



SOUTH DAKOTA LONG TERM CARE

OMBUDSMAN PROGRAM

FFY 2025 Annual Report

October 1, 2024 — September 30, 2025

MESSAGE FROM THE

STATE LONG TERM CARE OMBUDSMAN

It has been an honor to serve as the State Long Term Care Ombudsman and to support the well-being of long term care residents across South Dakota. I am deeply grateful for the opportunity to serve in this role and for the trust placed in me by residents, families, colleagues, and partners throughout the state over the past eleven years.

As I reflect on the Federal Fiscal Year (FFY) 2025, I am proud of the continued dedication of the Long Term Care Ombudsman Program (LTCOP) in advocating for residents' rights and promoting person-centered care. This report highlights the program's activities, challenges, and accomplishments as we work to protect the health, safety, welfare, and dignity of individuals residing in nursing homes, assisted living facilities, and other long term care settings.

The mission of the LTCOP remains steadfast: to enhance quality of life, improve care, protect individual rights, and uphold the dignity of those living in long term care environments. Our Long Term Care Ombudsman (LTCO) play a critical role in championing the voices of residents, ensuring they are heard, respected, and supported in making informed decisions about their care and lives. The program serves individuals across a wide range of long term care settings and continues to be a vital resource for residents and their families when concerns arise. While the LTCOP does not regulate facilities, the program plays a critical role in identifying systemic concerns and advocating for improvements.

I extend my sincere appreciation to our dedicated team of Ombudsman, as well as to our partners across state agencies, providers, and community organizations, whose collaboration strengthens our shared commitment to improving long term care in South Dakota.

Thank you for the opportunity to serve in this role.

Respectfully,

Donna Fischer

Certified Dementia Practitioner

South Dakota State Long Term Care Ombudsman



The term “ombudsman” originates from Swedish and translates to “one who speaks on behalf of another” or “representative of the people.” Long Term Care Ombudsman (LTCO) serve as advocates for residents of long term care facilities, working to resolve individual concerns and promote systemic improvements. In addition to addressing specific issues, LTCOs play a vital role in educating residents, families, and facility staff about residents’ rights and best care practices. They also advocate for policy changes, provide information and resources, and work to strengthen the overall quality of care within long term care settings.

OVERVIEW

Title 45 of the Code of Federal Regulations, section 1324.13(g) requires the State Long Term Care Ombudsman to independently develop, approve, and disseminate an annual report that describes program activities and analyzes program data. In alignment with this requirement, this annual report describes the activities of the Long Term Care Ombudsman Program (LTCOP), analyzes program data, evaluates resident concerns and complaints, identifies issues or barriers to resolving complaints, offers policy, regulatory, and legislative recommendations, assesses the overall effectiveness of the program, and outlines barriers that prevent the program from operating at its optimal level.

AUTHORITY

The LTCOP is authorized under the [Older Americans Act](#), 45 Code of Federal Regulations [1324](#), and South Dakota Administrative Rule Chapter 46:33:02. The LTCOP resides within the Department of Human Services, Division of Long Term Services and Supports.

PURPOSE

The LTCOP serves as an independent advocate for individuals living in long term care facilities, with a singular focus on protecting and promoting residents’ health, safety, welfare, and rights. It works to improve the quality of care and quality of life for residents through both individual and systemic advocacy. A key part of this advocacy is building rapport by ensuring residents have regular, timely, and private access to the services of the LTCOP.

The Older Americans Act directs the LTCOP to receive, investigate, and resolve complaints made by, or on behalf of, individuals who are residents of long term care facilities. The primary focus of the LTCOP is the resident; therefore, the LTCO advocates on behalf of, with, and at the direction of the resident. Complaints may relate to the actions, inactions, or decisions of providers or their representatives, public or private agencies, guardians or others that may adversely affect or be perceived by the resident to adversely affect the health, safety, welfare, or rights of residents. The LTCO is available to any resident of a long term care facility in the state of South Dakota.

The Older Americans Act requires the Long Term Care Ombudsman Program (LTCOP) to represent the interests of residents before governmental agencies and to facilitate public input on laws, regulations, policies, and actions affecting long term care. The LTCOP is also tasked with analyzing, commenting on, and monitoring the development and implementation of federal, state, and local laws, regulations, and policies related to the health, safety, welfare, and rights of residents. This responsibility includes assessing the adequacy of long term care facilities and services throughout the state to ensure residents receive the highest standard of care and protection.

PHILOSOPHY

The LTCOP is founded on a person-centered advocacy philosophy that places the resident at the heart of all its efforts. The central question guiding ombudsman advocacy is: "What does the resident want?" This principle ensures that each action taken respects and reflects the resident's wishes, rights, and autonomy. LTCOs serve as advocates, mediators, investigators, and educators—not only for residents but also for families, facility staff, and the broader community. Rooted in the belief that all individuals living in long term care settings have the right to quality care, dignity, and autonomy, regardless of age, ability, or health status. At its core, the program is resident-centered and guided by the following key principles:

