



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

<b>Business Name</b>	Bay Vista Commons Assisted Living Community	<b>Provider Number</b>	1983
<b>Address</b>	191 RUSSELL RD ,	<b>Approval Status</b>	Approved
<b>City, State, Zip</b>	Bremerton, WA 98312	<b>Facility Type</b>	Residential Care

On 02/25/2020 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

Darran Core  
Signature

Darran Core Facilities Manager  
Print Name and Title

Deputy State Fire Marshal Kenneth R. Dellsite  
210 11th AVE SW  
Olympia WA 98501  
(360) 561-1732

[Signature]  
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.



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<b>Business Name</b>	Bay Vista Commons Assisted Living Community	<b>Provider Number</b>	1983
<b>Address</b>	191 RUSSELL RD ,	<b>Approval Status</b>	Disapproved
<b>City, State, Zip</b>	Bremerton, WA 98312	<b>Facility Type</b>	Residential Care

On 01/07/2020 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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**1 System Test**

Systems shall be inspected and tested for proper operation at 6-month intervals. Tests shall include a check of the detection system, alarms and releasing devices, including manual stations and other associated equipment. Extinguishing system units shall be weighed and the required amount of agent verified. Stored pressure-type units shall be checked for the required pressure. The cartridge of cartridge-operated units shall be weighed and replaced at intervals indicated by the manufacturer.

(IFC 904.5.1 (2009, 2012, 2015))

**Findings were:**

Facility failed to have kitchen exhaust hoods cleaned semi annual last cleaning was done on May of 2019. .

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**2 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 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 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

Findings were:

Facility failed to inspect, test and inventory all fire doors annually.

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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 performed 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	

**Next inspection scheduled on or after:**

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Owner or Authorized Representative

Darran Core  
 Signature

Darran Core Facilities Manager  
 Print Name and Title

Deputy State Fire Marshal Kenneth R. Dellsite  
 210 11th AVE SW  
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