



The National Long-Term Care Ombudsman Resource Center



NEW Consumer Voice Report – *Behind Closed Doors: Understanding the Resident Experience*

January 28, 2026

Welcome

- ▶ This webinar is being **recorded**.
- ▶ Use the **chat feature or raise your hand** for questions for the speakers.
- ▶ **Links** to slides and resources will be provided in the chat.

▶ Agenda

- ▶ Review the New Consumer Voice Report
- ▶ Why was the survey conducted, what did we learn, what is next?
- ▶ Q&A



The National

CONSUMER VOICE

for Quality Long-Term Care

BEHIND CLOSED DOORS: UNDERSTANDING THE RESIDENT EXPERIENCE

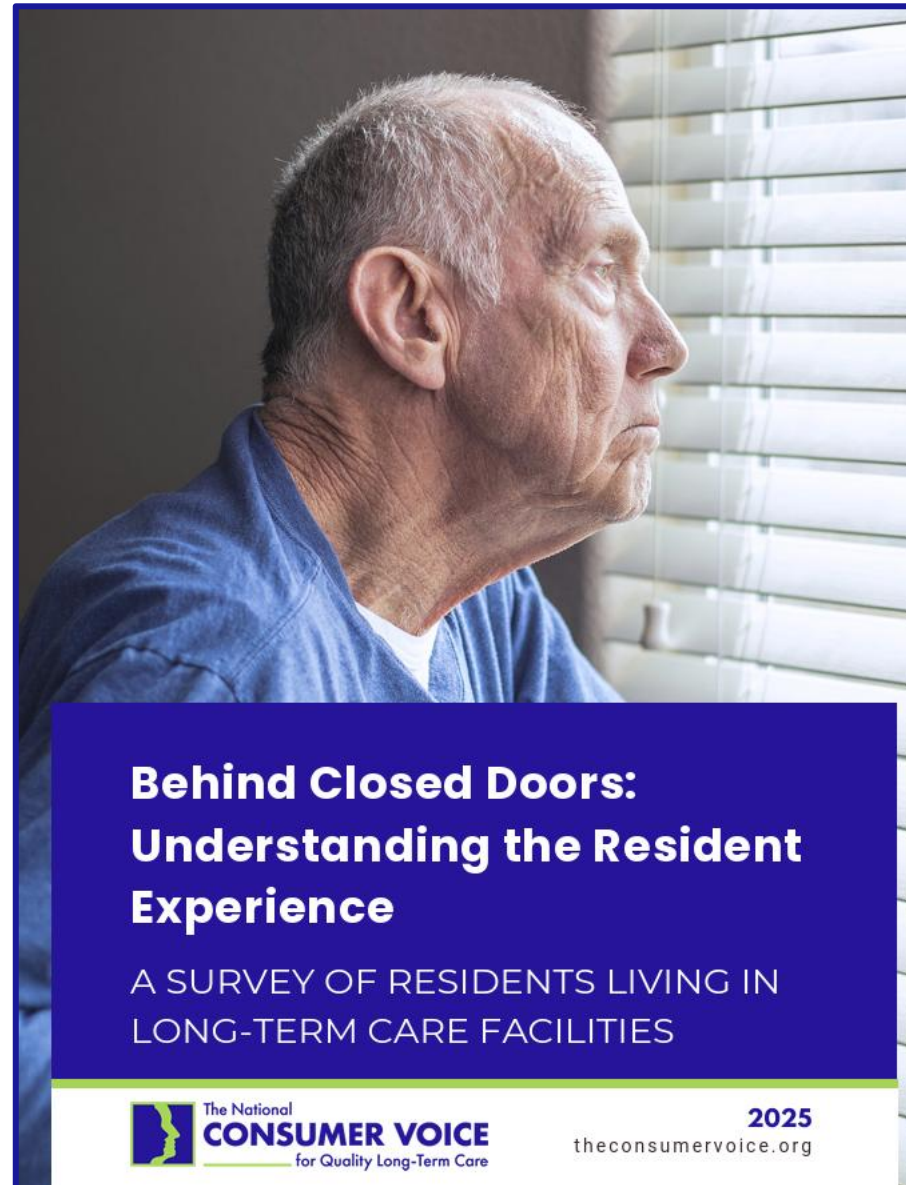
Jocelyn Bogdan, Senior Policy Specialist

January 28, 2026

▶ About the Consumer Voice

The leading national voice representing consumers in issues related to long-term care

- ▶ **Advocate for public policies** that support quality of care and quality of life responsive to consumers' needs in all long-term care settings.
- ▶ **Empower and educate** consumers and families with the knowledge and tools they need to advocate for themselves.
- ▶ **Train and support** individuals and groups that empower and advocate for consumers of long-term care.
- ▶ **Promote the critical role** of direct-care workers and best practices in quality care delivery.



<https://theconsumervoice.org/news/2025-resident-report/>



Why We Conducted the Survey and How it Went...

