



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

June 15, 2020

**CERTIFIED MAIL 7018 1830 0000 2386 4037**

Licensee, Debra Jordan  
Madison's Cottage  
1506 N Mamer Rd  
Spokane Valley, WA 99216

Adult Family Home License #**752950**

**IMPOSITION OF CONDITIONS ON A LICENSE AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On June 8, 2020, the Department of Social and Health Services (DSHS), Residential Care Services (RCS) completed a complaint investigation at your facility. This letter is formal notice of the imposition of conditions on a license and stop placement order prohibiting admissions on the license of your adult family home, located at **1506 N Mamer Rd, Spokane Valley**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and stop placement order prohibiting admissions are based on the following violation of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **June 8, 2020**.

**Stop Placement Order Prohibiting Admissions**

**WAC 388-76-10020(1)(2) – License – Ability to provide care and services.**

**The adult family home (AFH) provider lacked the understanding that she was responsible for paying the routine fees for the home's operation, including liability insurance, utilities, Department of Labor and Industries (L&I) fees and had a history of delinquent payments for (RCS) annual licensing fees. This resulted in unpaid bills necessary to maintain the functioning of the home and ensuring the wellbeing for all residents.**

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The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you by **verbal** or **personal delivery** on **June 15, 2020**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Carmen Church, Field Manager at (509) 323-7321.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

### **Conditions on License**

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The adult family home (AFH) provider must hire, at their own expense, an independent accounting agency by June 26, 2020, not currently or previously affiliated with the AFH and familiar with AFH regulations, to assist the provider to develop and implement an accounting system ensuring, but not limited to, the following:***
  - ***Review the AFH accounting practices.***
  - ***Evaluate the AFH current financial obligations such as but not limited to:***
    - ***All federal, state, city, and county tax and insurance liabilities.***
    - ***Verify property owned by the AFH providers or affiliated business entity is current on all liabilities.***
    - ***Payroll practices such as time cards, time card management, payroll taxes, and obligations.***
    - ***Status of utility payments.***
  - ***Comply with the established and agreed upon repayment plan with L&I, associated with the AFH.***

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- *Establish systems to monitor all current or future payment plans associated with financial obligations.*
  - *Report any failure to meet any financial obligation payments or payment plans to the Department's toll-free hotline 1-800-562-6078 and appropriate agencies.*
  - *Provide a monthly summary written report of the status of the AFH's compliance with meeting their required financial obligations.*
  - *The requirement to provide all reports will continue for a period of 24 months after the establishment of agreed upon payment plans.*
- *The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.*

These conditions are effective on **June 15, 2020**, and remain in effect until lifted by formal Department of Social and Health Services notice.

***NOTE: This is the violation, which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.***

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Carmen Church, Field Manager  
Region 1, Unit E  
316 West Boone Ave, Suite 170  
Spokane, WA 99201-2351  
Phone: (509) 323-7321 / Fax: (509) 329-3993

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [RCW 70.128]

**YOU MAY:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter.

You **must** use an “**IDR Request Form**” for each citation or enforcement you plan to dispute. You can find this form and directions on the AFH professional page at:  
<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to:

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**You may also scan and/or e-mail materials within 10 working days to**  
[rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov).  
Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions, and stop placement.  
**All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Carmen Church, Field Manager, at (509) 323-7321.

Sincerely,



Amanda Jackson  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit E  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
cb

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**REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS**

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE REQUEST FAXED:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_

**TO:** \_\_\_\_\_, Field Manager, Region \_\_\_ Unit \_\_\_

**I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.**

**The following steps have been taken to ensure lasting correction.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

\_\_\_\_\_  
**Licensee or Designee Signature**

\_\_\_\_\_  
**Date**