



Office of  
Ombudsman for  
Long-Term Care

# 2024 Annual Report

Federal Fiscal Year 2024  
October 1, 2023 - September 30, 2024

# Message from State Ombudsman

Mission Matters! The OOLTCP mission is to empower, educate, and advocate for resident rights.

As I reflect on the accomplishments and challenges of the past year, I found that with every new challenge comes an opportunity for improvement in quality of life and quality of care for people receiving long-term care services and supports. Our commitment to diversity, equity, and inclusion remains strong. We remain steadfast in building and supporting inclusive communities within long-term care settings. Everyone has the right to feel empowered, respected, and to have their voices heard. To that end, we provide critical support to strengthen resident and family councils. Most importantly, the OOLTCP is here for all in need of advocacy services.

Despite the victories, I recognize that challenges remain. The fear of retaliation continues to prevent many residents from raising grievances. Care issues, response time to needs, and quality of life activities are still a concern due to the lack of proper staffing and adequately trained staff. This report provides awareness of systemic issues that create unnecessary hardships for people. For example, the lack of provider financial transparency as the cost of care increases with little to no information as to how funds are spent.

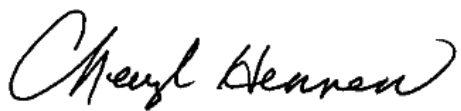
You will read about necessary legislation passed. Our Office was responsible for writing the legislation and obtaining support for the passage of a bill that requires staff in assisted living settings to receive training on mental illness and de-escalation.

In 2019, Minnesota passed the Elder Care and Vulnerable Adult Protection Act (Minn. Stat. 144G) which, among other things, expanded rights for assisted living residents, including the right to electronic monitoring and protection from unfair discharges. Residents in assisted living settings have increased the demand for our advocacy services. Our staff advocate on behalf of residents who are wrongfully terminated from services and housing.

Together, we will continue to advocate for a more compassionate, transparent, and responsive long-term care system in Minnesota, where dignity, respect, and choice are at the forefront of every decision.

I acknowledge my deepest appreciation to Certified Volunteer Ombudsmen, people receiving long-term care services and supports, families, advocates, and our external partners for your unwavering dedication to the rights, dignity, and well-being of long-term care residents. It is your commitment that has fueled our collective efforts, allowing us to make meaningful progress in advocating for individuals receiving long-term services and supports.

In Gratitude,

A handwritten signature in black ink, reading "Cheryl Hennen". The script is fluid and cursive, with the first name "Cheryl" and last name "Hennen" clearly distinguishable.

Cheryl Hennen  
State Long-Term Care Ombudsman



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# Program Overview

The Office of Ombudsman for Long-Term Care (OOLTC) advocates for Minnesota adults needing or receiving long-term care services and supports. Our mission is to empower, educate, and advocate for Minnesotans receiving long-term care services to ensure their rights are upheld. We are a service of the Minnesota Board on Aging, and all the services provided by our program are free and confidential.

## Services We Provide

OOLTC does not regulate long-term care facilities. Instead, we work with residents, their families, providers, and other agencies to resolve individual and systemic complaints and concerns.

28 Regional Ombudsmen and 28 Certified Ombudsmen Volunteers are assigned to designated geographic regions throughout Minnesota and work directly with residents to protect and honor resident rights by:

- Providing information and assistance about consumer rights, facility regulations, long-term care options, and supports and services in long-term care facilities and in the community.
- Empowering residents to self-advocate.
- Investigating and resolving complaints about quality of care or services, rights violations, access to services, discharge or eviction concerns, and public benefit programs.
- Discussing the right to make complaints free from retaliation. Ombudsmen may not discuss or disclose any information without the resident's individual consent.

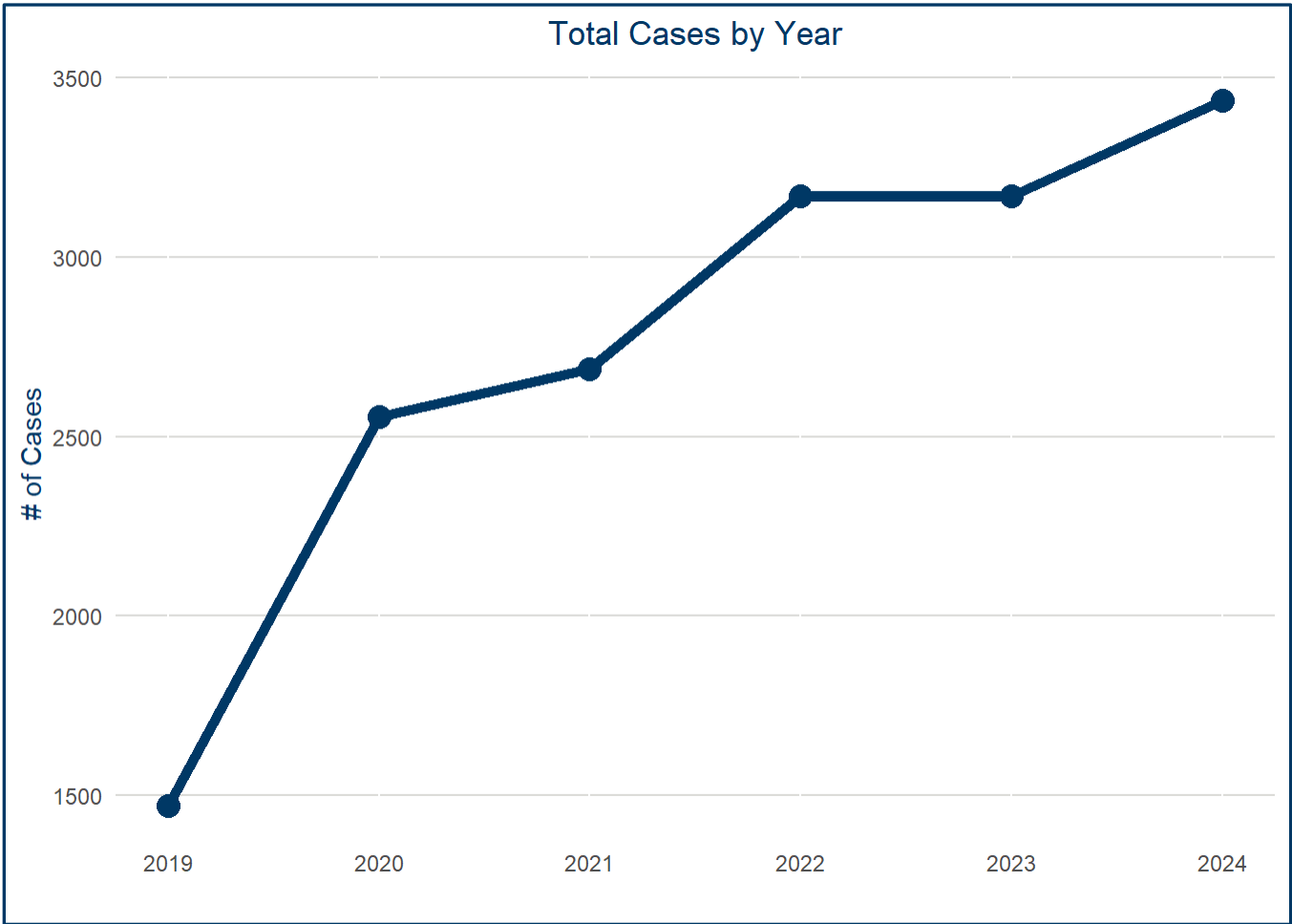
The OOLTC takes pride in meeting with residents in person. Regional Ombudsmen visit many residents across the state of Minnesota, providing a welcoming presence. This year our facility visits increased by nearly 3,000 visits when compared to fiscal year '23.

