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

Business Name	Gencare Lifestyle Federal Way at Steel Lake (Madi	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Approved
City, State, Zip	Federal Way, WA 98003	***Facility Type***	Residential Care

On 07/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Signature

Angelo Abalos E.D

Print Name and Title

Deputy State Fire Marshal Larisa Hennessy
2803 156TH AVE SE
Bellevue WA 98007
(425) 620-5012

Signature

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

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

Initials of Authorized Facility Representative: _____

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

Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 05/12/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety

	This report is the result of an unannounced fire and life safety Re-inspection, re-certification survey conducted at Gencare Lifestyle Federal Way at Steel Lake (Madrona Park) on 5/12/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.

2 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3. (IFC 315.3.2 2021)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. Combustible materials found on the 1st floor stairwell outside of kitchen.

3 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 re-inspection: At time of inspection the following was observed: 1. The facility will need to show they have increase the cleaning schedule to quarterly clearings.

Initials of Authorized Facility Representative: EW

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Washington State Patrol
Fire Protection Bureau
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Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 05/12/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
4 Inspection and Maintenance	
Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 protective's and smoke and draft control doors shall not be modified. (IFC 705.2 2021) 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 To aid the AHJ during the review of the inspections and testing reports, the records should include a description of the type of fire door assembly as follows: Type 6: Swinging door with builders hardware Type 7: Swinging fire door with fire door hardware Type 8: Horizontally sliding fire door Type 9: Special purpose horizontally accordion or folding	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. On the 2nd floor, the housekeeping door is missing the seal between door and door frame.

Initials of Authorized Facility Representative: EN

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Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 05/12/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door Type 14: Hoistway doors for elevators and dumbwaiter Type 15: Chute door Type 16: Access door Type 17: Fire window 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 As a minimum, the following items shall be verified: 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 noncombustible 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 leaf closes before the active leaf. 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 modifications 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 (NFPA 80.5.2)	

Initials of Authorized Facility Representative: EW

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Washington State Patrol
Fire Protection Bureau
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Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 05/12/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
5 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	The following deficiencies were cited as a result of this re-inspection: At time of inspection the following was observed: 1. On the 2nd floor the south elevator door would not latch.
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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual servicing report (before 10/17/2025 report).
7 Inspection, Testing and Maintenance	
The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained. (IFC 907.8 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Semi-Annual Report 2. Sole power replaceable battery, smoke detection in resident rooms power requirements are met for at least 1 year and including weekly required periodic tested. (NFPA 72.29.9.7)

Initials of Authorized Facility Representative: FN

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Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 05/12/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
8 Smoke Detector Sensitivity	
Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Smoke detector sensitivity Report
9 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 re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. The facility must maintain detailed documentation of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs.
10 Maintenance	
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 2021)	The following deficiencies were cited as a result of this re-inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual service report 2. Monthly 30-minute full load test

Initials of Authorized Facility Representative: EW

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Code Requirement	Statement of Violation

Next inspection scheduled on or after: 06/11/2026

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

Emily Wright Acting Executive Director
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: 2026.05.13 10:07:35 -07'00'

Signature

Initials of Authorized Facility Representative: _____

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Washington State Patrol
Fire Protection Bureau
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Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety

This report is the result of an unannounced fire and life safety re-certification survey conducted at Gencare Lifestyle Federal Way at Steel Lake (Madrona Park) on 3/2/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.	This report is the result of an unannounced fire and life safety re-certification survey conducted at Gencare Lifestyle Federal Way at Steel Lake (Madrona Park) on 3/2/2026 by a DSFM representative of the Washington State Patrol, Fire Protection Bureau to determine compliance with all applicable codes. All inspection reports must be completely filled out from the vendor and verify the report shows no deficiencies. If deficiencies are noted on report, additional documentation will be required to show that deficiencies have been corrected prior to re-inspection. The facility is not in compliance at the time of this inspection.

2 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3. (IFC 315.3.2 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Combustible materials found on the 1st floor stairwell outside of kitchen.

3 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. (IFC 315.2.3 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. Combustible material found in sprinkler riser room.

Initials of Authorized Facility Representative: AA

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Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

4 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors.. (IFC 603.6 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 1st floor there is a multi extension cord in use come from behind the electric fire place.

5 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 documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual hood cleaning 2. Second semi-annual hood cleaning At time of inspection the following was observed: 1. The facility will need to increase the cleaning schedule to quarterly clearings.

6 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions. (IFC 703.1 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 2nd floor, housekeeping room has penetrations found in fire/smoke barrier. 2. On the 1st floor, kitchens managers office has pen iterations above the drop ceiling.

Initials of Authorized Facility Representative: AA

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City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7 Inspection and Maintenance	
Opening protective's in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protective's 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 protective's and smoke and draft control doors shall not be modified. (IFC 705.2 2021) 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 To aid the AHJ during the review of the inspections and testing reports, the records should include a description of the type of fire door assembly as follows: Type 6: Swinging door with builders hardware Type 7: Swinging fire door with fire door hardware Type 8: Horizontally sliding fire door Type 9: Special purpose horizontally accordion or folding	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. The facility must maintain detailed documentation and maps of fire door locations, including annual inspection reports detailing testing dates, modifications, and repairs. At time of inspection the following was observed: 1. On the 3rd floor Resident room 315 has a gap between door and door frame. 2. On the 2nd floor, the housekeeping door is missing the seal between door and door frame.

