

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

February 15, 2026

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Nebraska State Long-Term Care Ombudsman Annual Report

Dear Mr. Metzler:

On behalf of Nebraska's Long-Term Care Ombudsman, Odessa Shoneberg, I am submitting to the Legislature the Federal Fiscal Year 2025 State Long-Term Care Ombudsman Annual Report as required by 42 U.S.C. § 3058g(h). This independently written report was also submitted under separate cover to the Assistant Secretary for Aging and the National Ombudsman Resource Center.

The Long-Term Care Ombudsman serves as the state's independent advocate for Nebraskans living in long-term care facilities, working to ensure their dignity, safety, and rights are upheld. This report highlights program achievements and identifies opportunities for continued partnership with the State Unit on Aging and long-term care facilities in support of all Nebraskans' right to live with dignity.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Green".

Tony Green
Director, Division of Developmental Disabilities

Attachment

Division of Developmental Disabilities & Aging State Unit on Aging

State Long-Term Care Ombudsman Program Federal Fiscal Year 2025 Report

January 31, 2026

Nebraska Revised Statutes § 81-2250

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STATE LONG-TERM-CARE OMBUDSMAN PROGRAM

Mission

To empower and enhance the lives of residents in long-term care facilities by seeking resolution of issues and advocating for the residents' rights.

The Nebraska Long-Term Care Ombudsman (LTCO) Program's primary objectives are to identify, investigate, and resolve complaints made on behalf of residents in nursing homes, assisted living, and other facilities; advocate for residents' health, safety, welfare, and rights; provide residents, families, and facilities with information and education on long-term care issues; and promote systemic improvements in the long-term care system by analyzing laws and regulations and sharing resident concerns with relevant agencies.

Ombudspersons serve residents across diverse settings, including nursing homes, assisted living facilities, adult care homes, continuing care communities, swing beds in acute or extended care facilities, and adult day services.

SLTCOP INDEPENDENCE

To ensure that Ombudsman programs have autonomy, the OAA designs features that enable them to act independently. This includes creating the Office of the SLTCO as a separate entity from its host agency, utilizing a bifurcated structure and incorporating protections against willful interference. First, the Final Rule clarified the OAA's vision of program independence by describing the Office of the State Long-Term Care Ombudsman as "a distinct entity, separately identifiable, and located within or connected to the State agency." Whereas other OAA programs and services are administered by SUA (State Unit on Aging) and delivered by designated AAAs (or by the SUA when deemed a single planning and service area) in an integrated manner, the Ombudsman program is established as a distinct entity, independent of SUAs.

Under this bifurcated structure, the State Ombudsman oversees the statewide program, designates representatives of the Office, and manages the program's fiscal resources. At the same time, the SUA is responsible for ensuring that the LTCOP has sufficient resources and protections to carry out its functions.

LTCOP ACTIVITIES

The LTCOP activities, which are crucial to document primarily for reporting to the National Ombudsman Reporting System (NORS) and for state-level data validation, include core activities and metrics that must be meticulously recorded, such as:

- Complaint Investigation and Resolution:** This is a core function. Any work on complaints, from intake to resolution, must be documented in a case file within the electronic system. A case involves:
 - Identifying the complainant, the complaint code(s), the facility setting, verification of the issue, and the resolution.
 - Noting whether a complaint was referred to by another agency (e.g., for abuse, neglect, or exploitation).
- Providing Information and Assistance:** Documentation is required for instances where information (e.g., about residents' rights, care issues, services) is provided without opening a formal case. This includes consultations with residents, families, and facility staff.
- Facility Visits:** Regular, timely, private, and unimpeded access to facilities and residents is a mandated activity that needs tracking. Routine visits are required to be done quarterly.

4. **Training and Education:** The Ombudsman must document time spent developing and delivering training, passing along information, and counseling other staff and volunteers.
5. **Systems Advocacy:** Documenting efforts to represent the interests of residents before governmental agencies, recommending changes in laws and regulations, and advocating for systemic improvements.
6. **Council Meetings:** Attendance at Resident Council and Family Council meetings is a reportable activity.
7. **Volunteer Management (for local program coordinators):** Time spent developing and assisting volunteer programs, reviewing case records, and providing technical assistance to volunteers must be documented.

Figure 1. Key activities by regions are outlined below:

FFY2025	BY REGIONS					
ACTIVITY TYPES	AOWN	ENOA	MAAA	NENAAA	SCNAAA	State Office / Southeast, NE
Additional Training to Staff/Volunteers	11	16	2	78	4	60
Community Education	15	1	14	0	1	4
Complaint-Related Visit	87	650	59	118	59	26
Continuing Ed	14	271	11	2	20	32
Information & Assistance to Individuals (Other)	176	1,990	7	483	226	796
Information & Assistance to Staff	129	1,428	136	308	400	441
Participation in Facility Surveys	19	6	0	14	13	8
Routine Access	107	1,061	327	702	5	577
Training sessions for Facility Staff	8	2	6	14	5	28
Work with Family Councils	4	4	0	21	0	0
Work With Resident Councils	26	83	22	220	14	42
TOTAL	596	5,512	584	1,960	747	2,014

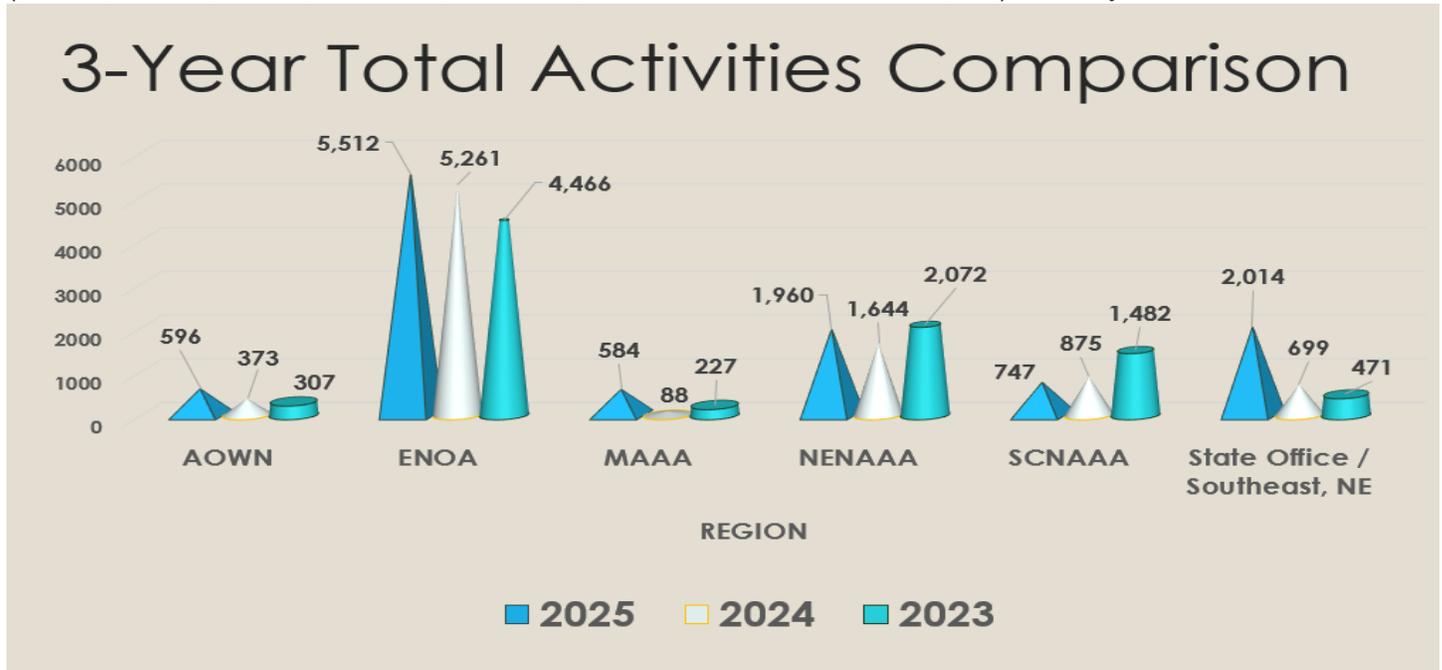
The data collected in operational areas (AOWN, ENOA, MAAA, NENAAA, SCNAAA, and State Office/Southeast, NE) likely feeds into the following NORS metrics:

- a) **Total number of cases opened.**
- b) **Number and types of complaints** (e.g., related to care, autonomy/rights, abuse/neglect/exploitation, dietary issues, transfers/discharges, activities, finances, environment, facility policies).
- c) **Number of facility visits.**
- d) **Number of information and assistance interactions.**
- e) **Disposition of complaints** (e.g., number of complaints referred to other agencies).
- f) **Resolution data**, including whether the complaint was verified and resolved to the resident's satisfaction.

Documentation must be **complete, accurate, concise, organized, clear, and confidential**. It is critical for ensuring data accuracy, tracking trends, and justifying resource allocation. Documentation is typically entered into the NORS data system as soon as practicable, and by the 5th of each month, to facilitate monthly reporting and data validation.

Long-term care ombudsman activity types include investigating and resolving individual complaints, providing information and assistance on long-term care issues, conducting regular facility visits to monitor conditions, and performing systems advocacy to recommend improvements to laws and regulations. Other activities involve providing education, supporting resident and family councils, and participating in the state survey process.

Figure 2. The data below presents figures for specific metrics or counts across various operational areas (AOWN, ENOA, MAAA, NENAAA, SCNAAA, and State Office/Southeast, NE) for the years 2023-2025.



Overall Data Observations:

The total numbers seem to fluctuate year after year, with 2025 showing a significant increase in most categories compared to the previous two years. The distribution of activity across regions changes notably each year, suggesting potential shifts in workload, project focus, or reporting methodologies.

The most notable point is the overall rise in total reported figures for 2025 across nearly all regions, especially in AOWN, ENOA, MAAA, and SCNAAA. On the other hand, NENAAA is the only region showing a steady decline in reported metrics over the past three years, due to staff turnover in that region.

SLTCOP Scope and Procedures (Neb. Rev. Stat. 11 81-2250)

Nebraska State Statute § 81-2243 defines a "long-term care facility" within the context of the state's long-term care ombudsman program, which includes licensed nursing homes, assisted living facilities, adult day services, continuing care communities, swing beds in an acute care facility or extended care facility, and any adult day service. This definition is part of a section that establishes the framework for local long-term care ombudsman programs in Nebraska.

Figure 3. Long-Term Care Licensed Facilities (LTCFs) in Nebraska under LTCOP Provisions

LTCFs	Total Licensed	Total Licensed Beds
Adult Day Services	20	6,598
Assisted Living Facilities	278	13,957
Centers for Persons with Developmental Disabilities (DD)	62	320
Intermediate Care Facilities for Persons with DD	11	351
Skilled/Nursing Facility	187	14,640
Total	558	35,866

Data taken from: <https://dhhs.ne.gov/licensure/Pages/Rosters-of-Facilities-and-Services.aspx>

Long-Term Care Ombudsman Programs need data on licensed facilities and beds to effectively advocate, allocate resources, and monitor the system by understanding the scope of vulnerable residents, identifying underserved areas (especially in residential care vs. nursing homes), tracking workload (beds per ombudsman), and informing systemic changes for quality care, as mandated by the Older Americans Act for resident protection and advocacy. This data reveals trends and staffing challenges and ensures equitable access for millions in long-term care settings.

Key Reasons for Collecting This Data:

1. Resource Allocation & Staffing:

- **Monitor Workload:** The number of beds directly impacts how many residents an ombudsman serves (e.g., a recommended 1:2,000-bed ratio).
- **Identify Gaps:** Helps pinpoint facilities or regions that require more ombudsman attention, especially in less-regulated assisted living facilities versus nursing homes.

2. Advocacy & Systemic Improvement:

- **Understand the Landscape:** Provides context for advocacy efforts on staffing, rights, and quality of care.
- **Public Policy:** Informs recommendations for changes in laws and regulations.

3. Resident Protection:

- **Vulnerability:** Acknowledges the large, vulnerable population needing advocacy.
- **Access:** Ensures regular, timely access for residents in all facilities.

4. Tracking & Accountability:

- **Programming Performance:** Measures of how effectively programs serve the growing elderly population.
- **Identify Disparities:** Shows variations in services and complaint reporting between facility types.

In essence, knowing the number of facilities and beds provides a vital snapshot of the entire long-term care system, allowing Ombudsmen to strategically protect rights, resolve issues, and advocate for better care for millions of residents.

Figure 4. Specific Data on the total licensed LTCFs & total licensed beds in each Region

	REGION											
	AOWN		ENOA		MAAA		NENAAA		SCNAAA		State/ Southeast, NE	
TYPES OF FACILITY	No. of Licensed LTCFs	No. of Licensed Beds	No. of Licensed LTCFs	No. of Licensed Beds	No. of Licensed LTCFs	No. of Licensed Beds	No. of Licensed LTCFs	No. of Licensed Beds	No. of Licensed LTCFs	No. of Licensed Beds	No. of Licensed LTCFs	No. of Licensed Beds
Board and Care	6	211	38	2,353	3	502	14	674	13	672	18	929
Nursing Facility	18	1,124	39	4,300	19	1,198	42	2,490	29	1,899	43	3,490
Residential Care Community	28	553	81	4,343	23	908	39	1,073	40	1,591	70	3,678
TOTAL	52	1,888	158	10,996	45	2,608	95	4,237	82	4,162	131	8,097