Year	Total Facility Visits	Unique Facilities Visited
FY23	43256	1982
<b>FY24</b>	<b>46788</b>	<b>2285</b>

# Working with Residents

During the 2024 federal fiscal year, our office hired five additional ombudsmen to help address the varying needs of residents across Minnesota. We are now fully staffed with a total of 28 Regional Ombudsman, expanding advocacy to more residents and families.

A case represents an individual who is seeking assistance. The number of cases increased from a little over 3000 in 2023, to nearly 3500 cases in 2024.



This fiscal year, we served 2,937 individuals. Sometimes, cases can become complex. If a resident was assisted multiple occasions, which may count as a separate case depending on the complexity of the case, that still only counts as one unique resident served.

The following tables show the demographics of the residents we served by gender, race, and veteran status:

**Clients Served by Gender**

Gender	Number of Clients
Woman	1550
Man	1170
Systemic Case	150
Not Disclosed	60
Transgender/Non-Binary	7

**Clients Served by Race**

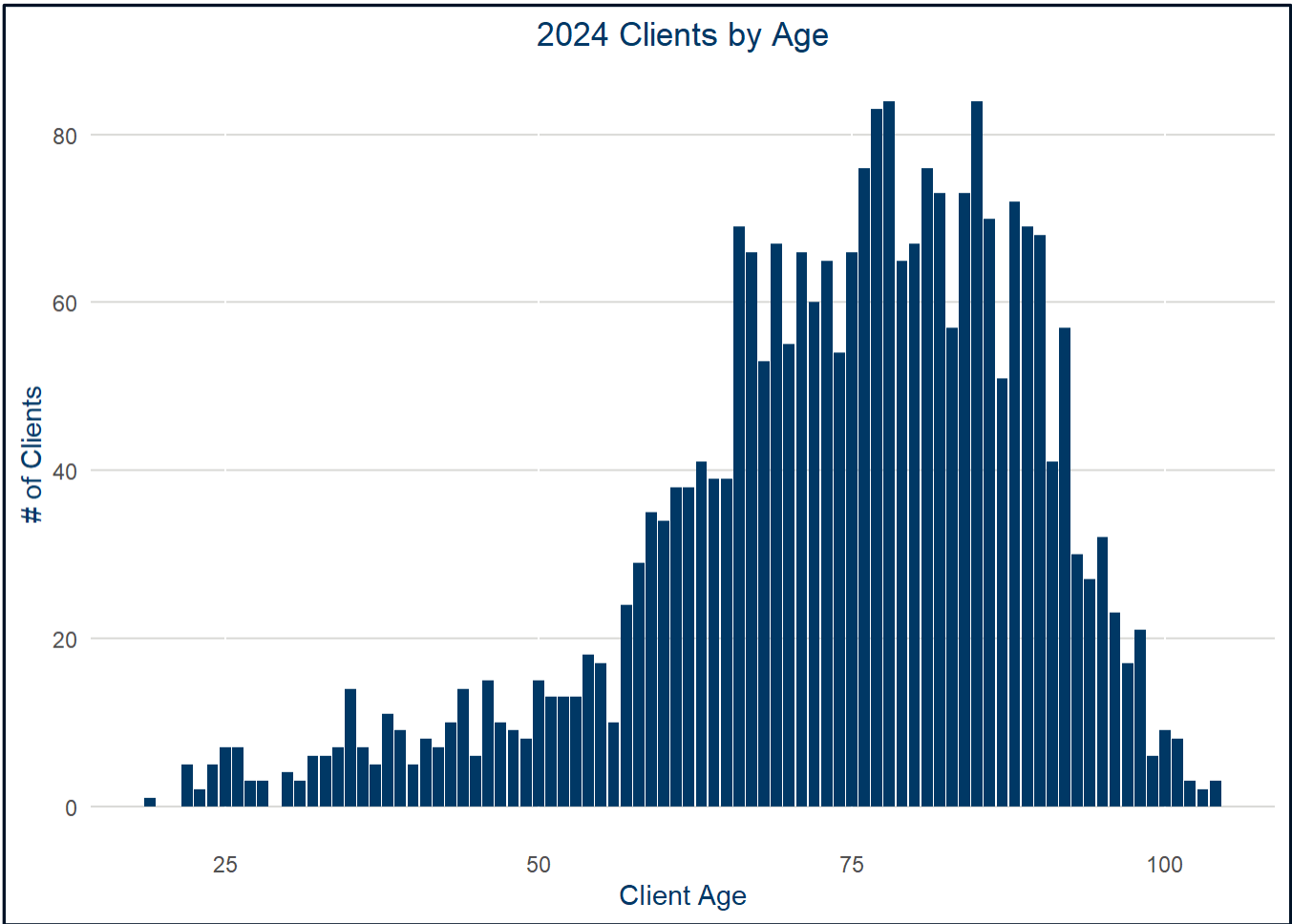
Race	Number of Clients
White/Caucasian	1819
Not Disclosed	725
Systemic Case	150
Black/African American	143
Indigenous/Native American	36
Hispanic/Latino	31
Multiracial	15
Asian	14
Other	4



**Clients Served by Veteran Status**

Veteran Status	Number of Clients
Not Disclosed	1358
Not a Veteran	1210
Veteran	219
Systemic Case	150

Similarly, while we serve anyone aged 18 and over, we found that this year, most of the residents serviced were aged 55 and over. Looking a little deeper into the chart below, you'll notice that a majority of our clients were between the ages of 65-80. The median age of our clients was 76 years old.



