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

Business Name	Sunrise of Issaquah	***Provider Number***	2543
Address	23599 SE Issaquah- Fall City RD ,	***Approval Status***	Disapproved
City, State, Zip	Issaquah, WA 980299265	***Facility Type***	Residential Care

On 07/22/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Fire & Life Safety Inspection

2 Ampacity

The ampacity of the extension cords shall be not less than the rated capacity of the portable appliance supplied by the cord. (IFC 603.6.2 2021)	Corrected

3 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	Corrected

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)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following documentation was not provided. 1. Found on report from 4/5/2026 that four (4) dampers failed when tested. The facility will need to show they have been fixed.

5 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. 1. The report from 1/4/2023 on the 5-Year FDC Hydro testing on the dry standpipe shows failed. The facility will need to show they have been fixed.

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

Initials of Authorized Facility Representative: _____

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Code Requirement	Statement of Violation
6 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)	Corrected

Next inspection scheduled on or after: 08/21/2026

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

Owner or Authorized Representative

_____ _____
Signature Print Name and Title

Deputy State Fire Marshal Kimberly Bloor
PO Box 42600
Olympia WA 985042600
(360) 596-3922

Kimberly Bloor
_____
Signature

Digitally signed by Kimberly Bloor
Date: 2026.07.27 14:30:26 -07'00'

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Initials of Authorized Facility Representative: _____