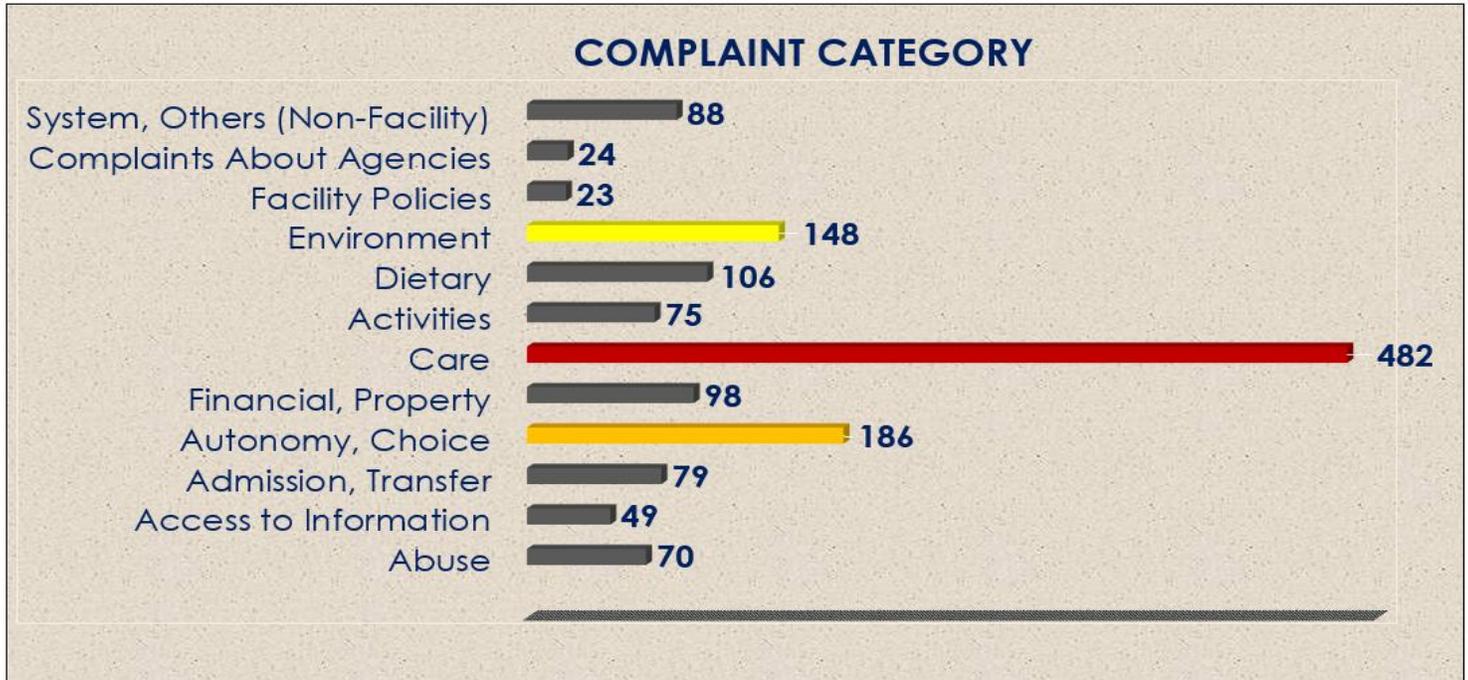
Concerns in Long-Term Care Facilities

The Long-Term Care Ombudsmen and volunteers support all residents in long-term care, including those in nursing homes, residential care homes, and assisted living facilities. The ombudspersons, personnel, and volunteers also assist individuals receiving home- and community-based services through the Developmental Disability Shared Living Provider programs and Group Homes. Concerns reported to the Long-Term Care Ombudsman usually involve resident rights, quality of care, abuse, and facility operations. Examples include violations of dignity, physical or financial abuse, poor quality of care, medication errors, dietary problems, and improper discharge or transfer of residents. The program advocates long-term care facility residents to resolve complaints that affect their health, safety, welfare, or rights.

Major Complaints in All LTC Settings

Major complaints in long-term care settings include slow response times to call buttons, poor food quality, and a lack of social interaction, all of which are frequently linked to understaffing. Other common issues involve abuse and neglect, unmet resident needs, poor quality of care, such as pressure sores, and violations of resident rights, like restrictive visiting hours.

Figure 5: The table below presents the number of cases and complaints categorized by long-term care setting, as investigated by LTCOP.



Interpretation of the data shown above for the top 3 complaints:

1. Care (482)

The fact that "care" is a top complaint in long-term care facilities indicates that residents and families are dissatisfied with the fundamental services they expect. This category encompasses a broad spectrum of specific issues, ranging from sluggish response times and insufficient personal assistance to more severe problems such as neglect and abuse. This situation underscores serious underlying deficiencies in the healthcare system, particularly for long-term care residents, who are among the most vulnerable. Principal issues contributing to care-related complaints include staffing inadequacies, neglect and abuse, poor communication, and failure to consider resident preferences.

The Long-Term Care Ombudsman (LTCO) follows a resident-directed plan: they first empower residents to self-advocate by speaking with staff or participating in facility councils, and, with the resident's permission, they investigate, gather information, and advocate directly to resolve problems at the facility level. At the facility level, local ombudsmen will work with facility staff, supervisors, and administrators by requesting special care plan meetings, utilizing the facility's grievance procedure, and escalating issues to regional managers or boards as necessary.

2. Autonomy, Choice (186)

The finding that "Autonomy, Choice, and Rights" ranks second among the most frequently reported categories of complaints in long-term care facilities indicates that residents often feel their self-determination and personal freedoms are not being respected. This complaint highlights a systemic issue where residents, who may already feel vulnerable, are not given sufficient control over their daily lives. This category encompasses a broad range of topics that fundamentally infringe upon residents' fundamental freedoms. Common concerns include loss of control over daily activities, lack of input in care decisions, forced medical treatments, restrictions on personal choices, violations of privacy, and limited access to visitors.

When autonomy, choice, and rights issues rise in long-term care, the Long-Term Care Ombudsman (LTCO) follows a resident-directed plan: they first empower residents to self-advocate then investigate complaints, advocate for residents with facility staff, and if needed, escalate to state agencies or legal help, all

while working towards broader systemic change by identifying trends and advocating for better laws, ensuring residents' wishes would guide the process.

To empower and educate residents, the LTCO will inform them, their families, and staff about their rights and how to exercise them (e.g., choices in scheduling, visitors, medical care, and activities). Encourage residents to speak directly with staff or use resident/family councils to resolve issues, promoting self-determination. If this situation is not resolved, LTCO will escalate & refer residents to other resources, such as Legal Assistance Developers (LADs) or Adult Protective Services (APS), if the situation warrants regulatory or legal action, with the residents' permission.

LTCO will address systemic advocacy by analyzing complaint data to identify significant issues, such as widespread denial of choice, and will champion policy, regulatory, and legislative reforms to enhance care and safeguard residents' rights.

3. Environment (148)

Ranking third in complaints, residents' physical or social surroundings indicate that the setting or atmosphere exerts a substantial influence on their experience. Although there is no universally accepted ranking of long-term care facility complaints, multiple sources confirm that environmental concerns are among the most frequently reported issues. When an individual raises concerns about the environment at a long-term care facility, it may indicate unsafe living conditions, poor sanitation and maintenance, inadequate nutrition and dining experiences, and other environmental factors that affect well-being.

