

Office of the State Long-term Care Ombudsman Program

Annual Report Summary: FY2025



**One Ashburton Place
Boston, MA 02108**

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Case and Complaints Summary

Total number of cases closed:

2387

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Other	Total per complainant
Resident	1616	157	0	1773
Resident representative, friend, family	352	126	0	478
Ombudsman program	70	8	0	78
Facility staff	5	2	0	7
Representative of other agency or program	22	8	0	30
Concerned person	2	1	0	3
Resident or family council	10	2	0	12
Unknown	6	0	0	6
Total per facility type	2083	304	0	2387

3449

Total number of complaints:

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	34	25	0	59
B. Access to Information	81	9	0	90
C. Admission, transfer, discharge, eviction	177	39	0	216
D. Autonomy, choice, rights	434	51	0	485
E. Financial, property	199	50	0	249
F. Care	1099	98	0	1197
G. Activities and community integration and social services	272	20	0	292
H. Dietary	315	28	0	343
I. Environment	310	65	0	375
J. Facility policies, procedures and practices	47	15	0	62
K. Complaints about an outside agency (non-facility)	14	0	0	14
L. System and others (non-facility)	60	7	0	67

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Other	Total
Verified	2804	346	0	3150
Not Verified	238	61	0	299

Complaint Dispositions

Disposition Status	Nursing Facility	Residential Care Community	Other	Total
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	1978	230	0	2208
Withdrawn or no action needed by the resident, resident representative or complainant	870	143	0	1013
Not resolved to the satisfaction of the resident, resident representative or complainant	194	34	0	228

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Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	34	25	0	59
A01. Abuse: physical	15	10	0	25
A02. Abuse: sexual	1	2	0	3
A03. Abuse: psychological	8	6	0	14
A04. Financial exploitation	4	2	0	6
A05. Gross neglect	6	5	0	11
B. Access to Information	81	9	0	90
B01. Access to information and records	68	9	0	77
B02. Language and communication barrier	13	0	0	13
B03. Willful interference	0	0	0	0
C. Admission, transfer, discharge, eviction	177	39	0	216
C01. Admission	1	0	0	1
C02. Appeal process	2	0	0	2
C03. Discharge or eviction	90	27	0	117
C04. Room issues	84	12	0	96
D. Autonomy, choice, rights	434	51	0	485
D01. Choice in health care	34	4	0	38
D02. Live in less restrictive setting	89	9	0	98
D03. Dignity and respect	122	13	0	135
D04. Privacy	25	8	0	33
D05. Response to complaints	11	0	0	11
D06. Retaliation	2	0	0	2
D07. Visitors	20	4	0	24
D08. Resident or family council	6	1	0	7
D09. Other rights and preferences	125	12	0	137
E. Financial, property	199	50	0	249
E01. Billing and charges	44	35	0	79
E02. Personal property	155	15	0	170

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
F. Care	1099	98	0	1197
F01. Accidents and falls	30	0	0	30
F02. Response to requests for assistance	157	12	0	169
F03. Care planning	62	23	0	85
F04. Medications	160	25	0	185
F05. Personal hygiene	117	7	0	124
F06. Access to health related services	145	6	0	151
F07. Symptoms unattended	134	6	0	140
F08. Incontinence care	58	10	0	68
F09. Assistive devices or equipment	115	8	0	123
F10. Rehabilitation services	115	1	0	116
F11. Physical restraint	2	0	0	2
F12. Chemical restraint	0	0	0	0
F13. Infection control	4	0	0	4
G. Activities and community integration and social services	272	20	0	292
G01. Activities	74	7	0	81
G02. Transportation	19	0	0	19
G03. Conflict resolution	35	13	0	48
G04. Social services	144	0	0	144
H. Dietary	315	28	0	343
H01. Food services	214	20	0	234
H02. Dining and hydration	48	5	0	53
H03. Therapeutic or special diet	53	3	0	56
I. Environment	310	65	0	375
I01. Environment	101	25	0	126
I02. Building structure	29	13	0	42
I03. Supplies, storage and furnishings	91	5	0	96
I04. Accessibility	14	6	0	20
I05. Housekeeping, laundry and pest abatement	75	16	0	91
J. Facility policies, procedures and practices	47	15	0	62
J01. Administrative oversight	3	5	0	8
J02. Fiscal management	0	0	0	0
J03. Staffing	44	10	0	54

