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

| | | | |
|---|---|---|---|
| ***Business Name*** | Vineyard Park at South Hill | ***Provider Number*** | 2749 |
| ***Address*** | 3319 57TH , | ***Approval Status*** | Approved |
| ***City, State, Zip*** | Spokane, WA 99223 | ***Facility Type*** | Residential Care |

On 07/24/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **1 Admin Complaint** | |
| COMPLAINT # 232396<br><br>Here's a complaint of Fire Sprinkler<br><br>Please include the answers to the following questions in your report in FDM.<br><br>1. The cause of the fire? None<br>2. If the sprinklers were activated? Yes, kitchen in freezer<br>3. If there was an evacuation / how many were evacuated? no/none<br>4. If there were injuries / how many? no/none<br>5. Did the fire department respond? Yes | On July 24, 2026, a representative from the State Fire Marshals office conducted a complaint inspection on complaint 232396.<br><br>On 7/16/26 the fire sprinkler in the kitchen freezer activated and the fire alarm went off due to water flow. The fire department responded and found a sprinkler had activated in the kitchen in the freezer. The fire department shut off the sprinkler system and the facility then went into a fire watch. Fire sprinkler contractor was contacted and resolved the issue the following morning. Fire watch concluded.<br><br>I interviewed the Administrator, she provided fire drill documents, fire sprinkler contractor service report, and training notice.<br><br>No IFC violations observed. |

**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*

Alethia Salter Executive Director
Print Name and Title

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

Barbara Mc

*Signature*



Initials of Authorized Facility Representative: _____

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