



Tennessee Long-Term Care Ombudsman

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The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within the Tennessee Department of Disability and Aging (DDA). Points of view, opinions, or positions of the Ombudsman do not necessarily represent the view, positions, or policy of DDA [45 CFR part 1324.11(e)(8)]. This annual report is compiled and distributed to meet federal law requirements.

Message from the State Ombudsman

Dear Long-Term Care Residents, Families, and Stakeholders,

I am proud to share the 2025 Annual Report of the Tennessee Office of the State Long-Term Care Ombudsman. As an independent advocate for residents in long-term care, our mission is simple: protect rights, promote dignity, and drive systemic change.

This year marks a turning point. We have aligned our reporting with the state fiscal year (SFY) to deliver timely, relevant insights. In SFY 2025, we strengthened infrastructure, expanded capacity, and improved consistency statewide. Highlights include:

- **Expanding Leadership Capacity:** Approval to hire a Deputy State Ombudsman to strengthen support for District Ombudsmen, improve coordination across regions, and help address gaps in services statewide.
- **Raising Standards with Certification and Training:** Launched the state's first statewide volunteer certification program with local hands-on training and delivered statewide staff training plus virtual volunteer sessions. These efforts ensure ombudsman staff and volunteers are prepared to provide consistent, high-quality advocacy for residents everywhere.
- **Smarter Reporting for Faster Advocacy:** Introduced a new system that allows volunteers to enter their own documentation, streamlining case reporting and improving responsiveness. These upgrades are part of our ongoing effort to strengthen reporting tools so ombudsmen and volunteers can work smarter and deliver timely, effective advocacy.

Significant challenges remain that affect residents and ombudsman program advocacy in Tennessee. Tennessee still lacks dedicated state funding for the program resulting in staffing that falls far below national standards. An investment of \$1.75 million in dedicated state funding is needed to achieve a bare minimum of staff positions. Volunteer recruitment and retention suffer without resources for strong management. Residents in assisted living, especially memory care, face outdated standards and limited enforcement. Behavioral health services for nursing home residents remain deeply inadequate, leaving residents without the support they need. Too often, this results in heavy reliance on psychotropic medications, avoidable hospital transfers, and care that fails to address trauma or individual needs. These are systemic issues requiring coordinated, sustained investment. Our recommendations echo what residents and families tell us every day: more staff, stronger protections, and care that honors dignity, safety, and choice.

Thank you to the residents, families, volunteers, and partners who make this work possible. Your voices and commitment drive everything we do, and together we will continue to advocate for care that truly respects and protects those who call long-term care home.



Teresa Teeple

State Long-Term Care Ombudsman

Executive Summary

Overview: Key Facts & Figures

- The Tennessee Long-Term Care Ombudsman Program is a federally mandated advocacy initiative dedicated to protecting the rights and well-being of residents in long-term care facilities. The program resolves complaints, advocates for systemic improvements, and ensures residents' voices are heard. The program consists of a State Office housed at the Tennessee Department of Disability and Aging and nine District Long-Term Care Ombudsman Programs.
- There are approximately 16 full-time equivalent District Ombudsmen serving residents in 678 long-term care facilities accounting for over 58,000 beds across 95 counties.
- In State Fiscal Year (SFY) 2025, the program responded to 3,593 complaints ranging from care quality concerns to serious issues of abuse and neglect.
- The top three complaint categories for SFY 2025 included:
 - Care quality
 - Abuse, neglect, and exploitation
 - Autonomy, choice, and rights

Barriers of the Tennessee Ombudsman Program

- There continue to be too few long-term care ombudsmen in Tennessee to meet the high, and growing, demand for services. As such, funding is one of the primary barriers to providing excellent ombudsman services to Tennessee's long-term care residents.
- Recruiting and retaining volunteers remains difficult without adequate resources for training and support, putting residents at risk of losing essential advocacy.

Recommendations to Strengthen the Tennessee Long-Term Care System

- Provide \$1.75 million in dedicated state funding to ensure the Office of the State Long-Term Care Ombudsman can meet its mandate and growing demand.
- Establish stronger memory care standards and protections in assisted living facilities to safeguard residents with cognitive impairments.
- Expand behavioral and mental health services in nursing homes to address residents' complex needs.