Ombudspersons also facilitate the development and support of resident and family councils. These groups empower residents to voice collective concerns and collaborate with the administration to enhance social and physical conditions. Educate residents, their families, and facility staff regarding residents' rights and best care practices to promote a more positive environment. If a systemic issue arises, Ombudsmen will coordinate with regulatory and enforcement agencies, such as Adult Protective Services (APS) or state licensing authorities, to ensure that formal investigations are conducted when necessary (with resident consent).

Figure 6. Complaint Data in Comparison From 2024 to 2025 Reports:

COMPLAINT BY CATEGORY 2-YEAR COMPARISON			
FFY 2025	TOTAL	FFY 2024	TOTAL
Resident Care Issues	482	Resident Care Issues	437
Autonomy, Choices, Resident Rights	154	Autonomy, Choices, Resident Rights	130
Environment	148	Environment	111
Dietary	106	Dietary	98
Financial, Property	98	Financial, Property	68

Financial and property complaints were among the top 5 issues the Ombudsman assisted with in 2025. Financial and property complaints increased this year due to rising facility operating costs, primarily driven by inflation, as well as economic exploitation of residents by staff or outsiders. These issues are often interconnected, as underfunded facilities struggle to maintain quality and may cut corners to do so. A more vulnerable resident population is at higher risk of financial or property abuse.

Financial issues

1. **Rising operating costs**
Facilities face higher costs for essential goods and services due to inflation, which can force them to raise prices for residents or cut corners on care.
2. **Underfunding from Medicaid**
Many facilities are chronically underfunded by Medicaid, which pays for a large portion of long-term care but often reimburses less than the actual cost of care.
3. **Staffing shortages and pressure**
High turnover and shortages can lead to increased payroll costs and staff stress.

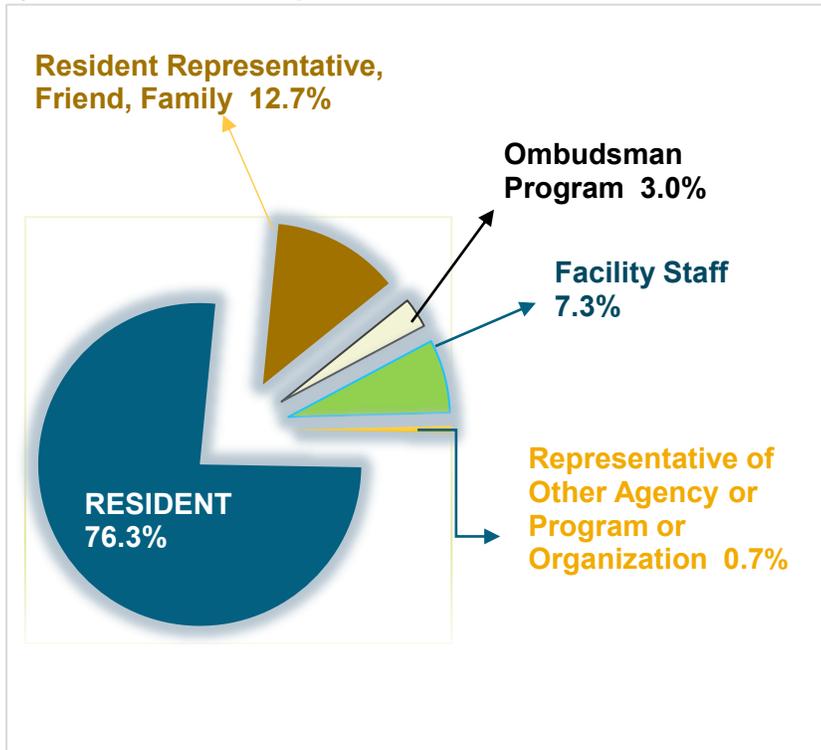
Property and exploitation issues

1. **Financial and property exploitation**
Residents are at risk of financial abuse through theft of cash or valuables, unauthorized use of credit cards or powers of attorney, and pressure to provide "gifts".
2. **Private equity involvement**
An increase in ownership by private equity firms has been linked to higher service charges and fewer frontline caregivers.
3. **Mismanagement and corner-cutting**
Some facilities, particularly those with thin profit margins, may cut corners on safety and quality of care, leading to issues with property upkeep and amenities.
4. **Vulnerability of residents**
Many residents, especially those with cognitive impairments like dementia, are more vulnerable to financial manipulation and may not realize they are being exploited until it's too late.

Figure 7: Categorizing complaints broadly about Residents' Rights, Quality of Care/Life, and Facility Operations, with specific types:

Complaint Category/Type	COMPLAINANT				
	Resident	Resident Representative, Friend, Family	Ombudsman	Facility Staff	Representative of Other Agency, Program, or Organization
Abuse	37	14	1	16	2
Access to Information	31	10	4	4	0
Admission, Transfer	41	17	0	18	3
Autonomy, Choice	149	13	6	17	1
Financial, Property	70	17	1	9	1
Care	391	64	9	17	1
Activities	63	8	3	1	0
Dietary	101	1	2	2	0
Environment	124	9	15	0	0
Facility Policies	16	4	2	1	0
Complaints About Agencies	13	6	0	4	1
System, Others (Non-Facility)	53	18	0	16	1
TOTAL	1,089	181	43	105	10

Figure 8. The Percentage Breakdown of the Complainant:



Most complaints come directly from residents. This is by design, as the Older Americans Act requires the program to act as a dedicated advocate for the residents' well-being, health, safety, welfare, and rights in long-term care facilities. Ombudspersons interact directly with residents, build trust, and ensure that residents' preferences guide how complaints are addressed. This method explains why residents feel comfortable voicing concerns. Data show that the program successfully amplifies residents' voices, emphasizing a resident-centered advocacy approach that respects confidentiality and helps residents make informed decisions about their care and living arrangements. The goal is to resolve issues to the satisfaction of residents, who are considered the "client" regardless of who initially reports the concern.

Investigation Process Timeline Overview

1. **Initial Contact:** Ombudsmen often respond within 24-48 hours or a few business days for urgent matters (abuse, neglect, immediate risk).
2. **Investigation Start:** For serious issues, they aim to start investigating quickly, sometimes within three business days.
3. **Full Investigation:** Can range from 30-60 days to up to 45 working days for substantiation.
4. **Resolution:** Varies greatly; simple issues are faster, complex ones take longer, often months if they involve systemic problems (e.g., staff shortages, complex resident needs, workload & scope expansion).

Key Factors Influencing Timelines

- a. **Urgency:** Abuse, neglect, or imminent danger gets immediate attention (next business day).
- b. **Complexity:** Cases with multiple residents, systemic problems, or needing specialist input take longer.
- c. **State Regulations:** Each state's program has specific, yet flexible, guidelines.
- d. **Resident Input:** The Ombudsman acts based on the resident's desires and needs, which can influence steps.