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
K. Complaints about an outside agency (non-facility)	14	0	0	14
K01. Regulatory system	0	0	0	0
K02. Medicaid	8	0	0	8
K03. Managed care	0	0	0	0
K04. Medicare	3	0	0	3
K05. Veterans Affairs	1	0	0	1
K06. Private Insurance	2	0	0	2
L. System and others (non-facility)	60	7	0	67
L01. Resident representative or family conflict	14	1	0	15
L02. Services from outside provider	5	3	0	8
L03. Request to transition to community setting	41	3	0	44

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Complaint Examples

	Nursing Facility Example	Residential Care Community Example	Optional Complaint Example
Facility type	Nursing Facility	Residential Care Community	Other
Description	Resident became despondent after rehab services were discontinued, expressing to Ombudsman her feelings that "they have given up on me", verbalizing a sense that life was not worth living anymore, and wishing to end her life.	A family member requested advocacy because the resident was being charged for assistance that he was not receiving, and she was able to confirm this through video of the resident's room.	Resident's son reported residence is requiring resident to leave without notice due to alleged inappropriate behavior with residence staff member. Residence staff advised family the resident was "being taken away by police this afternoon".
Complaint topic	Care	Care	Admission, Transfer, Discharge, Eviction
Complaint type	Rehabilitation services	Care planning	Discharge or eviction
Verification	Verified	Verified	Verified
Disposition	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant

Disposition narrative	<p>The Ombudsman provided support and with resident consent, immediately spoke with the facility social worker, who assessed the resident, contracted for safety, and arranged mental health supportive services. The Ombudsman also successfully advocated for review of rehabilitation services, resulting in renewal of orders for physical therapy. During Ombudsman's final visit before closing the case, the resident's mood was visibly improved, and she stated she was "happy" that her P.T. services had been reinstated with a focus on walking.</p>	<p>The Ombudsman suggested and facilitated a family meeting with the residence leadership regarding services being paid for but not provided. During the meeting, the family noted the resident had been paying for a 1-person assist for 9 months and most of the time the resident was not showered or shaved and rarely left his room for breakfast. With Ombudsman support, the Executive Director agreed to reimburse the additional charges for the entire 9-month period, and to further provide 2 free months of assistance at no charge in order to regain the family's trust and prove they can provide the needed services for the resident. The family member noted that she had previous meetings with residence staff about the same issue, but felt the resolution was directly related to the presence and advocacy of the Ombudsman.</p>	<p>Ombudsman spoke with residence staff, advised of residents rights regarding discharge/eviction, and worked to diffuse the situation by brainstorming alternate solutions. Following initial resistance, the residence staff agree to a family meeting at which the Ombudsman facilitated further discussion. The family presented a video of the alleged interaction which showed the staff member initiating a hug with the resident in what appeared to be a calm and caring context. The Ombudsman discussed the importance of maintaining appropriate boundaries for caregivers who provide care to residents with dementia, as this type of interaction can be confusing to them. The Ombudsman suggested retraining and re-education for residence staff, and further challenged the facility to provide evidence of interventions implemented to assist the resident with cognitive decline. Following the meeting, the residence redacted the discharge/eviction notice, and instituted retraining of staff as recommended.</p>
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System Issues

