

# ANNUAL REPORT FEDERAL FISCAL YEAR 2020

New Jersey Office of the  
State Long-Term Care Ombudsman



# CONTENTS

3 Message from the State Long-Term Care Ombudsman

## **NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW**

4 Programs

5 Investigation and Advocacy

6 Scenarios

7 Activities and Accomplishments

8 Jurisdiction/Budget

9 Types of Complaints

10 Case Trends

## **VOLUNTEER ADVOCATE PROGRAM**

12 Regions

13 Training

14 Advocate Spotlight

## **SOCIAL ISOLATION PROJECT**

15 Programs

## **I CHOOSE HOME NJ**

16 Programs

17 Housing for Aging and Disabled Population

18 Success Story

## **REGIONAL ETHICS COMMITTEES**

19 Programs

## A Message from the State Long-Term Care Ombudsman



Dear Fellow New Jerseyan:

Attempting to capture the scope of activities of the NJ Long-Term Care Ombudsman during 2020 is a daunting task. The first half of federal fiscal year 2020 was normal. It was business as usual. But all of that changed in March of 2020. The COVID-19 public health emergency, which shut the world down in mid-March 2020, brought unprecedented levels of illness, death and despair to residents of long-term care. It also, for the first time in history, kept representatives of the Ombudsman program physically out of long-term care facilities for an extended period of time as federal authorities restricted all visitation to these facilities.

Despite these restrictions, which were loosened in the summer of 2020, the Ombudsman program was still able to operate as a lifeline for residents of long-term care facilities and their families. In fact, during the time period when Ombudsman representatives, including our volunteers, were unable to visit facilities, inquiries and complaints to our office skyrocketed. Throughout the better part of 2020, our dedicated LTCO staff and volunteers continued to resolve problems for residents by telephone or through virtual communication. By the time Ombudsman representatives were able to fully re-enter long-term care facilities in late summer/early fall 2020, we found residents who were suffering the ill-effects of loneliness and isolation on a scale never observed before. And we found many front-line staff in these facilities who were exhausted and over-worked. It was a difficult year for them and we commend their dedication to, and compassion for, the people we all serve.

In this report, you will learn about the broad scope of Ombudsman activities in federal fiscal year 2020. In these pages you will find: descriptions of key areas of focus; specific examples of COVID-19-related advocacy; profiles of our volunteers; stories about residents we have assisted; an overview of our Volunteer Advocate Program; a description of the LTCO I Choose Home NJ program, which is partnership between LTCO and the NJ Department of Human Services that helps transition people out of nursing homes; a profile of an individual who successfully transitioned out of a nursing home via the I Choose Home NJ program; and graphic representations of the increased demand for Ombudsman services.

I commend my staff and volunteers for the amazing work they do every day. They truly are a remarkable and hard-working group. I also want to acknowledge the hard work and dedication of our partners in the NJ Department of Health, the NJ Department of Human Services and the Office of the Governor who continue to work tirelessly to keep New Jersey residents everywhere safe and well cared for, wherever they live.

Sincerely,

A handwritten signature in blue ink that reads "Laurie F. Brewer".

Laurie Facciarossa-Brewer  
State Long-Term Care Ombudsman



# NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW

*The New Jersey Office of the Long-Term Care Ombudsman (LTCO) is part of a national resident-focused, person-centered advocacy program. The LTCO is an independent advocate for older individuals receiving long-term care. Representatives of the Office work with individual residents to help them address challenges they face; in addition, the NJ LTCO seeks opportunities to bring about change on local, state, and federal levels and by advocating for policy and legislative initiatives and participating in activities that support the Office's core mission to advance the rights, the dignity and the self-determination of individuals living in long-term care.*



## The LTCO operates five programs:

1. **Investigations and Advocacy**: The primary function of the LTCO is to advocate for residents of long-term care facilities by investigating and resolving complaints made by or on behalf of those residents.
2. **Volunteer Advocate Program**: The LTCO is aided in its mission by a cadre of highly-trained Volunteer Advocates who are assigned to nursing facilities throughout the state. These advocates are an extension of the Office and are trained to observe the quality of services provided by long-term care communities and advocate for long-term care residents' rights.
3. **I Choose Home NJ**: The LTCO has partnered with the NJ Department of Human Services to promote the state's federally-funded Money Follows the Person program, called I Choose Home NJ (ICHNJ). Under ICHNJ, assistance is provided to nursing home residents of any age who wish to transition back to the community with the services and supports they need.
4. **Regional Ethics Committees**: The LTCO also oversees the operation of several Regional Ethics Committees that provide assistance to consumers, families and long-term care facilities when confronted with difficult medical decisions in a long-term care environment.
5. **Social Isolation Project**: The LTCO Social Isolation Project (SIP) was launched in November 2020 with federal CARES ACT funding to address social isolation and loneliness among long-term care residents who had been restricted to their long-term care facility, and often to their rooms, for as long as a year. SIP Social Workers proactively visit with long-term care residents to assess their quality of care and quality of life, with an emphasis on reaching those residents who might not otherwise be able to reach out to the LTCO for advocacy.

# INVESTIGATIONS AND ADVOCACY

Under federal law and state law, the Ombudsman's office: accepts confidential complaints from any source and/or anonymously via phone, fax, in writing and by email; investigates those complaints and either resolves and/or refers the problem to a regulatory or law enforcement entity for further action; conducts public or private hearings and can subpoena documents or personal testimony; has unrestricted access to residents of long-term care facilities and their records; and works with resident councils to empower residents to advocate for themselves.

Once a case is opened and assigned, the Investigator/Advocate makes an unannounced visit to the facility, visits with the resident to obtain consent to proceed, conducts a complete review of the facts, obtains records and interviews the resident, staff and other relevant witnesses.