► Representing the Resident Voice

► Consumer Advisory Council

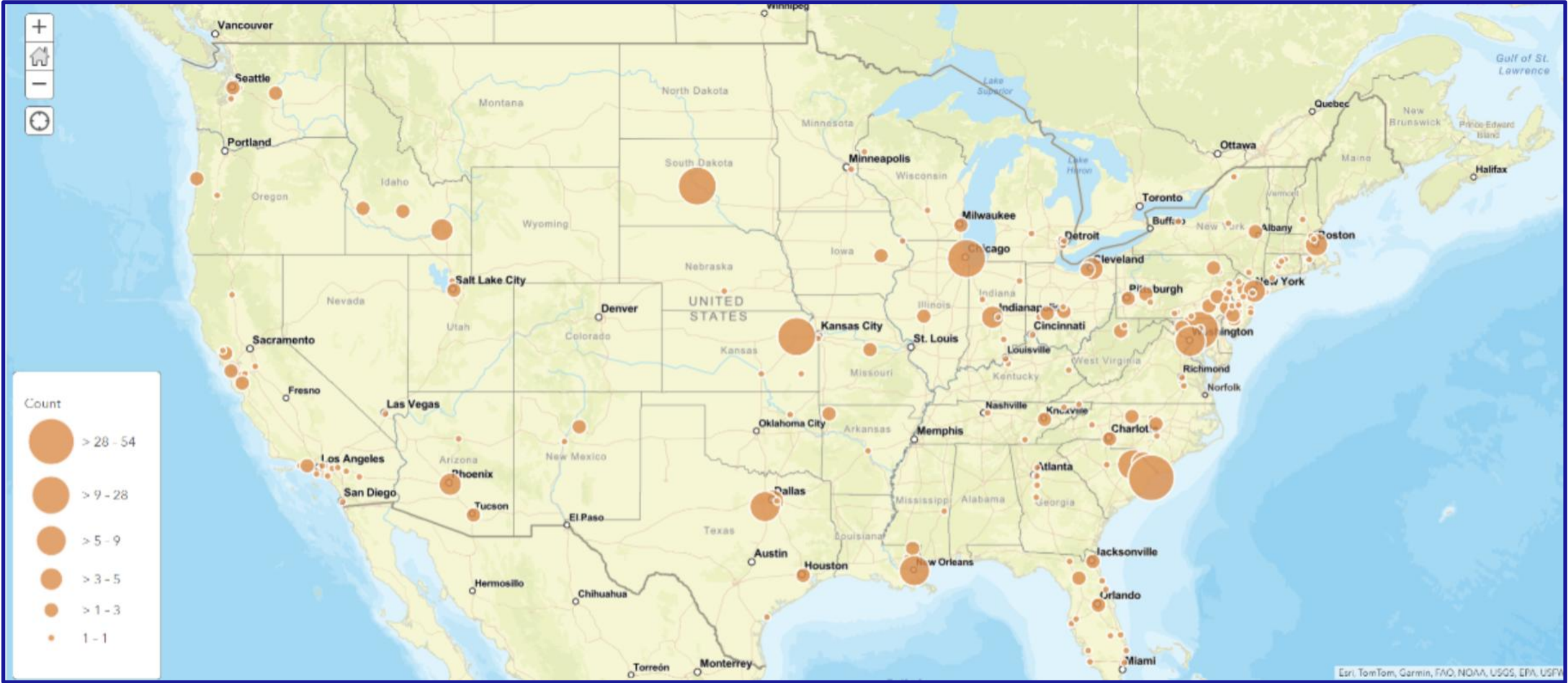
- 15-20 members
- 7-8 active

► Previous Surveys

- Reach over 100 residents around the country

▶ 2025 Resident Survey

- ▶ 455 responses
- ▶ Confirmed by a data scientist
- ▶ Over 40 states
- ▶ Nursing homes, assisted livings
- ▶ Private, nonprofit, government
- ▶ Quantitative Data
- ▶ Qualitative Data





What did we learn?

► What Did We Ask?

- Quality of Life
- Opinions and Preferences
- Dignity
- Getting the Care You Need When You Need It
- Food
- Activities
- Visitation
- Family Caregiver
- Coming and Going from Facility
- Religious Services
- Community
- Technology
- Staffing
- Living on Your Own Terms
- What Would You Change/Improve

► Spectrum of Experiences

- ▶ Many residents do not view their facilities as their home.
 - ▶ “We have gone from feeling we have a home to a room in an institution.”
- ▶ Chronic understaffing
- ▶ Residents lack autonomy
- ▶ 76% are not getting the care they need when they need it
- ▶ 43% find it difficult to live on their own terms at their facility
- ▶ 33% report their food is rarely or never appetizing
- ▶ Some residents are receiving person-centered care – it is possible!