# Addressing Complaints

Complaints are the specific issue of concern. A complaint can be made by a resident, a resident representative, facility staff, an ombudsman, and others. In turn, the person making the complaint is called a complainant. Once a complaint is made, our Regional Ombudsmen can get involved – with consent – to help investigate and find a resolution for the resident. The complaint process is:

## The Resident is the Client



### 1. Request

- A request is made, and a complainant asks for help.

### 2. Consent

- An ombudsman meets with the resident (regardless of who the complainant is), learns about their concerns, and asks for consent to investigate and act.

### 3. Investigation

- Regional ombudsman reviews records, conducts interviews, makes observations, and keeps resident informed of the investigation.

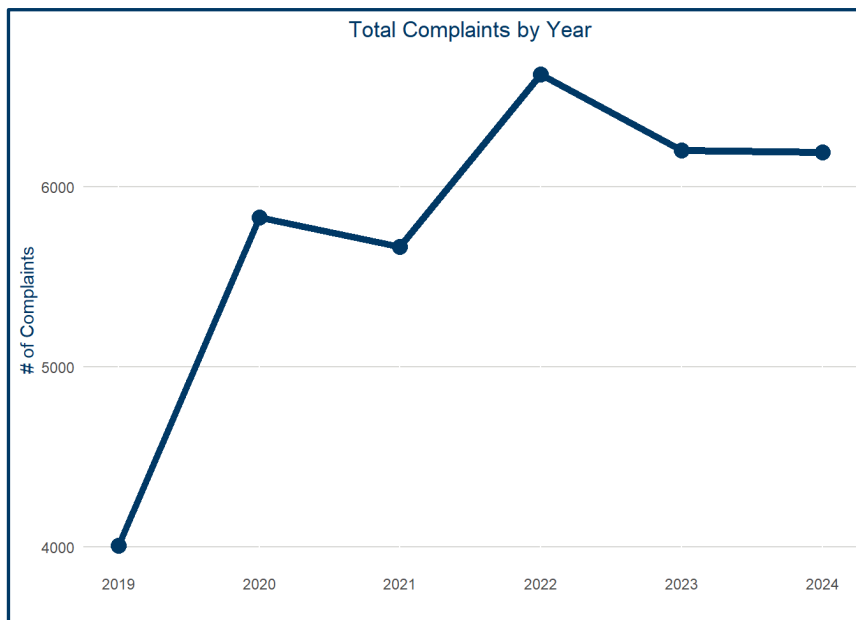
### 4. Resolution

- Regional ombudsman works to solve the problem as directed by the resident.

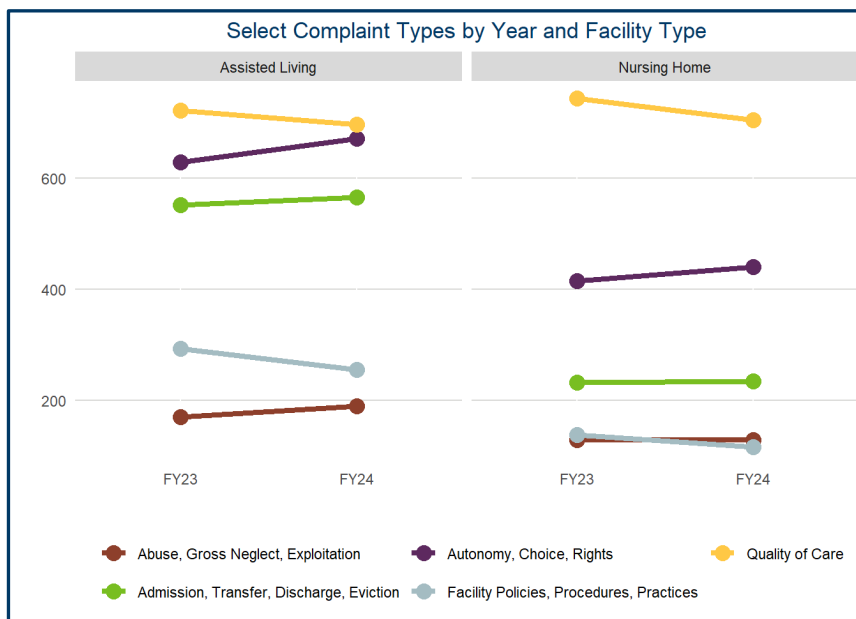
### 5. Closing

- The case is closed when the resident directs an ombudsman to stop work, or when complaints are resolved.

The total number of complaints was nearly identical to the previous year. In total, there were 6,202 complaints and an increase of only 7 complaints compared to FY23.

