



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

Business Name

123 4TH AVE NW,
Puyallup, WA 98371

City, State, Zip

Provider Number 2483

Approval Status Disapproved

Facility Type Residential Care

On 04/08/2025 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.

5.2.4.2

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
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

Findings during the fourth re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

- Multiple fire doors and fire door frames have open pilot holes/penetrations
- Faulty installations/door sizing found for resident activity room and staff lounge--doors had excessive door gaps, and found sagging

Davis Door Company scheduled to complete repairs and replace failed fire door by end of August 2024. Contractor shall be required to provide the facility with acceptance test verification--fire door template may be used--for all new fire doors.

Facility failed to produce records of acceptance testing for ALL newly installed fire doors, as previously instructed on 7/30/2024.

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



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

Business Name	The Rivers at Puyallup, Independent Living & AL	Provider Number	2483
Address	123 4TH AVE NW,	Approval Status	Disapproved
City, State, Zip	Puyallup, WA 98371	Facility Type	Residential Care

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

Code Requirement

Statement of Violation:

Next inspection scheduled on or after: 04/02/2025

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

Danyal Syed
Signature

Danyal Syed executive Director
Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

L Davis
Signature



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

Business Name

123 4TH AVE NW,

City, State, Zip

Puyallup, WA 98371

Provider Number 2483

Approval Status Disapproved

Facility Type Residential Care

On 01/16/2025 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 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

13.7.2.1 All backflow preventers installed in fire protection system piping shall be exercised annually by conducting a forward flow test at a minimum flow rate of the system demand.

13.7.2.1.1 Where water rationing is enforced during shortages lasting more than 1 year, an internal inspection of the backflow preventer to ensure the check valves will fully open shall be permitted in lieu of conducting the annual forward flow test.

13.7.2.1.2 The forward flow test shall not be required where annual fire pump testing causes the system flow rate to flow through the backflow preventer device.

13.7.2.2 Where hydrants or inside hose stations are located downstream of the backflow preventer, the forward flow test shall include hose stream demand.

13.7.2.3 Where connections do not permit verification of the forward flow test at the minimum

Findings during the second re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

No corrective report for last annual inspection deficiencies noted 8/3/23--per the report, the contractor performed only a partial annual inspection.

Facility provided a service order to prove that unit inspection was performed on 8/9/24; however, service only indicates that 15 deficiencies were discovered, and fail to indicate what all inspection findings were, or if the inspection was part of the facility's annual confidence test for 2024. No corrective reports available for the 15 new deficiencies.

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Puyallup, WA 98371

Provider Number 2483

Approval Status Disapproved

Facility Type Residential Care

On 01/16/2025 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
flow rate of system demand, tests shall be conducted at the maximum flow rate possible.	
13.7.3 Maintenance. Maintenance of all backflow prevention assemblies shall be conducted by a qualified individual following the manufacturer's instructions in accordance with the procedure and policies of the authority having jurisdiction.	
(NFPA 25, 13.7.2 - 2017 edition)	

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Approval Status Disapproved

Facility Type Residential Care

On 01/16/2025 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
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2NFPA 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.

5.2.4.2

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
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.

Findings during the third re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN; NO RECORDS AVAILABLE.

- Multiple fire doors and fire door frames have open pilot holes/penetrations
- Faulty installations/door sizing found for resident activity room and staff lounge--doors had excessive door gaps, and found sagging

Davis Door Company scheduled to complete repairs and replace failed fire door by end of August 2024. Contractor shall be required to provide the facility with acceptance test verification--fire door template may be used--for all new fire doors.

Facility failed to produce records of acceptance testing for ALL newly installed fire doors, as previously instructed on 7/30/2024.