INDIVIDUAL SUCCESS STORY

Long-term care Ombudsmen's success stories are essential for demonstrating impact, advocating for systemic change, raising public awareness, and providing personal fulfillment to staff and volunteers. These stories are powerful tools that can go beyond statistics, humanizing the ombudsperson's work and underscoring the program's vital mission of safeguarding the rights of long-term care residents and improving the quality of life for all.

a) **Nursing Facility Resident Council**

The facility's restriction prevented the Nursing Facility Resident Council from convening, as residents could not meet without the presence of department heads. The Local Ombudsman engaged with the majority of residents to clarify the Resident Council's guidelines and objectives. The residents requested that I communicate with the administrator, as they desired an authentic resident council.

The Local Ombudsman met with the Administrator and explained the concerns and the council's guidelines. Following that meeting, I attended a resident meeting and distributed information on the resident council toolkit. The residents elected a president and vice president, and a resident council was scheduled for the next month. It has been 6 months, and the Resident Council has been a success. Attendance has increased each month, and the residents now feel they have a voice and the confidence to speak up about changes, concerns, and improvements.

b) **Power Chair for Nursing Facility Resident:**

A care plan was scheduled for a resident, and I was asked to attend by the resident because he lost the ability to use his power chair due to safety concerns. At the meeting, the resident inquired about the steps he needed to take to regain the use of his power chair. Initially, the administrator didn't want to allow the resident to retrieve his power chair. Still, after consulting with the director of therapy services and me, we reached a compromise. The resident needed to complete therapy and agree to a new cushion that allows proper sitting in his power chair. After he completed these tasks, a reassessment would be done to ensure safety. The resident agreed, and the administrator was on board for returning the power chair if the resident completed the safety training and passed the assessment. The resident completed training, passed the evaluation, and now has use of his power chair again.

c) **Resident's Safety Leaving Nursing Facility Unaccompanied**

A resident was evaluated and determined to be unsafe for unsupervised smoking but was concurrently assessed as capable of leaving the facility independently at any time. The resident expressed dissatisfaction with this decision, asserting a desire to leave the premises to smoke off-site. The facility expressed concerns regarding the staff's time spent providing smoking materials to the resident throughout the day. A meeting was convened with the administrator, social services, the director of nursing, and the local ombudsman to discuss potential options for the resident. The resident retains the right to make personal choices, including the decision to leave the property. An assessment indicated that the resident poses a low safety risk; therefore, he should be permitted to go independently and make decisions regarding his activities off the premises. The facility will formalize a contractual agreement that allows the resident to store their smoking materials in a locked box and retain them at all times, thereby reducing the need for staff intervention. The facility will also provide education on safe smoking practices and the importance of keeping smoking materials secured in the locked box at all times while within the facility, to protect other residents.

d) **Medicaid Eligibility**

A resident of a nursing facility waited over nine months without being notified of his Medicaid eligibility, whereas the typical response time is about 45 days. As a last resort, the resident and the director of social services contacted Long-Term Care (LTC) Ombudsman. Upon speaking with the resident, the

Ombudsman learned that his daughter had submitted paperwork to Medicaid multiple times, but it was either misplaced or lost. Additionally, the resident was confused about why Medicaid needed financial information from his ex-wife, given that their divorce had occurred months earlier and their estate was divided equally. The social services director and the billing manager made numerous efforts to work with the resident's Medicaid case worker; however, it seemed she repeatedly failed to act in a responsible manner. The LTC Ombudsman used her internal contacts within the state and reached out to a Medicaid supervisor. She explained his concerns and defended his interests. Using tact and diplomacy, she communicated effectively with the Medicaid supervisor. Within two days of her contact, his Medicaid application was approved. Medicaid also processed retroactive payments for several months when he was living at the facility. An LTC Ombudsman often acts as an intermediary for residents, coordinating with various entities and individuals with whom residents have difficulties, including government agencies, community organizations, healthcare providers, family members, and facility staff.

e) Involuntary Discharge

A female resident of a nursing home in rural Nebraska, suffering from severe dementia and often wandering into other residents' rooms, showed no intent to steal items or confront others. The facility staff believed her actions infringed on the rights and privacy of other residents. Her daughter contacted the Long-Term Care (LTC) Ombudsman after the nursing home scheduled a meeting to discuss her potential involuntary discharge. The daughter asked the LTC Ombudsman to accompany her to this meeting. During the consultation, the LTC Ombudsman gathered relevant information and advised that her behavior did not violate the rights of other residents. It was recommended that staff redirect her when needed, install signage, and keep resident doors closed. The guidance also assured that staff had the proper training and skills to manage and care for them appropriately. The staff seemed satisfied with this advice and decided not to issue a discharge notice. The resident's daughter expressed deep gratitude for the LTC Ombudsman's help, as she was worried about moving her mother to another facility. Due to the limited nursing home options in the area and the chance that another facility might be far away, this arrangement allowed her mother to stay at her current home long-term.

f) Resident Choice

The State Ombudsman was contacted by the management of a nursing facility regarding a resident who had elected to cease all medications, expressing a desire to die naturally. The management conveyed concerns that the resident's family might be exerting influence over this decision. The State Ombudsman conducted a private consultation with the resident to discuss their choice and to evaluate their understanding and conviction. The resident affirmed their decision, demonstrating comprehensive awareness that discontinuing medications could likely result in their death. The ombudsman provided information on hospice care and offered to investigate this option; the ombudsman also apprised facility management of the resident's wishes. Ultimately, the facility concurred to honor the residents' right to make autonomous healthcare decisions, including the cessation of medications, and pledged to support the residents' preferences.

The aforementioned real stories constitute a subset of the 1,179 complaints, either fully or partially resolved, among the 1,434 complaints received and addressed. Below are the data for the 2025 complaint reports.

Figure 9. Complaint Category/Complaint Dispositions

Complaint Category/Type	Complaint Dispositions			
	Total per Complaint Code	Resolved/ Partially Resolved	Withdrawn	Not Resolved
A = Abuse, Gross Neglect, Exploitation	72	47	13	11
B = Access to Information	48	40	4	4
C = Admission, transfer, discharge, eviction	79	48	7	24
D = Autonomy, choice, rights	186	151	20	15
E = Financial, property	98	77	7	14
F = Care	482	414	37	31
G = Activities and community integration and social services	80	70	6	4
H = Dietary	106	94	7	5
I = Environment	148	133	6	9
J = Facility policies, procedures and practices	23	17	3	3
K = Complaints about an outside agency (non-facility)	24	19	3	2
L = System and others (non-facility)	88	69	5	14
TOTAL	1434	1,179	118	136

Complaints investigated by the Long-Term Care Ombudsman Program (LTCOP) may remain unresolved due to several key factors, including the resident's failure to consent to action, the complaint falling outside the program's scope, and resource limitations.