- Resident-Centered Advocacy - The LTCOP prioritizes the needs, wishes, and rights of long term care residents. Ombudsman act based on what the resident wants, ensuring that their voice is central in all advocacy efforts.
- Empowerment and Self-Determination - Residents are supported in making informed choices and exercising control over their lives and care. Ombudsman empower residents to speak up for themselves whenever possible, while also stepping in when advocacy is needed.
- Independence and Confidentiality - The program operates independently from the facilities it monitors. Ombudsman maintain strict confidentiality and only take action with the consent of the resident (or their legal representative), unless the resident is unable to consent and there is evidence of abuse or neglect.
- Protection of Rights and Dignity - LTCOs are committed to protecting the legal, civil, and human rights of residents. This includes ensuring that residents are treated with dignity and respect, free from abuse, neglect, and exploitation.
- Systemic Change and Education - In addition to resolving individual complaints, the program works toward broader improvements in the long term care system. This includes advocating for policy reforms, educating the public and facility staff, and promoting best practices in care.
- Collaboration without Compromise - While LTCOs may collaborate with facilities, state agencies, and other organizations, they remain independent advocates for residents and do not represent the interests of providers or regulators.



¹ [eCFR :: 45 CFR 1324.13 -- Functions and responsibilities of the State Long term Care Ombudsman.](#)

OMBUDSMAN ACTIVITIES

The following activities were carried out by the LTCOP to maintain a consistent presence in long term care facilities and to uphold ongoing advocacy for residents' rights and well-being. These efforts work in tandem to support and strengthen the program's mission. The LTCOP's FFY 2025 activities are outlined below.

1,201

ROUTINE FACILITY VISITS

Routine Visitation – LTCO make unannounced, routine visitation to individuals residing in long term care. This routine contact helps develop a working relationship of trust where individuals share their concerns and request assistance where needed.

156 COMPLAINT-RELATED VISITS

Complaint Visitation – LTCO make unannounced visits to address complaints received by or on behalf of residents.

712 INFORMATION AND ASSISTANCE TO STAFF

Consultation – LTCO provide information to facility staff about issues impacting residents (residents' rights, care issues, services, etc.). This service may be provided through various means, including email, phone, or in person. Consultations do not involve investigating or working to resolve complaints.

456 INFORMATION AND ASSISTANCE TO INDIVIDUALS

Information and Assistance – LTCO provides information to residents and individuals about issues impacting residents (residents' rights, care issues, services, etc.) and/or sharing information about accessing services. This service may be provided through various means, including email, phone, or in person. These activities do not involve investigating or working to resolve a complaint.

405 COMPLAINTS

Complaint — an expression of dissatisfaction or concern brought to, or initiated by, the Ombudsman program which requires Ombudsman program investigation and resolution on behalf of one or more residents of a long term care facility.

26 RESIDENT COUNCIL MEETINGS

Resident Council– LTCO provides assistance to develop, continue, and/or enhance resident and/or family councils. The LTCO attends meetings upon request to provide information and assistance. A resident council provides a space where residents can discuss issues, receive peer support, and work on issues. A family council provides a space where family members of residents in long term care can come together to discuss issues, provide support to each other and facility staff, and work on systemic concerns. These councils provide opportunities to discuss issues, frustrations, best practices, receive support, and receive encouragement.

OMBUDSMAN ACTIVITIES

91 FACILITY SURVEY PARTICIPATION

Facility Survey Participation — The LTCO participates in survey activities conducted by the Department of Health, which serves as the regulatory agency for long term care facilities in South Dakota. The role of the Ombudsman is to provide comment, share concerns on behalf of residents and family members, and ensure the residents' voices are heard. Participation may include pre-survey information, attending resident interviews or the exit interview.

30 TRAINING SESSIONS PROVIDED TO STAFF

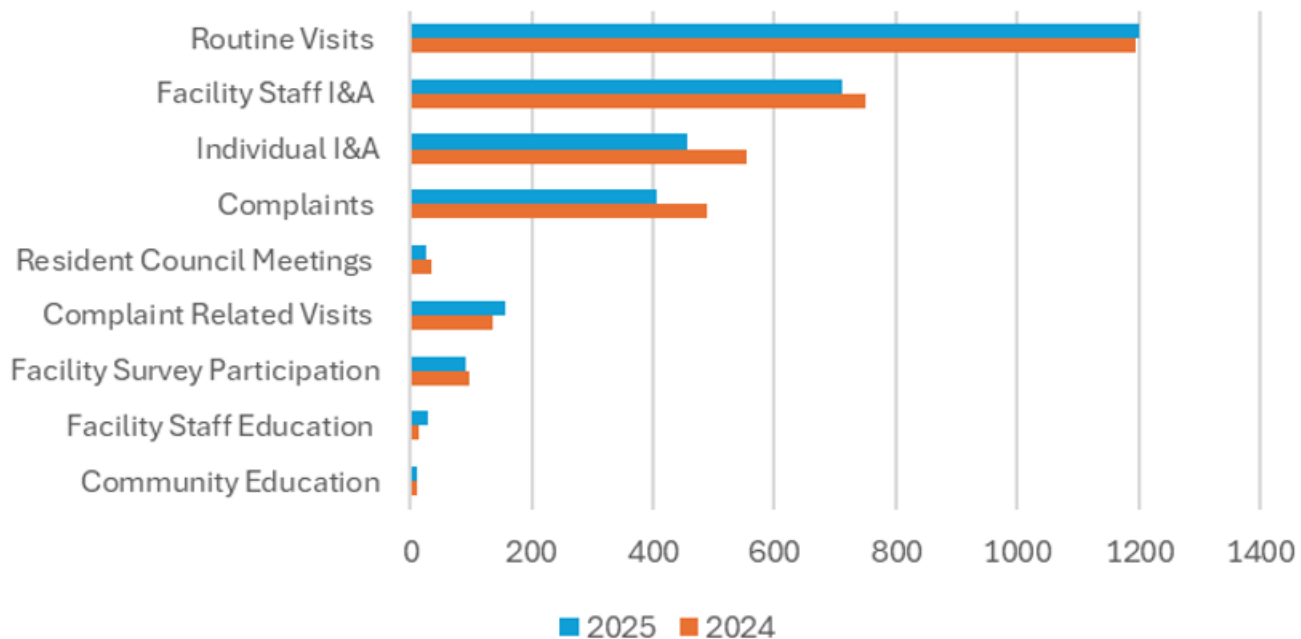
Training for facility staff – LTCO provide training to facility staff including but not limited to residents' rights and elder abuse.

