



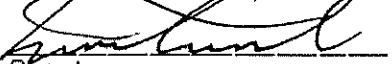
Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	The Arbor at Bremerton	Provider Number	2619
Address	3510 9TH ST ,	Approval Status	Approved
City, State, Zip	Bremerton, WA	Facility Type	Residential Care

On 12/11/2025 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

Jordan Gearheart
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067


Signature

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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Business Name The Arbor at Bremerton

Provider Number 2619

Address 3510 9TH ST ,

Approval Status Disapproved

City, State, Zip Bremerton, WA

Facility Type Residential Care

On 10/22/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Frequency

Required emergency drills shall be held at the intervals specified in Table 405.3 or more frequently where necessary to familiarize all occupants with the drill procedure.

(IFC 405.2 2021)

Findings during the inspection were:

Facility failed to provide paperwork showing fire drills are being conducted once per shift per quarter. No documentation provide for the last 4 quarters.

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)

Findings during the inspection were:

Facility failed to provide fire door annual inspection report.

West IT room, penetration through electrical conduit, conduit was missing fire blocking.

3 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:

Facility failed to provide fire/smoke damper 4 year inspection report. If report provided, documentation of all deficiencies being corrected shall be provided.



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Code Requirement

Statement of Violation

4 Testing and Maintenance

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

(IFC 903.5 2021)

Findings during the inspection were:

Facility failed to provide the following documentation for the fire sprinkler system;

-Annual inspection of backflow.

-Annual forward flow test on backflow.

-Fire department connection hydrostatic test.

-Documentations showing quarterly inspections of fire sprinkler system.

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 904.13.5.2 2021)

Findings during the inspection were:

Kitchen suppression system shall be inspected twice a year and documentation shall be provided. Need documentation the PSI will be inspecting kitchen suppression system twice a year.

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Code Requirement

Statement of Violation

6 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

Findings during the inspection were:

Facility failed to maintain portable fire extinguisher, not secured to wall.

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)

Findings during the inspection were:

Facility failed to provide annual fire alarm report.

Fire alarm control panel has sticker showing deficiencies, facility shall provide report showing all deficiencies have been corrected.



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Code Requirement

Statement of Violation

8 Activation Test

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

(IFC 1032.10.1 2021)

Findings during the inspection were:

Facility failed to provide report showing monthly 30-second activation test of all exit signs and emergency lights.

9 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

Findings during the inspection were:

Facility failed to provide weekly inspections report and monthly 30-minute full load test for the generator.

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Code Requirement

Statement of Violation

10 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

Findings during the inspection were:

Fire to laundry room from clean linen room failed to latch.

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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: 11/28/2025

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

Jordan Gearheart Maint. Director
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
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Signature