



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

08/19/2025

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

RE: Madison's Cottage # 752950

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64307 (Completion Date 08/19/2025) and 61358 (Completion Date 06/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/19/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10770 Telephones. The adult family home must:

(2) Allow residents privacy and reasonable access to the telephone to make and receive calls.

The Department staff who did the On Site verification:

Kortne Dunham, NCI Complaint Investigator

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community 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 # 61358
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	06/20/2025

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 06/20/2025 of:

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

This document references the following SOD dated: 06/20/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kortne Dunham, 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.

Residential Care Services	Date
<p>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.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

WAC 388-76-10770 Telephones. The adult family home must:

(2) Allow residents privacy and reasonable access to the telephone to make and receive calls.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to provide 5 of 5 residents (Residents 1, 2, 3, 4, and 5) with a dedicated, working telephone. This failure resulted in residents being unable to access a phone independently and limited privacy when making or receiving calls.

Findings included...

Review of the AFH's undated Admission Agreement on 04/22/2025 showed the residents were given reasonable access to a non-pay telephone in an area that affords privacy to the residents as a basic service.

Review of Resident 2's Negotiated Care Plan (NCP), signed and dated 08/26/2024, showed the resident was able to use the phone independently without help and staff were to make sure the phone is available when the resident wants to use it.

On 04/22/2025 at 11:28 AM, Staff A, Provider, stated residents used the caregiver's personal cellphones when they wanted to make a call. Staff A stated they did not have a dedicated phone for resident use.

On 04/22/2025 at 11:34 AM, Staff B, Caregiver, stated there was no landline phone dedicated for resident use. Staff B stated they would help residents use their own

personal cellphone if they needed to call someone.

On 04/22/2025 at 11:46 AM, Resident 1 stated they had to ask a caregiver and use the caregiver's cellphone when they wanted to make a call.

On 04/22/2025 at 11:50 AM, Resident 2 stated they used a caregiver's personal cellphone when making calls. Resident 2 stated the caregiver would dial the number and hand them the cellphone.

On 06/20/2025 at 11:10 AM, Staff A, Provider, stated they had not obtained a dedicated telephone for resident use.

This is an uncorrected deficiency previously cited on 04/22/2025.

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)_____ .

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

 Provider (or Representative)

 Date



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 # 58329
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	04/22/2025

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 04/22/2025 of:

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

This document references the following complaint number(s): 175203

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Kortne Dunham, 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.

Residential Care Services	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)	Date
------------------------------	------

WAC 388-76-10770 Telephones. The adult family home must:

- (2) Allow residents privacy and reasonable access to the telephone to make and receive calls.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to provide 5 of 5 residents (Residents 1, 2, 3, 4, and 5) with a dedicated, working telephone. This failure resulted in residents being unable to access a phone independently and limited privacy when making or receiving calls.

Findings included...

Review of the AFH's undated Admission Agreement showed the residents were given reasonable access to a non-pay telephone in an area that affords privacy to the residents as a basic service.

Review of Resident 2's Negotiated Care Plan (NCP), signed and dated 08/26/2024, showed the resident was able to use the phone independently without help and staff were to make sure the phone is available when the resident wants to use it.

On 04/22/2025 at 11:28 AM, Staff A, Provider, stated residents used the caregiver's personal cell phones when they wanted to make a call. Staff A stated they did not have a dedicated phone for resident use.

On 04/22/2025 at 11:34 AM, Staff B, Caregiver, stated there was no landline phone

dedicated for resident use. Staff B stated they would help residents use their own personal cell phone if they needed to call someone.

On 04/22/2025 at 11:46 AM, Resident 1 stated they had to ask a caregiver and use the caregiver's cell phone when they wanted to make a call.

04/22/2025 at 11:50 AM, Resident 2 stated they used a caregiver's personal cell phone when making calls. Resident 2 stated the caregiver would dial the number and hand them the cell phone.

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)_____ .

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

Provider (or Representative)

Date