



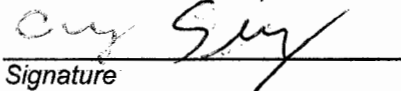
Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Quail Park at Lynnwood	Provider Number	2700
Address	4015 164 ST SW,	Approval Status	Approved
City, State, Zip	Lynnwood, WA 980879503	Facility Type	Residential Care

On 06/23/2025 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

CHRIS SCHILZ MAINTENANCE
SUPPLIER
Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
16778 146 ST SE
Monroe WA 98272
(360) 791-7037


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.



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

Business Name Quail Park at Lynnwood
Address 4015 164 ST SW,
City, State, Zip Lynnwood, WA 980879503

Provider Number 2700
Approval Status Disapproved
Facility Type Residential Care

On 05/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Door Operation

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

(IFC 705.2.4 2021)

Corrected

2 Testing

Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained.

(IFC 705.2.6 2018)

Corrected

3 Obstructed Locations

Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers.

Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904.

(IFC 903.3.3 2021)

The sprinkler head in the hallway near 159 was recessed in the ceiling which would prevent proper water flow pattern.

4 Testing and Maintenance

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

(IFC 903.5 2021)

There was a sprinkler head in the hallway near room 214 had paint on the head and must be replaced.

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Facility Type Residential Care

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Code Requirement	Statement of Violation
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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)

1. The 2nd floor memory care kitchen suppression system was yellow tagged.

2. All 5 UL 300 complaint kitchen suppression systems have 450 degree fusible links currently installed with no evidence a proper heat test in accordance manufactures instructions.

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)

Corrected

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Facility Type Residential Care

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Code Requirement	Statement of Violation
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7 Door Opening Force

The forces to unlatch doors shall comply with the following: 1. Where door hardware operates by push or pull, the operational force to unlatch the door shall not exceed 15 pounds (66.7 N). 2. Where door hardware operates by rotation, the operational force to unlatch the door shall not exceed 28 inch-pounds (315 N-cm). The force to open doors shall comply with the following: 1. For interior swinging egress doors that are manually operated, other than doors required to be fire rated, the force for pushing or pulling open the door shall not exceed 5 pounds (22 N). 2. For other swinging doors, sliding doors or folding doors, and doors required to be fire rated, the door shall require not more than a 30-pound (133 N) force to be set in motion and shall move to a full open position when subjected to not more than a 15-pound (67 N) force. (IFC 1010.1.3 2021)	Corrected
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Approval Status Disapproved
Facility Type Residential Care

On 05/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

8 Lock and Latches

Locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M, and S, and in places of religious worship, the main door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
 - 2.1. The locking device is readily distinguishable as locked;
 - 2.2. A readily visible sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and
 - 2.3. The use of the key-operated locking device is revocable by the building official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.
4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt, or security chain, provided such devices are openable from the inside without the use of a key or a tool.
5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures.
6. Doors serving roofs not intended to be occupied shall be permitted to be locked preventing entry to the building from the roof.
7. Approved, listed locks without delayed egress shall be permitted in Group I-1 condition 2 assisted living facilities licensed under chapter 388-78A WAC and Group I-1 Condition 2 residential treatment facilities licensed under chapter 246-337 WAC by the state of Washington, provided that:
 - 7.1. The clinical needs of one or more patients require specialized security measures for their safety.
 - 7.2. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.

Corrected

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Business Name	Quail Park at Lynnwood	Provider Number	2700
Address	4015 164 ST SW,	Approval Status	Disapproved
City, State, Zip	Lynnwood, WA 980879503	Facility Type	Residential Care