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Approval Status Disapproved

Facility Type Residential Care

On 01/16/2025 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
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	

3 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707. 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 2018)	Findings during the third re-inspection were: PREVIOUSLY CITED DEFICIENCIES REMAIN. 1) Multiple unprotected/open penetrations found throughout the building's ceilings and corridor walls, however, no plans were present to identify the construction's fire-resistance rating. 2) Facility shall provide an inventory of all fire-resistance-rated construction required during time of construction--as indicated on the building's as-built plans. 3) Unable to produce documentation showing that all fire-resistant-rated construction assemblies have received annual inspection in the past 12 months--last performed June 2, 2023
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4 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 904.12.5.2 2018)	Findings during the third re-inspection were: PREVIOUSLY CITED DEFICIENCIES REMAIN. Unable to produce corrective report for 10/15/23 hood suppression report - inspector notes indicate that system is not wired to fire alarm system.
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Code Requirement

Statement of Violation

5 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 2018)

Findings during the third re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

2) Unable to provide documentation showing that Rm. 226 horn strobe deficiencies noted in the last fire alarm system confidence test (Aug. 2023) have been corrected.

6 Smoke Alarm Maintenance

Smoke alarms shall be tested and maintained in accordance with the manufacturer's instructions. Smoke alarms shall be replaced when they fail to respond to operability tests, or when they exceed 10 years from the date of manufacture, unless an earlier replacement is specified in the manufacturer's published instructions.

(IFC 907.10 2018)

Findings during the third re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

Facility failed to maintain records of inspection, testing and maintenance for each smoke alarm in the building - no device inventory, device age, operational status, or corrective actions noted. Facility only tracks monthly task completion and installation date.

7 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2018)

Findings during the third re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

Facility failed to maintain records of inspection, testing and maintenance for each carbon monoxide alarm in the building - no device inventory, device age, operational status, or corrective actions noted. Facility only tracks monthly task completion

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Code Requirement	Statement of Violation
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8Fire 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.

Findings during the third re-inspection were:

PREVIOUSLY CITED DEFICIENCIES REMAIN.

- 1) Fire drill records fail to indicate the transmission of the fire alarm signal throughout the facility during simulation.
- 2) Unable to produce documentation showing that fire alarm system has been placed in test mode in the past 12 months showing compliance with fire alarm signal transmission.

Next inspection scheduled on or after: 02/17/2025

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 Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

Signature



Washington State Patrol
Fire Protection Bureau
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Business Name The Rivers at Puyallup
123 4TH AVE NW,
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Facility Type Residential Care

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Code Requirement	Statement of Violation
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1 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

13.7.2.1 All backflow preventers installed in fire protection system piping shall be exercised annually by conducting a forward flow test at a minimum flow rate of the system demand.

13.7.2.1.1 Where water rationing is enforced during shortages lasting more than 1 year, an internal inspection of the backflow preventer to ensure the check valves will fully open shall be permitted in lieu of conducting the annual forward flow test.

13.7.2.1.2 The forward flow test shall not be required where annual fire pump testing causes the system flow rate to flow through the backflow preventer device.

13.7.2.2 Where hydrants or inside hose stations are located downstream of the backflow preventer, the forward flow test shall include hose stream demand.

13.7.2.3 Where connections do not permit verification of the forward flow test at the minimum

Findings during the second re-inspection were:

No corrective reports for last annual inspection deficiencies 8/3/23—per the report, the contractor performed only a partial annual inspection.

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13.7.3 Maintenance. Maintenance of all backflow prevention assemblies shall be conducted by a qualified individual following the manufacturer's instructions in accordance with the procedure and policies of the authority having jurisdiction.	
(NFPA 25, 13.7.2 - 2017 edition)	

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Code Requirement	Statement of Violation
2NFPA 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. 5.2.4.2 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 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.	Findings during the second re-inspection were: - Multiple fire doors and fire door frames have open pilot holes/penetrations - Faulty installations/door sizing found for resident activity room and staff lounge--doors had excessive door gaps, and found sagging Davis Door Company scheduled to complete repairs and replace failed fire door by end of August 2024. Contractor shall be required to provide the facility with acceptance test verification--fire door template may be used--for all new fire doors.