Resident-Specific Factors

1. **Lack of Resident Consent:** The most critical factor is often the resident's decision not to pursue the complaint or not to give permission to the ombudsman to share their identifying information. The LTCOP operates under resident direction and consent, prioritizing confidentiality above all.
2. **Resident Condition:** Residents who are too frail, cognitively impaired, or have mental health issues may be unable to initiate or follow through with a complaint effectively.
3. **Resident Relocation or Death:** The resident may move out of the facility or pass away before the complaint can be fully resolved.
4. **Fear of Retaliation:** Residents may be reluctant to report issues due to fear of reprisal or retaliation from facility staff, which can impede the investigation and resolution process.

The key activities of the Long-Term Care Ombudsman Program include investigating and resolving resident complaints, providing information, advocating for residents' rights, promoting quality care, educating communities and facilities, and supporting resident and family councils. These efforts aim to enhance the long-term care system for residents in settings such as nursing homes, assisted living facilities, and board-and-care homes.

Collaborative Engagement and Efforts with Stakeholders

The Nebraska State Long-Term Care Ombudsman Program actively engages with various stakeholders to advocate for residents' rights and improve the quality of care and residents' lives in long-term care facilities. Long-term care ombudspersons engage with stakeholders through partnerships, advocacy, and complaint resolution to protect residents' rights and the quality of care. Key collaborative efforts include working with agencies such as Protection and Advocacy (P&A) and Area Agencies on Aging (AAA) through Memoranda of Understanding (MOUs), coordinating with legal aid programs, and meeting regularly with care providers, case managers, and state agencies to address common issues. This collaboration enables the ombudsman to advocate for residents, improve systems, and ensure that residents' rights are upheld.

Key Aspects of Collaborative Engagement and Efforts:

1. Residents, their families, and the general public:
 - **Education and Advocacy:** The Ombudsman program educates residents, families, facility staff, and the public on issues related to aging, long-term care, and residents' rights.
 - **Complaint Resolution:** They identify, investigate, and work to resolve complaints made by or on behalf of residents regarding their health, safety, welfare, or rights.
 - **Information & Referral:** Empowering individuals to resolve concerns and complaints themselves, according to DHHS (.gov).
 - **Community Involvement:** They promote community involvement through volunteer opportunities and support the development of resident and family councils.
2. Facility staff and administrators
 - **Consultation and Recommendations:** The Ombudsman program provides consultation and offers recommendations to enhance resident care and quality of life, and to protect resident rights within facilities. LTCOP staff and volunteers serve residents in nursing homes, board-and-care homes, assisted living facilities, and other similar settings.
 - **Education and Training:** They provide education, training, and technical assistance to facility staff and volunteers to ensure adherence to regulations and best practices.
 - **Collaboration for Improvement:** The Ombudsman program works with facilities to address concerns, resolve complaints, and advocate for changes that will benefit current and future residents.
3. Policymakers and state agencies
 - **Systems Advocacy:** The Nebraska Ombudsman program identifies broader trends and significant concerns in long-term care facilities and advocates for systemic changes at the governmental level to benefit residents statewide.
 - **Policy Discussions:** The State Unit on Aging (SUA), of which the Ombudsman program is a part, participates in stakeholder meetings on updates to regulations affecting long-term care.
 - **Collaboration with Other Agencies:** The program collaborates with state agencies and other organizations involved in long-term care to promote quality care and resident rights.
4. Volunteer advocates
 - **Support and Training:** The program provides training and technical assistance to volunteer ombudspersons who play a vital role in assisting and advocating for residents.
 - **Expansion of Reach:** Volunteers extend the program's reach to residents who may not otherwise have a voice, helping ensure the best possible quality of life.

It is essential to note that the Nebraska Long-Term Care Ombudsman Program operates independently and acts without interference from other government entities when representing the interests of residents.

Community Education and Outreach Efforts

The Long-Term Care Ombudsman Program provides the community with timely and relevant information on topics such as the role of the ombudsman, residents' and tenants' rights, advocacy, and issues, including powers of attorney, guardianship, visitation, voting, sexual expression, admissions, discharges, and evictions from long-term care facilities. In FFY 2025, Nebraska SLTCO actively sought opportunities to boost visibility and awareness of our role in Iowa for residents in long-term care. This included public speaking, media interviews, webinars, and strengthening social media engagement.

We created additional outreach materials to help loved ones and residents navigate these transitions more smoothly. Below are the educational resources in print and available on the DHHS website, covering:

- ❖ Residents' Rights
- ❖ Long-Term Care Ombudsman Services
- ❖ Surrogate Decision-Making Guide
- ❖ Selecting a Nursing Home
- ❖ Five Wishes

These resources provide valuable, tangible information and supportive references to help individuals navigate and manage uncertainty. The Office plans to expand its presence throughout Nebraska in the forthcoming year.

IDENTIFICATION OF RISKS

1. Programmatic and Operational Risks

a. Insufficient staffing

The Nebraska program has historically operated with a limited number of full-time ombudspersons. Reports have highlighted that staffing levels are significantly below recommended standards, with a dependency on volunteers and federal funding. This increases the risk that residents' complaints will go unaddressed promptly.

b. Dependency on volunteers

While valuable, relying on volunteers to augment a limited staff creates risks related to recruitment, training, retention, and maintaining consistent advocacy quality.

c. Systemic issues and transparency

Previous reports, including those from the US Senate Committee on Aging, have noted delays in state agency responses to ombudsman complaints, which puts residents at ongoing risk. This highlights a risk in the inter-agency communication and enforcement process.

d. Organizational conflicts of interest

The program's placement within the state's Unit on Aging and Disabilities creates a potential risk of organizational conflicts of interest that could impact the program's independence.

To manage conflicts of interest (COI), the key approach is strict compliance with legal, structural, and operational separations mandated by the OAA and federal rules. The SLTCOP and State Unit on Aging identified, prevented, and resolved organizational conflicts through clear, documented, and approved plans that ensure the program remains independent. According to federal regulations at 45 CFR 1324.21, the primary goal is to ensure that the Ombudsman acts exclusively in the best interests of residents, rather than in the interests of the state agency.

These conflicts are regarded as both potential and actual obstacles. Although the risk of independence remains possible, the presence of organizational structures that integrate advocacy with regulation is tangible. Existing conflicts are managed and resolved in accordance with 45 CFR 1324.21. Under the

LTCOP, clear policies have been established that define budgetary and programmatic control, ensuring the Ombudsman maintains independent decision-making authority for advocacy and systemic reform.

2. Resident Related Risks

- **Quality of care and Life:** Identified complaint themes include inadequate care, poor hygiene, slow response times, and improper use of restraints.
- **Abuse and Neglect:** The program addresses risks of physical, verbal, and mental abuse, as well as deprivation of necessary services. Monitoring shortcomings can increase the risk of abuse going unreported or unaddressed.
- **Violations of Residents' Dignity and Autonomy:** Risks encompass improper discharge or eviction, substandard food quality, and limited access to community activities.
- **Social Isolation:** Remains a significant concern for residents, especially seniors, due to lingering pandemic-era habits, fear of illness, and reduced family contact, leading to increased loneliness, mental health issues, and potential neglect, with ongoing efforts needed in elder care to foster meaningful connections through technology and personal interaction to combat these persistent effects.