	System Issue 1	System Issue 2
System issue topic	O - Other	O - Other
Problem description	ALR regulations have not been updated in Massachusetts in many years, and the care environment has been growing and changing such that initial requirements and guidance are insufficient to protect residents and their families from deceptive marketing/sales practices, lack of transparency, up-charging, and caring for residents with medical and psychosocial needs.	The Long-Term Care Ombudsman served as part of a Rest Home Task Force, chaired by the Executive Office of Health and Human Services, with a goal of reviewing the status of rest homes in Massachusetts and making recommendations for improvements in operations, regulations, and funding. Regulations have not been updated in over 20 years, and do not reflect the needs or rights of residents currently living in these environments.
Barriers description	Outdated regulations, admissions of residents with care needs historically provided by nursing homes, psychological pressure to avoid nursing home placement, lack of staff training and oversight to care for individuals with challenging behaviors or mental health needs.	Barriers include infrastructure issues, and the variability of staffing, services, and residents across Massachusetts. Industry providers note funding and a complicated rate structure. Licensure regulations, especially in the areas of discharge/eviction, and staffing, are outdated and do not reflect the needs of residents being served.
Issue status	Newly identified in this reporting year and not fully resolved.	Newly identified in this reporting year and not fully resolved.
Affected setting	Residential Care Community	Residential Care Community
Resolution strategies	<p>Provided information to public or private agency</p> <p>Provided Information to legislator or legislative staff</p> <p>Recommended changes to laws, regulations, policies or actions through written or oral testimony.</p> <p>Provided leadership or participated on a task force</p> <p>Provided educational forums; facilitated public comment on laws, regulations, policies or actions</p>	<p>Provided information to public or private agency</p> <p>Provided leadership or participated on a task force</p>

Resolution description	<p>The ALR Commission has concluded its work with recommendations to the Legislature. The AGO is promulgating new consumer protection guidance which will be released for public comment in the first quarter of 2026. The Executive Office of Aging and Independence (AGE) has instituted additional requirements and will also be posting updated regulations for public comment in the first quarter of 2026. New requirements include website posting of recertification results, enhanced disciplinary actions, implementation of standardized disclosure statements reflecting charges, staffing, services provided. Recommendations for further action also include review of emergency protocols and building safety as well as discharge/eviction notice requirements to Long-Term Care Ombudsman Program. The Ombudsman provided information to legislators, the ALR Commission, and the Executive Office of Aging and Independence. The Ombudsman submitted written testimony recommending changes to laws, regulations, policies and actions, and participated on the Assisted Living Commission. When an initial public hearing about changes to regulations did not attract consumers, the Ombudsman Program reached out directly to consumers through each of its local programs to encourage</p>	<p>The Ombudsman Program provided an overview of rest homes across the state to include physical plant, census capacity, types of residents served, and observed staffing. Data from MassHealth and CHIA was also provided, and the Massachusetts website was updated to provide a consumer tool for those seeking care. The Ombudsman submitted written recommendations regarding residents rights regulations.</p>
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Organizational Structure

Office of state LTCO location

Inside state government

Local Ombudsman Entity Location	Number of Ombudsman
Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.	17
Social services non-profit agency, with 501(c)(3) status, other than AAA	0
Legal services provider	0
Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity	0
Total number of entities	17

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Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy
Conducts preadmission screenings	Local	<p>At the local level, each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.</p> <p>Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff.</p>
Provides adult protective services	Local	<p>Each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.</p> <p>At the State level, MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents.</p> <p>At both State and local levels, communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff.</p>

Has governing board, ownership, investment, or employment interest LTC facility	Local	All local host agencies complete the COI screening during the designation process. The local agency that has a Board member with LTC facility affiliation has in place requirements that the Board member recuse themselves from any discussion regarding the ombudsman program.
Has governing board, ownership, investment, or employment interest LTC facility	Local	All local host agencies complete the COI screening during the designation process. The local agency that has a Board member with LTC facility affiliation has in place requirements that the Board member recuse themselves from any discussion regarding the ombudsman program.
Conducts preadmission screenings	Local	<p>At the local level, each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.</p> <p>Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff.</p>