25+ HOURS OF ON-GOING TRAINING FOR OMBUDSMAN

On-going training –LTCO continuing education to meet the 18-hour federal continuing education requirement.

12 COMMUNITY OUTREACH AND EDUCATION SESSIONS

Community outreach - The LTCO program conducts community outreach and education in person and virtually. During events such as health fairs, conferences, group/club meetings, facility events, guest lecturing, and more. LTCO provide education related to the rights of residents, the services of the ombudsman program, person-centered care practices, dementia, Long Term Services and Supports, and elder abuse.



² NORS Table 2 Complaint Code 10-31-2024.pdf (ltcombudsman.org)

COMPLAINT INVESTIGATION

LTCO investigates complaints received by or on behalf of a resident in long term care. Regardless of who reports the complaint, the resident is the individual guiding the level of investigation, follow-up, and resolution. The LTCO works to first educate and empower the resident by explaining residents' rights and options. If the resident provides permission for the LTCO to investigate the concern, a plan of action is developed with the resident. During the investigation, the resident is consulted if further direction is needed. After the investigation, the resident determines if the resolution is acceptable and if the issue is resolved.

FACILITY CLOSURES

Heartland Assisted Living in Rapid City closed in March 2025. During facility closures, the LTCO presence in the facility increases to provide advocacy and support. Once the resident(s) move to their new homes, the LTCO checks in with them to ensure they had a smooth transition, identify unmet needs, help identify relocation stress syndrome, and provide support.



"Thank you for your invaluable assistance throughout this process. Your guidance and support were instrumental in achieving a favorable outcome, and I truly appreciate all your efforts on my dad's behalf."
"Thank you again for everything"
A family member

TOP 5 COMPLAINTS

As Reported to the Long Term Care Ombudsman Program with ACL definitions²

Nursing Home

1. Care

Involving facility staff failure to provide care including, poor quality, planning and delivery. This complaint has been in the top five for over six years. Examples include but are not limited to:

- Personal Hygiene
- Accidents and falls
- Medication Administration
- Resident (POA/Guardian) not notified of changes in the resident's condition
- Care Planning
- Restraints
- Symptoms unattended
- Incontinence care
- Rehabilitation services
- Infection Control

² [NORS Table 2 Complaint Code 10-31-2024.pdf \(ltcombudsman.org\)](#)

2. Autonomy, Choice, Rights

Staff failure to honor and promote a resident's right or preferences. This complaint has been in the top five for over six years. Examples include but are not limited to:

- Choice in health care
- Living in the least restrictive setting
- Dignity and respect
- Privacy
- Response to complaints
- Resident or family council
- Retaliation (actual or perceived)
- Visitors



3. Admission, Transfer, Discharge, Eviction

A resident's transition to a location outside of the facility or issues regarding admission. A facility must allow residents to remain in the facility unless one of six reasons are met.

This complaint has been in the top five for over six years. Admission:

- Resident admitted to facility or section of facility against their wishes;
- Agreement not signed or contains illegal provisions.
- Appeal process
- Discharge/eviction
- Room issues

4. Abuse, Gross Neglect, Exploitation

Abuse is the willful mistreatment of residents. The intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress or death. This complaint category has remained in the top five complaints for over six years. Examples of abuse include but are not limited to:

- Hitting, pinching, scratching, slapping, etc., and/or controlling behavior through corporal punishment;
- Oral, written, or gestured language that willfully includes disparaging and derogatory terms used against residents, humiliation, bullying, harassment, threats of punishment or deprivation, involuntary seclusion, etc.;
- Abuse that is facilitated or caused by the taking or using photographs or recordings in any manner that would demean or humiliate a resident;
- Forced and/or unwanted sexual interaction of any kind;
- Unwanted or inappropriate touching, sexual coercion, sexually explicit photographing, sexual harassment, etc.

Gross Neglect is the failure to protect a resident from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, and basic activities of daily living or shelter, which results in a serious risk of compromised health and/or safety. Neglect may or may not be intentional. Examples of gross neglect include but are not limited to:

- Incorrect body positioning – leading to limb contractures and skin breakdown;
- Lack of assistance with toileting or changing of disposable briefs – causes incontinence, a resident sitting in urine and feces, increased falls and agitation, indignity and/or skin breakdown;
- Ignoring signs of malnutrition or dehydration and not providing adequate food and/or water;
- Lack of assistance with walking – leading to lack of mobility;
- Lack of assistance with bathing – leading to indignity, poor hygiene, and infections or other health issues;
- Lack of assistance with participating in activities of interest – leading to withdrawal and isolation; Ignoring call lights or cries for help.