The primary function of the investigation is to resolve the problem at the direction of the resident and to the satisfaction of the resident and to ensure that the resident is safe and that their rights and dignity are being upheld.

If the Investigator/Advocate verifies or suspects that the resident has been the victim of abuse, neglect or exploitation, the Investigator/Advocate will formally refer their findings to a regulatory or law enforcement entity for possible further investigation and action.



# INVESTIGATIONS AND ADVOCACY SCENARIOS

## Case Scenario 1:

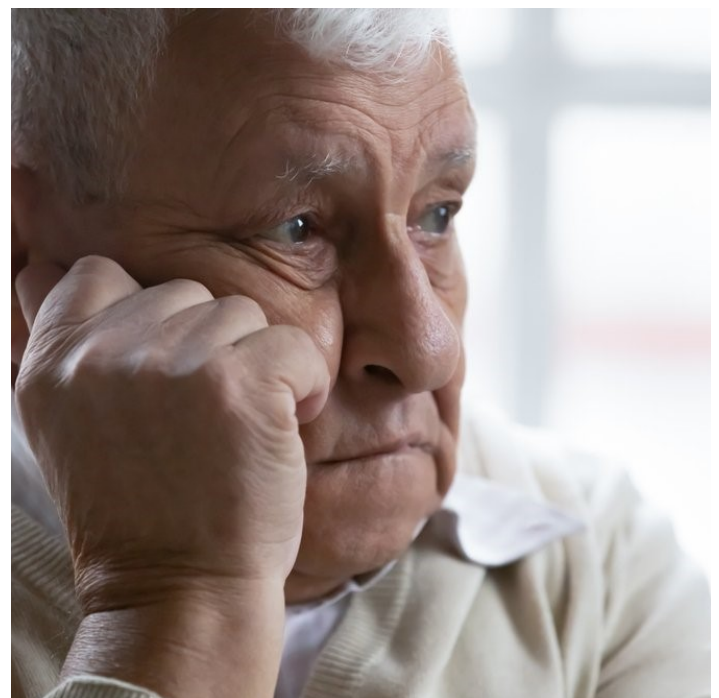


During the peak of the COVID pandemic, the LTCO was in contact with a nursing home resident who complained that she was not changed on a regular basis, that no one answered her call bells and that staff disrespected her. The resident showed signs of severe depression and said she wished to die. The LTCO Investigator/Advocate called the administrator who committed to personally check on the resident, or

have someone else check on her to make sure staff are answering her call bell. The facility administrators provided the resident with their cell phone numbers, so that she could call them directly over the weekend if no one responded to her call bell. Further, they assured her that if a staff member disrespected her, that staff member would be reassigned. As a result, the resident reported that she felt safer and better cared for than she had in weeks.

## Case Scenario 2:

The LTCO received a complaint that a resident was confined to his room with no visitors or outside activities during the pandemic, even though he tested negative for COVID several times. The resident had no opportunity to enjoy fresh air or visit with family, as was allowed under New Jersey visitation guidance for long-term facilities. The LTCO Investigator/Advocate spoke with the resident, family and facility, and advised the administration that residents have a right to outdoor activities and visitation. LTCO intervention spurred the facility to allow outside walks for residents, put out benches and rocking chairs for their convenience, and announce a schedule for outdoor visits with family and friends.





# ACTIVITIES AND ACCOMPLISHMENTS

## In FFY 2020, the LTCO:

**FIELD**ED 9,678 calls made to the LTCO toll-free intake line (1-877-582-6995). In addition, approximately 500 complaints were received by email and/or fax.

---

**INITIATED** 4,049 investigations and closed out 3,669 investigations involving 7,191 separate complaints.

---

**RESOLVED** or partially resolved 97 percent of these complaints to the satisfaction of the resident.

---

**CONSULTED** with 7,307 individuals seeking information on a wide variety of topics including: residents' rights, LTCO services, care concerns and involuntary discharge.

---

**PROVIDED** information to 5,273 facility staff on a range of topics including: emergency transfer requirements, involuntary discharge, mandatory reporting and residents' rights.

---

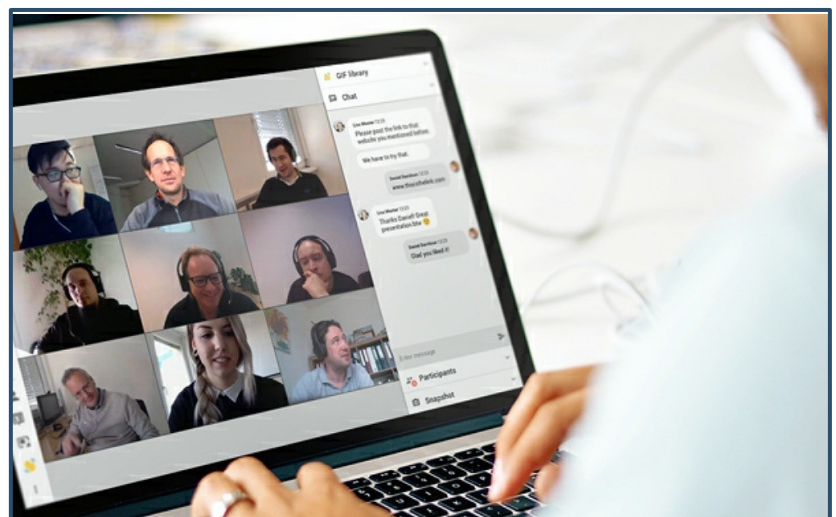
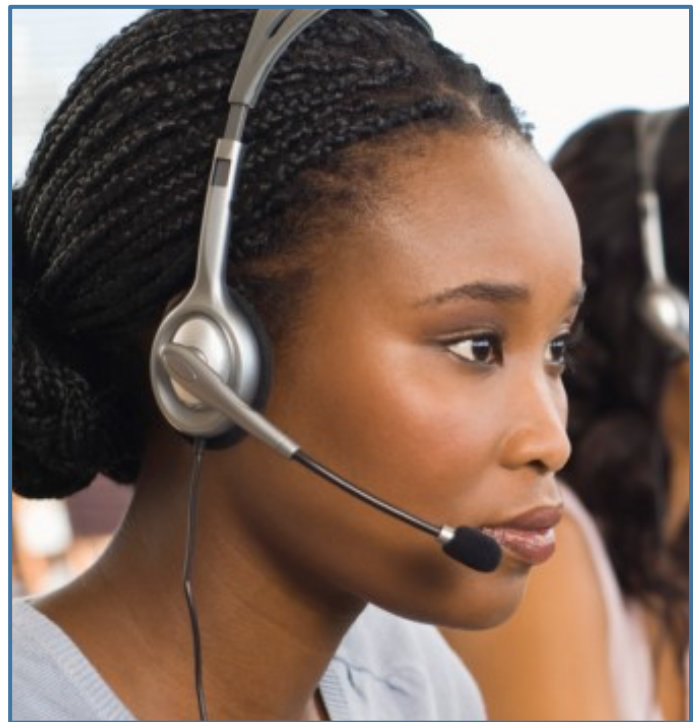
**ATTENDED** 250 resident council meetings.

