12-1-25 Weekly Clinical Update

In the current LTC landscape of competitive cares in the LTC profession, Resident and Family Councils serve as essential platforms for advocacy, communication, and improvement. These groups empower residents and their loved ones to voice concerns, suggest enhancements, and collaborate with facility staff to elevate the quality of care and life. Supporting these councils isn't just a regulatory requirement—it's essential to ensure person-centered care. Today's message outlines key federal regulations governing resident and family councils, drawn from the Centers for Medicare & Medicaid Services (CMS) guidelines and highlights best practices to ensure their effective implementation. By fostering robust councils, nursing facilities can build trust, address grievances promptly, and create a more inclusive environment.

Per F565, under the Resident Rights Rules of Participation, Resident councils are formalized groups where nursing home residents can organize to discuss issues related to their care, treatment, and daily life. Federal law mandates that facilities support these councils to uphold residents' rights. Residents have the explicit right to organize and participate in resident groups within the facility. This includes the ability to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; support each other; plan activities; participate in educational programs; or pursue any other relevant purpose. With the regulations related to the Facility Assessment, Residents of the facility must be offered the opportunity to provide "input" into staffing plans. Facilities must provide private space for meetings and take reasonable steps to notify residents of upcoming meetings in a timely manner.

Key obligations for the facility include designating a staff person, approved by the council and the facility, to assist the group and respond to written requests from meetings. Staff, visitors, or other guests may only attend meetings if invited by the council. Facilities must consider the council's views, act promptly on grievances and recommendations concerning resident care and life and demonstrate their responses with rationales. These standards apply to all residents, regardless of payment source or length of stay, and extend to representatives if a resident lacks decision-making capacity. Non-compliance can result in citations during state surveys, where inspectors interview council representatives to verify adherence.

Beyond compliance, effective resident councils thrive on proactive support and inclusiveness. The facility must consider addressing cultural, linguistic, and cognitive needs, tracking participation from marginalized groups, and using technology for virtual involvement. Every facility has some residents that don't want to, or don't see the need to attend Resident Council meetings, so how is your facility "hearing" those concerns/needs/suggestions? The facility needs a process to hear every resident's voice.

Hold regular meetings with agendas, minutes, and follow-up on prior issues. Encourage residents to make recommendations on services, policies, and news updates. Administration should provide strong infrastructure, such as designating a non-clinical staff coordinator trained in facilitation and ensure executive sponsorship from leaders like the director of nursing. In other words, the facility's Administrator should not just automatically appoint the Activity Director (Life Enrichment Director) to facilitate the meetings. Remember, this is the RESIDENTS' meeting so the facility must avoid staff dominance—councils should remain resident-directed to maintain engagement.

Some examples of agenda items include:

- Officers in attendance
- Residents in attendance
- Invited staff members in attendance

- Review of previous council meetings minutes
- Discussion of old business including review of issues
- Review of Ombudsman program, contact information, explanation of duties of Ombudsman
- Review of location of survey results
- Review of location of posting of staffing numbers
- Review of specific Resident Rights
- Review of any/all new policies or revisions of policies since last meeting
- Discussion of new business/concerns
- Compliments/Notes of Appreciation

Additionally the notes may include staff responses to any/all grievances/concerns brought up during council meeting.

Family councils provide a similar forum for family members, friends, or representatives of residents to address shared concerns and advocate addressing of grievances/concerns to improve care. These groups operate independently but with facility support.

Residents have the right to participate in family groups, and their family members or representatives may meet with those of other residents. Facilities must provide private space for family council meetings if a group exists and notify residents and families of meetings in a timely manner. A designated staff liaison, approved by the group, must assist and respond to written requests. Staff attendance is permitted only upon invitation, and facility staff is prohibited from interfering with council formation or operations.

The Facility Assessment requires an opportunity for family members to have “input” into staffing plans and decisions. Like resident councils, facilities must listen to family council grievances and recommendations on policies affecting resident care, demonstrating prompt responses and rationales. These provisions stem from the 1987 Nursing Home Reform OBRA Act and apply nationwide to Medicare- and Medicaid-certified facilities.

Family councils benefit from a structured yet collaborative approach. The meetings cannot be so structured that family members don’t have an opportunity to express thoughts and opinions. Begin by contacting the facility's social service member to explain the council's purpose and secure support, then plan an introductory meeting with broad invitations via mailings and calls. Elect temporary officers, establish bylaws, and send a formal notification letter requesting space, times, and a staff liaison.

For operations, use a simple or committee-based structure depending on size, with monthly meetings featuring agendas, minutes, and private time without staff. The Council may want to prioritize 1-2 issues per submission to the Administrator, researching regulations for informed advocacy, and track responses. Engage all families through outreach like welcoming committees and newsletters, invite residents if desired, and connect with Ombudsmen for resources. Focus on common goals, persevere for results, and incorporate activities like educational sessions on Resident Rights and emotional support. Facilities should respond within timelines and recognize staff's role to foster alliances.

Many facilities don’t have a formal Family Council, but it can be a great advocacy tool. Facilities should not shy away from facilitating a Family Council because of fear of it turning into a “complaint session”. Rather experience says that effective Family Councils can turn those “constant complainers” into facility advocates by making members part of the solutions, not just the “problems”.

Implementing Resident and Family Councils aligns with regulatory mandates while enhancing resident satisfaction and quality of care and quality of life. By adhering to CMS guidelines and adopting these best practices, nursing facilities can transform councils into powerful tools for change. The result? Stronger communities, reduced isolation, increased resident and family satisfaction, and a strengthens commitment to dignity for all residents.

Resources:

Nursing Homes | CMS

Strengthening-Resident-Councils_Updated_101023.pdf

family-council-brochure.pdf

FCBook.pdf