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Facility Type Residential Care

On 07/30/2024 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
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	

3 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707. 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 2018)	Findings during the second re-inspection were: 1) Multiple unprotected/open penetrations found throughout the building's ceilings and corridor walls, however, no plans were present to identify the construction's fire-resistance rating. 2) Facility shall provide an inventory of all fire-resistance-rated construction required during time of construction--as indicated on the building's as-built plans. 3) Unable to produce documentation showing that all fire-resistant-rated construction assemblies have received annual inspection in the past 12 months--last performed June 2, 2023.
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Puyallup, WA 98371

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Provider Number 2483

Approval Status Disapproved

Facility Type Residential Care

On 07/30/2024 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 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)

Findings during the second re-inspection were:

- 1) Unable to provide documentation showing that all automatic and fusible link fire/smoke damper inspection and testing has been performed in the past four years, per NFPA 80, 19.5.3.
- 2) Unable to provide corrective reports for 2 failed and 7 inaccessible fire dampers (have not received inspection, maintenance and testing).

5 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 904.12.5.2 2018)

Findings during the second re-inspection were:

Unable to produce corrective report for 10/15/23 hood suppression report - inspector notes indicate that system is not wired to fire alarm system.

6 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 2018)

Findings during the second re-inspection were:

- 1) Unable to provide detailed inspection, testing and maintenance report showing that all previously missed fire alarm system devices have received annual servicing since Aug. 2023 - facility only had copy of a service order.
- 2) Unable to provide documentation showing that multiple horn strobe deficiencies noted in the last fire alarm system confidence test (Aug. 2023) has been corrected.

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Approval Status Disapproved

Facility Type Residential Care

On 07/30/2024 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

7 Smoke Alarm Maintenance

Smoke alarms shall be tested and maintained in accordance with the manufacturer's instructions. Smoke alarms shall be replaced when they fail to respond to operability tests, or when they exceed 10 years from the date of manufacture, unless an earlier replacement is specified in the manufacturer's published instructions.

(IFC 907.10 2018)

Findings during the second re-inspection were:

Facility failed to maintain records of inspection, testing and maintenance for each smoke alarm in the building - no device inventory, device age, operational status, or corrective actions noted. Facility only tracks monthly task completion.

8 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2018)

Findings during the second re-inspection were:

Facility failed to maintain records of inspection, testing and maintenance for each carbon monoxide alarm in the building - no device inventory, device age, operational status, or corrective actions noted. Facility only tracks monthly task completion.

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



Washington State Patrol
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Provider Number 2483
Approval Status Disapproved
Facility Type Residential Care

On 07/30/2024 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
9Fire 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.	Findings during the second re-inspection were: TELS fire drill records fail to indicate the transmission of the fire alarm signal throughout the facility during simulation, or document staff members involved in the fire drills--no participation signatures recorded. Record of fire drill template was emailed to facility administrator and maintenance director on 5/14/24. The facility is reminded to use the provided fire drill template, which can be uploaded to the facility's TELS program.

Next inspection scheduled on or after: 08/29/2024

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 Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

Signature

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Fire Protection Bureau
Phone: (360) 596-3900

Business Name	The Rivers at Puyallup, Independent Living & AL	Provider Number	2483
Address	123 4TH AVE NW,	Approval Status	Disapproved
City, State, Zip	Puyallup, WA 98371	Facility Type	Residential Care

On 02/14/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Equipment Access

Approved access shall be provided and maintained for all fire protection 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 2012 2015, 2018)	Findings during the inspection were: Storage found blocking access to sprinkler system in the kitchen riser room.
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2 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3. (IFC 607.3.3 2018)	Findings during the inspection were: Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months.
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3 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707. 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 2018)	Findings during the inspection were: 1) Multiple unprotected/open penetrations found throughout the building's ceilings and corridor walls, however, no plans were present to identify the construction's fire-resistance rating. 2) Facility shall provide an inventory of all fire-resistance-rated construction required during time of construction--as indicated on the building's as-built plans. 3) Unable to produce documentation showing that all fire-resistant-rated construction assemblies have received annual inspection in the past 12 months.
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Code Requirement	Statement of Violation
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4 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 2018)

Findings during the inspection were:

Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months in accordance with NFPA 80, 5.2.4.2.

5 Door Operation

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

(IFC 705.2.4 2018)

Findings during the inspection were:

Multiple resident room fire doors failed to self-close and latch when tested. Facility shall ensure that all fire doors are maintained in accordance with NFPA 80, 5.2.4.2.

6 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)

Findings during the inspection were:

Unable to provide documentation showing that all automatic and fusible link fire/smoke damper inspection and testing has been performed in the past four years, per NFPA 80, 19.5.3.

