



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

Business Name	Aegis of Madison	Provider Number	2241
Address	2200 E MADISON ST ,	Approval Status	Approved
City, State, Zip	Seattle, WA 98112	Facility Type	Residential Care

On 06/16/2025 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


Arta Baharmas + Director of Operations
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason Van Gorkum
Signature
Date: 2025.06.16
13:45:45 -07'00'

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.



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Phone: (360) 596-3900

Business Name

2200 E MADISON ST ,

City, State, Zip Seattle, WA 98112

Provider Number 2241

Approval Status Disapproved

Facility Type Residential Care

On 05/01/2025 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement

Statement of Violation

1 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:

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Approval Status Disapproved

Facility Type Residential Care

On 05/01/2025 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
1. Labels are clearly visible and legible	
2. No open holes or breaks exist in surfaces of wither 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	
9. Latching hardware operates and secures the door when it is in the closed positon	
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 preformed that void the label.	
12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie	
13. Signage affixed to a door meets the requirements listed in 4.1.4	

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Facility Type Residential Care

On 05/01/2025 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement

Statement of Violation

2 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

3 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Provider Number 2241

Approval Status Disapproved

Facility Type Residential Care

On 05/01/2025 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement	Statement of Violation
4 Activation Test Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired. (IFC 1032.10.1 2021)	 The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Monthly 30-second activation testing had not been performed and documented for resident rooms All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
5 Power Test Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	 The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Annual 90 minute power test had not been performed and documented in residents room All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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On 05/01/2025 the Office of the State Fire Marshal conducted a re-inspection at your facility. Listed below are violations that have not been corrected.

Code Requirement

Statement of Violation

Next inspection scheduled on or after: 05/31/2025

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

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Signature

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Washington State Patrol
Fire Protection Bureau
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Business Name Aegis of Madison
Address 2200 E MADISON ST ,
City, State, Zip Seattle, WA 98112

Provider Number 2241
Approval Status Disapproved
Facility Type Residential Care

On 02/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 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)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. First semi-annual hood cleaning performed 2/19/2024 reads "Areas not accessible for cleaning"
2. Second semi-annual hood cleaning

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

2 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed.

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

3 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)

At time of inspection the following was observed:

1. Penetrations found on 6th floor in Fire Alarm Booster room

4 Door Operation

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

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. resident door 602 on the 6th floor will not close and latch
2. Resident laundry door on the 6th floor will not latch
3. Resident laundry door on the 3rd floor will not latch

5 Testing and Maintenance

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

(IFC 903.5 2021)

At time of inspection the following was observed:

1. Load sprinkler heads found in kitchen.

6 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.

(IFC 904.13.5.2 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Second semi-annual service

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

7 Fusible Link Maintenance

Fixed temperature-sensing elements shall be maintained to ensure proper operation of the system.

(IFC 904.5.2 2021)

At time of inspection the following was observed:

Heat Test



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Code Requirement

Statement of Violation

8 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

9 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired.

(IFC 1032.10.1 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Monthly 30-second activation testing had not been performed and documented for resident rooms

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Emergency light in room 602 will not turn on when test button is pushed.

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Code Requirement	Statement of Violation
10 Power Test Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes. (IFC 1031.10.2 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Annual 90 minute power test had not been performed and documented in residents room All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
11 Security Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3. (IFC 5303.5 2021)	At time of inspection the following was observed: 1. Loose tank found Oxygen room on the 5th floor 2. Loose tank found in resident room 314
12 Separation From Hazardous Conditions Compressed gas containers, cylinders and tanks and systems in storage or use shall be separated from materials and conditions that pose exposure hazards to or from each other. Compressed gas containers, cylinders, tanks and systems in storage or use shall be separated in accordance with Sections 5303.7.1 through 5303.7.11.2. (IFC 5303.7 2021)	At time of inspection the following was observed: 1. 5th floor Oxygen room has combustible materials stored in room.

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On 02/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

13 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 wither 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 deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

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
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	

Next inspection scheduled on or after: 03/05/2025 *u*

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]
Signature

Glen Craig - Maintenance Director
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

[Signature]
Signature

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