room 10 4. Kitchen 5. Mini fridge in Room 57
10 Power Supply	
Portable, electric space heaters shall be plugged directly into an approved receptacle. (IFC 603.9.2, 2021)	Findings during the inspection were: Portable electric space heater plugged into a relocatable power tap in room 1.

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Code Requirement	Statement of Violation
11 Cleaning	
Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 2021)	Findings during the inspection were: No documentation was provided for cleaning that occurred during the second half of 2024. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
12 Where Required	
A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors. Exceptions: 1. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with Section 17 UL 710B. 2. A Type I hood shall not be required to be installed in an R-2 occupancy, an assisted living facility licensed under chapter 388-78A WAC, or residential treatment facility licensed under chapter 246-337 WAC with not more than 16 residents. 3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them. 4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with UL 710B. 5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents. (IFC 607.2 2018 WAC 51-54A)	Findings during the inspection were: The facility has not upgraded their kitchen hood. They continue to use vegetable oil for cooking. The facility stated they are currently in the process of bidding for a contractor to do it however they are having issues. See previous complaint # 113170

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Washington State Patrol
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Code Requirement	Statement of Violation
13 Hanging Displays	
The hanging and displaying of salable goods and other decorative materials from acoustical ceiling systems that are part of a fire-resistance-rated horizontal assembly shall be prohibited. (IFC 701.2.1 2021)	Findings during the inspection were: Room 30 had combustible decorative materials hanging from the acoustic ceiling.
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)	Findings during the inspection were: There was no documentation provided to verify that the facility is conducting the required annual inspection of fire-resistance-rated construction. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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)	Findings during the inspection were: Penetrations in fire-resistance-rated construction were found out in the following place: 1. Electrical room
16 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Findings during the inspection were: The following fire doors did not latch during testing: 1. Exit door by room 20

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Code Requirement	Statement of Violation
17 Group I-1 and I-2 Condition 1 Within Units	
In Group I-1 and Group I-2 Condition 1 occupancies, equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1, within sleeping units and dwelling units, combustible decorative materials placed on walls shall be limited to not more than 50 percent of the wall area to which they are attached. (IFC 807.5.3.1 2021)	Findings during the inspection were: Room 30 had more than 50 percent of its wall area covered with combustible decorative materials.
18 Obstructed Locations	
Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers. Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904. (IFC 903.3.3 2021)	Findings during the inspection were: In Room 30, combustible decorative materials located within 18 inches of the sprinkler head, obstructing required clearance.
19 Calculations	
Hydraulic calculations in accordance with NFPA 13 shall be provided to demonstrate that the available water flow and pressure are adequate to supply all sprinklers installed in any single fire area with discharge densities corresponding to the hazard classification. (IFC 903.3.8.5 2021)	Findings during the inspection were: The facility does not have a hydraulic calculation plate on the fire sprinkler system as required by NFPA 13..

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Code Requirement	Statement of Violation
20 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	Findings during the inspection were: The facility provided multiple reports that did not identify a certified individual for the work performed. The following reports were: 1. 5 year internal pipe testing 2. 5 year FDC hydro testing 3. Annual forward flow The escutcheon rings missing in the movie theater room. Multiple sprinkler heads covered in Room 25 and 26. Painted sprinkler heads found in the following locations: 1. Main entrance into the facility 2. West suite 3. In front of the door of west suite The kitchen sprinkler head above the cooking appliances needs to be cleaned due to grease buildup and possible mold. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement	Statement of Violation

21 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)	Findings during the inspection were: Throughout the facility, multiple portable fire extinguishers did not have documentation of their annual inspection.

22 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)	Findings during the inspection were: Portable fire extinguisher obstructed in the following locations: 1. Kitchen 2. Activity room

