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

Business Name	Community Pride Ritzville	***Provider Number***	2631
Address	406 S CASCADE ST ,	***Approval Status***	Approved
City, State, Zip	Ritzville, WA 99169	***Facility Type***	Residential Care

On 08/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 235948 Here's a complaint of Fire alarm due to pinhole leak Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? NA 2. If the sprinklers were activated? No 3. If there was an evacuation / how many were evacuated? 13 Residents/7staff 4. If there were injuries / how many? None 5. Did the fire department respond? Yes	Complaint ref # 235948 On August 28, 2026 a representative from the State Fire Marshals Office entered the Community Pride located at 406 S Cascade St, Ritzville, WA to investigate complaint ref # 235948. I interviewed [redacted] and [redacted] On or about 8 p.m. the fire alarm sounded, residents and staff evacuated. The fire department responded and determined that there was no fire and life safety concern and that the building was safe to reenter. There was a pinhole leak that had developed in pipe that was corroded. Water was shut off and the building went into fire watch. Fire sprinkler contractor responded and repaired the pipe that same evening. Staff continued fire watch until the next morning. Fire Watch and system repair documents reviewed. No injuries were reported. No violations cited.

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

Initials of Authorized Facility Representative: _____

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

Business Name	Community Pride Ritzville	***Provider Number***	2631
Address	406 S CASCADE ST ,	***Approval Status***	Approved
City, State, Zip	Ritzville, WA 99169	***Facility Type***	Residential Care

On 08/28/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement — Statement of Violation

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

_____ _____
Signature Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746

_____
Signature

Initials of Authorized Facility Representative: _____

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