Initials of Authorized Facility Representative: AA

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Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
door Type 10: Vertically sliding fire door Type 11: Rolling steel door Type 12: Fire shutter Type 13: Service counter fire door Type 14: Hoistway doors for elevators and dumbwaiter Type 15: Chute door Type 16: Access door Type 17: Fire window 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 As a minimum, the following items shall be verified: 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 noncombustible 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 leaf closes before the active leaf. 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 modifications 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 (NFPA 80.5.2)	

Initials of Authorized Facility Representative: AA

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

Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
8 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 3rd floor the following doors would not latch: Resident door 311 Resident door 317 Resident door 319 North stairwell door On the 2nd floor the following doors would not latch: South elevator door Resident door 220 On the 1st floor the following doors would not latch: South elevator door 2. On the 1st floor, outside of the kitchen stairwell leading to the exterior is stuck closed, need force to open..
9 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. 5-Year internal pipe Testing (NFPA 25 14.2.1) 2. 3-Year Dry System Full flow trip test (NFPA 25 13.4.4.2.2.2) 3. Annual Trip Test (NFPA 25 13.4.4.2.2) 4. Annual forward flow test (NFPA 25 13.7.2.1) 5. 5-Year FDC Hydro testing (NFPA 25 6.3.2) 6. Quarterly inspections Reports At time of inspection the following was observed: 1. On the 1st floor in the kitchens refrigerated walk-in has a loaded sprinkler head.

Initials of Authorized Facility Representative: AA

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Washington State Patrol
Fire Protection Bureau
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Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

10 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 documentation was not provided. Documents shall include the following, where applicable: 1. First semi-annual servicing report (before 10/17/2025 report).

11 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The distance of travel to reach an extinguisher shall not apply The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations. (IFC 906.2 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Servicing (NFPA 10 7.3) 2. Monthly Inspection by Facility Maintenance Log Provided (NFPA 10 7.2)

Initials of Authorized Facility Representative: AA

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On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
12 Inspection, Testing and Maintenance	
The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained. (IFC 907.8 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual Report 2. Semi-Annual Report 3. Sole power replaceable battery, smoke detection in resident rooms power requirements are met for at least 1 year and including weekly required periodic tested. (NFPA 72.29.9.7)
13 Smoke Detector Sensitivity	
Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. (IFC 907.8.3 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Smoke detector sensitivity Report

Initials of Authorized Facility Representative: AA

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On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
14 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 documentation was not provided. Documents shall include the following, where applicable: 1. The facility must maintain detailed documentation and maps of carbon monoxide detector locations, including monthly inspection reports detailing testing dates, modifications, and repairs. At time of inspection the following was observed: 1. On the 1st floor sprinkler riser room carbon monoxide detection is missing the battery causing it to not work.
15 Emergnecy Lighting Equipment Inspection and Testing	
Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2. (IFC 1032.10 2021)	The following deficiencies were cited as a result of this inspection: At time of inspection the following was observed: 1. On the 3rd floor emergency light is out in south stairwell. 2. On the 2nd floor emergency light is out in stairwel near room 202l.
16 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 documentation was not provided. Documents shall include the following, where applicable: 1. Annual 90 minute power test had not been performed and documented

Initials of Authorized Facility Representative: AA

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Address	31200 23RD AVE S,	***Approval Status***	Disapproved
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On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
17 Maintenance	
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Annual service report 2. Log of weekly inspections 3. Monthly 30-minute full load test 4. Diesel fuel testing report (for diesel generator only requirement) 5. 4-hour load test

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On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
18 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) Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire. Exceptions: 1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency. 2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms. (IFC 405.5 2021) Records shall be maintained of required emergency evacuation drills and include the following information: 1. Identity of the person conducting the drill. 2. Date and time of the drill. 3. Notification method used. 4. Employees on duty and participating. 5. Number of occupants evacuated.	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. Documents shall include the following, where applicable: 1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. The following drills are missing. 2nd Shift - Quarter 2 and 4 3rd Shift - Quarter 1 and 2

Initials of Authorized Facility Representative: AA

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

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

Business Name	Gencare Lifestyle Federal Way at Steel Lake	***Provider Number***	2484
Address	31200 23RD AVE S,	***Approval Status***	Disapproved
City, State, Zip	Federal Way, WA	***Facility Type***	Residential Care

On 03/02/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
6. Special conditions simulated. 7. Problems encountered. 8. Weather conditions when occupants were evacuated. 9. Time required to accomplish complete evacuation. (IFC 0405.6 2021) Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. (IFC 405.8 2021)	

Next inspection scheduled on or after: 04/01/2026

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

Angelo Noda, E.D.

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: 2026.03.04 16:12:58 -08'00'

Signature

Initials of Authorized Facility Representative: _____

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