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

Business Name	Colonial Court Assisted Living and Memory Care	***Provider Number***	2674
Address	12016 E CATALDO AVE ,	***Approval Status***	Approved
City, State, Zip	Spokane, WA 99206	***Facility Type***	Residential Care

On 07/23/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Testing and Maintenance

Patriot fire was on site 3/31/26. Email sent on status and extension request to Adan Arreguin. Extension request from Adan Arreguin on 5/12/26 for 30 days. Extension request from Adan Arreguin on 6/2/26 for 21 days.	Sprinklers have been ordered and are scheduled to be installed on 7/6/26. Installed 7/23/26 photos received.

Next inspection scheduled on or after: 04/30/2027

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

Adan Arreguin Maintenance

Signature Print Name and Title

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

Barbara L McMullen
Signature

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	Colonial Court Assisted Living and Memory Care	***Provider Number***	2674
Address	12016 E CATALDO AVE ,	***Approval Status***	Disapproved
City, State, Zip	Spokane, WA	***Facility Type***	Residential Care

On 03/10/2026 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 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	The following violation was observed: In resident room 3-6 there is a refrigerator plugged into a multiplug adapter. In resident room 1-1 there is a powerstrip plugged into a multiplug adapter. REMOVED AT INSPECTION.

3 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)	The following violation was observed: In room 3-1 there is an refrigerator and microwave plugged into an extension cord. In room 2-6 there is an extension cord plugged into a multiplug adapter. REMOVED AT INSPECTION.

4 Testing and Maintenance

	The following violation was observed: In the kitchen the fire sprinklers in the hood suppression system and ceiling have extreme amounts of particulates attached.

Initials of Authorized Facility Representative: _____

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Business Name	Colonial Court Assisted Living and Memory Care	***Provider Number***	2674
Address	12016 E CATALDO AVE ,	***Approval Status***	Disapproved
City, State, Zip	Spokane, WA	***Facility Type***	Residential Care

On 03/10/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement — Statement of Violation

Next inspection scheduled on or after: 04/09/2026

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) 954-2748

_____
Signature

Initials of Authorized Facility Representative: _____

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