



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Home and Community Living Administration  
PO Box 45600, Olympia, WA 98504-5600

September 29, 2025

**ELECTRONIC-FACSIMILE**

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

Adult Family Home License # **752950**  
Entity Representative: Debra-Jeanette Jordan

**CONTINUED AND AMENDED CONDITIONS ON A LICENSE AND  
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On September 25, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow up visit at your facility. This letter is formal notice of the imposition of continued and amended conditions on a license and continued 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 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The continued and amended conditions on a license and continued stop placement order prohibiting admissions are based on the following violations 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 **September 25, 2025**.

**Continued Stop Placement Order Prohibiting Admissions**

**WAC 388-76-10191 (1)(a)(b)(3) Liability insurance required.**

The licensee failed to maintain professional liability insurance coverage while providing care for five residents. This failure placed the residents at risk of not being covered in case of injury or property damage caused by an act or omission by the home's staff.

This is an uncorrected deficiency previously cited on July 2, 2025, May 8, 2025, and March 13, 2025, and a repeated deficiency previously cited on October 27, 2023, September 6, 2023, and July 5, 2023, for subsections (1)(a)(b) only.

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The stop placement was **verbally** imposed on **May 14, 2025**, in a notice dated May 15, 2025. The stop placement was continued and **personally delivered** on **July 8, 2025**, in a notice dated July 8, 2025. The stop placement is again continued and was **verbally** imposed on **September 26, 2025**, and by electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued 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 continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued 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 continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Selena Clemons, Field Manager, at (509) 598-0182.

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 continued stop placement order prohibiting admissions.

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

### **Continued and Amended Conditions on License**

#### **WAC 388-76-10191 (1)(a)(b)(3) Liability insurance required.**

**The licensee failed to maintain professional liability insurance coverage while providing care for five residents. This failure placed the residents at risk of not being covered in case of injury or property damage caused by an act or omission by the home's staff.**

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

- ***The Adult Family Home (AFH) Provider must acquire, maintain, and submit evidence of professional liability insurance to the Department by Monday October 27, 2025.***
- ***The AFH provider must post this Notice of Continued and Amended Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

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The conditions were **verbally** imposed on **March 24, 2025**, in a notice dated March 25, 2025. The conditions were continued and amended **verbally** on **May 14, 2025**, in a notice dated May 15, 2025. The conditions were continued and amended again and **personally delivered** on **July 8, 2025**, in a notice dated July 8, 2025. The conditions are again continued and amended and **verbally** imposed on **September 26, 2025**, and remain in effect until lifted by formal Department of Social and Health Services notice.

***NOTE: These are the violations, which resulted in the continued and amended conditions on your license and continued 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:

Selena Clemons, Field Manager  
Region 1, Unit E  
8517 E Trent Ave suite 102  
Spokane Valley, WA 99212-2329  
Phone: (509) 598-0182/ Fax: (509) 921-2426  
[rcsregion1email@dshs.wa.gov](mailto:rcsregion1email@dshs.wa.gov)

**Appeal Rights:**

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

[Informal Dispute Resolution \[RCW 70.128\]](#)

**YOU MAY:**

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>.

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**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Please **email** your request(s) and supporting documentation to:

[RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov)

**OR**

**FAX to: 360-725-3225**

Formal Administrative Hearing

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

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

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

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Send your **written** request to:

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 Selena Clemons, Field Manager, at (509) 598-0182.

Sincerely,



Alfredo Brown  
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  
HQ Central Files  
DRW  
SN

**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**