



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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

RE: Madison's Cottage License # 752950

Dear Provider:

This letter addresses Compliance Determination(s) 37131 (Completion Date 02/20/2024) and 34767 (Completion Date 01/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/20/2024 and found that you have corrected the violations listed in the Follow up report dated 01/08/2024. Your home is back in compliance as of 01/23/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3,
WAC 388-76-10025-4

The Department staff who did the on-site verification:
Selena Clemons, NCI-Complaint Investigator

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 752950	Compliance Determination # 34767
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	01/08/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 01/04/2024 and 01/05/2024 of:

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

This document references the following SOD dated: 01/08/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit E
 8517 E Trent Ave, Ste 102
 Spokane Valley, WA 99212

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Tamara Tredo

Residential Care Services

01/09/2024

Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies

License #: 752950

Compliance Determination # 34767

Plan of Correction

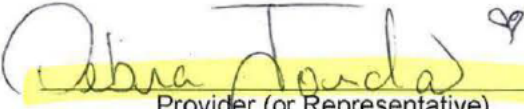
Madison's Cottage

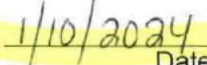
Completion Date

Page 2 of 3

Licensee: Debra Jordan

01/08/2024


Provider (or Representative)


Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 4 of 4 residents (Residents 1, 2, 3, & 4) residing in the home. This failure resulted in the residents living in an AFH with outstanding licensing fees.

Findings included...

On 01/04/2024 review of Facilities Management System (FMS) showed the home's annual licensing fee of \$1,350.00 was due on 09/15/2023 and had not been paid.

On 01/04/2024 at 1:30 PM and 01/05/2024 at 10:35 AM, showed the home had four residents that required care and services from AFH staff.

On 01/05/2024 at 10:35 AM Staff A, Provider, reported they had paid the annual license fee by money order on 12/21/2023. Staff A stated they had lost the paper receipt of the money order and could not provide confirmation that a money order had been sent to the Department for payment of the annual license fee.

On 01/08/2024 review of FMS showed the home's annual licensing fee of \$1,350.00 remained unpaid.

This is a repeated deficiency previously cited on 02/20/2021 and 12/14/2020 and an uncorrected deficiency previously cited on 12/05/2023.

Statement of Deficiencies
Plan of Correction
Page 3 of 3

License #: 752950
Madison's Cottage
Licensee: Debra Jordan

Compliance Determination # 34767
Completion Date
01/08/2024

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison's Cottage is or will be in compliance with this law and / or regulation on (Date) 1/23/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Debra Jordan
Provider (or Representative)

1/10/2024
Date



Residential Care Services Investigation Summary Report

Provider/Facility: Madison's Cottage

Provider Type: Adult Family Home

License/Cert.#: 752950

Compliance Determination #: 32022

Intake ID: 103867

Investigator: Selena Clemons

Region/Unit #: RCS Region 1 / Unit E

Investigation Date(s): 11/02/2023 through 12/05/2023

Complainant Contact Date(s):

Allegation(s):

1. The adult family home failed to pay their annual license fee.

Investigation Methods:

Sample: Total residents: 4
Resident sample size: 4
Closed records sample size:

Observations: General environment/condition of home

Interviews: Provider

Record Reviews: Department payment records

Investigation Summary:

1. The provider was interviewed, stated they believed they had paid the annual license fee, and reported they were unsure if the license fees had been debited from their bank account. The provider did not produce proof of attempted payment of the annual license fee. A citation was issued for WAC 388-76-10025(1); see Statement of Deficiencies dated 11/22/2023.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



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Statement of Deficiencies	License #: 752950	Compliance Determination # 32022
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	12/05/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 11/02/2023 and 11/02/2023 of:

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

This document references the following complaint number(s): 103867

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

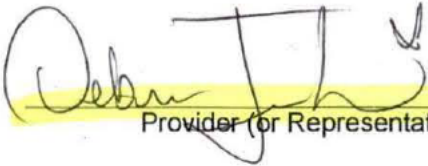
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Tamara Tredo
Residential Care Services

12/05/2023
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.


Provider (or Representative)

12/8/2023
Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 5 of 5 (Residents 1, 2, 3, 4, & 5). This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included...

On 11/02/2023 review of Facilities Management System (FMS) showed the home's annual licensing fee of \$1,350.00 was due on 09/15/2023 and had not been paid.

On 11/02/2023 at 10:25 AM observation showed the home had five residents that required care and services from AFH staff.

On 11/02/2023 at 10:25 AM Staff A, Provider, reported they had paid the annual license fee by money order, denied financial hardship, and stated they would provide a confirmation of the money order they sent to the Department. Staff A did not provide evidence that a money order had been sent to the Department for payment of the annual license fee.

On 11/22/2023 at 11:37 AM Staff A stated they thought they had paid their annual licensing fee and were unsure if the fees had been debited from their bank account.

On 11/22/2023 review of FMS showed the home's annual licensing fee of \$1,350.00 remained unpaid.

Statement of Deficiencies
Plan of Correction
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License #: 752950
Madison's Cottage
Licensee: Debra Jordan

Compliance Determination # 32022
Completion Date
12/05/2023

On 12/05/2023 a review of FMS Invoice History showed the home's licensing fee of \$1,350.00 remained unpaid.

This is a repeated deficiency previously cited on 02/20/2021 and 12/14/2020.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison's Cottage is or will be in compliance with this law and / or regulation on (Date) 12/20/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Debra Jordan
Provider (or Representative)

12/8/2023
Date

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