On 05/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
7.3. The doors unlock upon loss of electrical power controlling the lock or lock mechanism. 7.4. The lock shall be capable of being deactivated by a signal from a switch located in an approved location. 7.5. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door. 8. Other than egress courts, where occupants must egress from an exterior space through the building for means of egress, exit access doors shall be permitted to be equipped with an approved locking device where installed and operated in accordance with all of the following: 8.1. The occupant load of the occupied exterior area shall not exceed 300 as determined by IBC Section 1004. 8.2. The maximum occupant load shall be posted where required by Section 1004.9. Such sign shall be permanently affixed inside the building and shall be posted in a conspicuous space near all the exit access doorways. 8.3. A weatherproof telephone or two-way communication system installed in accordance with Sections 1009.8.1 and 1009.8.2 shall be located adjacent to not less than one required exit access door on the exterior side. 8.4. The egress door locking device is readily distinguishable as locked and shall be a key-operated locking device. 8.5. A clear window or glazed door opening, not less than 5 square feet (0.46 m²) sq. ft. in area, shall be provided at each exit access door to determine if there are occupants using the outdoor area. 8.6. A readily visible durable sign shall be posted on the interior side on or adjacent to each locked required exit access door serving the exterior area stating: THIS DOOR TO REMAIN UNLOCKED WHEN THE OUTDOOR AREA IS OCCUPIED. The letters on the sign shall be not less than 1 inch high on a contrasting background. 9. Locking devices are permitted on doors to balconies, decks, or other exterior spaces serving individual dwelling or sleeping units. 10. Locking devices are permitted on doors to balconies,	

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Facility Type Residential Care

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Code Requirement	Statement of Violation
decks, or other exterior spaces of 250 square feet or less, serving a private office space.oor. (IFC 1010.2.4 2021 WAC 51-54A)	

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)	Corrected
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Next inspection scheduled on or after: 06/04/2025

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

Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
16778 146 ST SE
Monroe WA 98272
(360) 791-7037

Signature

Miles Wahner Director of engineering

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Facility Type Residential Care

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Code Requirement

Statement of Violation

1 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)

Corrected

2 Listing

603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.

(IFC 0603.5.1, 2021)

Corrected

3 Ventilation System

The ventilation system in connection with hoods shall be operated at the required rate of air movement, and grease filters listed and labeled in accordance with UL 1046 shall be in place where equipment under a kitchen grease hood is used.

(IFC 607.3.1 2018)

Corrected

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 2021)

Corrected

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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)	1. The fire rated cross corridor door near room 6 would not close and latch from the fully open position. 2. Resident room 150 fire door would not close and latch from the fully open position.
6 Testing	
Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained. (IFC 705.2.6 2018)	Facility was unable to provide documentation for the annual testing the rolling fire doors located in two memory care kitchen areas.
7 Obstructed Locations	
Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers. Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904. (IFC 903.3.3 2021)	The sprinkler head in the hallway near 159 was recessed in the ceiling which would prevent proper water flow pattern.

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Code Requirement

Statement of Violation

8 Testing and Maintenance

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

(IFC 903.5 2021)

1. As per documents provided the annual sprinkler system inspection had deficiencies noted that have not been corrected.
 2. Facility is unable to provide documentation for the 3 year system full flow trip test has passed testing. Test failed due to a failed system accelerator.
 3. There was a sprinkler head in the hallway near room 214 had paint on the head and must be replaced.
 4. There was a dry sprinkler head, dated from 2012, that was found inside the walk-in refrigerator and freezer.
- NFPA 25 - 5.3.1.1.1.6 Dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals.

9 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)

1. The 2nd floor memory care kitchen suppression system was yellow tagged.
2. All 5 UL 300 complaint kitchen suppression systems have 450 degree fusible links currently installed with no evidence a proper heat test in accordance manufactures instructions.

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Facility Type Residential Care

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Code Requirement

Statement of Violation

10 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)

1. The portable fire extinguisher in the 1st floor memory care kitchen was yellow tagged, due to needing hydro test.

2. The K-type fire extinguisher in the main kitchen was missing the tamper seal.

3. The required annual maintenance for the fire extinguisher in the pool equipment room has not been completed in accordance with NFPA 10

11 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)

Corrected



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Code Requirement	Statement of Violation
------------------	------------------------

12 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 2021)

Corrected

13 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)

Corrected

14 Emergency Power for Illumination - General

In the event of power supply failure in rooms and spaces that require two or more means of egress an emergency electrical system shall automatically illuminate all of the following areas:

1. Aisles
2. Corridors
3. Exit access stairways and ramps

(IFC 1008.3.1 2015, 2018)

Corrected

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On 02/26/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

15 Door Opening Force

The forces to unlatch doors shall comply with the following:

1. Where door hardware operates by push or pull, the operational force to unlatch the door shall not exceed 15 pounds (66.7 N).
2. Where door hardware operates by rotation, the operational force to unlatch the door shall not exceed 28 inch-pounds (315 N-cm).