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Phone: (360) 596-3900

Business Name	The Rivers at Puyallup, Independent Living & AL	Provider Number	2483
Address	123 4TH AVE NW,	Approval Status	Disapproved
City, State, Zip	Puyallup, WA 98371	Facility Type	Residential Care

On 02/14/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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7 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.
(IFC 903.5 2009, 2012, 2015, 2018)

13.7.2.1 All backflow preventers installed in fire protection system piping shall be exercised annually by conducting a forward flow test at a minimum flow rate of the system demand.

13.7.2.1.1 Where water rationing is enforced during shortages lasting more than 1 year, an internal inspection of the backflow preventer to ensure the check valves will fully open shall be permitted in lieu of conducting the annual forward flow test.

13.7.2.1.2 The forward flow test shall not be required where annual fire pump testing causes the system flow rate to flow through the backflow preventer device.

13.7.2.2 Where hydrants or inside hose stations are located downstream of the backflow preventer, the forward flow test shall include hose stream demand.

13.7.2.3 Where connections do not permit verification of the forward flow test at the minimum flow rate of system demand, tests shall be conducted at the maximum flow rate possible.

13.7.3 Maintenance. Maintenance of all backflow prevention assemblies shall be conducted by a qualified individual following the manufacturer's instructions in accordance with the procedure and policies of the authority having jurisdiction.
(NFPA 25, 13.7.2 - 2017 edition)

Findings during the inspection were:

1) Facility was unable to provide fire sprinkler system documentation for the following:

- Quarterly inspection reports - three performed in the last 12 months
- Last annual confidence test report
- Last 3-year full flow trip test report for dry fire sprinkler system
- Last 5-year inspection/test report(s)
- Last annual forward flow test report for backflow control valve

2) Found bent sprinkler head in corridor by room 227.



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8 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 904.12.5.2 2018)	Findings during the inspection were: Unable to provide reports showing that two semi-annual kitchen hood suppression system servings were performed in the past 12 months.
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9 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 2015, 2018)	Findings during the inspection were: Unmounted fire extinguisher found in the electrical/generator transfer switch room, on floor.
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10 Smoke Alarm Maintenance

Smoke alarms shall be tested and maintained in accordance with the manufacturer's instructions. Smoke alarms shall be replaced when they fail to respond to operability tests, or when they exceed 10 years from the date of manufacture, unless an earlier replacement is specified in the manufacturer's published instructions. (IFC 907.10 2018)	Findings during the inspection were: 1) Unable to provide documentation showing that resident room smoke alarms have been tested or maintained in the past 12 months. 2) Unable to verify that all resident room smoke alarms exceeding 10 years from the date of manufacture have been replaced.
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11 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 2018)	Findings during the inspection were: Unable to provide documentation showing that annual servicing of the fire alarm system has been performed in the past 12 months.
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12 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 720. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2018)	Findings during the inspection were: Unable to provide documentation showing that monthly inspection of the facility's carbon monoxide alarms has been performed in the past 12 months.
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13 Internally Illuminated Exit Signs

Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 1203. Exit signs shall be illuminated at all times. (IFC 1013.5 2018)	Findings during the inspection were: Multiple exit signs throughout the facility had defective/burnt out bulbs. Facility-wide audit and repair required.
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14 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.

5.2.4.2

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
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 integrity
13. Signage affixed to a door meets the requirements listed in 4.1.4

Findings during the inspection were:

Facility failed to ensure that all fire doors have been maintained in accordance with NFPA 80, 5.2.4.2.

- Multiple doors failed to self-close and latch when tested
- Doors and door frames have open pilot holes--due to hardware changes
- Faulty installations/door sizing--resident activity room and staff lounge, doors were sagging



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15 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.	Findings during the inspection were: Facility could not provide documentation indicating that fire drills were conducted quarterly for all three shifts, in the past 12 months.
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Next inspection scheduled on or after: 03/18/2024

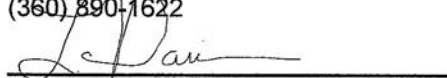
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Aaron Christianson Sr Maint. Dir.
Print Name and Title

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622


Signature

