



**Business Name** Willow Grove Home  
**Address** 1620 E Mead ST ,  
**City, State, Zip** Spokane, WA 99218

**Provider Number** 2399  
**Approval Status** Approved  
**Facility Type** Residential Care

On 06/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

**No violations were observed during this inspection.**

**Congratulations!**  
**No Violations!**

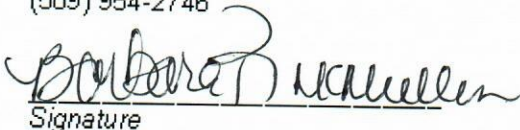
**Thank you for your continued dedication to the safety  
and well-being of your residents, staff, and visitors.**

Owner or Owner's Representative

  
Signature

Kevin Geist Maintenance  
Print Name and Title

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

  
Signature

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