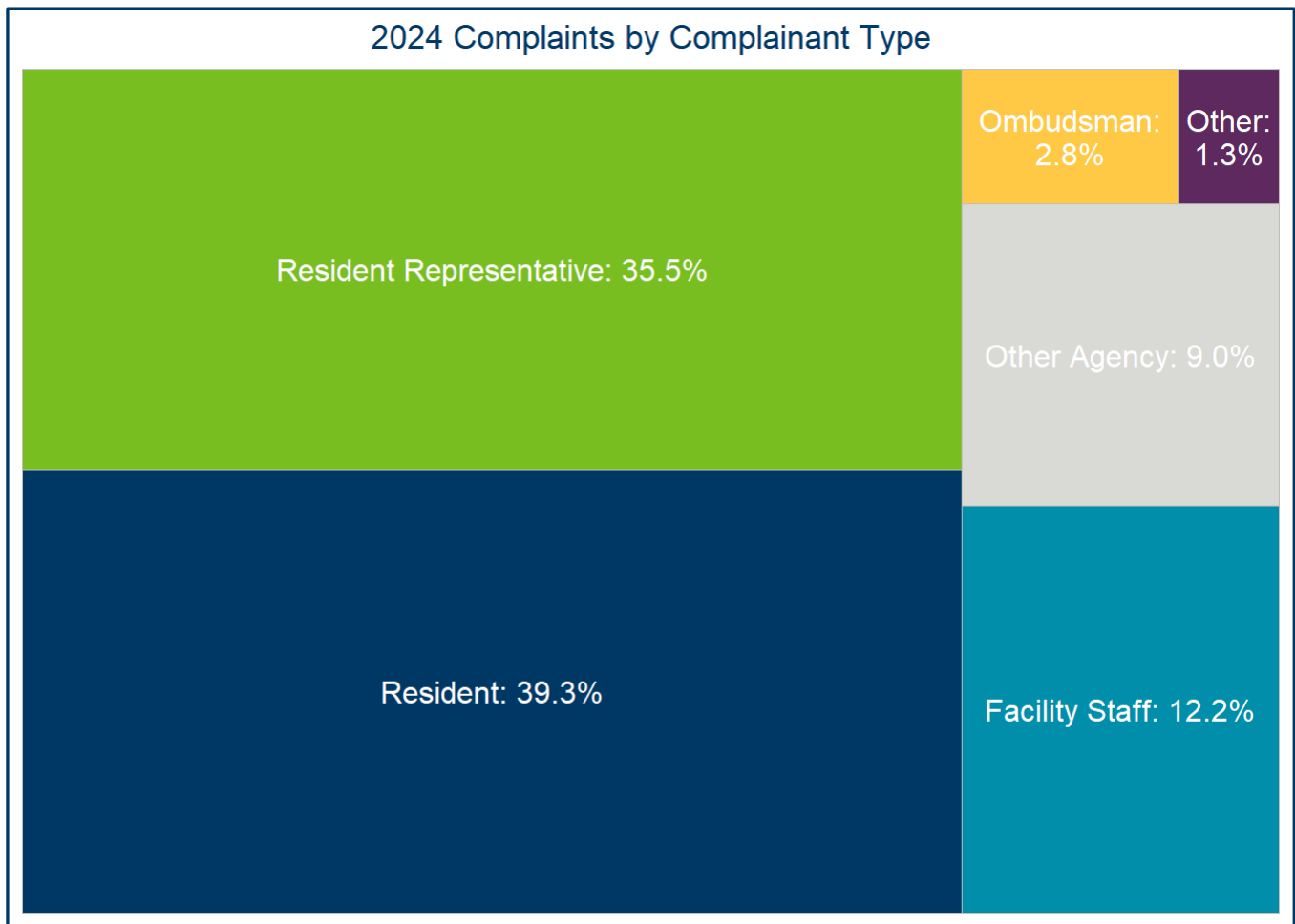


Of those 6,202 complaints, OOLTC staff resolved 4,803 at a 91% satisfaction rate. Complaints can become complex, taking several weeks to resolve. Our data shows that the median complaint was resolved in 30 days.



The type of facility can also determine the kinds of complaints investigated by ombudsmen staff. For example, in an assisted living facility, there are higher rates of complaints about admission and transfer than in nursing homes. However, a top concern in both facility types – even with a downward trend from FY23 – is about the quality-of-care.

As previously noted, complaints can be made by different people on behalf of the resident. This year, residents filed the majority of complaints themselves, comprising 39% of the complaints filed. Coming in at a close second were resident representatives (a person that is chosen by the resident to act on the resident's behalf) at 35%. Complaints from facility staff continue to grow from 10% in FY 23 to 12.2% in FY 24. Facility staff call for support with resident concerns and the OOLTC encourages staff to work with us on issues.



## Case Example

### Case 1: A Resident in a New Facility

Against his will, Jake\* was moved from a nursing home that was close to his family and friends, to a nursing home five hours away. He was given a discharge notice and was not given a choice on where to go. At this new facility, he faced multiple challenges receiving care and developing relationships with new caregivers.

At this new facility, all he wanted was to feel safe.

Jake stated the staff at this new facility were too “task-oriented” and not compassionate enough to meet his needs. For example, he would wait for two hours to get his call light answered, never hearing back from staff to address his needs. In different instances, Jake mentioned staff would leave the room without giving him his call light.

Like anyone else, Jake wanted to go outside, be shaved, have a comfortable wheelchair, and have a snack before bed. Unfortunately, because the staff at this facility consistently disregarded Jake’s needs, he stated he feared dying there. He relied on the staff to help him with his needs, but to no avail. In one egregious example, Jake had to sit in his excrement for hours because staff had no time to assist him.

There were other examples of maltreatment. He was unable to speak on the phone privately because he was unable to operate a phone without assistance. He stated they took him off his medications and changed his care plan without speaking to him. He requested his soiled bandages be changed but was constantly denied, developing bed sores. Because of the sores, he was hospitalized several times for infections.

Jake grew scared of losing his belongings because he was told if he did not “behave” and stop complaining, he would not be allowed his items and would never get to move to a place he wanted. Jake talked with the facility staff about his concerns constantly but was never given a firm resolution. What he wanted was to move closer to his family, friends,



and the community he loved.

The Regional Ombudsman (RO) became involved in the case and listened to Jake's concerns. After listening to Jake, the RO met with the staff, facilitating several care conferences and also filed various grievances. Unfortunately, the facility was reluctant to make any changes or assist with moving Jake to a facility closer to home.

In partnership with Jake and with support from other RO's, we were able to help him get accepted to a new facility closer to home. At the new facility, Jake's wounds healed, he received therapy and became more independent with eating. He was able to participate in activities, go outside, and receive snacks. In turn, he made new positive connections with the staff. Jake even got a lift chair for his room that he loved. Jake expressed satisfaction with the advocacy the Regional Ombudsman provided.

*\*Name is changed to protect the confidentiality of the resident*

## **Case 2: Financial Exploitation**

Mary\* was a resident living in an assisted living facility. Our Office received an email about a pretermination meeting due to an outstanding bill from Mary. The Regional Ombudsman (RO) met with Mary to discuss her situation and get consent to assist with this bill issue.

The RO reached out to Mary's daughter – who had power of attorney – to get a better understanding of Mary's finances and told her about the outstanding bill and a lapse in her medical assistance due to paperwork not being renewed.