An Introduction: The Tennessee Office of the State Long-Term Care Ombudsman Program

The Tennessee Long-Term Care Ombudsman Program is an advocacy program for residents of long-term care facilities. It was established under the federal Older Americans Act of 1965 and Tennessee Code Annotated §52-8-204. Every state and territory must have an Office of the State Long-Term Care Ombudsman (Office) that is established by the State Unit on Aging and headed by a full-time State Long-Term Care Ombudsman (State Ombudsman) who directs the program statewide. The Office is housed within the Tennessee Department of Disability and Aging (DDA), Tennessee's State Unit on Aging. The State Ombudsman is required to:

- Identify, investigate, and resolve complaints made by or on behalf of residents
- Provide information to residents about long-term services and supports
- Ensure that residents have regular and timely access to an ombudsman
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents
- Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents

Ombudsman services are free and confidential and are available statewide.

Ombudsman in Action: After a resident eloped from a secured memory care unit, the ombudsman discovered malfunctioning door alarms and dangerously low staffing. This incident followed a recent resident fatality, prompting urgent advocacy for improved safety. Through persistent collaboration with regulators and facility staff, the ombudsman ensured alarm systems were repaired, and resident care was strengthened. Ongoing efforts continue to push for better staffing and supervision in memory care.

Structure of the Office

The Office is comprised of a State Office, housed at DDA, and nine district ombudsman programs that provide advocacy services at the local level statewide. The State Office contracts with each of the state's nine Area Agencies on Aging and Disability. Two of the nine agencies further contract with local, community-based organizations and other entities to provide ombudsman services. While these local entities are responsible for the personnel management of ombudsmen they house, the State Ombudsman is responsible for managing all ombudsman activities statewide. At the time of issuing this report, the Office consists of the State Ombudsman, Deputy State Ombudsman, and 15 full-time and three part-time district long-term care ombudsmen (District Ombudsmen) who provide services in all facilities across the state. The program is also supported by trained and certified volunteers who increase its reach by visiting facilities and educating residents. During State Fiscal Year (SFY) 2025, there were 40 volunteer ombudsmen who contributed over 1,800 hours to the program.

LICENSING LONG-TERM CARE FACILITIES IN TENNESSEE

Tennessee is home to residents of about 678 long term care facilities including nursing homes, assisted living facilities, homes for the aged, traumatic brain injury homes, and adult care homes.

The Tennessee Health Facilities Commission oversees the licensing, certification, and inspection of these facilities to ensure they meet state and federal requirements. Through annual and complaint-based surveys, the Commission works to protect resident safety and uphold quality care.

To report a concern, call the Complaint Intake Line at 1-877-287-0010.

SFY 2025: A Year in Review

SFY 2025 was another exciting year for the Tennessee Long-Term Care Ombudsman Program. Here are a few of the key accomplishments that reflect our continued growth, innovation, and commitment to resident-centered advocacy across the state.

- **Expanding Leadership Capacity:** The State Office gained approval to hire a Deputy State Long-Term Care Ombudsman, a critical step toward strengthening statewide infrastructure. This new role will provide direct support to District Ombudsmen, improve coordination across regions, and help close service gaps. It also frees the State Ombudsman to focus on strategic initiatives, systems advocacy, and long-term sustainability.
- **Investing in Training and Professional Development:** We invested in building skills and consistency across Tennessee. Staff came together twice for intensive, in-person training led by state and national experts, while volunteers joined virtual sessions to deepen knowledge and strengthen connections. These trainings ensure every ombudsman is equipped, informed, and united in delivering strong, resident-centered advocacy.
- **Enhancing Reporting Through Volunteer Access:** Volunteer ombudsmen now enter their own documentation directly into our system, a major step toward improving efficiency, accuracy, and responsiveness. This upgrade reduces administrative delays and strengthens our ability to act quickly for residents. It's part of our ongoing commitment to modernize reporting tools so ombudsmen and volunteers can work smarter and deliver timely, effective advocacy.
- **Transforming Volunteer Training for Impact:** We piloted Tennessee's first-ever statewide certification for volunteer ombudsmen, paired with in-the-field training at the local level. This hybrid approach helps ensure volunteers are consistently prepared while easing the training burden on local programs. The model shows promise for building capacity and strengthening volunteer engagement across the state.

