



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

November 13, 2023

CERTIFIED MAIL 9489 0090 0027 6383 3299 32

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

Adult Family Home License #752950

**IMPOSITION OF CIVIL FINES AND
CONTINUED AND AMENDED CONDITIONS ON A LICENSE**

Dear Licensee:

On October 27, 2023, 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 civil fines and continued and amended conditions on the license for 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 civil fines and continued and amended conditions 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 **October 27, 2023**.

Civil Fines

WAC 388-76-10191(1)(2) Liability insurance required. **\$500.00**

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

This is a repeat citation from June 8, 2020, and uncorrected deficiency previously cited on September 6, 2023, and July 5, 2023.

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WAC 388-76-10015(1) License- Adult family home - Compliance required. **\$400.00**

The licensee failed to have a written respiratory protection program (RPP) including training on use of a respirator and fit testing for N95 respirators for three staff. This failure placed residents at risk for exposure to communicable diseases.

This is an uncorrected deficiency previously cited on September 6, 2023, and July 5, 2023.

WAC 388-76-10375(1)(2) Negotiated care plan - Signatures - Required. **\$400.00**

The licensee failed to obtain signatures and dates from the resident or their representatives on the negotiated care plans (NCP) for four residents. This failure put residents at risk for receiving care and services not agreed upon.

This is an uncorrected deficiency previously cited on September 6, 2023, and July 5, 2023.

Continued and Amended Conditions on License

WAC 388-76-10191 (1)(2) Liability insurance required.

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

This is a repeat citation from June 8, 2020, and uncorrected deficiency previously cited on September 6, 2023, and July 5, 2023.

NOTE: These are the violations, which resulted in the fines and continued and amended conditions; see the attached Statement of Deficiencies for any additional violations.

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

Continued and Amended Conditions (*Amended in italics*)

- **The Adult Family Home (AFH) must submit evidence of liability insurance coverage to the Department by *Monday, November 27, 2023.***
- **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.**

These continued and amended conditions are effective on **November 13, 2023**, and remain in effect until lifted by formal Department of Social and Health Services notice.

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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:

Tamara Tredo, Field Manager
Region 1, Unit E
8517 E Trent Ave suite 102
Spokane Valley, WA 99212-2329
Phone: (509) 323-7321 / Fax: (509) 921-2426
racsregion1email@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>.

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.

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Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

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

Formal Administrative Hearing

You may contest the civil fines and continued and amended conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines and continued and amended conditions. **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.

Send your **written** request to:

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

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,300.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

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If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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 an 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 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