Soon after that conversation, the Assisted Living Director notified the RO they were getting involved due to suspicion of financial exploitation. Because of the circumstances, our RO partnered with the Assisted Living Director and got Adult Protective Services involved to find a resolution for Mary and avoid a termination from the facility. After multiple meetings with different agencies and facility staff leadership, Mary's daughter expressed she had been having difficulty working with the county to renew her mother's medical assistance paperwork. Mary was receiving her social security and pension payments monthly, but for almost year, the assisted living facility was not receiving payment.

As time went on, there was no movement on the paperwork for Mary's medical assistance. Mary's daughter did not respond to requests and eventually, the facility issued a termination notice. Once that notice was issued, Mary's daughter agreed to pay \$3000 in hopes it would help delay the termination but the money was returned for insufficient funds. Increased suspicion grew about possible financial exploitation. After receiving consent from Mary, the RO filed an appeal to prevent Mary from being terminated/evicted

The RO contacted Legal Aid to help represent Mary in the appeal. Adult Protective Services inquired about the status of the investigation because of the continual insufficient funds in Mary's account. The county reviewed Mary's lapsed payments and approved her medical assistance providing retroactive payment to the facility. The attorney working for Mary consulted with the assisted living facility's attorney regarding the appeal. Because the county had approved the medical assistance and provided retroactive payment, the facility rescinded the discharge and the order of dismissal.



Mary had significant cognitive issues and needed ongoing support with managing her finances. An emergency guardian and conservator was assigned to Mary to ensure funds are paid going forward. Mary remains in her apartment at the facility.

*\*Name is changed to protect the confidentiality of the resident*

## Specialists

## Moving Home Minnesota Self Advocacy Specialists



OOLTC receives funding from the Federal Money Follows the Person Demonstration grant. This funding provides for three full-time Self-Advocacy Staff. Specialists in this position develop and implement statewide training curriculum for Minnesotans living in long-term care. They educate and inspire

people to advocate for themselves and their communities, while teaching residents about long-term care regulations. They also lead Person-Centered Thinking trainings, teaching facility staff, residents, and family members to create inviting environments for everyone.

Self-Advocacy staff provide individualized support and consultation to each long-term care community they work with. Support can include assisting with the development of Resident Councils and Family Councils.

## Resident and Family Council Education (RFACE) Specialist

The OOLTC receives \$5 per active nursing home bed to support the development of and provide education to Resident and Family Councils in nursing homes. The specialist emphasizes empowering residents to take the lead in their council meetings and reduce the need for staff involvement. OOLTC staff are readily available to assist and support Regional Ombudsmen who report a need with a Resident or Family Council in their respective regions.

A recent focus is on promoting Resident Council participation in the survey improvement process at skilled nursing facilities who have been identified as a special focus facility or

a candidate for special focus by Centers for Medicare and Medicaid Services (CMS). Historically, residents are rarely aware when their facility has been determined to be a special focus facility, or candidate facility, leaving their voice out of the survey improvement process. The expectation is for the administrator to provide a monthly report to the council as to the areas of focus for improvement and specifically address what is being done to improve the issues.

**Highlights:**

- Self-Advocacy staff provided training at the Leading Age Conference and the Care Providers Care Conference.
- 722 residents across Minnesota were provided education on different long-term care topics that include:
  - Residents' rights with assisted living licensure law 144G
  - Self-advocacy training
  - Resident Council Development
- Specialists supported the maintenance and development of Resident Councils.
- 5 professional trainings were provided to long-term care staff and community members.
- Over 40 long-term care communities received support and education from Self-Advocacy Specialists.

**Self-Advocacy Workshops**

Education continues to be a critical aspect for advocacy. Five interactive workshops are available for participants learn about their rights. Workshops topics include:

1. Introduction to the Ombudsman program
2. Resident Rights
3. What's Important to You
4. Resident Council
5. Self-Advocacy 101

## Person-Centered Thinking

The Office continues its commitment to person-centeredness as an integral part of quality care. To enhance the Office's capacity to provide education on person-centered practices, as well as to provide the formal two-day training throughout the state, our Office has 3 certified Person-Centered Thinking™ (PCT™) trainers on staff.

This year, certified PCT™ trainers led an internal training for 14 staff and volunteers. Two Self-Advocacy staff also had the opportunity to present and attend the “2024 TLC PCP Gathering Conference: The Learning Community” in Norfolk, Virginia where they presented on empowering people living in long-term care communities.

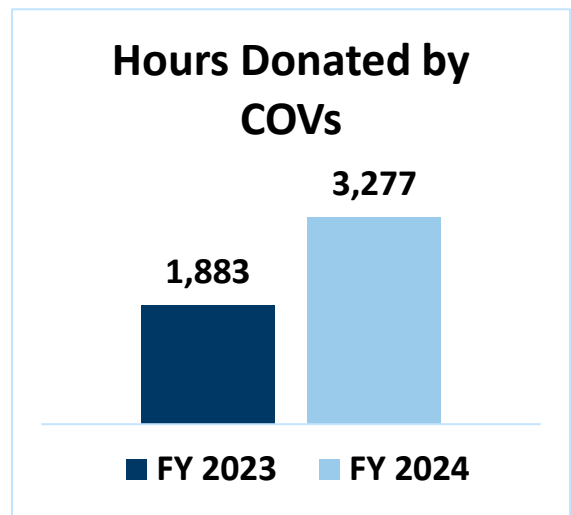
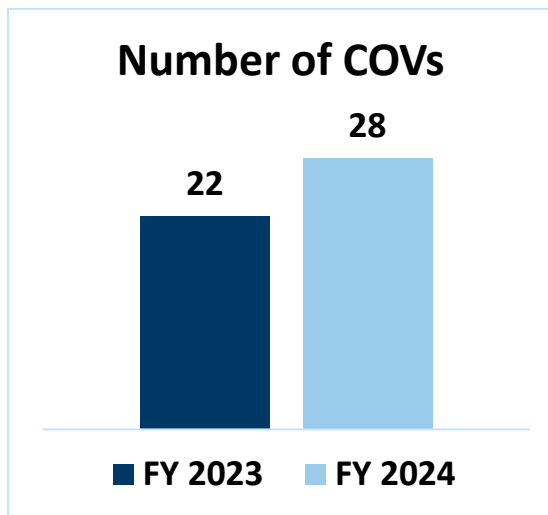
PCT™ training is an interactive skill development training where participants learn skills developed by the Learning Community for Person-Centered Practices. Participants of the 14-hour training receive certification from the Learning Community for Person Centered Practices. 14 Regional Ombudsmen received the certification. These trainings were offered free of charge and focused on persons that serve individuals receiving long-term care services and supports. Long-term care providers also send care staff to our PCT trainings. A 3-hour exploration training was created for them. Participants included case managers, long-term care social workers, administrators, activities directors, and nursing staff. Additionally, 53 social workers attended and completed this training.