3. Involuntary Discharge and Transfer (also known as facility-initiated transfer or evictions) Risks

- This often causes trauma, anxiety, and instability, while frequently placing vulnerable individuals in unsafe, inappropriate, or homeless situations.
- For LTCOP, these cases are time-consuming, challenging, and the leading source of complaints, requiring complex legal advocacy to prove procedural failures and protect residents' rights.

In accordance with federal and state regulations, long-term care facilities are mandated to transmit copies of all involuntary transfer or discharge notifications to the Resident Advocate Program. The Nebraska Revised Statute 71-6022(1)(2) Transfer or discharge of resident; conditions; procedure; involuntary transfer or discharge; notice requirements:

- (1) A nursing home shall not transfer or discharge a resident
- (2) Involuntary transfer from a nursing home or discharge of a resident

The Neb. Rev. Stat. § 71-6023, involuntary transfer or discharge; notice; contents.

- (1) The notice required by subsection (2) of section 71-6022 shall contain:
 - (a) The stated reason for the proposed transfer or discharge;
 - (b) The effective date of the proposed transfer or discharge; and
 - (c) In not less than twelve-point type, the text of section 71-445.

- (2) A copy of the notice required by subsection (2) of section 71-6022 shall be transmitted to the resident and the resident's representative, if a representative has been designated.

Long-term care facilities are required to send copies of all involuntary transfer or discharge notifications to the Resident Advocate Program. These notifications can be received in various formats, including certified mail, email, and standard postal service. After receiving such messages, the Long-Term Care Resident Advocate contacts the resident to determine their preference regarding assistance with an appeal. Due to the strict deadlines associated with appeals, it is essential to respond promptly; failure to do so may result in the case being dismissed. Considering the high volume of discharges and transfers each month and the various formats in which notifications are received, it would be advisable for the State of Nebraska to establish a more efficient system.

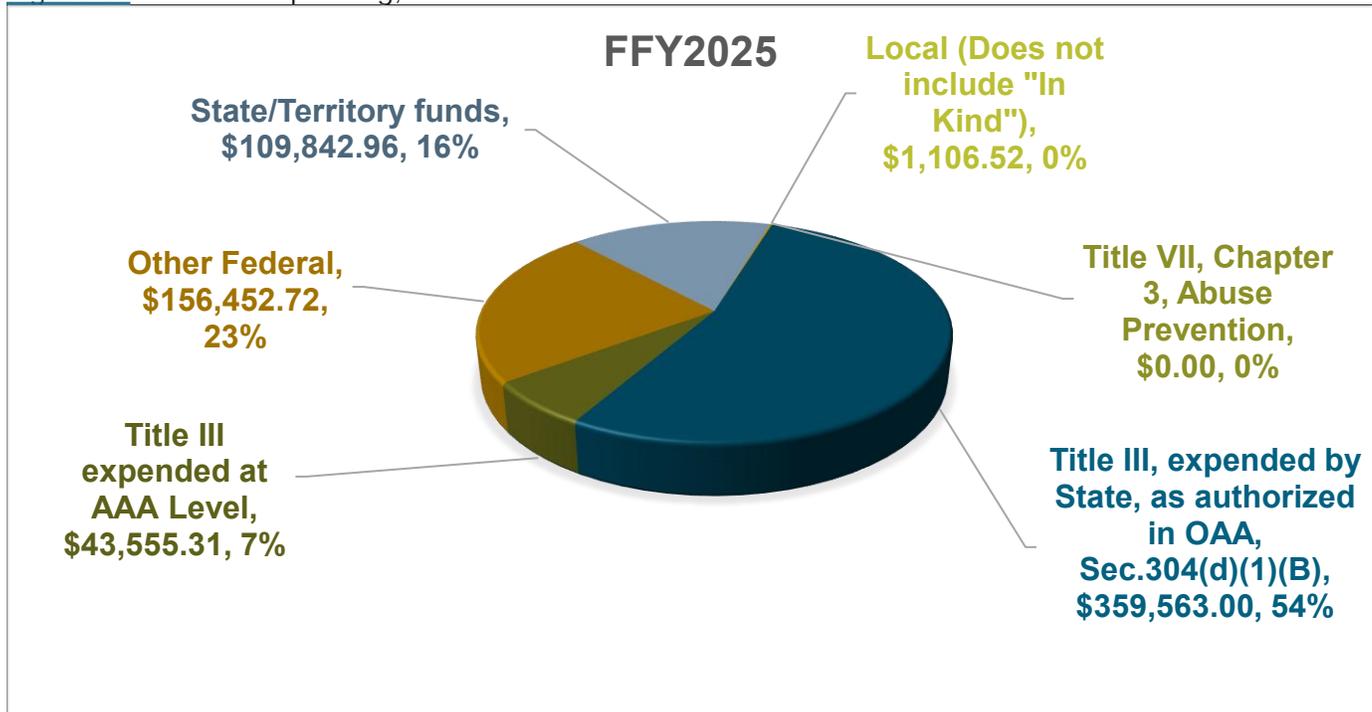
Voluntary and involuntary discharge reports may be received in various formats, including certified mail, electronic mail, and standard postal service. Upon receipt of these notifications, the Long-Term Care Resident Advocate contacts the resident to determine the resident's preference regarding assistance with an appeal. Given the strict deadlines for appeals, it is imperative to respond promptly; failure to do so may result in dismissal of the case.

Currently, the SLCTO receives these reports via regular mail, electronic mail, and fax. To enable the State Long-Term Care Ombudsman to prioritize the review of involuntary discharges, a reminder has been issued to long-term care facilities via email, emphasizing the substantial monthly volume of discharges and the diverse formats of the notices received. Voluntary transfers and discharges are to be submitted by LTCFs during the first week of each month. Conversely, involuntary discharges should be processed as they occur or communicated to the SLCTO in advance. Streamlining the reporting procedures further protects residents' rights and ensures that facilities comply with their legal obligations. Streamlining the reporting procedures further protects residents' rights and ensures that facilities comply with their legal obligations.

Nebraska SLTCOP FFY2025 Expenditures

SLTCOP spent a total of \$764,720.97 to provide ombudsperson services across the State of Nebraska in FFY2025. In compliance with Section 306(a)(9) of the OAA, each Area Agency on Aging in the State/Territory which expended Title III funds received under Section 304 (d)(1)(D) of the Act and/or Title VII funds on Ombudsman activities in FY 2019 expended at least this amount on the Ombudsman Program, as defined in Section 712 of the OAA, during the Federal fiscal year and that these expenditures supplemented and did not supplant any Federal, State or local funds expended by the agency to provide to provide Ombudsman services.

Figure 10: FFY2025 spending, which includes both State and Federal Funds



LTCOP Tracking Expended Funds

Expenditures for the LTCOP are monitored on the Nebraska State Spending website, which provides searchable, itemized data on state funds. Detailed financial allocations for the program are also documented in the DHHS annual reports, which delineate funding sources and program utilization. The program secures funding from both federal and state sources, with annual reports providing details on the use of these funds.

