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

Business Name	Bonaventure of the Tri-Cities	***Provider Number***	2015
Address	1800 BELLERIVE ,	***Approval Status***	Approved
City, State, Zip	Richland, WA 99352	***Facility Type***	Residential Care

On 08/10/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 233487 Here's a complaint of Fire System Please include the answers to the following questions in your report in FDM. 1. The cause of the fire?N/A 2. If the sprinklers were activated?N?A 3. If there was an evacuation / how many were evacuated?N/A 4. If there were injuries / how many? N/A 5. Did the fire department respond? No	On 08/6/2026, DSFM Harlan interviewed the Maintenance Director by phone of Bonaventure of Tri Cities located at 1800 Bellerive Drive, Richland, WA 99352 to investigate complaint ref # 233487. On 07/24/2026 the newly installed air compressor for the dry side of sprinkler system failed. The facility went into fire watch. Cascade fire reinstalled a new air compressor on 08/06/2026. The fire alarm did not activate the fire alarms system. The facility contacted there local AHJ of the sprinkler system issue. No injuries where reported. Facility will provided DSFM Harlan documentation of completion of work and that the sprinkler system is back in normal operation. Facility also provided fire watch logs for the length of time the dry system was out of service.

Next inspection scheduled on or after:

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

Kaitie Haynes
Signature

Katie Haynes, Interim Executive Director
Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Alan Harlan
Digitally signed by Alan Harlan
Date: 2026.08.10 06:49:25 -07'00'
Signature

Initials of Authorized Facility Representative: _____

This document was prepared by Residential Care Services for the Locator website.

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On 07/23/2026 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

Katie Haynes
Signature

Katie Haynes, Assistant Executive Director/ Interim ED
Print Name and Title

Deputy State Fire Marshal Alan Harlan
2803 156TH AVE SE
Bellevue WA 98007
(425) 495-7121

Alan Harlan Digitally signed by Alan Harlan Date: 2026.07.23 15:38:25 -07'00'
Signature

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

Initials of Authorized Facility Representative: _____

This document was prepared by Residential Care Services for the Locator website.