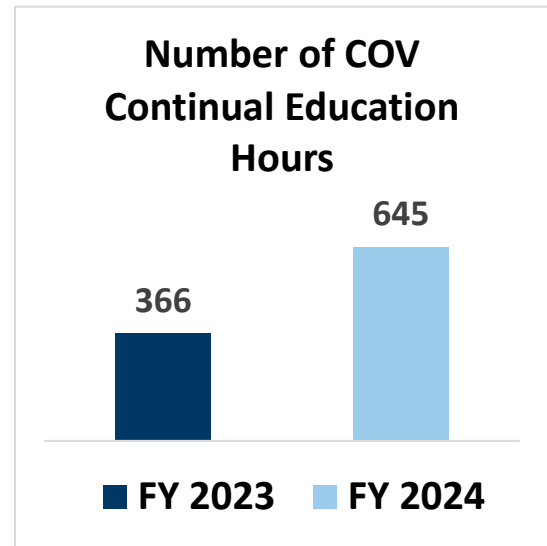
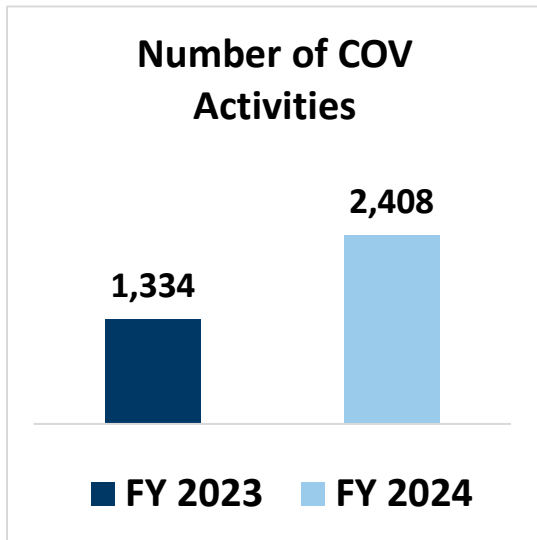
# Ombudsmen Volunteers



Certified Ombudsman Volunteers (COV) are an invaluable part of our Office. COVs assist ROs with advocacy work. The COV team grew this year through various recruitment efforts, including submitting a press release to twelve news outlets. Our largest response came during National Volunteer Week with an interview of State Ombudsman Cheryl Hennen that the Star Tribune published. This recruitment effort yielded thirteen new COVs.

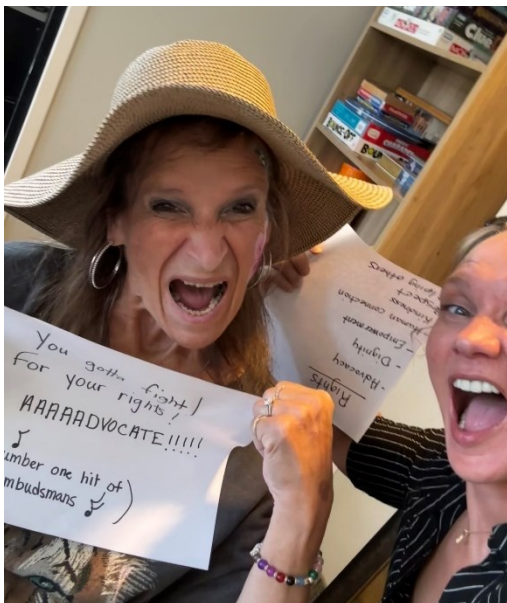


The value of COV hours translates roughly to \$118,987.87 for fiscal year 2024. This estimated value comes from [the Independent Sector, with the Do Good Institute](#). Based on this study, [Minnesota has a “Value of Volunteer” at \\$36.31](#), while the national value is at \$33.49. Our volunteers are exceptional and have been entrusted to create valuable relationships with long-term care residents across Minnesota.



This year, activities included providing information and assistance to residents, families, and staff during facility visits. COVs also participated in continuing education, onboarding of COV applicants, attending resident and family council meetings, and assisting residents with concerns.

### Highlighting our Volunteers



A resident smiling alongside COV Jennifer Burkhardt

*“COV Jennifer Burkhardt did an amazing job with a concern from a resident in a transitional care unit. Due to the results of the resident’s driving skills test, the facility removed her use of her electric wheelchair while in the facility. Jennifer provided support for the resident to get second opinions, helped the facility navigate the process, and actually had therapy help teach the individual to use her powered wheelchair appropriately. She also assisted the resident in understanding the process! In the end the resident was given her electric wheelchair back and was able to keep it with her newly learned skills!”*

- Regional Ombudsman Dave Christianson regarding COV Jennifer Burkhardt

*“COV Stephanie Lenartz has been instrumental to a number of residents with concerns related to food. For example, not receiving a menu, unclear options when food is cold and undesirable. She has had communication with various staff to address and improve resident overall satisfaction. Stephanie also supported a resident who wanted to return home, but no longer had her home to return to. The resident was lonely, depressed, and not on good terms with her brother as she was upset that he didn’t help ‘save’ the family home and her possession. With permission, Stephanie was able to reach out to the resident brother to have conversations on items he may still have. The resident’s brother and wife brought a family photo album to the resident and some additional personal possessions which was very helpful.”*

- Regional Ombudsman Sally Schoephoester regarding COV Stephanie Lenartz



COV Ronna Locketz with one of the residents.

