



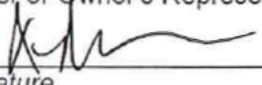
Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

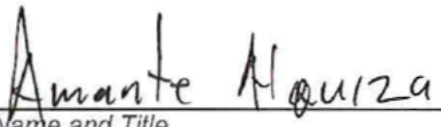
Business Name	Judson Park Retirement Community	Provider Number	681
Address	23600 MARINE VIEW ,	Approval Status	Approved
City, State, Zip	Des Moines, WA	Facility Type	Residential Care

On 01/13/2026 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


Print Name and Title

Deputy State Fire Marshal Dylan Montgomery
2505 112TH ST E
Tacoma WA 984455104
(425) 577-0362


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
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Phone: (360) 596-3900

Business Name Judson Park Retirement Community

Provider Number 681

Address 23600 MARINE VIEW ,

Approval Status Disapproved

City, State, Zip Des Moines, WA

Facility Type Residential Care

On 10/08/2025 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 Judson Park Retirement Community on 10/8/2025 by DSFM Van Gorkum of the Washington State Patrol, Fire Protection Bureau.

All inspection reports must be completely filled out from 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.

2 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 603.2.2, 2021)

The following deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. In the kitchen's electrical book has open area, exposing the internal wires.

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3 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)

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 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 annual report does not show all required fire rated doors found on the floors have been inspected.

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Statement of Violation

the door or frame
3. Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.
4. The door, frame, hinges, hardware, and non combustible threshold are secured, aligned and in working order with no visible, signs of damage
5. No parts are missing or broken
6. Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7
7. The self-closing device is operational,; that is, the active door completely closes when operated from the full open position
8. If a coordinator is installed, the inactive lead close before the active lead
9. Latching hardware operates and secures the door when it is in the closed position
10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame
11. No field modification to the door assembly have been preformed that void the label.
12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie
13. Signage affixed to a door meets the requirements listed in 4.1.4

NFPA 80 5.2.1

4 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. The double doors by room 218 would not self latch when tested.



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Statement of Violation

5 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 2021)

19.4 Periodic Inspection and Testing.

19.4.1 Each damper shall be tested and inspected 1 year after installation.

19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

NFPA 80.19.4

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 will need to be investigated regarding the missing floors and missing dampers found on buildings as-built plans.

6 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 FDC Hydro testing (NFPA 25 6.3.2)

The following deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. In the memory care area outside the nurses office and soiled linen closet have painted sprinkler heads.



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Code Requirement

Statement of Violation

7 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. The Report for 9/24/2025 has deficiencies found on report.

8 Exit Signs - Where Required

Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. Intervening means of egress doors within exits shall be marked by exit signs. Exit sign placement shall be such that any point in an exit access corridor or exit passageway is within 100 feet (30 480 mm) or the listed viewing distance of the sign, whichever is less, from the nearest visible exit sign.

Exceptions:

1. Exit signs are not required in rooms or areas that require only one exit or exit access.
2. Main exterior exit doors or gates that are obviously and clearly identifiable as exits need not have exit signs where approved by the fire code official.
3. Exit signs are not required in occupancies in Group U and individual sleeping units or dwelling units in Group R-1, R-2 or R-3.
4. Exit signs are not required in dayrooms, sleeping rooms or dormitories in occupancies in Group I-3.
5. In occupancies in Groups A-4 and A-5, exit signs are not required on the seating side of vomitories or openings into seating areas where exit signs are provided in the concourse that are readily apparent from the vomitories. Egress lighting is provided to identify each vomitory or opening within the seating area in an emergency.

(IFC 1013.1 2021)

The following deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. In the kitchen next to back door would not come on when tested.



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Code Requirement

Statement of Violation

9 Chute Discharge Protection

Chute discharges shall be equipped with a self-closing or automatic-closing opening protective in accordance with Section 716 of the International Building Code and having a fire protection rating of not less than 1 hour.

(IFC 1103.4.9.5 2021)

The following deficiencies were cited as a result of this inspection:

At time of inspection the following was observed:

1. In the boiler room, the trash chute is past due for testing.
2. Trash chute will not self-latch
3. The facility will need to she location of chutes and have monthly inspection reports.

Next inspection scheduled on or after: 11/18/2025

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 Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Signature