² [NORS Table 2 Complaint Code 10-31-2024.pdf \(ltcombudsman.org\)](#)

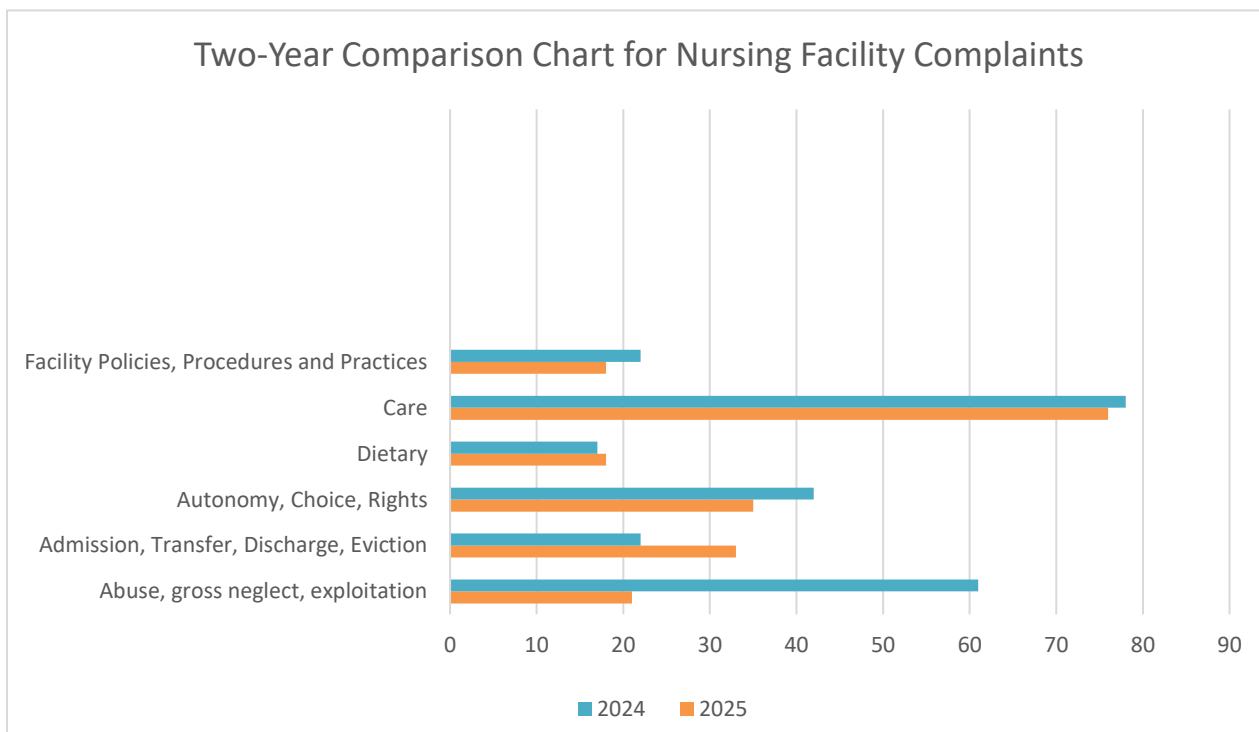
Exploitation is the illegal or improper use of an individual’s funds, property, or assets for another person’s profit or advantage. Examples of exploitation include but are not limited to:

- Depriving a resident of rightful access to, information about, or use of personal benefits, resources, personal needs allowance, belongings, or assets;
- Taking advantage of a resident for personal gain through the use of manipulation, intimidation, or coercion.

5. Dietary

Complaints regarding food services and assistance. Examples include but are not limited to:

- Food Services
- Dining and hydration
- Therapeutic or special diet



² [NORS Table 2 Complaint Code 10-31-2024.pdf \(Itcombudsman.org\)](#)

BOARD AND CARE HOMES

Board and care homes in South Dakota include assisted living, community living homes, and homes registered with the department of health as residential living homes.

1. Admission, Transfer, Discharge, Eviction

This complaint has been in the top five for over six years. See definition and examples on previous pages.

2. Care

This complaint has been in the top five for over six years. See definition and examples on previous pages.

3. Financial, Property

Mismanagement of residents' funds and property or billing problems. Examples include but are not limited to:

