



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

Business Name	Aljoya House Mercer Island	Provider Number	2019
Address	2430 76TH AVE SE,	Approval Status	Approved
City, State, Zip	Mercer Island, WA 98040	Facility Type	Residential Care

On 02/12/2020 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

Maria E Johnson
Signature

MARIA E JOHNSON ESD
Print Name and Title

Deputy State Fire Marshal Brendan Magee
2803 156 AVE SE
Bellevue WA 98007
(425) 401-7735

[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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Business Name	Aljoia House Mercer Island	Provider Number	2019
Address	2430 76TH AVE SE,	Approval Status	Disapproved
City, State, Zip	Mercer Island, WA 98040	Facility Type	Residential Care

On 12/23/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Quarterley Fire Sprinkler Inspections

Quarterly inspections of fire sprinkler systems are required in all state-licensed Assisted Living Facilities, Residential Treatment Facilities, Childcare Centers and Group Homes per NFPA 25.	
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2 Inspection, testing and maintenance.

<p>Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.</p> <p>(IFC 901.6 2012, 2015)</p>	<p>The following violations were observed:</p> <p>The facility fire sprinkler system has not been serviced within the past 12 months. <i>OK</i></p> <p>The facility was unable to provide documentation showing the dry sprinkler system has had a Full Flow Trip test conducted within the past 3yrs. <i>OK</i></p>
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3 System Test

<p>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.</p> <p>(IFC 904.5.1 (2009, 2012, 2015)</p>	<p>The following violation was observed:</p> <p>The facility kitchen suppression system has not been serviced within the past 6 months. <i>OK</i></p>
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Code Requirement

Statement of Violation

4 NFPA 80 Fire Door Inspection and Testing

<p>NFPA 80 - 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.</p> <p>NFPA 80 - 5.2.4 Periodic Inspection and Testing.</p> <p>NFPA 80 - 5.2.4.1 Periodic inspections and testing shall be performed not less than annually.</p> <p>NFPA 80 - 5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information:</p> <ol style="list-style-type: none"> 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 <p>And the following shall be checked:</p> <ol style="list-style-type: none"> 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 	<p>The following violation was observed:</p> <p>The facility has not conducted annual inspections on labeled fire doors within the past 12 months. <i>OK</i></p>
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Initials of Authorized Facility Representative: _____



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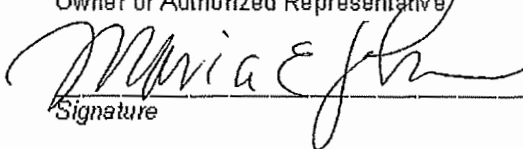
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Code Requirement	Statement of Violation
active door completely closes when operated from the full open position 8. If a coordinator is installed, the inactive lead close before the active lead 9. Latching hardware operates and secures the door when 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	

Next inspection scheduled on or after: 01/22/2020

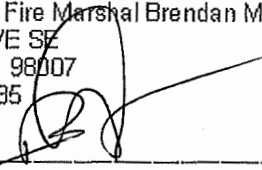
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