---

**PROVIDED** information and input to state surveyors in 48 facilities.

---

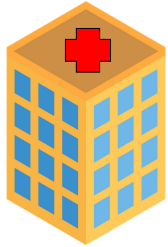
**ENGAGED** the community during 62 community education sessions.



# LTCO JURISDICTION/BUDGET

## Long-Term Care

Skilled Nursing



**386**



**51,665**

## Other



- Adult Day Health Care Services
- Independent Living of CCRC
- Developmental Center
- Specialty Hospital
- Comprehensive Rehabilitation
- Psychiatric Hospital
- Adult Family Care Homes
- Assisted Living Programs
- Social Daycare Facilities

## Board and Care

Assisted Living Residence

Boarding Homes

Residential Dementia Care

Freestanding RHCF

Residential Health Care

Comp. Personal Care Home



**526**



**27,898**

Federal Fiscal Year 2020  
Spending

State Funds: \$1,883,867

Federal Funds: \$1,181,580

**Total: \$3,065,447**

State Fiscal Year 2020  
Appropriation

State Funds: \$1,781,000

Federal Funds: \$1,141,000

**Total: \$2,922,000**



# TYPE OF COMPLAINTS

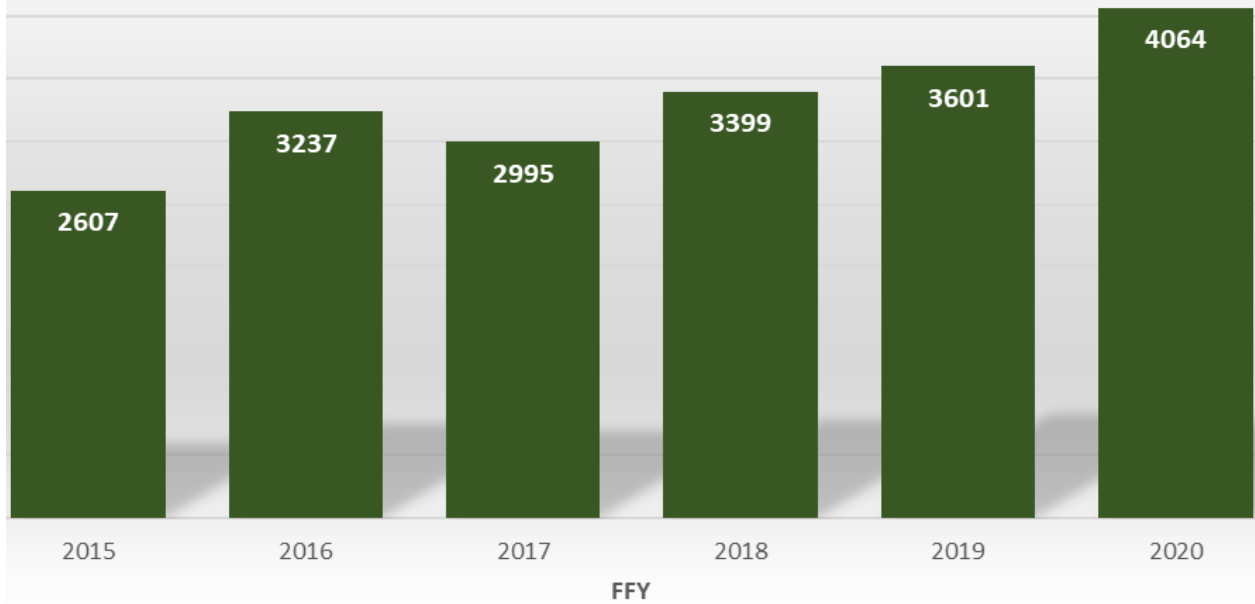
## Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	1164	214	48	1426
B. Access to Information	236	24	6	266
C. Admission, transfer, discharge, eviction	381	94	8	483
D. Autonomy, choice, rights	466	109	18	593
E. Financial, property	186	21	1	208
F. Care	1904	232	25	2161
G. Activities and community integration and social services	128	12	3	143
H. Dietary	272	30	4	306
I. Environment	851	141	18	1010
J. Facility policies, procedures and practices	260	61	5	326
K. Complaints about an outside agency (non-facility)	17	1	0	18
L. System and others (non-facility)	198	48	5	251