Ombudsman in Action: *The ombudsman responded to serious concerns about the quality and nutritional value of food at an assisted living facility. Residents described the meals as "horrible" and shared photos of unappetizing dishes, including a hotdog bun with jelly labeled as "dessert." After reviewing the menu and confirming the lack of diabetic-friendly and nutritious options, the Ombudsman worked with the Administrator to initiate meaningful changes. The facility revised its menu based on resident input, hired new kitchen staff, and contracted with a new food vendor. Residents later reported significant improvements and expressed gratitude for the ombudsman's advocacy.*

Refining Complaint Response to Prioritize Resident Voices

Most of a District Ombudsman's time is spent investigating complaints brought by, or on behalf of, long-term care residents, and that remained true in SFY 2025. However, this year also marked a period of intentional change in how we manage and document our work. In total, the number of complaints addressed decreased from 4,101 in SFY 2024 to 3,593 in SFY 2025. This reduction was not unexpected. It reflects several strategic decisions we have made to ensure our limited time and resources are focused where they are needed most.

One of the biggest shifts was in how we manage complaints. We made a conscious decision to prioritize being available to residents and respond to the concerns they bring to us directly. Rather than trying to respond to every report that comes in, especially those that do not involve a resident asking for our help, we have worked to make sure our ombudsmen are spending their time where it matters most: with residents, listening to them, and supporting them in resolving the issues they care about. That is the heart of our program, and we wanted to make sure our time and energy reflect that.

This shift is reflected in our data. In SFY 2025, 40 percent of the cases we opened were initiated based on concerns brought directly by residents. Of those, 82 percent were either partially or fully resolved. That is a significant improvement compared to SFY 2024, when only 24 percent of cases were opened for residents and 73 percent were resolved. These numbers show that our new approach is sharpening our focus to achieve better results for the people we serve.

Ombudsman in Action: *The ombudsman intervened when a resident faced eviction from an assisted living facility due to a \$22,000 balance caused by the facility's failure to contract with the resident's Medicaid managed care organization. By calculating what the resident would have owed under Medicaid rates, the ombudsman demonstrated that the balance should have been significantly lower. After persistent advocacy and negotiation, the facility agreed to reduce the charges and rescinded the eviction notice. The resident's representative expressed deep gratitude for the ombudsman's role in protecting the resident's rights and housing.*

We also introduced a new activity type this year to ensure we remain responsive to residents in difficult situations while maintaining the integrity of our complaint data. In SFY 2025, we conducted 237 outreach visits after receiving notice of alleged abuse, neglect, or exploitation. During these visits, ombudsmen offered support to both residents and facility staff, ensuring residents were aware of their rights and had access to advocacy if they wanted it. While these interactions are not counted as formal complaints because residents did not request our assistance when we met with them, they are a critical part of our role in protecting residents and supporting a culture of safety and accountability in long-term care settings. This approach also helps reduce the burden on staff, who were previously required to drop everything to respond to incoming referrals from other agencies, even when the resident had not asked for ombudsman involvement. By creating a more structured and intentional way to respond, we are better able to manage staff time while still showing up for residents when it matters.

We also made a change in how we document certain types of contacts, specifically situations where someone reports that a resident may have been abused, neglected, or exploited. Based on guidance from the National Long-Term Care Ombudsman Resource Center, we updated our practices to better align with how other states are documenting these interactions. Now, unless the resident expresses concern or asks for our help, we do not count those contacts as formal complaints. This helps ensure that our data is more consistent with national standards and more accurately reflects the resident-driven nature of our work.

Even with these changes, the core issues residents face remain consistent. However, for the first time in many years, abuse is no longer the top complaint category with the most complaints reported. In SFY 2025, concerns about care quality rose to the top, followed by abuse, neglect, and exploitation. The top three complaint categories addressed by ombudsmen this year were:

- **Care Quality:** Concerns about missed care, poor hygiene, or delayed staff response.
- **Abuse, Neglect, and Exploitation:** Reports of harm, lack of care, or misuse of a resident's money or belongings.
- **Autonomy, Choice, and Rights:** Issues like restricted visitors, forced routines, or ignored preferences.

While the overall number of complaints may be lower this year, we believe these changes have strengthened our program. They have helped us stay focused on what matters most: being there for residents and making sure their voices are heard.