*“Ronna Locketz has volunteered as a COV for nine years at the same nursing home facility. She advocated for all residents at her assigned facility. One resident had many issues and concerns that she needed Ronna to assist with. They met weekly to discuss these concerns. The first issue was that some of her clothing was lost in the laundry at the facility. Ronna discussed with her how the facility complaint/issue form worked and gave it to her to fill out regarding her lost laundry.*

*Eventually, through the grievance process, the resident did get some new clothes paid for by the facility.*

*The second issue for the resident was that her call light was not being answered by staff in a timely manner and at times, her call light was out of reach. Ronna spoke to staff and showed them how the cord was not clipped to her bed and that it needed to be clipped so the resident could reach it. Ronna then brought to the attention of the floor staff nurse about the call light not being answered timely. The third and most pressing issue for this Resident was that she needed help connecting with community services so that she could transition back to the community. With resident consent, Ronna conveyed this concern to the facility social worker who was unaware of how to assist with the issue. With support and guidance of Ronna's Regional Ombudsman, she explained the community supports and waiver process and benefits,*

*printed off the form for applying for these services and worked with the resident to finish the forms. Finally, Ronna connected the resident with Moving Home Minnesota by calling them for her. Moving Home worked with the resident to get community supports and assistance with moving to a new home. Happily, after over a year at the facility, the resident moved into her own place, close to her boys, in a duplex with 3 meals a day, a walk-in shower, and other amenities that will support her with a high quality of life. It was due to the Ronna's vigorous advocacy and support that this resident was able to leave the nursing facility and live in the community. Without Ronna assisting her with all these issues, this resident might still be living in the nursing facility."*

- Regional Ombudsman Anna Solowiej regarding COV Ronna Locketz



## Legislative Advocacy

The 2024 legislative session ended with a large omnibus bill in the literal eleventh hour of the session. OOLTC did experience success with our Mental Illness & De-escalation Training bill that requires minimum training for all staff in assisted living facilities. Regional ombudsmen report a larger portion of casework is related to helping providers better understand the needs of residents they have admitted to their facilities, particularly those needs related to symptoms of mental illness.

Residents report providers are quick to call 911 if the resident is upset, an action that often escalates conflict instead of adding calm to the situation. In response, we drafted a bill to require some training in mental illness for all staff in assisted living facilities. State Senate Human Services Chair John Hoffman authored the bill that passed, requiring 2 hours of training for new staff and 1 hour of on-going training per year. While this is not as much training we hoped would become required by law, it is a start. This training requirement goes into effect on July 1, 2025.

The Office supported another key bill that passed into law in 2024: a bill requiring greater financial transparency from nursing homes. The Department of Human Services (DHS) presented this bill requiring additional ownership information and reporting on costs such as rent for those nursing homes that do not own their property. We supported this bill because we are receiving an increasing number of complaints from residents and family members related to the cost of care being very high, but the services that are part of a resident's care plan – the basic services the nursing home must provide to maintain the resident's health and well-being – are not being provided on a regular basis. Where is the money going? We are hearing this question more frequently from multiple sources, including residents, families, and lawmakers. The added transparency that is now required by law will help answer that question.

One part of the answer to this question is related to a trend of private equity funds purchasing a greater number of nursing homes in Minnesota and nationwide. Private equity funds typically generate profit for shareholders by removing assets from the purchased business. There is additional ownership information required by the Centers for Medicare and Medicaid Services (CMS) for nursing homes that shows private equity funds are purchasing nursing homes. Private equity funds are also purchasing hospitals, dermatology practices, mobile home parks, and many other businesses in multiple industries. This is not an issue unique to long-term care. As we continue to examine this

issue, we see corporate ownership of nursing homes adopting some of the same practices that move money out of a nursing home's operating budget and put it toward profit, a practice often called "profit-tunneling." For the 2025 session, we are working with a coalition of Consumer Advocates to bring greater awareness to this issue. The coalition has drafted language aimed at limiting profit-tunneling practices throughout the long-term care industry. While this issue is likely to require a multi-year effort, we will diligently work to support nursing homes using their revenue (whether from people paying privately, long-term care insurance, Medicaid, or Veterans Administration benefits) for resident care.



# Barriers

Every year as part of OOLTC's annual report we describe barriers or issues that prevent the OOLTC itself or the long-term care system from working optimally from a resident-perspective. Below are previous barriers that have been addressed.

- 1) Mental illness and de-escalation training was required for nursing home workers, but not for staff at assisted living facilities. This training is now a requirement for assisted living staff which care for three times as many residents as nursing homes. This was an initiative that we led.
- 2) The state continues its strong financial support for our Office. Having a statewide presence of regional ombudsman in long-term care facilities helps to assure all residents know their rights and know how to ask for help if they are not getting what they need from the staff at their facilities. We're recognized as a leader in representing residents in long-term care settings and testified twice to the Legislative Task Force on Aging. We were also appointed to be part of the Minnesota Legislative Task Force on Guardianship.

## **These barriers remain and are areas for Improvement:**

- 1) Lack of staffing remains an issue across much of the industry, impacting the quality of care for residents. Three new Veterans homes opened this fiscal year and have not yet reached full capacity of residents due to staffing issues. Regional ombudsmen report that residents feel resigned, knowing they must wait longer for services and do without certain things because of the lack of staff. They understand that the staff are working incredibly hard but are unable get to everything on their care plans. This barrier to full staffing needs to be resolved to ensure high quality of care and resident rights to be fully available.
- 2) Assisted living licensure achieved numerous enhanced rights for residents. There continue to be threats to those protections. The Office is active in discussions and at negotiation tables to advocate for resident rights. Assisted living residents have increased the demand for our services. Our staff are working closely on many cases, including cases involving the preservation of housing for residents who are wrongly asked to move.
- 3) Transparency in funding for long-term care is still an issue. Understanding how and where money meant for resident care is spent is critical to understanding the