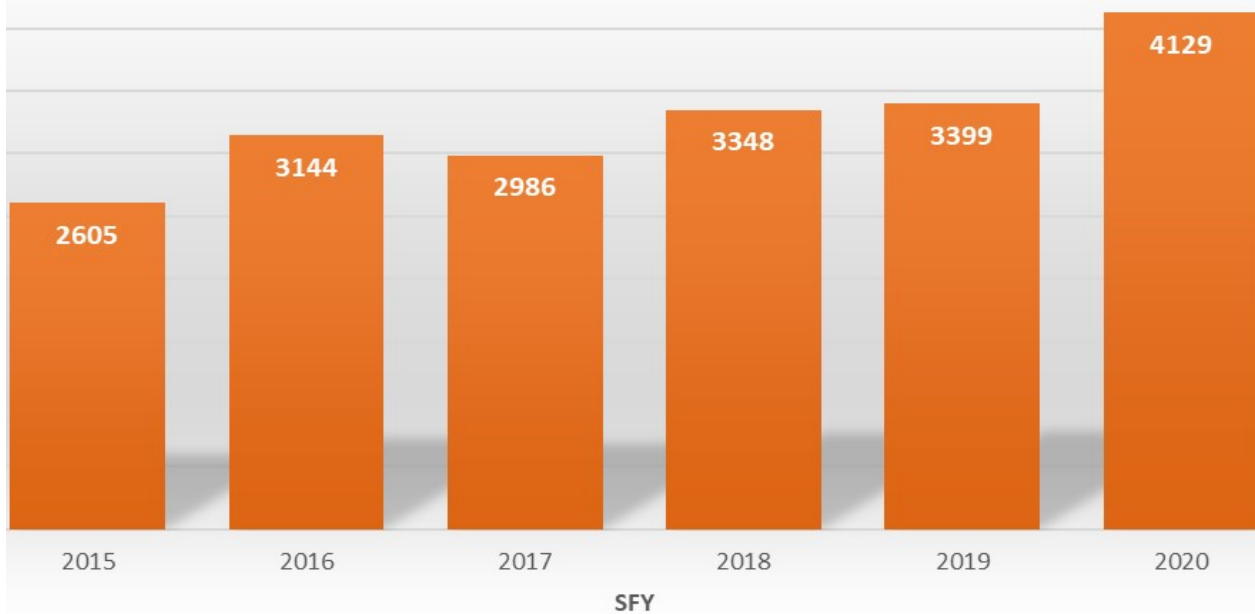


# CASE TRENDS

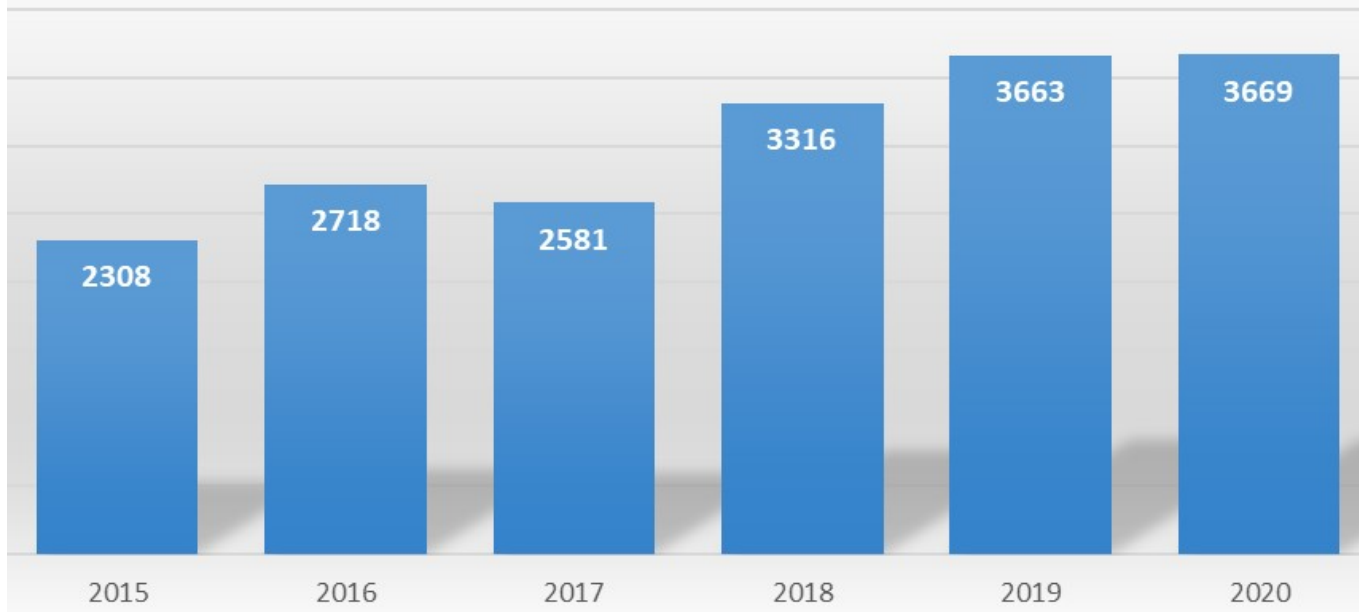
## CASES OPENED (FEDERAL FISCAL YEAR) Ombudsmanager-LTCO Case Management System