KEY FINDINGS

Of the residents who responded to the survey:

- **50%** say their quality of life got worse after moving into their facilities.
- **32%** say they are only sometimes, rarely, or never treated with dignity or respect in their facilities.
- **19%** say their opinions and preferences about their daily care and routines are rarely or never considered.
- Only **24%** say they always get the care they need in their facilities when they need it.
- **34%** report that the food at their facilities rarely or never looks or smells appetizing, with **25%** reporting they are rarely or never offered an alternative.
- **25%** say the activities offered by their facilities are rarely or never interesting or engaging.
- **97%** who have visitors can see their visitors when they want to see them.
- **40%** do not have a family caregiver.
- **39%** report that a lack of transportation prevents them from participating in community events.
- **52%** of respondents are able to participate in religious services of their choice, though this appeared truer for members of certain religions than others.
- **32%** report that members of their community visit their facilities to participate in or host events less than once a month, if at all.
- **50%** report that they have access to technology when they want to use it with **58%** reporting that they use technology daily.
- **36%** report there is rarely or never enough staff in their facilities to meet their needs in a reasonable amount of time.
- **43%** report that it is somewhat or very difficult to live life on their own terms at their facilities.



Resident Quotes

Quality of Life



Resident comments include:

"My preferences and wishes are ignored..."

"I feel like it's a prison. Throw you in a room and throw away the key and let us rot away."

"Residents are basically confined to our rooms, no social activities at all."

"Your life is not your own here."

"Lack of good food, security, loneliness."

"Lack of staff/care, staff with training, bad attitudes and excuses."

"Staffing is down, food quality has gone from five star to one star, service by staff has gone from excellent to dismissive and retaliatory..."

"The nutrition is very poor and life enrichment activities are nonexistent."

"Although having assistance and care close at hand (sometimes) is an improvement in terms of my safety, in other ways my quality of life is much worse. The food is often unrecognizable and lacking in nutritional value. In addition, I'm lucky if I get a shower once a week and then only when I ask and insist many times..."

► Person-Centered Care is Happening...

- *"My facility has a top-notch staff team that strives to maintain our care and dignity."*
- *"I do not feel so alone."*
- *"The nursing staff provides very good care."*
- *"It is better because I had no one to take care of me."*








What Do We Do Next?

► What Do We Do?

- Quantitative data
- Qualitative data
- Pulling out more information
- Dialogues around the information
- What conversations should we be having?

Action Steps to Improve Resident Care and Experience

To support residents in obtaining quality care and experiencing quality of life, we recommend the following:

-  Use the findings to push for improved staffing levels, stronger resident rights protections, and more person-centered care practices at the local, state, and federal levels.
-  Share the report with policymakers, facility administrators, Ombudsman programs, family councils, and community organizations to raise awareness about resident experiences and systemic issues.
-  Use the insights to help residents and family members better understand their rights, identify concerns, and advocate for changes within their own facilities.
-  Incorporate the findings into staff training, quality improvement initiatives, and resident-centered care planning to ensure facilities are responsive to residents' needs and preferences.
-  Use the themes to shape future surveys, studies, or listening sessions to continue tracking resident experiences and measure progress.

► Share the Report

► <https://theconsumervoice.org/news/2025-resident-report/>



Discussion

Discussion

- ▶ Questions for Jocelyn?
- ▶ What are your thoughts regarding the report?
- ▶ Are you seeing similar themes?
 - ▶ If so, do you have any best practices for addressing some of the common issues or a deidentified example to share?
- ▶ Based on your program data, do you have any advocacy priorities and/or program goals for 2026?

Join Us Next Month!





February 25, 2026, 2 – 3 ET [Register](#)



OMBUDSMAN REFERENCES IN FEDERAL NURSING HOME REQUIREMENTS

TOPIC	SUMMARY	SOURCE
CAH: Critical Access Hospitals CFR: Code of Federal Regulations CMP: Civil Monetary Penalties CMS: Centers for Medicare & Medicaid Services IDR: Informal Dispute Resolution F #: Federal citation tag number LTCOP: Long-Term Care Ombudsman Program LTCSP: Long Term Care Survey Process (LTCSP) Procedure Guide Office: Office of the State Long-Term Care Ombudsman	RN: Registered Nurse RO: CMS Regional Office SA: State Survey Agency SMA: State Medicaid Agency SLTCOP: State Long-term Care Ombudsman Program SLTCO: State Long-term Care Ombudsman SOM: CMS State Operations Manual TC: Team Coordinator USC: United States Code	
ACCESS	Facilities must provide the LTCOP with immediate access to residents.	42 CFR §483.10(f)(4)(i) SOM Appendix PP, F562, F586
	Access to resident medical, social, and administrative records with permission from the resident or legal representative. The SA should ask the representative of the Office assigned to the facility if the facility allows him/her to review records, with resident or resident representative permission and according to State law.	42 CFR §483.10(h)(3) SOM Appendix PP, F583
	The pharmacist's findings are considered part of the resident's medical record and are available to the resident/resident representative upon request. Establishing a consistent location for the pharmacist's findings and recommendations can facilitate communication with the attending physician, director of nursing, the interdisciplinary team (IDT), medical director, resident, and resident's legal representative, the ombudsman, and surveyors.	42 CFR §483.45(c) SOM Appendix PP, F756

Connect with us!

-  ltcombudsman.org
-  ombudcenter@theconsumervoice.org
-  The National LTC Ombudsman Resource Center
-  @LTCombudcenter