The force to open doors shall comply with the following:

1. For interior swinging egress doors that are manually operated, other than doors required to be fire rated, the force for pushing or pulling open the door shall not exceed 5 pounds (22 N).
2. For other swinging doors, sliding doors or folding doors, and doors required to be fire rated, the door shall require not more than a 30-pound (133 N) force to be set in motion and shall move to a full open position when subjected to not more than a 15-pound (67 N) force.

(IFC 1010.1.3 2021)

1. The fire rated cross corridor door near 2nd floor med room required excessive force to open.
2. The fire rated cross corridor door near room 28 required excessive force to open.

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Code Requirement	Statement of Violation
------------------	------------------------

16 Lock and Latches

Locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M, and S, and in places of religious worship, the main door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
 - 2.1. The locking device is readily distinguishable as locked;
 - 2.2. A readily visible sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and
 - 2.3. The use of the key-operated locking device is revocable by the building official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.
4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt, or security chain, provided such devices are openable from the inside without the use of a key or a tool.
5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures.
6. Doors serving roofs not intended to be occupied shall be permitted to be locked preventing entry to the building from the roof.
7. Approved, listed locks without delayed egress shall be permitted in Group I-1 condition 2 assisted living facilities licensed under chapter 388-78A WAC and Group I-1 Condition 2 residential treatment facilities licensed under chapter 246-337 WAC by the state of Washington, provided that:
 - 7.1. The clinical needs of one or more patients require specialized security measures for their safety.
 - 7.2. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.

1. Several emergency exit doors in memory care do not have the require codes posted within 6 feet of the door. Codes are to complicated to understand.

2. Several emergency exit doors in memory care have the wrong code posted near the door

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Code Requirement	Statement of Violation
7.3. The doors unlock upon loss of electrical power controlling the lock or lock mechanism. 7.4. The lock shall be capable of being deactivated by a signal from a switch located in an approved location. 7.5. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door. 8. Other than egress courts, where occupants must egress from an exterior space through the building for means of egress, exit access doors shall be permitted to be equipped with an approved locking device where installed and operated in accordance with all of the following: 8.1. The occupant load of the occupied exterior area shall not exceed 300 as determined by IBC Section 1004. 8.2. The maximum occupant load shall be posted where required by Section 1004.9. Such sign shall be permanently affixed inside the building and shall be posted in a conspicuous space near all the exit access doorways. 8.3. A weatherproof telephone or two-way communication system installed in accordance with Sections 1009.8.1 and 1009.8.2 shall be located adjacent to not less than one required exit access door on the exterior side. 8.4. The egress door locking device is readily distinguishable as locked and shall be a key-operated locking device. 8.5. A clear window or glazed door opening, not less than 5 square feet (0.46 m2) sq. ft. in area, shall be provided at each exit access door to determine if there are occupants using the outdoor area. 8.6. A readily visible durable sign shall be posted on the interior side on or adjacent to each locked required exit access door serving the exterior area stating: THIS DOOR TO REMAIN UNLOCKED WHEN THE OUTDOOR AREA IS OCCUPIED. The letters on the sign shall be not less than 1 inch high on a contrasting background. 9. Locking devices are permitted on doors to balconies, decks, or other exterior spaces serving individual dwelling or sleeping units. 10. Locking devices are permitted on doors to balconies,	

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Code Requirement	Statement of Violation
decks, or other exterior spaces of 250 square feet or less, serving a private office space.oor. (IFC 1010.2.4 2021 WAC 51-54A)	