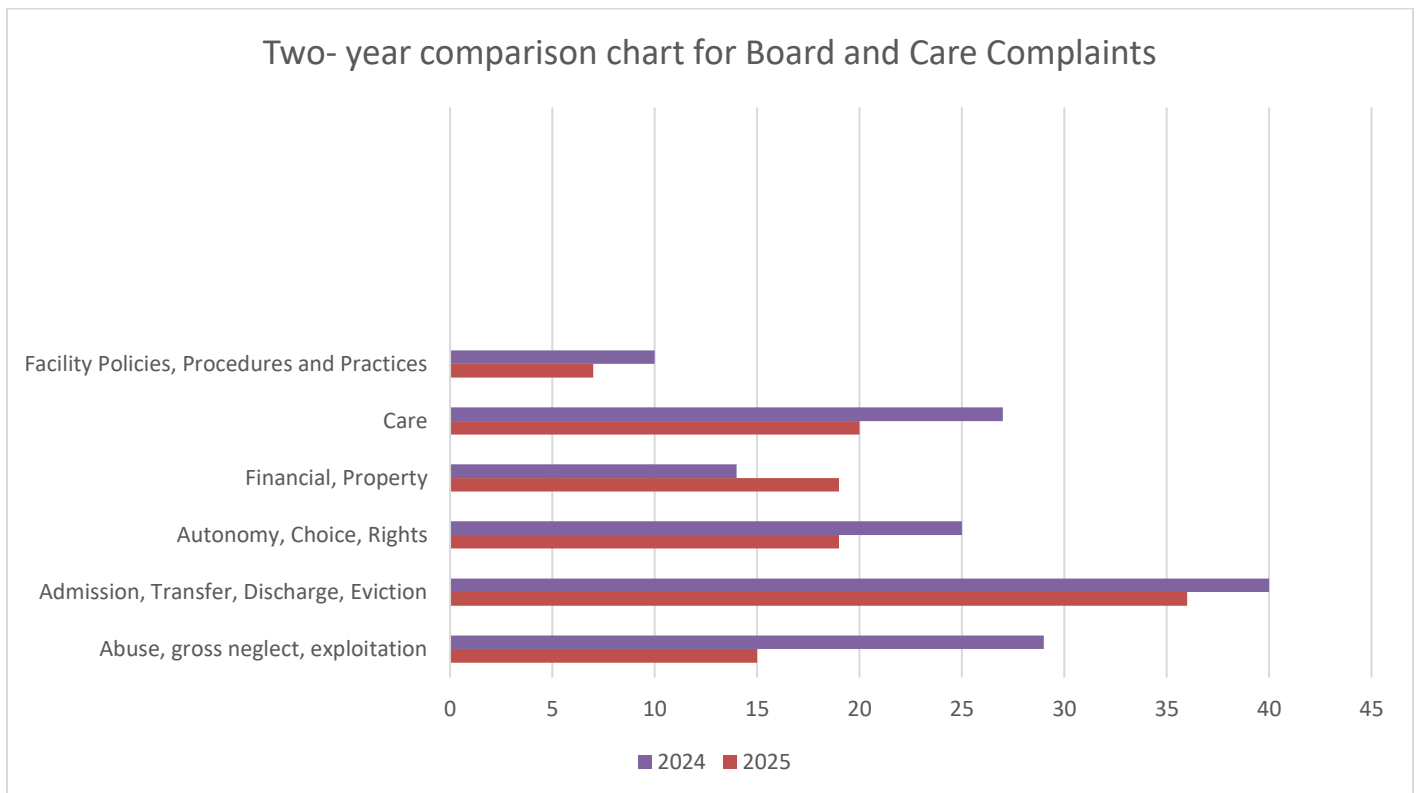
- Incorrect or improper billing such as overcharging or raising rates without notice
- Loss or mismanagement of resident property including money

3. Autonomy, Choice, Rights

This complaint has been in the top five for over six years. See definition and examples on previous pages.

4. Abuse, Gross Neglect, Exploitation

This complaint has been in the top five for over six years. See definition and examples on previous pages.



² [NORS Table 2 Complaint Code 10-31-2024.pdf \(Itcombudsman.org\)](#)

ADVOCACY IN ACTION

CASE STORY #1

A family member contacted the Regional Ombudsman to express concern regarding their father, a Veteran residing in a long term care facility. Previously, while living in the facility's assisted living, his incontinence supplies, such as briefs and wipes, were fully covered through his VA benefits. After a health decline prompted his move to the long term care area, the family was surprised to face daily charges for these same supplies, with his VA benefits no longer being utilized.

The Regional Ombudsman promptly stepped in, contacting the facility to determine the cause of the change. Through collaborative efforts, the root cause was identified and resolved. The necessary supplies were reordered through the VA, reinstating the Veteran's benefits and eliminating the daily charges to the family.

This resolution ensured the Veteran continued to receive the benefits he was entitled to, easing the burden on his family.



ADVOCACY IN ACTION

CASE STORY #2

In early October, the Ombudsman was contacted by a hospital case worker about a resident from an Assisted Living Memory Care, who had been hospitalized following a fall and was medically cleared for discharge. However, the assisted living declined readmission, citing concerns that his current medication regimen placed him at elevated risk for brain bleeds, resulting in care needs they believed exceeded their licensed capabilities.

With no alternative facility willing to accept him, the resident faced prolonged hospitalization well beyond necessity. Recognizing the urgency of the situation, the Ombudsman initiated advocacy efforts and engaged in collaborative problem-solving with the involved parties.

These efforts led to a successful resolution: the resident was successfully re-admitted to his home at the assisted living on October 17, allowing him to return to a familiar environment and receive the care and support he required.



ADVOCACY IN ACTION

CASE STORY #3

A resident in a nursing home was admitted to the hospital following an emergency room visit. The resident was supported by Medicaid, and the hospital stay extended beyond the five-day Medicaid bed-hold period. When the hospital contacted the nursing home to arrange the resident's return, the facility stated it was issuing a discharge notice and would not allow the resident to return.

