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

Business Name	Cornerstone Court	***Provider Number***	2644
Address	12322 N RUBY RD ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99218	***Facility Type***	Residential Care

On 06/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."	FOR YOUR INFORMATION.

2 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. (IFC 5303.5.3 2021)	The following violations were observed: In the c & d cottage oxygen storage room there are two unsecured oxygen tanks. CORRECTED AT INSPECTION.

Initials of Authorized Facility Representative: _____

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

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

Business Name	Cornerstone Court	***Provider Number***	2644
Address	12322 N RUBY RD ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99218	***Facility Type***	Residential Care

On 06/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement — Statement of Violation

Next inspection scheduled on or after: 07/31/2027

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

STEVEN CASELLE (MAINTENANCE)
Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-274

Barbara R. McMullen
Digitally signed by Barbara R. McMullen
Date: 2026.06.09 05:29:29 -07'00'

Signature

Initials of Authorized Facility Representative: _____

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