17 Chute Intake Via a Chute Intake Room

Where the intake to chutes is accessed through a chute-intake room, the room shall be enclosed with 1-hour fire-resistance-rated construction. Opening protectives for the intake room shall be in accordance with Section 716 of the International Building Code and have a fire protection rating of not less than 3/4 hour. Opening protectives for the chute enclosure shall be in accordance with Section 1103.4.9.1. (IFC 1103.4.9.2.2 2021)	Corrected
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18 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)	1. As per documents provided the annual generator servicing states the battery needs to be replaced. 2. Facility is unable to provide documentation for the weekly inspections. 3. The facility was unable to provide documentation for the annual 1.5 hour load bank test required when the month load test does not meet 30 percent of the EPS nameplate kW rating. 4. The facility was unable to provide documentation for the 3 month 4 hour continuous test.
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Facility Type Residential Care

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Code Requirement

Statement of Violation

19 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

Corrected

20 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.

Corrected

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

Business Name	Quail Park at Lynnwood	Provider Number	2700
Address	4015 164 ST SW,	Approval Status	Disapproved
City, State, Zip	Lynnwood, WA 980879503	Facility Type	Residential Care

On 02/26/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 03/28/2025

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

Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
16778 146 ST SE
Monroe WA 98272
(360) 791-7037

Signature

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

Business Name	Quail Park at Lynnwood	Provider Number	2700
Address	4015 164 ST SW,	Approval Status	Disapproved
City, State, Zip	Lynnwood, WA 980879503	Facility Type	Residential Care

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Code Requirement	Statement of Violation
------------------	------------------------

1 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)

There was combustible storage within the mechanical room near 39.

2 Listing

603.5.1 Listing. Relocatable power taps shall be listed in accordance with UL 1363. Current taps shall be listed and labeled in accordance with UL 498A.

(IFC 603.5.1, 2021)

There was multi-plug adapters that does not have over current protection in use in the TV rooms in memory care.

3 Ventilation System

The ventilation system in connection with hoods shall be operated at the required rate of air movement, and grease filters listed and labeled in accordance with UL 1046 shall be in place where equipment under a kitchen grease hood is used.

(IFC 607.3.1 2018)

The grease filter in the kitchen hood system in EAL kitchen was missing.

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Code Requirement	Statement of Violation
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 2021)	1. Resident room 381 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 2. Resident room 4 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 3. Resident room 168 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 4. Resident room 170 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 5. Resident room 171 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 6. Resident room 174 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 7. Resident room 175 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 8. Resident room 179 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 9. Resident room 180 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. 10. Resident room 127 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching.

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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)	1. Resident room 328 fire door would not close and latch from the fully open position. 2. Resident room 355 fire door would not close and latch from the fully open position. 3. The fire rated cross corridor door near room 2 would not close and latch from the fully open position. 4. Resident room 150 fire door would not close and latch from the fully open position.
6 Testing	
Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained. (IFC 705.2.6 2018)	Facility was unable to provide documentation for the annual testing the rolling fire doors located in two memory care kitchen areas.
7 Obstructed Locations	
Automatic sprinklers shall be installed with regard to obstructions that will delay activation or obstruct the water distribution pattern and shall be in accordance with the applicable automatic sprinkler system standard that is being used. Automatic sprinklers shall be installed in or under covered kiosks, displays, booths, concession stands or equipment that exceeds 4 feet (1219 mm) in width. Not less than a 3-foot (914 mm) clearance shall be maintained between automatic sprinklers and the top of piles of combustible fibers. Exception: Kitchen equipment under exhaust hoods protected with a fire-extinguishing system in accordance with Section 904. (IFC 903.3.3 2021)	1. The sprinkler head in the walk-in refrigerator had boxes and food obstructing the flow pattern of the sprinkler. 2. The sprinkler head in the hallway near 159 was recessed in the ceiling which would prevent proper water flow pattern.

