



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

<b>Business Name</b>	Bellettini, The	<b>Provider Number</b>	2457
<b>Address</b>	1115 108TH AVE NE,	<b>Approval Status</b>	Approved
<b>City, State, Zip</b>	Bellevue, WA	<b>Facility Type</b>	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

Jason Van Gorkum ED  
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum  
2803 156 AVE SE  
Bellevue WA 98007  
(509) 406-7209

Jason Van Gorkum  
Signature  
Date: 2025.07.01  
11:34:55 -07'00'

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>	Belletini, The	<b>Provider Number</b>	2457
<b>Address</b>	1115 108TH AVE NE,	<b>Approval Status</b>	Disapproved
<b>City, State, Zip</b>	Bellevue, WA 98004	<b>Facility Type</b>	Residential Care

On 02/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.5 ( 2021))

Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

(IFC 0405.6 2021)

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

(IFC 405.8, 2021)

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

At the time of inspection, the following paperwork was not provided:

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following drills are missing.  
3rd Shift - Quarter 1, 2 and 3

2. Signature page showing employees on duty and participating.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement

Statement of Violation

**2 Extension Cords**

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors..

(IFC 603.6 2021)

At time of inspection the following was observed:

1. Extension cord found in use to commercial reach in refrigerator in bistro.
2. Multi power cord found in use sales office plugged into power strip.
3. Extension cord found strapped to sprinkler system on P outside maintenance office.

**3 Inspection**

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 606.3.3.1 2021)

At time of inspection the following was observed:

1. Heavy buildup found behind filters. Facility will need to increase to 3 cleaners in a 12 month colander year.

**4 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)

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

At the time of inspection, the following paperwork was not provided:

1. Facility will need to provide documentation of locations of Fire-Rated Construction. Inspections report will need to show testing date, modifications, and repairs. Annual inspection of fire-resistance-rated construction will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement

Statement of Violation

**5 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)

At time of inspection the following was observed:

1. Double doors in hallway by room 510 was being held open with a wedge.

**6 Door Operation**

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

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. Double doors in hallway by room 310 will not latch.

**7 Testing and Maintenance**

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

(IFC 903.5 2021)

At time of inspection the following was observed:

1. Found missing escutcheon in resident room 131 in bedroom

**8 Fusible Link Maintenance**

Fixed temperature-sensing elements shall be maintained to ensure proper operation of the system.

(IFC 904.5.2 2021)

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

At the time of inspection, the following paperwork was not provided:

1. Report did not indicate heat temperature for the link and how many in use.

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**9 Inspection, Testing and Maintenance**

<p>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.</p> <p>(IFC 907.8 2021)</p>	<p>The following deficiencies were cited as a result of this inspection:</p> <p>At the time of inspection, the following paperwork was not provided:</p> <p>1. Deficiencies found on annual report dated 7/11/2024</p> <p>All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.</p> <p>At time of inspection the following was observed:</p> <p>1. Missing smoke detector in hallway outside room 510.</p>
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Code Requirement

Statement of Violation

**10 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)

At time of inspection the following was observed:

1. Exit sign is need to show direction of path of Egress located outside path the gate

*Garden Path*

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**11 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)	The following deficiencies were cited as a result of this inspection:  At the time of inspection, the following paperwork was not provided:  <ol style="list-style-type: none"><li>1. Annual service report</li><li>2. Log of weekly inspections</li><li>3. Monthly 30-minute full load test</li><li>4. Diesel fuel testing</li></ol> All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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**12 Security**

Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3.  (IFC 5303.5 2021)	At time of inspection the following was observed:  <ol style="list-style-type: none"><li>1. loose tank found in servers back room of Bistro.</li></ol>
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**Business Name** Bellettini, The  
**Address** 1115 108TH AVE NE,  
**City, State, Zip** Bellevue, WA 98004

**Provider Number** 2457  
**Approval Status** Disapproved  
**Facility Type** Residential Care

On 02/18/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

**13 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

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

At the time of inspection, the following paperwork was not provided:

1. Facility will need to provide documentation of locations of Fire Doors. Inspections report will need to show testing date, modifications, and repairs. Annual inspection of Fire Doors will need to be performed and completed.

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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: 03/20/2025

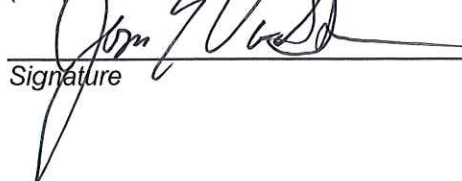
**Right of appeal.** Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative

  
Signature

  
BRIAN PROUTY, EXEC DIR  
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum  
2803 156 AVE SE  
Bellevue WA 98007  
(509) 406-7209

  
Signature

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