The hospital social worker notified the Regional Ombudsman, who was later contacted directly by the resident expressing a strong desire to return to his home at the nursing home. The Regional Ombudsman promptly engaged the facility's Director of Nursing (DON), discussing federal discharge requirements and the resident's right to return following hospitalization. Despite these efforts, the facility remained firm in the decision to refuse readmission.

The Regional Ombudsman then supported the resident in requesting a fair hearing and collaborated with the guardian, Adult Protective Services (APS), and the State Long term Care Ombudsman (SLTCO). The team reinforced the facility's legal obligations and the option to pay for additional bed-hold days to support the resident's return. After persistent advocacy and multiple conversations, the facility ultimately agreed to permit the resident's readmission.

Later, the guardian affirmed that the resident being able to return was only possible "because of the Ombudsman."



SUCCESS OF THE LTCOP

THE LTCOP YEAR IN REVIEW

By regularly visiting and speaking with residents in various long term care facilities, LTCO are able to recognize common concerns and spot patterns of potential abuse, neglect, or poor care. This helps LTCO understand whether an issue is isolated or part of a larger, ongoing problem. The primary role of LTCO is to stand up for residents' rights and ensure residents receive the quality care they deserve. To do this effectively, LTCO stay informed about the rules and standards that guide long term care and apply that knowledge to advocate for residents. Acting as a trusted connection between residents and the care system, Ombudsmen offer valuable insights and work to create positive changes that impact the lives of the residents living in long term care.

All LTCO are Certified Dementia Practitioners through the National Council of Certified Dementia Practitioners Practitioners, all ombudsman staff are Certified as Independent Consultants through Positive Approach to Care, and three ombudsman staff are Certified as Independent Trainers through Positive Approach to Care. These certifications have provided the program with the ability to provide much-needed technical support and training to facility staff members who routinely work with individuals living with dementia.

TRAINING

The Administration for Community Living (ACL) established standards applicable to the training required for representatives of the "Office of Ombudsman" in November 2019. The standards specify content and minimum hours of training. The minimum requirement to certify a LTCO is 36 hours of initial certification training. Maintaining designation requires annual in-service training of at least 18 hours. Content coverage as well as a percentage of various study platforms are required.

Initial and on-going training is vital to strengthen professional skills along with maintaining and enhancing the LTCOP's integrity. The LTCOP has exceeded the initial and on-going training requirements for this reporting period.

RESPONSIBILITIES

The State and Regional LTCO provide services to protect the health, safety, welfare, and rights of residents living in long term care facilities.

In accordance with the policies and procedures of the LTCOP, the LTCO shall:

- Identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of residents;
- Provide services to protect the health, safety, welfare, and rights of residents;
- Ensure that the residents have regular and timely access to services provided through the LTCOP and that residents and complaints receive timely responses to requests for information and complaints;
- Represent the interests of residents before government agencies and assure that individual residents have access to, and pursue administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents.
- Review and comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents.
- Facilitate the ability of the public to comment on the laws, regulations, policies, and actions.
- Promote and provide technical support for the development and ongoing support as requested by

resident and family councils.

- Carry out other activities the State LTCO determines to be appropriate.
- Help residents with self-advocacy.

COLLABORATION

The State LTCO participates in the quarterly liaison meetings with the Attorney General’s Medicaid Fraud, Abuse, and Neglect Services (MFANS), advocating for the rights of residents. MFANS detects, investigates, and prosecutes fraud and abuse by providers of medical services to recipients of Medicaid. The formal mechanism to exchange case data, information, and reports between the Department of Health, Department of Social Services, Department of Human Services, and MFANS is held in the Memorandum of Understanding (MOU) between the agencies. The purpose of this MOU is to discuss and refer potential cases between interested agencies, address concerns and problems between agencies. The LTCOP is prohibited from disclosing the identity of a complainant or resident unless the program has written or verbal consent from the resident or resident representative, which is documented by the LTCOP, or a court order requiring disclosure. The LTCOP is not able to disclose any information without informed consent, unless disclosure is required by court order or for program monitoring by authorized agencies.⁶

The State LTCO participates in various groups to assist in carrying out the mission of the LTCOP, which includes:

- West River SD Dementia Coalition
- The National Association of State Long Term Care Ombudsman Programs
 - Serving as second vice president
 - Committee chair of Advocacy
- National Council of Certified Dementia Practitioners
- Community of Practice
- Positive Approach to Care Certified Community
- National Consumer Voice
- Uniting Nursing Homes in Tribal Excellence (UNITE) collaborative
 - Honorary Member



“The South Dakota Long Term Care Ombudsman Program has proven to be an invaluable resource for our assisted living facility. Whether it is helping a resident and family work through a challenging situation, providing guidance to our team, or conducting training in our facility, we depend on their knowledge and experience to help us provide high-quality and responsive services to our residents and their families. Program staff are kind, thoughtful, compassionate, and thorough.”

⁶ [eCFR :: 45 CFR 1321.51 -- Confidentiality and disclosure of information.](#)

BARRIERS THAT PREVENT THE OPTIMAL OPERATION OF THE LTCOP

BARRIER

The LTCOP goal is to visit every nursing home and board and care facility on a quarterly basis, ensuring regular support and advocacy for residents across South Dakota. While we occasionally encounter challenges that impact our ability to reach every facility each quarter, we remain proactive in identifying solutions to improve access and enhance the consistency of our visits.