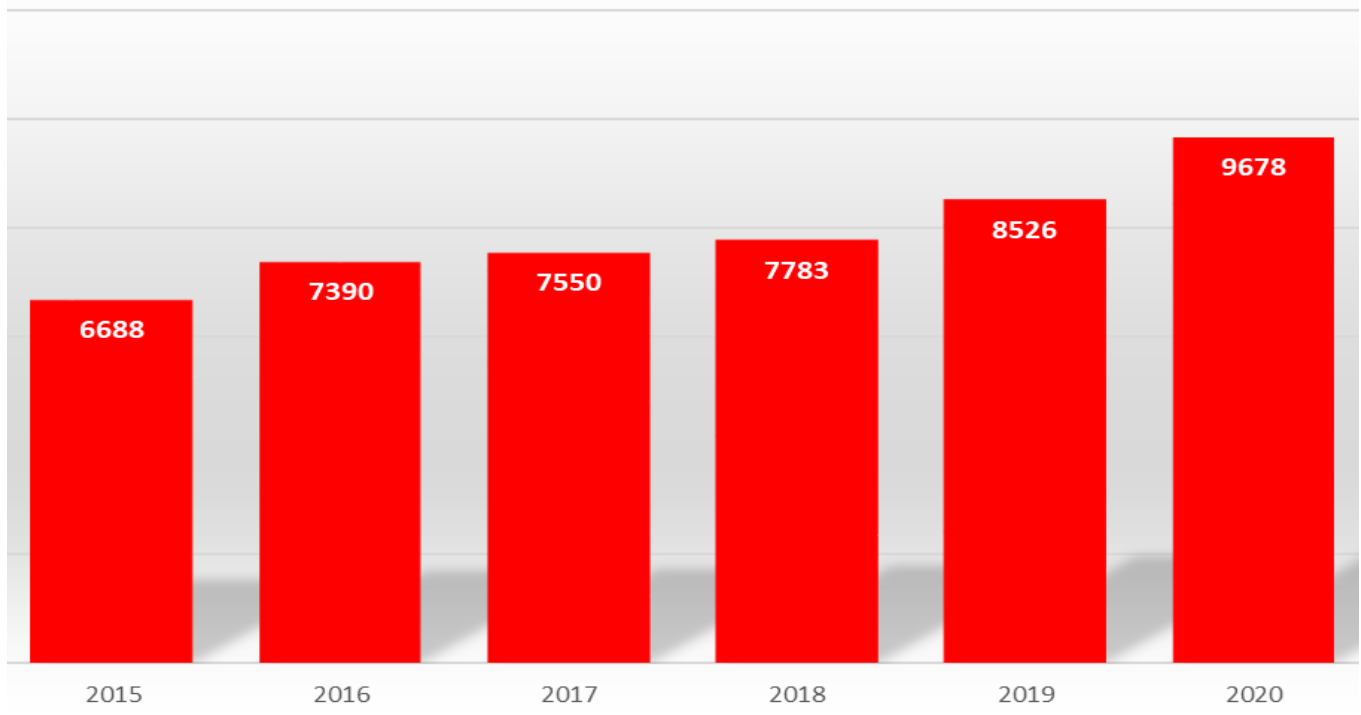
## CASES OPENED (STATE FISCAL YEAR)



### CLOSED CASES (FEDERAL FISCAL YEAR) Federal Older Americans Act Performance System



### INTAKE CONTACTS (FEDERAL FISCAL YEAR)





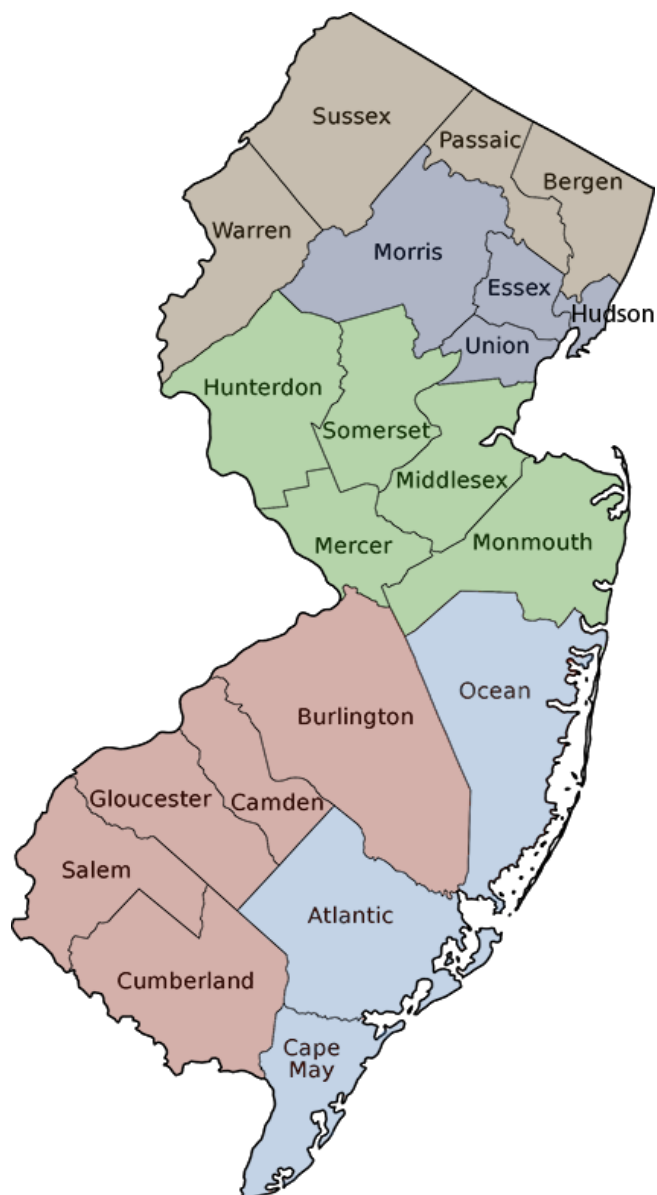
# VOLUNTEER ADVOCATE PROGRAM

When problems are identified in a nursing facility, the Volunteer Advocate can play a crucial role in resolving issues of quality of care and quality of life.

