

**Adult Family Home Disclosure of  
Services  
Required by RCW 70.128.280**

HOME / PROVIDER  
**RABETH ADULT FAMILY HOME LLC/  
BETHIAH ADOFO**

LICENSE NUMBER  
**752568**

**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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**Received**  
JUL 20 2016  
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**About the Home**

1. PROVIDERS STATEMENT (OPTIONAL) WE STRIVE TO HAVE A POSITIVE IMPACT ON OUR RESIDENTS LIVES BY PROMOTING HEALTH, SAFETY AND INDIVIDUAL RIGHTS.

2. INITIAL LICENSING DATE  
**FEBRUARY 5, 2014**

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:  
**12635 84TH AVENUE S SEATTLE WA 98178**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP  
 Sole proprietor  
 Limited Liability Company  
 Co-owned by:  
 Other:

**Personal Care**

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows: RABETH ADULT FAMILY HOME LLC CAN CATER THE CLIENTS WHO REQUIRE DYSPHAGIA DIETS, LOW SODIUM OR DIABETIC, FLUID RESTRICTIONS, HAVE FOOD ALLERGIES,

2. TOILETING

If needed, the home may provide assistance with toileting as follows: RABETH ADULT FAMILY HOME LLC CAN PROVIDE STANDBY ASSISTANCE INT THE BATHROOM, PERINEAL AND PERIANAL CARE POST VOIDING OR DEFACTION, ASSISTANCE WITH INCONTINENT ADULTS WHO REQUIRE BELIEF CHANGES AND ONE PERSON SIT TO STAND ASSIST TO THE TOILET.

3. WALKING

If needed, the home may provide assistance with walking as follows: RABETH ADULT FAMILY HOME LLC STAFF CAN PROVIDE STABILITY WITH ATXIC GAITS OR IN CLIENTS WITH IMPAIRED WALKER. SHOULD A CLIENT NOT BE THEIR DURABLE MEDICAL EQUIPMENT, STAFF CAN BRING THEIR EQUIPMENT TO THEM.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: CAREGIVER IS TRAINED TO PROVIDE ONE PERSON ASSIST. RESIDENTS CAN BE ASSISTED TO TRANSFER TO THE TOILETS, COUCHES, BEDS AND RECLINERS.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: RESIDENTS WITH IMPAIRED MOBILITY, RABETH ADULT FAMILY HOME LLC CAN PROVIDE RESIDENTS WITH ACTIVE AND PASSIVE RANGE OF MOTION EXERCISES. WE CAN ASSIST RESIDENTS WITH POSITIONING OR TURNING IN BED. IN WHEELCHAIR BOUND RESIDENTS, WE OFTEN ENCOURAGE THOSE RESIDENTS TO MAKE FREQUENT SMALL SHIFTS OF THEIR BODY TO AVOID PRESSURE ULCERS.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: THIS CAN INCLUDE BOTH TOTAL ASSISTANCE OR PROMPTING WITH BED BATHS, ASSISTANCE IN ROLL IN SHOWERS, HAIR CARE SUCH AS SHAVING AND SHAMPOOING, ORAL CARE, DENTURE CARE, NAIL TRIMMING OR FILING, CHARGING HEARING AIDS, CLEANING RYE GLASSES AND APPLYING LOTIONS OR DEODORANT.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: RABETH ADULT FAMILY HOME IS ABLE TO OFFER CUING IN CLIENTS WITH MINIMAL NEEDS OR COMPLETE ASSISTANCE WITH DRESSING.

8. BATHING

If needed, the home may provide assistance with bathing as follows: *standby assist, Set up the bathroom, transfer into and out of the tub or shower room, assist shampoo and dry the hair*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: RABETH ADULT FAMILY HOME LLC CAN PROVIDE NURSE DELEGATION FOR ASSISTANCE WITH MEDICATION ADMINISTRATION, EYE DOPS, INHALERS, EAR DROPS, DIABETIC BLOOD SUGAR MONITORING, INSULIN INJECTIONS AND MEDICATED CREAMS.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

The home has the ability to provide the following skilled nursing services by delegation: *We have a nurse that is currently licensed in the state of WA to provide nursing care and services of the residents.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*We have a nurse delegator that comes in the adult home*

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

The provider lives in the home.

A resident manager lives in the home and is responsible for the care and services of each resident at all times.

The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

Registered nurse, days and times: *wednesday, Thursday & fridays*

Licensed practical nurse, days and times:

Certified nursing assistant or long term care workers, days and times: *Monday through Friday*

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages: *We ensure that we can accommodate each residents preferences food allergies and their caloric needs, and cultural and their ethnic background.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

✓ The home will accept Medicaid payments under the following conditions:

*Based on the level of care*

ADDITIONAL COMMENTS REGARDING MEDICAID

#### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following: RABETH ADULT FAMILY HOME LLC PROVIDES OPPORTUNITIES FOR SOCIALIZING WITH OTHER RESIDENTS, TWO COMMON AREAS TELEVISION

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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