More than Complaints: Being there for Residents

The work of long-term care ombudsmen goes far beyond resolving complaints. The Older Americans Act calls on us to be visible, trusted advocates for residents and a steady support for the staff who care for them. We show up in facilities not just to respond, but to listen, to educate, and to empower.

In SFY 2025, ombudsmen made 3,448 routine visits to long-term care facilities across Tennessee. We sat with residents, listened to their concerns, observed conditions, and followed up to make sure issues were addressed. We attended 80 resident council meetings, helping residents use their voices to shape the care they receive and their quality of life. We provided information and guidance to more than 2,000 individuals, including residents, families, and community members, on everything from visitation rights to choosing a facility. And when staff reached out for help, we responded 622 times, offering practical support and a resident-centered perspective to guide their decisions. This is what everyday advocacy looks like: being present, being consistent, and making sure residents are never left to navigate the system alone.

OMBUDSMEN AND LONG-TERM CARE FACILITY CLOSURES

In SFY 2025, ombudsmen were involved in eight long-term care facility closures across Tennessee.

As part of a statewide transition team, they worked directly with residents, families, and staff to support safe, informed transitions. Their engagement helped reduce confusion, protect residents' rights, and ensure that resident moves were handled with care and dignity.

Ombudsmen also helped identify and address systemic issues that contributed to the closures, reinforcing the need for stronger oversight and support. After the transitions, they followed up with residents in their new homes to ensure they were safe, supported, and adjusting well.

Barriers of the Tennessee Ombudsman Program

Inadequate Resources to Support the Ombudsman Program

There are too few long-term care ombudsmen in Tennessee to meet the high, and growing, demand for services. Funding is one of the primary barriers to providing excellent ombudsman services to Tennessee's long-term care residents. Due to severe funding constraints, Tennessee has only 16 staff ombudsmen serving about 58,000 licensed long-term care beds between nursing homes, assisted care living facilities, residential homes for the aged, adult care homes, and traumatic brain injury homes. Tennessee is unique in that there is no dedicated state funding for the Tennessee Long-Term Care Ombudsman Program as there is for the majority of other states and territories. The only state funding allocated to the program is for the State Ombudsman and the newly established Deputy State Ombudsman positions. Because the program operates within a state agency, these personnel costs are covered through the agency's general administrative funds.

Voices from Our Volunteer Community

"Being an advocate for the elderly is so important! Many do not have a 'voice' and are scared to speak up for their needs. We need to be their voice and stand up for their rights!"

"Many of these folks don't seem to have family... We are a very important role in assuring our senior citizens are taken care of with dignity and respect."

"I see the changes we have made over time still being implemented in our facilities."

Volunteer Engagement and the Need for Support

Tennessee is proud to be known as "The Volunteer State," yet the Long-Term Care Ombudsman Program faces growing challenges in sustaining a strong and active volunteer corps. Recruiting and retaining enough volunteers to meet the needs of residents in nursing homes and assisted care living facilities has become increasingly difficult. Volunteers play an important role by visiting facilities and listening to residents' concerns. When staff are consumed with urgent cases and expansive caseloads, making it impossible to visit residents regularly in every facility, volunteers can step in to provide the consistent presence and advocacy residents need.

Sadly, limited resources for volunteer management make it hard to maintain this essential support. Without adequate funding to recruit, train, and sustain volunteers, the program cannot meet the demand for advocacy across the state. As a result, too many Tennessee residents go without the representation they deserve, creating a gap that directly impacts the quality of care and oversight in long-term care facilities.

Recommendations

More Staff Ombudsmen are Needed: Support the Office of the State Long-Term Care Ombudsman with Dedicated State Funding

For the third consecutive year, the top recommendation in this report calls for increased support for Tennessee's Long-Term Care Ombudsman Program. Despite serving thousands of vulnerable Tennessee residents across 678 long-term care facilities, the program receives less than \$450,000 in federal funding annually for the exclusive use on ombudsman services and relies heavily on inconsistent local funding. The demand for ombudsman services in some of Tennessee's most populated cities and towns is forcing ombudsmen to prioritize who receives timely services. District Ombudsmen report being stretched thin, unable to meet the growing demand for advocacy, complaint resolution, and resident protection.