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Code Requirement	Statement of Violation
8 Testing and Maintenance	
Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	1. As per documents provided the annual sprinkler system inspection had deficiencies noted that have not been corrected. 2. Facility is unable to provide documentation for the 3 year dry system full flow trip test has passed testing. Test failed due to a failed system accelerator. 3. There was a sprinkler head in the hallway near room 214 had paint on the head and must be replaced. 4. There was a dry sprinkler head, dated from 2012, that was found inside the walk-in refrigerator and freezer. NFPA 25 - 5.3.1.1.1.6 Dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals.
9 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)	1. The 2nd floor memory care kitchen suppression system was yellow tagged. 2. All 5 UL 300 complaint kitchen suppression systems have 450 degree fusible links currently installed with no evidence of a proper heat test in accordance manufactures instructions.

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Code Requirement

Statement of Violation

10 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)

1. The portable fire extinguisher in the 1st floor memory care kitchen was yellow tagged, due to needing hydro test.

2. The K-type fire extinguisher in the main kitchen was missing the tamper seal.

3. The required monthly maintenance for the portable fire extinguisher in the phase 2 FACP room has not been completed.

4. The required annual maintenance for the fire extinguisher in the pool equipment room has not been completed in accordance with NFPA 10

11 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)

1. The portable fire extinguisher in the 1st floor memory care kitchen is blocked.

2. The K-type portable fire extinguisher in the main kitchen is blocked.

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Code Requirement	Statement of Violation
12 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 2021)	The fire extinguisher in the pool equipment room was not mounted in accordance with the manufacturer's installation instructions.
13 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)	1. There were 2 missing smoke detectors in room 227. 2. The power breaker #30 in panel ACA for the fire alarm system is missing locking device.
14 Emergency Power for Illumination - General	
In the event of power supply failure in rooms and spaces that require two or more means of egress an emergency electrical system shall automatically illuminate all of the following areas: 1. Aisles 2. Corridors 3. Exit access stairways and ramps (IFC 1008.3.1 2015, 2018)	1. The emergency egress light near 352 indicated a failure within the light. 2. The emergency egress light near 355 indicated a failure within the light. 3. The emergency egress light near 365 indicated a failure within the light. 4. The emergency egress light exit sign combo near therapy room would not illuminate when the test button was pressed.

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Code Requirement	Statement of Violation
15 Door Opening Force	
The forces to unlatch doors shall comply with the following: 1. Where door hardware operates by push or pull, the operational force to unlatch the door shall not exceed 15 pounds (66.7 N). 2. Where door hardware operates by rotation, the operational force to unlatch the door shall not exceed 28 inch-pounds (315 N-cm). The force to open doors shall comply with the following: 1. For interior swinging egress doors that are manually operated, other than doors required to be fire rated, the force for pushing or pulling open the door shall not exceed 5 pounds (22 N). 2. For other swinging doors, sliding doors or folding doors, and doors required to be fire rated, the door shall require not more than a 30-pound (133 N) force to be set in motion and shall move to a full open position when subjected to not more than a 15-pound (67 N) force. (IFC 1010.1.3 2021)	1. The fire rated cross corridor door near 2nd floor med room required excessive force to open. 2. The fire rated cross corridor door near room 28 required excessive force to open.

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Code Requirement	Statement of Violation
16 Lock and Latches	
Locks and latches shall be permitted to prevent operation of doors where any of the following exists: 1. Places of detention or restraint. 2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M, and S, and in places of religious worship, the main door or doors are permitted to be equipped with key-operated locking devices from the egress side provided: 2.1. The locking device is readily distinguishable as locked; 2.2. A readily visible sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and 2.3. The use of the key-operated locking device is revocable by the building official for due cause. 3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware. 4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt, or security chain, provided such devices are operable from the inside without the use of a key or a tool. 5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures. 6. Doors serving roofs not intended to be occupied shall be permitted to be locked preventing entry to the building from the roof. 7. Approved, listed locks without delayed egress shall be permitted in Group I-1 condition 2 assisted living facilities licensed under chapter 388-78A WAC and Group I-1 Condition 2 residential treatment facilities licensed under chapter 246-337 WAC by the state of Washington, provided that: 7.1. The clinical needs of one or more patients require specialized security measures for their safety. 7.2. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.	1. Several emergency exit doors in memory care do not have the require codes posted within 6 feet of the door. 2. Several emergency exit doors in memory care have the wrong code posted near the door.

