



Long-Term Care  
**Ombudsman  
Program** **FLORIDA**

**ANNUAL REPORT**  
FEDERAL FISCAL YEAR 2024



## CONTENTS

---

**04** Message from the Secretary

---

**05** Message from the State  
Ombudsman

---

**06** Policy Pursuits and  
Recommendations

---

**07** Who are the Ombudsmen?

---

**08** Program Data

---

**09** State Council Updates  
and Discussion

---

**10** Success Stories

---

**14** Contact Information

---

**15** Office Locations

## PROGRAM MISSION

---

*“The mission of the Florida Long-Term Care Ombudsman Program is to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights.”*



## MESSAGE FROM THE SECRETARY

---

Dear Florida  
Ombudsman  
Team,

Each year, I have  
the privilege of  
reviewing the  
Ombudsman's  
Annual Report  
for the State of

Florida, and it is an honor to reflect on the incredible work you have accomplished over the past 12 months. As I read through your many achievements and the countless stories of compassionate support for seniors in long-term care communities, I find myself reflecting on the word ombudsman.

By definition, an ombudsman is someone who advocates for others, and I can't think of a more meaningful act of service than championing the needs and hopes of the most vulnerable in our communities.

Because of your selfless commitment to this mission, Florida's seniors who cannot advocate for themselves have a compassionate ear to hear their concerns and a loving and dedicated voice fighting for their well-being. As Secretary of Elder Affairs, I want to take a moment to celebrate and thank you for the life-changing, inspiring, and often challenging work you do for our most vulnerable citizens.

Whether you are resolving patient or family concerns, offering resources and assistance, or working to improve care across the state, your efforts make

a meaningful and lasting impact. The Department is proud to honor you and remains committed to providing the support and resources needed to continue your vital work.

Looking back on 2024, I want to highlight some outstanding milestones, including critical training that continues to strengthen seniors' rights, implementing a new database to support volunteers and staff better while safeguarding clients, and constantly pursuing success by creating more efficient and streamlined processes.

This comprehensive and collective dedication mirrors both the spirit and definition of an ombudsman – a role that has protected elder rights in Florida for nearly 50 years. I am confident that 2025 will bring even more progress, advocacy, and positive change to our growing infrastructure. As we build on this momentum, I look forward to working alongside you to ensure Florida remains a state where seniors not only live but thrive.

Thank you for everything you do! Keep up the amazing work, and always remember that your advocacy changes lives every single day!

In gratitude,

Secretary Michelle Branham  
Florida Department of Elder Affairs





## MESSAGE FROM THE STATE OMBUDSMAN

---

The Florida Ombudsman Program made significant strides in 2024, continuing our efforts to advocate for seniors and address the growing complexities of long-

term care. We focused on streamlining processes, upgrading our technology, and implementing statewide training for staff and volunteers, ensuring consistency across the state.

In addition, we introduced the Transitions Advocate role, which focuses on monitoring nursing home discharges to ensure seniors are not placed in unsafe environments. Our new database will assist us in tracking these discharges, identifying systemic issues, and pinpointing facilities that discharge more residents to unsafe environments compared to others.

Despite these advancements, the Florida Ombudsman program remains significantly understaffed. Over the past 53 years, every state has faced challenges adapting to the growing complexity of care in nursing homes and assisted living facilities, particularly given the low staffing standards. Unfortunately, Florida has been slow to respond to these evolving needs.

A key benchmark for measuring the visibility and effectiveness of our program is Routine Access Visits (RAVs), which are

conducted to ensure residents' rights are upheld. In 2024, only 20% of Florida's long-term care facilities received a Routine Access Visit, placing us among the bottom five states in this regard. This low percentage has significant implications for the safety and well-being of our seniors, highlighting the urgent need for increased support and staffing.

Despite these challenges, the Long-Term Care Ombudsman Program is unwavering in its commitment to advocate for Florida's most vulnerable seniors. We confidently leverage all available resources to ensure their well-being and dignity.

Sincerely,

A handwritten signature in black ink that reads "Terri Cantrell". The signature is fluid and cursive, with the first name "Terri" and last name "Cantrell" clearly distinguishable.