The Institute of Medicine recommends a minimum of one full-time ombudsman per 2,000 beds, not including the State Ombudsman. Based on this standard, Tennessee should have at least 30 full-time staff ombudsmen in the field. Today, the state has only 16 full-time equivalent positions. To achieve this bare minimum standard and provide services Tennesseans deserve, the program needs \$1.75 million dollars in dedicated state funding. With resident acuity and case complexity rising, Tennessee must act now to invest in a stronger, more sustainable ombudsman workforce through increased and dedicated state general revenue funding.

Improve Memory Care Standards and Protections in Assisted Living Facilities

In Tennessee, memory care is often provided within Assisted Care Living Facilities (ACLFs) under the same regulations designed for older adults who may still live independently and manage their own affairs. Applying one set of rules to such dramatically different populations is inadequate and dangerous. Residents with dementia require specialized care and protections, yet current regulations fail to reflect this reality. There is no dedicated memory care section in ACLF rules, and staffing requirements are minimal: facilities are only required to always have one awake staff member on-site and "sufficient staff to meet residents' needs." This vague standard is unenforceable and leaves memory care residents at risk.

When a facility accepts someone into an ACLF, it is committing to meet that person's needs. Too often, residents with dementia are discharged or transferred instead of receiving individualized, trauma-informed care. These moves worsen their condition and place added stress on families who are given little or no warning that a new placement is needed. Even more concerning, individuals with cognitive impairments are highly susceptible to abuse and neglect because they cannot advocate for themselves.

Nursing homes are required to provide individualized care, but enforcement often comes too late. In assisted living, the standards are even weaker, and memory care residents pay the price.

To improve care and prevent harm, we recommend:

- Establishing minimum, adequate staffing ratios for memory care units
- Expanding and enforce dementia-specific training for all staff, including annual continuing education with competency checks
- Instituting clear, enforceable discharge protections for residents with cognitive impairments
- Creating plain-language resources such as brochures or checklists that explain residents' rights and how families can advocate effectively
- Completing regulatory updates to add a dedicated memory care section within ACLF rules

- Providing education for facility leaders and surveyors on best practices and quality standards for memory care so administrators go beyond compliance and regulators can enforce meaningful care

Strengthening memory care standards is not just a policy issue, it is about dignity, safety, and doing right by those who rely on us most.

Adequately Address the Behavioral and Mental Health Needs of Nursing Home Residents

Behavioral and mental health challenges, such as depression, anxiety, trauma, and serious mental illness, are common among nursing home residents, but often poorly treated. Ombudsmen observe facilities regularly fail to meet these resident needs due to insufficient staffing, inadequate training, incomplete initial resident assessments, and weak care planning that often fails to be meaningfully person-centered. These gaps lead to escalating crises, inappropriate use of psychotropic medications, and, increasingly, residents being “dumped” in hospital emergency rooms because facilities claim they cannot manage their care. This practice is disruptive, traumatic, and often avoidable. It signals a breakdown in the system - unnecessary hospitalizations, fragmented care, and higher costs that shift to hospitals, TennCare, and taxpayers.

Federal and state regulations already exist to ensure nursing home residents receive good behavioral health care. Regulations require nursing homes to ensure staff competency, prioritize non-pharmacological interventions, maintain oversight of psychotropic medications and help residents get access to care. Further, the State Survey Agency and TennCare work to enforce these standards and support facilities through quality initiatives. Unfortunately, compliance is inconsistent and not always meaningful. While the State Survey Agency may identify these issues during inspections, it’s often too late to help the residents who have already been transferred or discharged.

To improve outcomes, Tennessee should focus on:

- Ensuring Tennessee nursing home staffing levels and training meet the needs of residents with behavioral and mental health challenges, especially in those homes with a disproportionality high percentage of residents experiencing them
- Strengthening Tennessee resident assessment and care planning practices, and ensuring their use
- Reducing unnecessary hospital transfers through better protocols, support, and enforcement action

When a facility claims it cannot meet a resident’s needs, regulators should closely examine what steps the facility has attempted, such as staff training, behavioral interventions, and use of available resources. Facilities must demonstrate good-faith efforts to provide care, and failure to do so should result in serious corrective action. TennCare, through managed care organizations, already incorporates behavioral health requirements into contracts and provides incentives for quality improvement. Future efforts should focus on expanding access to mental health professionals, supporting telehealth as a cost-effective solution, funding ongoing staff training to maintain quality, and integrating behavioral health measures into value-based payment models to ensure accountability and better outcomes.