Volunteer Advocates deal with issues such as: staff responsiveness; food and nutrition; hygiene problems; lack of activities; and missing personal belongings. Volunteers are trained to identify and to intervene when residents are not being treated with courtesy, consideration and respect – all basic civil rights. Serious complaints of abuse, neglect and exploitation are referred to the Office of the Long-Term Care Ombudsman for investigation.

Deirdre Mraw, Chief of Staff, manages the Volunteer Advocate Program at the state level while five Regional Volunteer Program Coordinators manage the program at the regional/county level:

<b><u>Region I</u></b> Essex, Hudson, Morris & Union
<b><u>Region II</u></b> Bergen, Passaic, Sussex & Warren
<b><u>Region III</u></b> Middlesex, Mercer, Somerset, Hunterdon & Monmouth
<b><u>Region IV</u></b> Burlington, Cumberland, Camden, Gloucester & Salem
<b><u>Region V</u></b> Ocean, Atlantic & Cape May



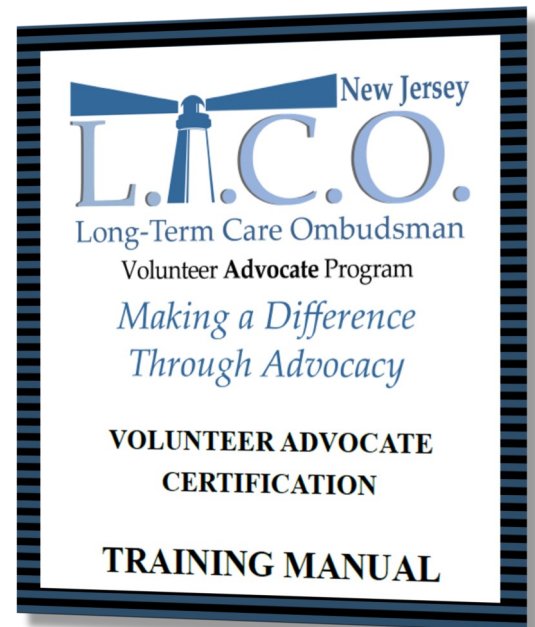
# VOLUNTEER ADVOCATE PROGRAM TRAINING

## New Advocate Training

Volunteers must complete a 36-hour training program to become a certified Volunteer Advocate. The training curriculum was developed by UMDNJ-School of Medicine and Rutgers School of Social Work and is modeled after the National Ombudsman Resource Center curriculum. The training program and training manual were recently updated to reflect industry changes, trends, and new federal nursing home regulations. Intensive classroom instruction is conducted by the Volunteer Advocate Program Statewide Trainer and additional on-site orientation and placement of new advocates is conducted by the Regional Coordinator.

## Training topics include:

- ◆ Overview of the Volunteer Advocate Program
- ◆ Demographics of the Elderly Population
- ◆ Normal & Abnormal Conditions of Aging
- ◆ Medication and the Elderly
- ◆ Communication Skills
- ◆ The Long-Term Care Setting
- ◆ Social, Financial, Legal, and Ethical Issues in Long-Term Care Facilities
- ◆ Residents' Rights
- ◆ Elder Abuse, Neglect, and Exploitation
- ◆ The Office of the Long-Term Care Ombudsman Complaint Process
- ◆ Visiting a Long-Term Care Facility



## Continuing Education for Advocates

Ongoing training of the Volunteer Advocates is essential to the success of the Program. After receiving the initial 36 hours of training, Volunteer Advocates increase their learning of the long-term care setting by attending quarterly regional meetings or annual state conferences.



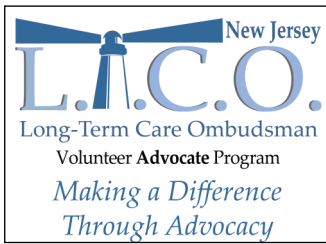
Training curricula and methods are constantly being revised and re-evaluated to provide current information to our team of advocates. Content experts in the field of geriatrics, disability services, visual impairments, cultural diversity, LTC assessment and licensing, activities, person centered care, and residents' rights, have been presented to our volunteers and staff. During the latter half of the FFY 2020, volunteer training was virtual.

**According to 2020  
NORS data:**

**Total Volunteer Hours to the Program: 15,755**

**Trained Advocates: 196**

# VOLUNTEER ADVOCATE SPOTLIGHT



## Volunteer Advocate Profile: Lahkeisha Leach

*“The essence of life is to serve others and do good.” — Aristotle*

Volunteer Advocates are an essential part of the LTCO team. They solve problems for long-term care residents and ensure that they are treated with dignity and respect.

Stellar volunteer and U.S. Air Force veteran, Lahkeisha Leach says, “It’s one of the most fulfilling things I’ve ever done.”

When the virus began to affect the residents and staff and extreme isolation measures were put in place in the spring, Volunteer Advocates like Leach were cut off from their weekly in-person visits. The LTCO distributed letters to the facilities on behalf of each volunteer, reassuring residents that advocates would continue to be there for them and encouraged advocates to maintain their weekly contacts.

“My residents and I began having weekly Zoom meetings in order to keep the lines of communication open. Through them, I’ve been able to keep a finger on the daily pulse of what’s going on at my assigned facility, Jefferson Health Care Center in Gloucester, and how everyone was handling this unexpected isolation,” she recalls. “As with most facilities around the country, our residents were afraid and confused. Many were lonely, depressed, and even a bit angry.”

Leach became the most regular outside contact available to the nursing home’s Resident Council President and Vice President. And her relationship with other residents has deepened during this time. “We’ve gone from only discussing residential issues to discussing life. Not only their fears and frustrations about the pandemic, but also life stories.”

