

### Family Councils – An Effective Tool to Improve Care in RCFEs

One of the best ways to improve resident care in a residential care facility for the elderly (RCFE) is to organize and participate in a family council. A family council is a group of family members, friends, responsible parties or agents who meet regularly (usually once a month) to influence the quality of care provided to residents in a facility. California has the strongest protections and laws for family councils in the nation! California Health and Safety Code 1569.158 (a) states: “no residential care facility for the elderly may prohibit the formation of a family council...the family council shall be allowed to meet in a common meeting room of the facility during mutually agreed upon hours.”

#### Benefits of a Family Council

As a group with mutual concerns, individuals do not have to be scared of being isolated or threatened and can address problems that affect *all* residents, and not just one. Family council members benefit directly from sharing information, support and encouragement. Family councils help prevent common problems in RCFEs by guiding members to assert their rights and take action. By working together to solve problems, the group feels less powerless.

#### Family Council Meetings

During a family council meeting, the group may discuss an array of issues of concern, e.g., the facility’s food, the day-to-day care, resident rights. However, a family council meeting is not intended to be a gripe session. After every meeting, the group should put their concerns in writing and give them to the administration for response.

A family council has the right to meet without facility staff and, thus, without fear of retaliation. Nevertheless, the group may want to invite specific staff to specific meetings. For example, if one concern involves rate increases, invite the administrator to talk to the council, answer questions and address these concerns. An effective family council works together with the facility by sharing concerns. A family council also has the right to meet with experts or members from non-profit or governmental organizations (H&S 1569.158 (b)).

*In addition to providing a meeting space, the facility must provide an adequate space on a prominent bulletin board or other posting area for display of meeting notices, minutes and newsletters (H&S 1569.158 (d)).*

**If you have questions or concerns about getting a family council started or organized, please call the CANHR office. Supporting family councils is one of CANHR’s top priorities!**

*CCRC Corner .....(continued from page 7)*

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the profitable legal privileges accorded to that type of facility. The CCRC residents took that action to court, where it is still tied up.

Getting legislation to permit CCRCs to enter a profit-making activity proved more difficult. A bill framed by the CCRC’s administrations’ trade association laid out in detail the powers providers would have over in-home clients. These clients would have been subjected to and hemmed around with numerous restrictions up to the point of the CCRCs being empowered to seize possession of their homes if the fees were not paid. Although passed by the legislature it was vetoed by the Governor without explanation. In any event, the tax-free status of the CCRCs under state and federal law never was faced.

As can be appreciated, the entrance of CCRCs into new fields of activity based upon the use of the residents’ reserves has surely changed the relationship between the not-for-profit CCRCs and their residents. It emphasized the powerlessness of the residents’ vis-à-vis the strength of the administrators. In essence, the administrations have altered beyond recognition the original model of the CCRCs, which was based on an administration having as its first priority providing care for the elderly at the **lowest feasible cost**. Given the secrecy with which so many functions of the CCRCs are conducted, residents are at the mercy of the CCRC’s administration. Not at all what society, legislators and the IRS envisioned.

*(Ms. Hyatt is a resident of a CCRC and AARP Policy Specialist on CCRCs)*