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Code Requirement	Statement of Violation
23 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)	Findings during the inspection were: Two hand-held portable fire extinguisher located at the front desk are not securely anchored.
24 Maintenance Required	
Whenever required for compliance with the provisions of this code, devices, equipment, systems, conditions, arrangements, levels of protection or other features shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the fire code official. (IFC 907.8.1 2021)	Findings during the inspection were: The facility's FACP showed two trouble statuses for Room 23 and the West Wing, and the FACP is currently silenced. As a result, in the event of a fire, staff and residents may not be alerted. The local fire department also noted this issue during an inspection conducted two weeks ago.
25 Fuel-Burn Appliances Outside of Dwelling, Sleep Units & Classro	
Carbon monoxide detection shall be provided in dwelling units, sleeping units and classrooms located in buildings that contain fuel-burning appliances or fuel-burning fireplaces. Exceptions: 1. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms without communicating openings between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom. 2. Carbon monoxide detection shall not be required in dwelling units, sleeping units and classrooms where a carbon monoxide detector is provided in one of the following locations: 2.1. In an approved location between the fuel-burning appliance or fuel-burning fireplace and the dwelling unit, sleeping unit or classroom. 2.2. On the ceiling of the room containing the fuel-burning appliance or fuel-burning fireplace. (IFC 915.1.4 2021)	Findings during the inspection were: Carbon monoxide detection not located in the following locations: 1. Main electrical room 2. Main laundry room

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Code Requirement	Statement of Violation
26 Maintenance	
Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	Findings during the inspection were: The facility was only conducting annual inspections and maintenance of carbon monoxide alarms and detection systems. The facility must begin conducting monthly inspections and maintenance of these systems as required. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
27 Emergency Power for Illumination - General	
In the event of power supply failure in rooms and spaces that require two or more exits or access to exits, an emergency electrical system shall automatically illuminate all of the following areas: 1. Aisles 2. Corridors 3. Exit access stairways and ramps (IFC 1008.3.1 2021)	Findings during the inspection were: The emergency light near Room 20 did not activate when placed in test mode to switch to secondary power.
28 Unlatching	
The unlatching of any door or leaf for egress shall require not more than one motion in a single linear or rotational direction to release all latching and all locking devices. Exceptions: 1. Places of detention or restraint. 2. Where manually operated bolt locks are permitted by Section 1010.2.5. 3. Doors with automatic flush bolts as permitted by Section 1010.2.4, Item 4. 4. Doors from individual dwelling units and sleeping units of Group R occupancies as permitted by Section 1010.2.4, Item 5. (IFC 1010.2.1 2021)	Findings during the inspection were: Room 10 door requires more than one motion to release all latching and locking devices. Facility stated that several resident rooms throughout the building have the same hardware and will need to be replaced. Facility will need to do an audit of all resident doors to confirm they are all single action.

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Code Requirement	Statement of Violation
29 Power Source	
Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. The installation of the emergency power system shall be in accordance with Section 603. Group I-2, Condition 2 exit sign illumination shall not be provided by unit equipment batteries only. Exception: Approved exit sign illumination types that provide continuous illumination independent of external power sources for a duration of not less than 90 minutes, in case of primary power loss, are not required to be connected to an emergency electrical system. (IFC 1013.6.3 2021)	Findings during the inspection were: During testing, exit sign located in the Activity room failed to operate on backup power.
30 Activation Test	
Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	Findings during the inspection were: No documentation was provided for June and July to verify that the facility is conducting the required 30-second monthly testing of exit signs. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
31 Power Test	
Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	Findings during the inspection were: No documentation was provided to verify that the facility is conducting the required 90-minute annual testing of exit signs. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement	Statement of Violation
32 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)	Findings during the inspection were: The door to Room 57 is blocked by multiple objects and combustible materials, obstructing access and discharge.
33 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)	Findings during the inspection were: The facility was unable to provide documentation for June and July for the log of the weekly inspections and monthly 30 minute load test. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
34 Inspection Frequency	
Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected, manually or by electronic monitoring, at more frequent intervals when circumstances require. (NFPA Standard 10 Section 6.2.1)	Findings during the inspection were: Throughout the facility, all fire extinguishers had no documentation of July's monthly inspections. *All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Washington State Patrol
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Code Requirement	Statement of Violation
35 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)	Findings during the inspection were: The facility was unable to provide documentation confirming completion of required fire drills for the following quarters and shifts: 1. Q4 2024: Day and Swing shift 2. Q1 2025: Night shift 3. Q2 2025: Day shift 4. Q3 2025 Swing and Night shift

Next inspection scheduled on or after: 01/30/2026

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

Leanna Snider administer

Print Name and Title

Deputy State Fire Marshal Damon Roberson / Jason VanBaken
2803 156 AVE SE
Bellevue WA 98007
(360) 584-4392

Signature

Initials of Authorized Facility Representative: _____

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