Leach remembers asking her Resident Council President when she last got to speak with her family. “The last time I spoke with family was when you called,” she answered. That was everything for me because it meant that she no longer views me as just a volunteer, but rather as family.”

**To volunteer in this valuable role, call the LTCO Volunteer Advocate Program at (609) 826-5053 or by visiting the Volunteer Advocate Program webpage at [www.nj.gov/lcco](http://www.nj.gov/lcco) for more information.**



*“It’s one of the most fulfilling things I’ve ever done.”*



# SOCIAL ISOLATION PROJECT

## LTCO Launches Social Isolation Project

The LTCO Social Isolation Project (SIP) was launched in November 2020 with federal CARES ACT funding to address social isolation and loneliness among long-term care residents who had been restricted to their long-term care facility, and often to their rooms, for as long as a year.

“Never has meaningful connection to family and friends been more important than during the COVID-19 pandemic. For months, residents have been subject to severe restrictions on visitation by families and friends, which has badly affected resident health and well-being,” said Laurie Brewer, State Ombudsman. “The LTCO Social Isolation Project helps facilitate that connection.”

The Office of the Long-Term Care Ombudsman SIP Social Workers proactively visit with long-term care residents to assess their quality of care and quality of life, with an emphasis on reaching those residents who might not otherwise be able to reach out to the LTCO for advocacy.

SIP Social Workers suggest ways the facility can keep residents connected to the outside world and to each other.

To help facilitate that connection, the LTCO donated Apple iPad tablets for use by residents at 19 long-term care facilities statewide, including New Jersey’s Veterans Memorial Homes in Menlo Park, Paramus and Vineland. This pilot donation effort was coordinated through the Volunteer Advocate Program (VAP).

Volunteer Advocates worked with facility staff to make the Apple iPad available to any resident who requests it to connect with family and friends, enable or enhance activities such as music appreciation, brain games, poetry, current events, trivia, etc. improving the quality of life for those living in social isolation.



(Ted Porter)

*Pictured here are residents from Complete Care at Summit Ridge in West Orange. Mr. Ted Porter (Resident Council President) and Mr. Francis Brannigan playing chess via FaceTime on their donated Apple iPads. After the Administrator, Israel Kanarek, connected the two residents, the LTCO Volunteer Advocate, Audrey Larsen, was able to facilitate the process thus reducing the residents’ social isolation and loneliness. “A picture is worth a thousand words,” says Ms. Larsen.*



(Francis Brannigan)

The LTCO provides advocacy to people living in long-term care facilities and investigates allegations of abuse and neglect in those facilities. NJ LTCO Investigators, SIP Social Workers and Volunteer Advocates are on the front lines in combating elder abuse, neglect and unmet needs.

# I CHOOSE HOME NJ

## Advocacy and Outreach

The LTCO has played a key role in the I Choose Home NJ program (called Money Follows the Person at the federal level) since 2012. I Choose Home NJ helps people living in nursing homes and developmental centers to move back to the community with Medicaid supports and services they need to live fully integrated lives. In the process, it generates savings that the State must use towards more home and community-based services. The LTCO works closely with NJ Department of Human Services and the Centers for Medicare & Medicaid Services (CMS) to carry out this important work. Since 2008, the I Choose Home NJ team has successfully transitioned more than 3,200 people from institutions back into home and community-based settings for a savings of more than \$35 million.

### **2008 - 2020**

Older Adults – 1,114

Intellectual/Developmental Disabilities  
– 994

Adults w/ Physical Disabilities—1,125

Total: **3,233**

### **2020**

Older Adults – 117

Intellectual/Developmental Disabilities  
– 35

Adults w/ Physical Disabilities—33

Total: **285**

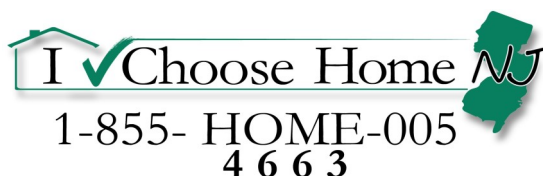


The LTCO’s I Choose Home NJ staff work to spread the message that “A Nursing Home May Not Be the Only Option” and advocate strongly for nursing home residents who want to move out. They have the authority to freely enter nursing homes, to speak confidentially with all residents and (with their permission) review their records, to question staff about activities, and to provide education to nursing home staff as needed. This unique role allows Outreach and Advocacy Coordinators to identify residents who want to move out, to fiercely advocate for them with all relevant parties, and to help resolve any barriers or issues that may arise. In addition to identifying and supporting program participants, the LTCO educates nursing home staff, community health care providers, caregivers, families, and the general public about the program. We have exhibited and given presentations about I Choose Home NJ at over 350 venues and have advertised throughout the state across many media platforms. There is now greater awareness statewide about the nursing home transition population.

## Helping to Identify and to Create Affordable and Accessible Housing

Since 2014, the LTCO has filled the Statewide Housing Coordinator role for I Choose Home NJ, a role that has greatly expanded. The statewide lack of affordable, accessible housing continues to be the primary barrier to I Choose Home NJ nursing home transitions. As such, the Statewide Housing Coordinator acts to identify and create more affordable housing opportunities for people coming out of nursing homes, and to help people maintain housing stability after they move. Examples of housing advocacy include alerting nursing home social workers to local affordable housing opportunities, meeting with housing developers to explore possible collaboration, training managed care organizations to secure housing for their Medicaid members, and working with participants to overcome challenging issues after transition (threats of eviction, housing voucher problems, budgeting, etc.).

