



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

11/06/2025

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) 68383 (Completion Date 11/06/2025) and 66065 (Completion Date 09/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2025 and found no deficiencies.

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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(5) Provide safe and functioning systems for:

(f) Garbage disposal;

The Department staff who did the On Site verification:

Kurt Routzahn, AFH/ALF 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 # 66065
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	09/24/2025

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 09/24/2025 of:

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

This document references the following SOD dated: 09/24/2025

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

The department staff that inspected the Adult Family Home:

Kurt Routzahn, AFH/ALF 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 388-76-10750 Safety and maintenance. The adult family home must:

(5) Provide safe and functioning systems for:

(f) Garbage disposal;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a safe and functional system for garbage disposal for 4 of 4 residents (Residents 1, 2, 3, & 4). This failure resulted in residents living in an environment that was not sanitary.

Findings included...

Observation on 09/24/2025 at 9:20 AM showed 17 bags of garbage stacked along the exterior wall of the home.

On 09/24/2025 at 9:25 AM, Staff A, Provider, stated two garbage cans were supposed to be delivered to the home two weeks ago by the waste management service.

On 09/24/2025 at 2:43 PM, Staff A stated they did not realize there were no garbage cans at the AFH. Staff A stated they contacted the waste management service after the Department left the home on 09/24/2025.

This is a repeated deficiency previously cited on 07/30/2025.

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 # 63262
Plan of Correction	Madison's Cottage	Completion Date
Page 1 of 3	Licensee: Debra Jordan	07/30/2025

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 07/29/2025 of:

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

This document references the following complaint number(s): 187226

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:

Lori Butler, AFH Complaint Investigator/Licensors

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 388-76-10750 Safety and maintenance. The adult family home must:

(5) Provide safe and functioning systems for:

(f) Garbage disposal;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a safe and functional system for garbage disposal for 5 of 5 residents (Residents 1, 2, 3, 4, & 5). This failure resulted in residents living in an environment that was not sanitary.

Findings included...

On 07/29/2025 at 2:23 PM observation showed 34 bags of garbage stacked along the exterior wall of the home.

On 07/29/2025 at 12:41 PM Staff B, Caregiver, stated that the garbage dumpster had been full and they had placed the bags of garbage on the side of the house for the past couple of months.

In an interview on 07/29/2025 at 1:08 PM, Resident 1 stated that they did not like the garbage piled to the side of the home as they had smelled the garbage when they sat outside.

In an interview on 07/29/2025 at 1:40 PM, Staff A, Provider, stated that the garbage had been collected on the side of the house until it could be disposed of at the dump.

In an interview on 07/30/2025 at 9:42 AM, Collateral Contact 1, Case Manager, stated that when they had visited the home on 07/17/2025, there had been about 15 bags of garbage along the side of the home.

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