Terri Cantrell, State Ombudsman  
Florida Department of Elder Affairs

## POLICY PURSUITS AND RECOMMENDATIONS

At the conclusion of the 2024 Legislative session, the Governor signed HB 801 into law requiring the Florida Department of Law Enforcement (FDLE) to establish an online training program on Alzheimer's disease and related dementias for law enforcement and correctional officers. Developed in collaboration with the Department of Elder Affairs, the training will cover techniques for interacting with individuals with dementia, recognizing behavioral symptoms, effective communication strategies, alternatives to physical restraints, and identifying signs of abuse, neglect, or exploitation. The bill took effect on October 1, 2024.

The Ombudsman program continued to monitor growing concerns of private equity's role in long-term care services for seniors, including assisted living referral services and durable medical equipment providers. As the private equity landscape continues to evolve the ombudsman program will remain vigilant in advocating for residents' rights and focus on addressing the outsized influence of private equity. Strengthening legislative and regulatory frameworks will be key in ensuring that long-term care facilities prioritize resident well-being over profit-driven interests.

### **The Ombudsman Program and AHCA – What's the Difference?**

We often get the question, and people who don't understand the difference unintentionally blur the lines. The Long-Term Care Ombudsman Program and the State Long-Term Care Survey Agency have different roles, but both aim to



protect residents in long-term care facilities. The Ombudsman Program focuses on advocating for residents by addressing complaints, ensuring their rights are respected, and working to improve their quality of care. Ombudsmen help individuals, resolve issues, and push for policy changes that benefit residents.

On the other hand, the State Survey Agency is more about inspections and enforcement. They check if long-term care facilities follow state and federal rules; if not, they can issue fines, require fixes, or even shut down non-compliant facilities. While the Ombudsman Program is more about support and advocacy, the Survey Agency enforces the laws and regulations to keep facilities up to standard. So, one is about helping residents directly, while the other ensures facilities follow the rules.

## WHO ARE THE OMBUDSMEN?

---

Florida's Long-Term Care Ombudsman Program was founded in 1975 due to the federal Older Americans Act, which grants a special set of residents' rights to individuals who live in long-term care facilities such as nursing homes, assisted living facilities, and adult family care homes. In Florida, a long-term care ombudsman is a trained volunteer who helps improve the quality of care and quality of life for residents in long-term care settings.

Ombudsmen are community members from all walks of life who are passionate about improving the lives of residents living in long-term care facilities. They are trained to work with residents and their family members to communicate concerns and resolve problems by providing advocacy, support, education, and empowerment. These volunteers want their time and talents to make a difference in improving the lives of people who may be elderly and/or disabled.

Volunteers are also trained in residents' rights, problem-solving, communication, intervention, negotiation skills, and working with long-term care staff. They advocate for improving the quality of life for residents, communicating with facility staff and families to resolve their unmet needs and concerns. Ombudsmen receive and investigate complaints on behalf of nursing home residents and their families. They serve as a voice for residents in ensuring that the facility meets mandated legal standards for every person receiving long-term care services.

Common issues in nursing homes include discharges and evictions, medication administration, and matters of personal hygiene. Common issues in assisted living facilities and adult family-care homes include menu quality, quantity, and variation; medication administration; and general housekeeping or cleanliness. Ombudsmen work to resolve residents' concerns. All complaints are confidential, and all services are provided at no charge.

Ombudsmen are the heart of our program. These remarkable individuals dedicate thousands of unpaid hours each year to ensure that the voices of Florida's long-term care facility residents are heard, and problems are resolved.

You can be trained and certified as a State of Florida Long-Term Care Ombudsman and make a difference in the lives of people living in nursing homes, assisted living facilities, and adult family care homes. In addition to having the satisfaction of knowing that you are improving the care of long-term care residents, you will have the opportunity to make new friends and increase your understanding of aging and the aging process.