In total, we successfully completed 1,201 facility visits during the federal fiscal year-demonstrating our ongoing commitment to resident well-being.

Several factors have continued to influence our visitation schedule. The complexity of cases has continued to increase, particularly in the wake of the COVID-19 pandemic, requiring our team to devote more time and attention to resolving individual concerns.

Despite these challenges, our team remains dedicated to expanding our reach and strengthening our support for all long term care residents. We will continue to pursue innovative strategies to meet our visitation goals and provide the highest level of advocacy and care.

EFFORTS

To address barriers impacting the ability to meet quarterly visitation goals, the SD LTCOP has implemented a range of targeted strategies to enhance efficiency, expand coverage, and maintain consistent resident access.

We use a risk based approach to visitation, prioritizing facilities with higher complaint volumes, repeat concerns, or complex cases, while maintaining regular contact with all facilities to the greatest extent possible. This ensures resources are directed where they are most needed while preserving a statewide presence.

Continuing to strengthen the regional travel coordination, organizing visits by geographic area to maximize efficiency and reduce travel burden. Overnight travel and multi-day visit planning are utilized when appropriate and possible to ensure broader coverage across underserved regions.

Continuing to use a triage strategy to ensure that the high-risk and time-sensitive complaints receive priority attention while working to maintain responsiveness to all residents works to address some of the barriers.

The LTCOP continues to explore opportunities to expand capacity through a volunteer program and work through barriers with that possibility.

The LTCOP uses data tracking and internal monitoring to identify gaps in visitation coverage and adjust strategies in real time. This approach supports continuous quality improvement and helps ensure facilities are not unintentionally missed.

Through these combined efforts, the LTCOP remains committed to strengthening its statewide reach, improving consistency in visitation, and ensuring that all long term care residents have access to Ombudsman services.

BARRIERS, EFFORTS AND RECOMMENDATIONS

(policy, regulatory, and/or legislative recommendations)

BARRIER

The LTCOP has identified a need for enhanced understanding and training related to dementia within long term care facilities. Addressing this gap is essential, as limited knowledge can impede the delivery of informed, person-centered care to residents living with dementia.

EFFORTS

Continue the following activities and look for additional ways to improve dementia care:

- Building on prior initiatives supported through the Civil Money Penalty (CMP) grant and Teepa Snow's Positive Approach to Care (PAC), all Long term Care Ombudsman (LTCO) are Certified Dementia Practitioners through the National Council of Certified Dementia Practitioners. Six LTCO are certified as independent consultants through PAC, and three are certified as independent PAC trainers.
- Leveraging this expertise, the LTCOP provides dementia-specific training to long term care facilities, including the use of the dementia Resident Experience Simulation kits acquired through prior grant funding. These simulation tools allow facility staff to better understand the lived experiences of residents by simulating conditions such as low vision, hearing impairment, decreased mobility, cognitive changes, and sensory distortions.
- The LTCOP offers consultation to long term care facilities on strategies to support direct care for residents living with dementia, with an emphasis on person-centered approaches and quality of life.
- The LTCOP engaged with a representative from the Center for Excellence for Behavioral Health in Nursing Facilities to assist with training and technical assistance. While the program funding ended for the Behavioral Health in Nursing Facilities, the LTCOP will continue to promote the resources available online. The LTCOP partners with the State Dementia Coordinator to support training, increase awareness, and advance future initiatives related to dementia services across the state.
- The LTCOP recommends further analysis of long term care reimbursement models, including value-based purchasing or pay-for-performance approaches (e.g., incorporating a Medicaid weighting factor). Potential benefits of these models include improved quality of care, reduced healthcare costs, increased resident satisfaction, and enhanced overall value of care. However, establishing appropriate qualifying criteria would require careful consideration and input from diverse stakeholders to ensure measures are comprehensive, equitable, and reflective of multiple perspectives.

These efforts are intended to strengthen facility capacity to provide person-centered dementia care, ultimately improving resident quality of life, dignity, and behavioral health outcomes.

BARRIER

Abuse, gross neglect, and exploitation continue to rank among the top five complaint categories reported to the Long term Care Ombudsman Program (LTCOP). Preventing and addressing these issues remains a complex and ongoing challenge, requiring a multifaceted and system-wide approach.

Education and training are critical components in prevention efforts. Residents and families must be equipped to recognize the signs of abuse and neglect to help safeguard the well-being of older adults. Equally important is ensuring that facility staff receive comprehensive training—not only on prevention and identification, but also on implementing effective quality assurance and performance improvement processes that address underlying root causes.

Workforce challenges further complicate these efforts, as staffing shortages and competing demands may limit the time and resources available for training and system improvement. In addition, timely notification to the LTCOP regarding transfers and discharges remains essential, as it enables the program to provide advocacy and oversight during critical transitions and potential risk situations.

Through strengthened education, collaboration, and systemic process improvements, progress can be made in preventing abuse and neglect and improving the quality of care for residents in long term care settings.

EFFORTS

The LTCOP remains committed to advancing education, collaboration, and system-level improvements to prevent abuse, neglect, and exploitation:

- The LTCOP continues to provide education and training to residents, families, and facility staff, with an increased emphasis on identifying and addressing root causes of abuse and neglect.
- The LTCOP is exploring the role of emerging technologies as tools to enhance resident safety, autonomy, and quality of life, while monitoring best practices for implementation in long term care settings.