ICH's housing activities have also been at the leading edge of policy changes related to housing for NJ Medicaid populations. The LTCO receives and reviews quarterly reports from the Housing Specialists about their progress towards housing nursing home members, including high level progress toward managed care organization housing development in New Jersey. ICH continues to increase access to housing vouchers through local Housing Authorities and the continued development of the Money Follows the Person Housing Partnership Program (MFPHPP). The Statewide Housing Coordinator has initiated partnerships pursuant to HUD notices to secure housing vouchers in some of our most needed municipalities, especially in the Northeast corridor. Several individuals moved out in 2020 as a result of these relationships despite the COVID-19 public health emergency. The MFPHPP, a collaboration between the NJ Department of Human Services and NJ Housing Mortgage Finance Agency to give developers loan money to build affordable housing for people waiting to leaving nursing homes, continues. The LTCO staff was central to the development and implementation of this program, which launched in December 2015 and now provides a pool of \$6.2 million of capital loan money to developers in exchange for 80 affordable, accessible apartments. Several units were completed and occupied from 2017-2020 and dozens more will coming online over the next 1-2 years, specifically for the nursing home population.





# A Nursing Home May Not Be the Only Option!



Jane celebrates her first birthday after leaving the nursing home in her own apartment.



Jane, a diehard Yankee's fan, touring Yankee Stadium.

Jane couldn't be happier with her move from a nursing home to the community through the I Choose Home NJ program. "I have all my own privacy, all my own apartment," she said. "All in all, it's been very positive. Even though I have no family, I've done it on my own."

She is grateful to the I Choose Home NJ team for helping her make the transition to an affordable, accessible apartment with an aide. Jane was 47, "a very alert and young paraplegic" when she entered a nursing home in April 2006. She served there as resident council president. But as a strong self-advocate, she was unhappy with the care she received and having to depend on others.

"I came to the conclusion that after becoming a bilateral amputee (losing both legs), it was time for a move to the community where I could direct my own care," she said. "I had two wounds that never healed in the nursing home, but with better care and cleaner surroundings, my wounds healed 2 months ago - imagine that! I'm healed up and I'm healthy."

Now she revels in her autonomy. "I love to go to bed around 5 o'clock. I'm not big about 10 or 11 - I get up at about 5am. I do my online food shopping at Shoprite. I do a little cooking; the aide does most of the cooking. My apartment is absolutely beautiful. I'm doing well and can't ask for anything more."



Jane's cake celebrating her one year anniversary of leaving the nursing home.

I Choose Home NJ is a federal program designed to move people out of nursing homes into independent community settings with Medicaid supports. If you are interested in learning more, please call ICHNJ at 1-855-466-3005 or visit [www.ichoosehome.nj.gov](http://www.ichoosehome.nj.gov).

# REGIONAL ETHICS COMMITTEES

## Difficult Decisions

As individuals grow older and struggle with advanced illness and frailty, they, their families, and their care providers will likely be faced with difficult decisions about their care and treatment.

Decisions can include whether to provide or remove particular treatments, such as dialysis or artificial nutrition, adjust medications, or refer to palliative care or hospice.

For individuals in long-term care communities, the Office of the Ombudsman provides support and ensures that decision-making is resident-focused and consistent with ethical and legal standards.

One way the LTCO does that is through Regional Ethics Committees (RECs). RECs provide an impartial, comprehensive evaluation and assessment of the situation and offer non-binding recommendations to the individuals involved.

RECs provide much-needed education, conflict resolution and ethical guidance to facilities and families when difficult decisions need to be made.

## NJ Supreme Court Case Law

- In re Quinlan, 70 N.J. 10 (1976)
- In re Conroy, 98 N.J. 321 (1985)
- In re Farrell, 108 N.J. 335 (1987)
- In re Peter, 108 N.J. 365 (1987)
- In re Jobes, 108 N.J. 394 (1987)

## Ethical Decisions at End-of-Life Ombudsman Process

As with all of the Ombudsman's work, the primary focus of the process is to ensure that the resident's wishes are respected. The Office works with the resident, his or her family and friends, and facility staff to identify the resident's wishes, wherever possible.

In addition to exploring the resident's wishes, the Office also gathers clinical information regarding the resident's cognition, condition, and prognosis, to ensure that legal standards for withholding/withdrawing treatment are met.

### **Regional Ethics Committees (RECs)**

- Multi-disciplinary teams, including social workers, nurses, clergy, and hospice workers
- Established to serve as a resource to residents and health care professionals of LTCF'S who face ethical dilemmas:
  - ◇ Treatment decisions
  - ◇ Health care conflicts
  - ◇ Withholding/withdrawing Life Sustaining Treatment
  - ◇ Quality of life issues
- Consultation not required and recommendations not legally binding, but can often resolve ethical dilemmas as close to the bedside as possible.



NJ Long-Term Care Ombudsman



To become a LTCO Volunteer Advocate call,  
(609) 826-5053 or email us at [volunteer@ltco.nj.gov](mailto:volunteer@ltco.nj.gov)



P.O. Box 852

Trenton, NJ 08625-0852

Fax: (609) 943-3479

[ombudsman@ltco.nj.gov](mailto:ombudsman@ltco.nj.gov)

[www.nj.gov/ltco](http://www.nj.gov/ltco)

**Follow Us:**



[facebook.com/njelderombudsman](https://facebook.com/njelderombudsman)

[linkedin@NJ](https://linkedin@NJ) Office of the Long-Term Care Ombudsman

[twitter@NJ](https://twitter@NJ)ombudsman

[youtube.com/njelderombudsman](https://youtube.com/njelderombudsman)

[instagram@NJ](https://instagram@NJ)elderombudsman

**Phil Murphy**  
Governor

**Laurie Facciarossa Brewer**  
LTC Ombudsman

**Sheila Y. Oliver**  
Lt. Governor