# PROGRAM DATA

## Year in Review

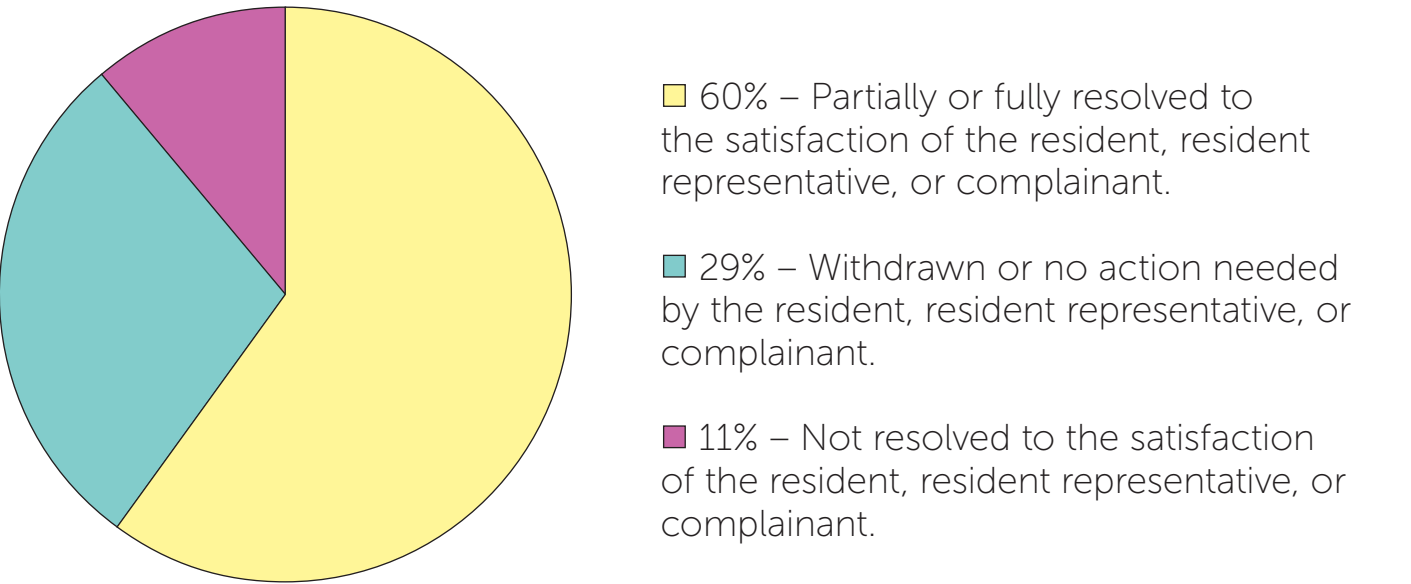
Florida’s Long-Term Care Ombudsman Program (LTCOP) achieved new milestones in success during the past year. Here are some of the highlights and accomplishments that the Ombudsman Program’s dedicated staff and volunteers achieved:

	304 Volunteers & 32 Staff Members		1,517 Complaints Investigated
	29,137 Volunteer Hours*		\$975,798 Estimated Savings to the State
	9,985 Facility Routine Access Visits		11,825 Information & Assistance Provided

\*Volunteer hours dropped 31% year over year, mirroring the continued decline in volunteerism nationwide.

## Complaint Resolution

A complaint is closed when the issue is addressed to the satisfaction of the resident or complainant. The following chart shows what types of disposition codes were assigned to closed cases in Federal Fiscal Year 2024.