Statewide Systemic Recommendations

To further strengthen prevention efforts, the LTCOP offers the following recommendations:

- Expand Specialized Training: Develop and implement targeted training programs focused on mental health and dementia care to better equip staff to meet the complex needs of residents.
- Engage Stakeholders: Collaborate with providers, policymakers, and other stakeholders to identify strategies to incentivize participation in specialized training and improve workforce capacity.
- Leverage Technology: Promote the thoughtful use of technology to enhance resident safety and well-being, while ensuring residents retain the right to choose and use tools that align with their preferences and needs.
- Strengthen Background Check Requirements: Engage stakeholders in evaluating opportunities to enhance background check standards for long term care staff, given the ongoing prevalence of abuse, neglect, and exploitation complaints.
- Increase Transparency: Support continued implementation and accessibility of assisted living survey results on the Department of Health's website (initiated August 2024), improving public awareness and accountability.

These efforts are intended to strengthen protections, promote accountability, and ensure all residents live in environments that uphold their safety, dignity, and rights.

MEET THE OMBUDSMAN TEAM

The South Dakota LTCOP consists of seven certified, designated, dedicated, and passionate LTCO who support and promote a person-centered approach to advocacy. It is our belief that person-centered care leads to better outcomes for residents and contributes to higher staff engagement and retention. The LTCOP helps residents, family members, and others understand residents' rights and support residents in exercising their rights. LTCO work to preserve the dignity, health, rights, safety, and welfare of this vulnerable and valued population of South Dakotans.



Maria Poppe



Brad Mathison



Amber Longe



Mattie Muller



Lee Alter



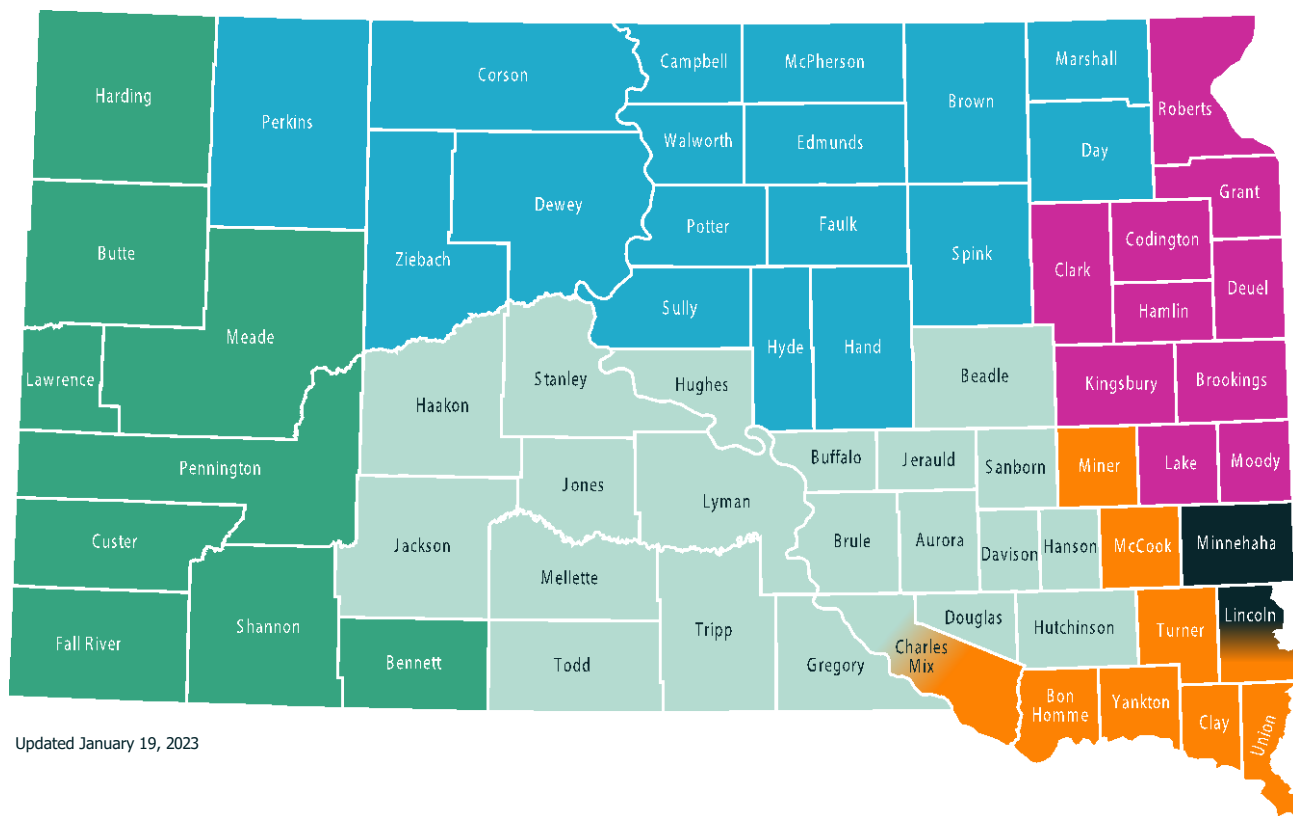
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LTCOP Region map

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Updated January 19, 2023

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