Meeting Tennessee residents’ behavioral and mental health needs is essential to quality care, and adequate, well-trained staff and thorough initial assessments remain the foundation for success.

Looking Ahead

As we reflect on the accomplishments of SFY 2025, one thing is clear: the strength of the Tennessee Long-Term Care Ombudsman Program lies in its people: residents who speak up, families who advocate, staff who collaborate, and volunteers who show up with compassion and commitment. Challenges remain, but we are proud of the progress made and energized by the opportunities ahead. To sustain this momentum and meet growing demand, additional funding is essential to recruit and retain skilled staff and volunteer ombudsmen who can respond quickly and effectively to residents' needs. With continued investment, strong partnerships, and a shared commitment to dignity and rights, we will keep working to ensure every long-term care resident in Tennessee is supported.

District 1-First Tennessee

Karrie Erick

Johnson City, TN
423-979-2599
kerick@ftaaad.org

Counties Served: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi & Washington

District 2-East Tennessee

Thomas Kahler

Knoxville, TN
865-691-2551 x4223
tkahler@ethra.org

Counties Served: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier & Union

District 3-Southeast Tennessee

Mary Beth Lester

Chattanooga, TN
423-591-7719
mlester@sedev.org

Counties Served: Bledsoe, Bradley, Grundy, Hamilton, McMinn, Marion, Meigs, Polk, Rhea & Sequatchie

District 4-Upper Cumberland

Nikke Farlow

Cookeville, TN
931-476-4161
nfarlow@ucdd.org

Counties Served: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren & White

District 5-Greater Nashville

Kassandra Porter

Nashville, TN
615-850-3918
kassandra.porter@mchra.com

Counties Served: Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Trousdale, Stewart, Sumner, Wilson, Williamson

District 6-South Central

Terri Pickford

Mount Pleasant, TN
931-379-2926
tpickford@sctdd.org

Counties Served: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne

District 7-Northwest Tennessee

Angela Ray

Martin, TN
731-514-3983 (office)
Angela.ray@nwtddd.org

Counties Served: Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion & Weakley

District 8-Southwest Tennessee

Norma Bell

Jackson, TN
731-668-6411
nbell@swtddd.org

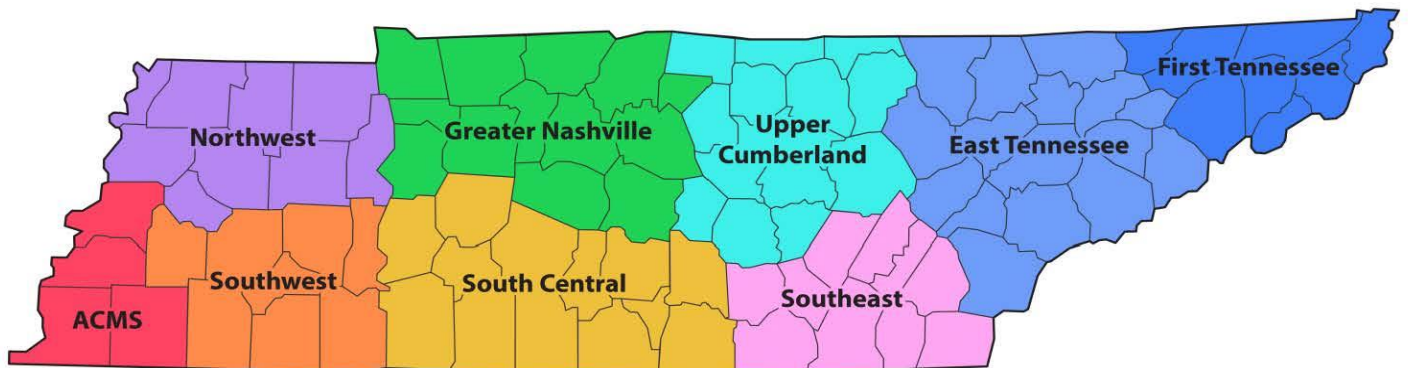
Counties Served: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy & Madison

District 9-Memphis-Delta

Zev Samuels

Memphis, TN
901-529-4565 (office)
zamuels@mifa.org

Counties Served: Fayette, Lauderdale, Shelby & Tipton





877-236-0013

tn.gov/disability-and-aging