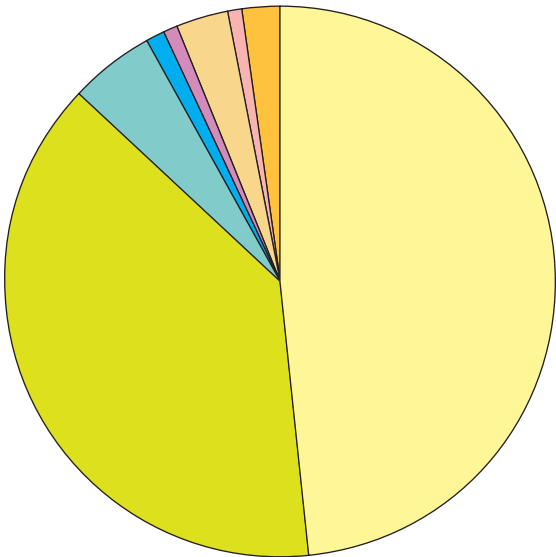


# PROGRAM DATA

## Complaint Origins

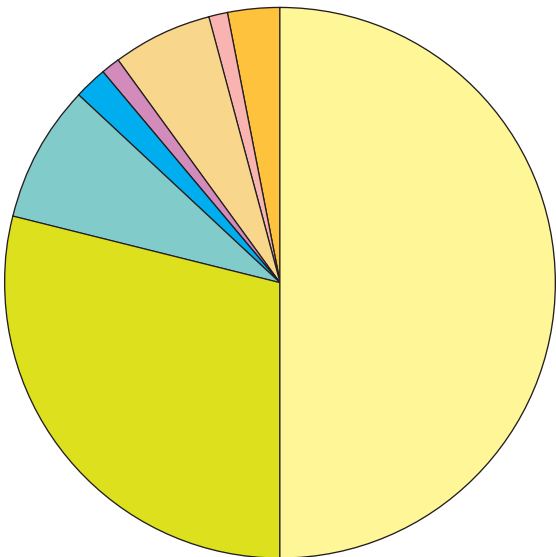
### Nursing Homes

- 49% – Resident
- 39% – Resident representative, friend, or family
- 5% – Ombudsman program
- 1% – Facility staff
- 1% – Representative of other agency, program, or organization
- 3% – Concerned person
- 1% – Resident or family council
- 2% – Unknown



### Assisted Living Facilities and Adult Family Care Homes\*

- 50% – Resident
- 29% – Resident representative, friend, or family
- 8% – Ombudsman program
- 2% – Facility staff
- 1% – Representative of other agency, program, or organization
- 6% – Concerned person
- 1% – Resident or family council
- 3% – Unknown



*\*Exceeds 100% due to rounding of decimals.*

## Top 5 Complaints

	Assisted Living Facilities and Adult Family Care Homes	Nursing Homes
1	Care	Care
2	Environment	Autonomy, Choice, Rights
3	Autonomy, Choice, Rights	Dietary
4	Financial, Property	Environment
5	Admission, Transfers, Discharges, Evictions	Financial, Property



# STATE COUNCIL UPDATES AND DISCUSSION

## Overview of 2024

### Achievements and Milestones

2024 was a year of growth, collaboration, and impactful initiatives for the State Council as we worked tirelessly to advocate for residents in long-term care facilities. The year was marked by significant progress in program development, advocacy, and volunteer engagement, showcasing our unwavering commitment to improving care and quality of life for residents across the state.

### Key Highlights

#### Volunteer Recruitment and Retention:

Our recruitment efforts achieved remarkable success, bringing over 230 new volunteers into the program—the highest number since pre-COVID times. A targeted outreach campaign included enhanced training, promotional materials, and expanded efforts to engage Spanish-speaking communities.

**Technology and Innovation:** The transition to the new RTZ database was a pivotal milestone. By streamlining data input and improving access to critical information, RTZ empowers both staff and volunteers to better serve residents. Additionally, new iPads and tools were distributed to district offices to further enhance operations.

**Legislative Advocacy:** The State Council addressed key issues, including voting accessibility for residents, service and emotional support animal policies, and the rights of Medicaid beneficiaries. These discussions laid the groundwork for upcoming advocacy in 2025.



**Enhanced Communication:** Regular newsletters and resource updates ensured consistent communication between council members, volunteers, and staff. A new approach to virtual meetings facilitated greater participation and reduced barriers for remote volunteers.

**Workgroup Contributions:** Workgroups made strides in areas like advocacy, training, and recruitment. Plans for the annual conference were initiated, emphasizing education on vital topics such as regulatory processes and resident rights.

**Emergency Response:** Amid challenges posed by hurricanes, the Council demonstrated resilience. Volunteers were mobilized to visit high-need areas, ensuring that residents received the care and attention they deserved.

