



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

January 16, 2024

**REGULAR MAIL**

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

Adult Family Home License #**752950**

**NOTICE OF RETURNED MAIL**

Dear Licensee:

Enclosed is an **imposition of civil fines and continued and amended conditions on a license letter, and notice of continued and amended conditions on a license**. These documents were mailed to you by certified mail on November 13, 2023, and returned to our office on January 11, 2024. You must acknowledge the receipt of this notice.

Please contact Tamara Tredo, Field Manager, at (509) 323-7321.

Sincerely,

Rathana Duong  
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  
HP