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Code Requirement	Statement of Violation
7.3. The doors unlock upon loss of electrical power controlling the lock or lock mechanism. 7.4. The lock shall be capable of being deactivated by a signal from a switch located in an approved location. 7.5. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door. 8. Other than egress courts, where occupants must egress from an exterior space through the building for means of egress, exit access doors shall be permitted to be equipped with an approved locking device where installed and operated in accordance with all of the following: 8.1. The occupant load of the occupied exterior area shall not exceed 300 as determined by IBC Section 1004. 8.2. The maximum occupant load shall be posted where required by Section 1004.9. Such sign shall be permanently affixed inside the building and shall be posted in a conspicuous space near all the exit access doorways. 8.3. A weatherproof telephone or two-way communication system installed in accordance with Sections 1009.8.1 and 1009.8.2 shall be located adjacent to not less than one required exit access door on the exterior side. 8.4. The egress door locking device is readily distinguishable as locked and shall be a key-operated locking device. 8.5. A clear window or glazed door opening, not less than 5 square feet (0.46 m2) sq. ft. in area, shall be provided at each exit access door to determine if there are occupants using the outdoor area. 8.6. A readily visible durable sign shall be posted on the interior side on or adjacent to each locked required exit access door serving the exterior area stating: THIS DOOR TO REMAIN UNLOCKED WHEN THE OUTDOOR AREA IS OCCUPIED. The letters on the sign shall be not less than 1 inch high on a contrasting background. 9. Locking devices are permitted on doors to balconies, decks, or other exterior spaces serving individual dwelling or sleeping units. 10. Locking devices are permitted on doors to balconies,	

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Code Requirement	Statement of Violation
decks, or other exterior spaces of 250 square feet or less, serving a private office space.oor. (IFC 1010.2.4 2021 WAC 51-54A)	

17 Chute Intake Via a Chute Intake Room

Where the intake to chutes is accessed through a chute-intake room, the room shall be enclosed with 1-hour fire-resistance-rated construction. Opening protectives for the intake room shall be in accordance with Section 716 of the International Building Code and have a fire protection rating of not less than 3/4 hour. Opening protectives for the chute enclosure shall be in accordance with Section 1103.4.9.1. (IFC 1103.4.9.2.2 2021)	The protective door to the trash chute from the trash room near 233 does not close and latch as required by IBC 716.2.6.3.
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18 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)	1. As per documents provided the annual generator servicing states the battery needs to be replaced. 2. Facility is unable to provide documentation for the weekly inspections. 3. The facility was unable to provide documentation for the annual 1.5 hour load bank test required when the month load test does not meet 30 percent of the EPS nameplate kW rating. 4. The facility was unable to provide documentation for the 36 month 4 hour continuous test.
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Initials of Authorized Facility Representative: _____



Washington State Patrol
Fire Protection Bureau
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Business Name	Quall Park at Lynnwood	Provider Number	2700
Address	4015 164 ST SW,	Approval Status	Disapproved
City, State, Zip	Lynnwood, WA 980879503	Facility Type	Residential Care

On 01/23/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
19 Securing Compressed Gas Containers, Cylinders and Tanks	
Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. (IFC 5303.5.3 2021)	The CO2 cylinders in room EAL kitchen was not secured to prevent the cylinder from falling.
20 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.	1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months. 2. Facility is only conducting training for night shift drill. 3. Facility is not conducting swing shift drills.

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Code Requirement

Statement of Violation

Next inspection scheduled on or after: 02/22/2025

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

Print Name and Title

Deputy State Fire Marshal Brandon G. Brown
16778 146 ST SE
Monroe WA 98272
(360) 791-7037

Digitally signed by Brandon G.
Brown

Date: 2025.01.23 17:10:20 -08'00'

Brandon G. Brown

Signature

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