## SUCCESS STORIES FROM THE DISTRICTS

### North Region

A facility administrator called in a complainant because the legal guardian, Lutheran Services, was moving the resident against the resident's wishes. The Ombudsman met with the resident and verified the legal guardian wanted to move the resident. The resident was distraught over the situation, expressing that the facility was her home with friends and staff she had grown to love. After some advocacy efforts, it was decided to allow her to age in place and change her case manager.

One office received a call from a staff member concerned about a nursing home resident receiving Hospice Care. The resident had a peg tube due to a history of choking when swallowing; however, he wanted to eat comfort foods. The new director of nursing felt the risk

of him eating comfort foods was too great and stopped allowing him access to the foods he wanted. An ombudsman went to the facility to speak with the resident, who provided his full consent for the ombudsman to talk to any person about the situation. He stated that he knew there was the potential for aspiration if he were to eat solid foods. The resident was willing to take that risk. The ombudsman, representing the resident's right to decide his fate, spoke to the director of nursing, the nursing home administrator, and ultimately to the Agency for Health Care Administration to overrule the director of nursing's stance that the liability was too high. The resident made a statement absolving the facility of any harm should he aspirate while eating the comfort foods, and the conflict was resolved. The resident could snack on cheese puffs and other items, providing some pleasure for his last days.





## West Region

The complainant, who is the resident's mother and POA, contacted the ombudsman and informed the nursing home dumped her daughter at the hospital to avoid keeping her at the facility. The complainant also stated the nursing home was not providing adequate medications, monitoring, and/or providing timely medications, which consequently destabilized the resident. The resident was Baker Acted and sent to the hospital for psychiatric evaluation; she was agitated and aggressive to other residents, as per the nursing home statement.

Six days later, the resident was stabilized at the hospital and ready to return to the nursing home. However, the nursing home refused to take her back and informed the hospital that the resident's bed had been occupied. The social worker from the hospital inquired when a bed would become available, and the facility's answer was "when a patient dies."

The ombudsman suggested the complainant contact the Department of Children and Families Office of Appeal Hearings and request a Fair Hearing, which she immediately did. With the consent of the resident's POA, the ombudsman called the nursing home and asked for a copy of the discharge notice. Also, the ombudsman made a referral to the Agency for Healthcare Administration (AHCA) for an inappropriate discharge.

Two months later, the Fair Hearing took place, based on DOM's testimony that a faxed discharge notice was received without the doctor's signature, and the reason checked off was that the



resident's needs could not be met in this facility; however, the reason the resident was sent to the hospital was due to her behavioral condition. The resident was stabilized at the hospital and was ready to be sent back to the nursing home six days later, but the nursing home said they did not have any available beds. The ombudsman explained that Medicaid covers the resident, and Medicaid pays for up to eight consecutive days of hospitalized bed hold.

Based on the ombudsman's testimony and evidence from medical records, it was determined that the nursing home's action to discharge and transfer the resident was inappropriate. The facility was ordered to readmit the resident to the facility.



## East Region

A routine visit to a small ALF revealed what residents were dealing with. The bedrooms had only a bed and a nightstand, no chairs, lamps, or personal effects (photos, pictures on the wall), and most beds had no bedding. One bedroom had a strong urine odor.

The ombudsman looked in the room, and when they went back a second time, the mattress was flipped up against the wall to disguise how soiled it was. One room was being used as a storage room. An oversized reclining chair in front of the bed made it impossible to get into the bed. The owner said the resident sleeps in the chair. This room had multiple pieces of furniture, including an additional oversized chair, three mattresses leaning against the wall, and six floor lamps. There was a desk with a bedside table

stacked on top of the desk. The ombudsman suggested this could be a safety issue. The room was very cluttered and crowded with furniture. The owner stated the furniture belonged to her and was only temporarily kept there. The resident said the additional furniture had been there for at least six months.

The patio was dirty and cluttered with more furniture and tools. The resident bench was not accessible due to the clutter and furniture. One additional side table was dirty and cluttered with an overflowing ashtray. The front yard had grass that was knee high and several items that looked like trash (old cot or bed of some sort, pallet, yard debris, truck with flatbed full of trash).

