

ARLEIGH BURKE PAVILION



FAMILY COUNCIL

*“The logo for the ABP Family Council depicts two hands joined together. These hands symbolize the love which Council members have for their family members and friends who are residents of ABP, and the Council's commitment to caring for all residents. The joined hands also demonstrate the constructive and positive partnership that the Family Council has with ABP leadership and staff. These combined efforts promote systematic improvements, and help in maintaining the highest standards of care possible for all ABP residents.”*

William Parsons  
ABP Family Council Member and Artist

Logo design courtesy of  
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Long-Term Care  
<http://www.theconsumervoice.org>

### ***Established by Federal Law***

The family council role is so important to the well-being of nursing home residents that the right to have such a group in a Medicare/Medicaid certified facility is established under authorization of the Nursing Home Reform Act of 1987.

The **ABP-FC** is one of many Councils which exist in facilities around the country. Resident councils and the *Resident's Bill of Rights* also are authorized under this legislation.

### **“IF YOU SEE SOMETHING, SAY SOMETHING”**

This phrase is familiar to all of us these days. It affects us in whatever we do and wherever we are. Its relevance to situations in a long term care community is equally important.

If you have individual concerns about your loved one, or if you observe something that needs attention, please communicate the details with facility officials directly and when they happen. The receptionist or health unit nurse can direct you to the proper party who can help.

#### **ABP Receptionist Desk/Concierge**

703-506-6900

#### **ABP Health Unit Charge Nurse**

703-506-2121

Concerns that cannot be resolved within the facility may be brought to the attention of  
**The Northern Virginia Long-Term Care  
Ombudsman Program**  
703-324-5861 (TTY 711 or 703-449-1186)

**For more information about the  
ABP Family Council contact:**

[ABPFamilyCouncil@gmail.com](mailto:ABPFamilyCouncil@gmail.com)

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## About Us

The Arleigh Burke Pavilion Family Council (ABP-FC) is an independent group of family members and responsible parties with loved ones at the Arleigh Burke Pavilion (ABP). Its primary goal is to advocate for the highest quality of care, services and conditions possible for all ABP residents.

Being involved in the Family Council is a good way to:

- measure the quality of care of your loved one
- affect policies and decisions which impact residents and family members
- freely voice concerns with like-minded individuals, and
- become more confident about addressing the complexities involved in the system of long-term care

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## Member Profile

Membership is open to any and all family members or responsible parties representing an ABP resident. Some members are from the local area, others reside out-of-state or overseas. Alumni also remain active in the Council.

## Member Benefits

Membership in the ABP Family Council is free. As a member you:

- become part of an independent network that identifies collective concerns and potential solutions and presents them directly to the facility Administrator
- learn about the operations of all ABP departments, standards of care, and regulations and policies that affect the residents, their living conditions and the delivery of services
- engage with other families who can share experiences and offer encouragement
- participate in organized efforts that show appreciation for staff and recognize exemplary performance, and
- stay informed of all Council actions, meeting proceedings, and other important information via the Council's email mailing list

## Meetings

Meetings are held monthly at ABP. Locations, times and agendas are announced via email and are posted on the facility bulletin boards. Attendance by non-members, including staff and outside speakers is by invitation only.

## ABP FAMILY COUNCIL Membership Application

Please complete the following application and return it to the ABP-FC mail folder at the ABP Receptionist Desk, or email it to [ABPFamilyCouncil@gmail.com](mailto:ABPFamilyCouncil@gmail.com)

Name:

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Home Address:

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Email Address:

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Phone:

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Resident Name(s):

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Health Unit # \_\_\_\_\_

Assisted Living # \_\_\_\_\_

Relationship to Resident(s):

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