The Office of the Auditor of Public Accountants (APA) conducts financial and performance audits. Annual reports and audits are submitted to ACL through the OAAPS reporting system and posted on the DHHS Long-Term Care Ombudsman Program website, including a funding breakdown listing Federal IIIB, VII, and State Match IIIB funds.

Meet the Nebraska Long-Term Care Advocates



Odessa Schoneberg

State Long-Term Care Ombudsman
(SLTCO)
State Unit On Aging

I am sincerely honored to be part of a commendable program dedicated to safeguarding the rights and well-being of older adults, particularly in the essential endeavors aimed at preventing abuse and neglect within long-term care (LTC) facilities. Although I am relatively new to the role of ombudsman, my extensive background—spanning over 20 years in long-term care—has equipped me with valuable perspectives, particularly during my past seven years in management positions. As a certified Long Term Care Administrator, I have established a solid grounding in the regulations that govern these facilities. My tenure as Executive Director was exceptionally fulfilling, as it allowed me to work closely with the local long-term care ombudsman (LTCO).

I am enthusiastic about the critical work undertaken by the Ombudsman Program (LTCOP) to ensure that the rights and well-being of residents in long-term care facilities are upheld. LTCOs play a crucial role in ensuring that residents receive dignified, safe, and high-quality care to which they are entitled. What truly inspires me is the role of ombudsmen as trusted advocates for residents and their families. They address concerns, investigate complaints, and facilitate the resolution of issues related to care, safety, and residents' rights. Through their efforts, they empower residents and amplify the voices of those who may not feel heard. The LTCOP's mission to enhance care standards and facility policies is vital in fostering environments where residents can live with dignity and security.

Advocating for aging adults has always been a passion of mine, and I am genuinely committed to making a positive impact in promoting diversity, inclusion, equity, and respect for all aging individuals. Together, we have the potential to build a brighter future for our esteemed seniors!



Tami Barrett

Regional Long-Term Care Ombudsman
(RLTCO)
State Unit On Aging
Southeast, NE Local Ombudsman

I started my career early as an ombudsman. Soon after graduating from college, I was hired as the local Ombudsman at Aging Partners. I served in this position for 14 years. It didn't take me long to realize this position was more of a calling than a job. Every day, I make a positive impact in the lives of vulnerable adults residing in long-term care facilities, as well as their families, the community, and the staff. It's a true privilege to be a voice for residents.



Teresa Obermeier

Local Long-Term Care Ombudsman
(LLTCO)
Midlands Area Agency on Aging

My role as an Ombudsman started later in my career. After transitioning from the United States Air Force to the civilian workforce, I worked at a Continuing Care Retirement Community for 11 years. It was in this position, working with our residents daily, that I found my passion. I have always been drawn to a field where I can help others, and working with the senior community and those who are most vulnerable is where my passion lies. I view my role as an opportunity, not just a job, to bring warmth, dignity, and an improved quality of life to the elderly living in long-term care communities. Working closely with residents, families, and staff enables me to establish a strong foundation for delivering exceptional quality of life to elders. I am honored to work with and for our elder community.



Marsha Peters

Local Long-Term Care Ombudsman
(LLTCO)
Eastern Nebraska Office on Aging

I became an Ombudsman due to the uncomfortable situations I observed while working as a Certified Nursing Assistant at a nursing home. Regrettably, I was unaware of the Ombudsman Program until I attended the University of Nebraska in Omaha, where an Ombudsman was a guest speaker. I was pleased to learn about the program dedicated to advocating for residents in long-term care facilities.

I commenced my career as a volunteer in the Ombudsman Program and was subsequently appointed as an Ombudsman Program Specialist, responsible for visiting all ALFs within our five-county jurisdiction. I was later promoted to the position of Local Long-Term Care Ombudsman Coordinator. Currently, I have been serving as a Long-Term Care Ombudsman for four and a half years.

I am married and have two dogs, who are mixed-breed Pitbulls and Chocolate Labradors, named Maximus and Geoffrey.

In my free time, I enjoy various arts and crafts, including screen printing, baking dog treats, sewing doll clothes, writing short stories, and fishing when the weather permits. However, my most fantastic enjoyment lies in dedicating every Sunday to preparing a home-cooked meal and playing board games with my adult children. I am also an Army veteran, having served during the Gulf War, also known as Desert Storm.



Sharon Greco

Local Long-Term Care Ombudsman
(LLTCO)
Eastern Nebraska Office on Aging

I became an Ombudsman volunteer after having parents in nursing homes and assisted living facilities. The ENOA Ombudsman at the time assisted me with concerns I could not resolve. After being a volunteer for eight years, I eventually became a staff Ombudsman.



Crystal Shirley

Local Long-Term Care Ombudsman
(LLTCO)
Aging Office of Western Nebraska

I joined the Aging office of Western Nebraska in July of 2025 and accepted the position of Local Ombudsman. I quickly discovered that the role is not only meaningful but deeply rewarding. Advocating for elderly residents and ensuring their voices are heard has become one of the most fulfilling commitments of my career. A Nebraska native, I graduated from Scottsbluff High School and have worked in the medical profession for over 30 years. I went on to raise three daughters and one son, building a strong foundation rooted in family, community, and compassion.

LONG-TERM CARE OMBUDSMAN VOLUNTEERS

Ombudsman programs work with volunteers at the state and local levels to support activities and fulfill the program's responsibilities. All states, except three, use volunteers. Some states have a long history of collaborating with volunteers, while others have only recently initiated such partnerships. Since its beginning, the Ombudsman program has recognized that volunteers can help residents in long-term care facilities by forming meaningful, person-centered connections within the community. Paid Ombudsman representatives agree that the program becomes more accessible to residents through volunteers. The Older Americans Act (OAA) requires the Ombudsman to designate all office staff, including volunteers, before they participate in the program. Both paid and volunteer representatives must meet the minimum training standards set by the Administration for Community Living (ACL).

A strong volunteer base is crucial for effectively reaching rural and underserved communities. Expanding Nebraska's volunteer ombudsman program provides a cost-effective, community-focused approach to address the growing challenges in long-term care oversight. Increased volunteer involvement can enhance the ability to monitor care facilities, handle complaints, and defend residents' rights, thereby empowering volunteers and strengthening relationships among residents, their families, and the broader community. Volunteers are a key part of a more responsive, proactive, and effective ombudsman program that upholds high standards of care and advocates more vigorously for Nebraska's aging population.

MEET OUR VOLUNTEERS



SOUTHEAST NE LTCOP ADVOCATES



NORTHEAST NE LTCOP ADVOCATES

Thank you for your time reading this report. Contact us, we are here to help:

DHHS Long-Term Care Ombudsman Program
P.O. Box 95026
Lincoln, NE 68509-5026
1-800-942-7830

DHHS.LTCOmbudsman@nebraska.gov