The ombudsman opened a complaint case for follow-up. At the second visit, the ombudsman noted that the rooms



had been cleaned, adequate linens had been provided, and clutter/furniture stored in resident rooms was gone. The patio and yard had been cleaned, the lawn mowed, and debris removed so residents could enjoy it. Before the ombudsman left, a resident smiled and thanked the ombudsman—her room was being used for storage. A routine access visit resulted in a positive outcome for the residents of this ALF.

---

In this region, the facility administrator called in a recent case because the legal guardian (Lutheran Services) was planning to move the resident against her wishes. The ombudsman met with the resident, and it was confirmed that she was very distraught over the situation as she felt the facility was her home and housed friends and staff she had grown to love. The guardian decided to allow her to age in place and change her case manager. The resident then wanted to regain her legal rights and have her guardianship removed. This case took some time, and she had to be reevaluated by the facility ARNP and then by a doctor assigned by the legal guardian. In the end, the resident was granted her full legal rights.



## CONTACT INFORMATION

---

### **Northwest**

1101 Gulf Breeze Parkway  
Building 3, Suite 5  
Gulf Breeze, FL 32561  
Phone: (850) 916-6720  
Fax: (850) 916-6722

### **Panhandle**

4040 Esplanade Way  
Tallahassee, FL 32399  
Phone: (850) 921-4703  
Fax: (850) 391-1382

### **North Central**

1515 East Silver Springs Blvd.  
#203  
Ocala, FL 34470  
Phone: (352) 620-3088  
Fax: (352) 732-1797

### **First Coast**

Midtown Centre Office Park  
3300 Building  
4161 Carmichael Ave.  
Suite 141  
Jacksonville, FL 32207  
Phone: (904) 391-3942  
Fax: (904) 391-3944