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Staff and Volunteers

Office of State Ombudsman Staff

Total staff	4	
Total full-time equivalent (FTE)	4	
Total state volunteer representatives	0	
Total hours donated by state volunteers representatives	0	Hours
Total other volunteers (not representatives)	0	

Local Ombudsman Entity Staff

Total staff	33	
Total full-time equivalent (FTE)	28	
Total local volunteer representatives	190	
Total hours donated by local volunteer representatives	17,974	Hours
Total local volunteers (not representatives)	0	

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Funds Expended

Funds Expended from OAA Sources

Federal - OAA Title VII, Chapter 2, Ombudsman	\$518,539
Federal - OAA Title VII, Chapter 3	\$0
OAA Title III - State level	\$300,000
OAA Title III - AAA level	\$1,529,446
Other Federal Sources	
Total other Federal funds expended	\$227,141
Other State Sources	
State General Funds	
Total other State funds expended	\$832,750
Other Local Sources	
Private grants/funds, Other state funds expended at local (but not statewide) level	
Total other Local funds expended	\$185,872

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Facility - Number and Capacity

Licensed Nursing Facilities

Total number	347
Total resident capacity	40728

Residential Care Communities

Total number	331
Total resident capacity	23844

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Facility - Residential Care Community Information

RCC type	RCC type definition	Minimum RCC capacity	Maximum RCC capacity
Assisted Living Residence	Any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria: a) provides room and board; and b) provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, Personal Care Services for three or more adults who are not related by consanguinity or affinity to their care provider; and c) collects payments or third party reimbursements from or on behalf of Residents to pay for the provision of assistance with the Activities of Daily Living, or arranges for same. (651 CMR12.02)	3	
Rest Home	A facility or units thereof that provides or arranges to provide in addition to the minimum basic care and services required in 105 CMR 150.000, a supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or III nursing care or other medical related services on a routine basis.		

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Program Activities

Certifications and Training

Certification training hours	36	Hours
Training hours required to maintain certification	24	Hours
Number of new individuals completing certification training	33	

Ombudsman Program Activities

Information and assistance to individuals	4993
Community education	77

Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	7	14
Information and assistance to staff	776	472
Number of facilities that received one or more visits	350	331
Number of visits for all facilities	12709	3111
Number of facilities that received routine access	339	297
Total participation in facility survey	529	23
Resident council participation	254	25
Family council participation	5	3

State and Local Level Coordination Activities

Area agency on aging programs, Facility and long-term care provider licensure and certification programs, The State Medicaid fraud control unit

Other Coordination Activities

Describe any state or local level coordination and leadership activities with the entities listed, as applicable.

The ombudsmen hosted by the local AAA provide orientation to new staff of the agency about the ombudsman program. Depending on the size of the agency, this could be monthly or quarterly. One of the ombudsman programs has a monthly reporting function to the Board of the Directors of the AAA, keeping them apprised of current trends and systems issues. The program directors of each hosted ombudsman unit coordinate with the AAA for volunteer recruitment and retention, including informational campaigns on social media. Most of the local programs also have monthly meetings within the AAA to share systemic concerns, trends in their area, and educational material about each of their functions.

The State Ombudsman collaborates with the Department of Public Health and the Assisted Living Certification unit to share general information about observed trends and patterns. When a closure or emergency situation exists, there is communication regarding the status of the facility and any concerns that may arise during the process. The local ombudsman shares general observations about their homes in advance of standard or complaint surveys upon request of the licensure and certification programs.

The State Ombudsman meets bi-monthly with the Medicaid Fraud Unit of the Attorney General's Office, to discuss current trends and systems issues, and brainstorm approaches to address concerns and advocate for residents in nursing and rest homes. The Medicaid Fraud Unit has also participated in educational programs for ombudsman program directors.