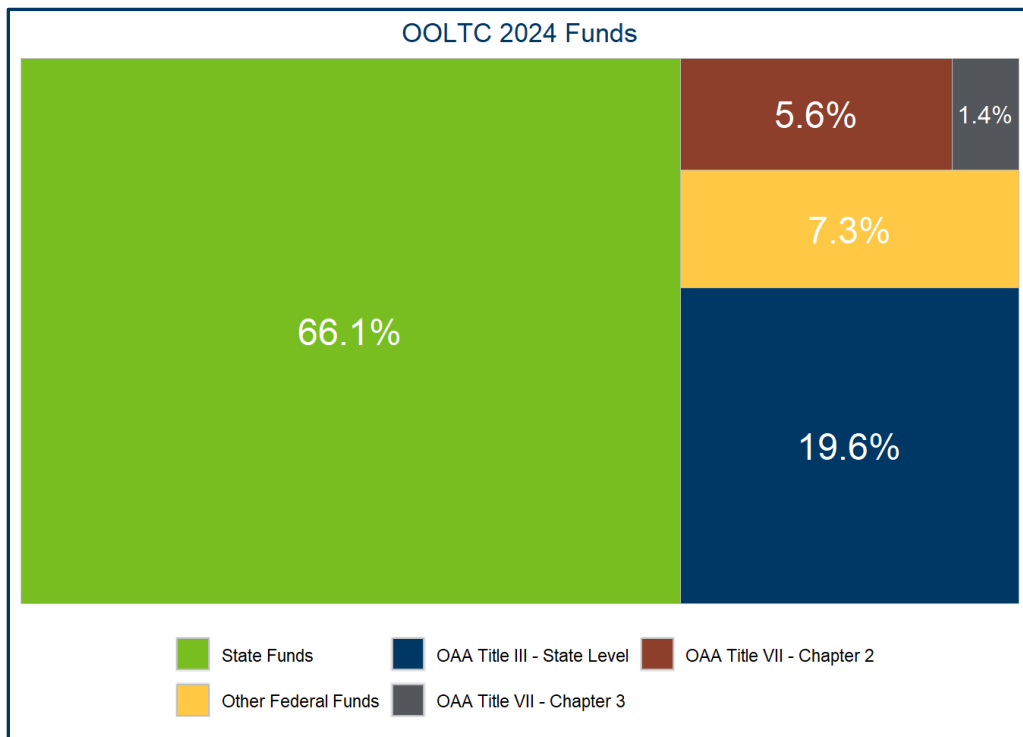
actual funding needs of the long-term care system so that we can better support adequate quality of care for residents.

- 4) The Older Americans Act and Federal Regulation mandate strict adherence to program independence and free of conflicts of interest. The Office is a program of the MN Board on Aging, administratively housed within the MN Department of Human Services. Our work includes continuous monitoring of State administrative policies, procedures, and processes that may not apply to the unique work of the Office or that creates a delay.

These barriers are significant. Despite challenges, we will remain an in-person advocacy program that works to empower, educate, and advocate for resident rights and a high quality of life for recipients of licensed long-term care services across Minnesota.

## How We're Funded

Funding for our Office comes from the State of Minnesota, the Older Americans Act (OAA) and other sources. We're grateful for the support as we continue our efforts to safeguard residents' rights and improve our services for all Minnesotans.



# Staff Directory

<b>Cheryl Hennen</b> State Long-Term Care Ombudsman	<b>Genevieve Gaboriault</b> Deputy Ombudsman	<b>Kristey Vang-Lee</b> Office Supervisor
<b>Jane Brink</b> Regional Ombudsman Supervisor	<b>Linda Suave</b> Regional Ombudsman Supervisor	<b>Paula Wieczorek</b> Regional Ombudsman Supervisor
<b>Alice Hewitt*</b> Policy Specialist	<b>Eli Miller</b> Data Analyst	<b>La'Venja Pitts</b> Office Administrator
<b>Alicia Carrillo</b> Regional Ombudsman	<b>Emma Shepard</b> Self-Advocacy Specialist	<b>Lori Goetz</b> Regional Ombudsman
<b>Amanda Caillier</b> Regional Ombudsman	<b>Hanna Sponberg*</b> Regional Ombudsman	<b>Maisie Blaine</b> Policy Specialist
<b>Anna Graner</b> Regional Ombudsman	<b>Jami Nyberg</b> Regional Ombudsman	<b>Marie Kessler</b> Volunteer Coordinator
<b>Anna Solowiej</b> Regional Ombudsman	<b>Jamie Kunst</b> Regional Ombudsman	<b>Michele Christensen</b> Regional Ombudsman
<b>Brett Jagodzinski</b> Regional Ombudsman	<b>Jason Mekalson</b> Regional Ombudsman	<b>Mitch Muehlhausen*</b> Regional Ombudsman
<b>Brian Stamschror</b> Resident and Family Council Education (RFACE) Specialist	<b>Jeanne Kolo-Johnson</b> Regional Ombudsman	<b>Ntianu Carter</b> Regional Ombudsman
<b>Christopher Bonander</b> Regional Ombudsman	<b>Jennifer Rogers</b> Regional Ombudsman	<b>Parichay Rudina</b> Policy Specialist-Legislative
<b>Dan Huynh*</b> Regional Ombudsman	<b>Julia Lerner*</b> Regional Ombudsman	<b>Patty Odlaug</b> Regional Ombudsman
<b>Dan Tupy</b> Regional Ombudsman	<b>Kab Nras Lee</b> Self-Advocacy Specialist	<b>Sally Schoephoerster</b> Regional Ombudsman
<b>Dana Manteufel</b> Data Analyst	<b>Kate Selseth</b> Regional Ombudsman	<b>Sam Chacon</b> Notices and Data Specialist
<b>Dave Christianson</b> Regional Ombudsman	<b>Kong Yang</b> Website and Communications Specialist	<b>Tammy Hollingsworth</b> Self-Advocacy Specialist
<b>Deb Vizecky</b> Regional Ombudsman	<b>Kinsley Ayangim</b> Regional Ombudsman	<b>True Lis*</b> Regional Ombudsman
		<b>Yuvia Rodriguez*</b> Office & Admin Specialist

\* Joined OOLTC in FY24

## Certified Ombudsman Volunteers

Alesia Grace Thompson

Ann Pabst

Barbara McDonald

Bernice Bertram

Bob Payton

Colette Morris

Fred Simon

Gary Hennen

Jennifer Burkhardt

Jennifer Koshiol

Jennifer Wollschlager

Jo Hennen

Katheryn Luepke

Kay Steffen

Kelly Alward

Kevin McLane

Kirsten Olsen

Lorna Leisikow

Maria Malonado

Nancy Pilger

Pam Maurelli

Pat McCormick

Pat Westman

Patrick Rainbow

Ralph Morris

Ronna Locketz

Ruth Steffensen

Stephanie Lenar



OOLTC Staff alongside COVs at a retreat

# Contact Us

## The Office of Ombudsman for Long-Term Care

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### Website:

<https://mn.gov/ooltc/>

Sign up for GovDelivery emails from our website or [use this online form to subscribe to OOLTC email updates](#). In FY 2024, we delivered emails on topics ranging from knowing your rights to legislative updates.

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