### **First Coast South**

210 N. Palmetto Ave.  
Suite 403  
Daytona Beach, FL 32114  
Phone: (386) 226-7846  
Fax: (386) 226-7849

### **East Central**

400 W. Robinson St.  
Suite S709  
Orlando, FL 32801  
Phone: (407) 245-0651  
Fax: (407) 245-0653

### **West Coast**

11351 Ulmerton Rd.  
Suite 303  
Largo, FL 33778  
Phone: (727) 588-6912  
Fax: (727) 588-3648

### **West Central**

701 W. Fletcher Ave.  
Suite C  
Tampa, FL 33612  
Phone: (813) 558-5591  
Fax: (813) 375-3932

### **Southwest**

2295 Victoria Ave.  
Room 152  
Ft. Myers, FL 33901  
Phone: (239) 338-2563  
Fax: (239) 338-2549

### **South Central**

200 N. Kentucky Ave.  
#224  
Lakeland, FL 33801  
Phone: (863) 413-2764  
Fax: (863) 413-2766

### **Palm Beach**

111 S. Sapodilla Ave.  
#125A-B-C  
West Palm Beach, FL 33401  
Phone: (561) 837-5038  
Fax: (561) 650-6885

### **Broward**

8333 West McNabb Rd.  
Suite 231  
Tamarac, FL 33321  
Phone: (954) 597-2266  
Fax: (954) 597-2268

### **North Dade**

9495 Sunset Dr.  
Suite B100  
Miami, FL 33173  
Phone: (305) 273-3294  
Fax: (786) 336-1424

### **South Dade**

9495 Sunset Dr.  
Suite B100  
Miami, FL 33173  
Phone: (305) 273-3250  
Fax: (305) 671-7247

### **Statewide**

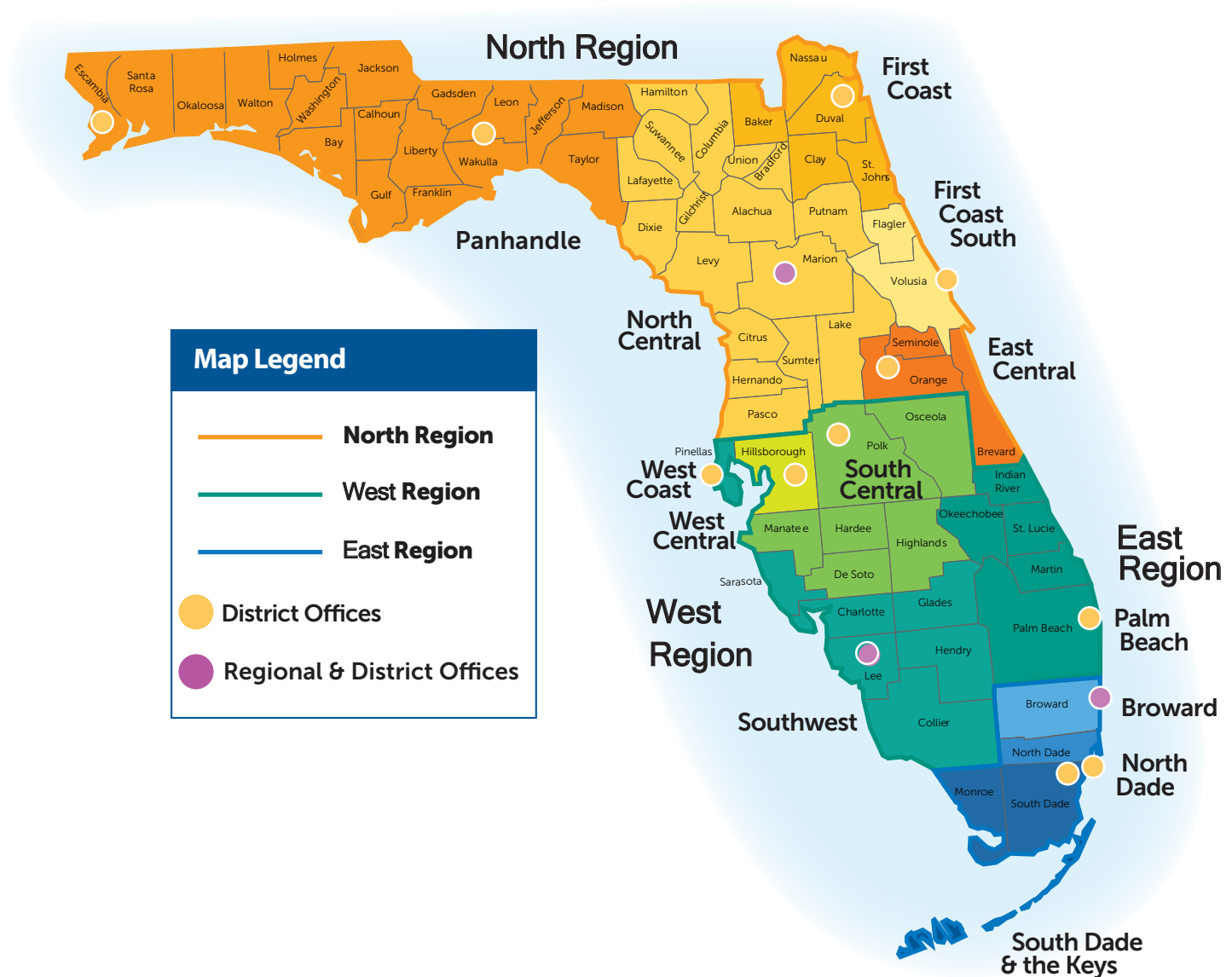
1-888-831-0404  
[ltcopinformer@elderaffairs.org](mailto:ltcopinformer@elderaffairs.org)

### **Central Office**

4040 Esplanade Way  
Tallahassee, FL 32399  
Phone: (850) 414-2323  
Fax: (850) 414-2377

## OFFICE LOCATIONS

Long-term care ombudsmen are available to serve long-term care residents and their families in all 67 counties. The map below shows the 14 district and regional Long-Term Care Ombudsman Program offices throughout Florida. Some offices are co-located within the same space.





**LTCOP**

4040 Esplanade Way  
Tallahassee, FL 32399

**1-888-831-0404**  
[ombudsman.elderaffairs.org](http://ombudsman.elderaffairs.org)

**Elder**   
**Affairs**  
FLORIDA