Office of Ombudsman for Long-Term Care

Resident Listening Sessions

Understanding the Impact of Assisted Living Licensure Through Resident Interviews

Alice Hewitt, MPP | OOLTC Policy Specialist

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Introduction

The Office of Ombudsman for Long-Term Care (OOLTC) provides individual advocacy for recipients of licensed-long term care services in Minnesota, and this includes support for the residents living in the over 2200 licensed assisted living settings across this state. OOLTC's services are free and confidential. Most of the work of the OOLTC is focused on helping residents solve their individual or systemic problems at their long-term care building. The resident listening sessions described in this report were a rare and special opportunity for OOLTC staff to simply listen to residents talk about their experiences. We asked many questions about assisted living residents' lives that are detailed in this report.

On August 1, 2021, the Assisted Living Licensure law went into effect in Minnesota. More than two thousand facilities obtained the new assisted living license. Many previously operated under the Housing with Services registration, with a licensed home care agency delivering care under a service agreement separate from a housing lease with a landlord. The new law and associated rules created new standards, regulatory oversight, and provisions to assure the health, safety, well-being and appropriate treatment of residents of licensed assisted living facilities. The law created two categories of license holders – Assisted Living and Assisted Living with Dementia Care. The law also established requirements to ensure respect for individual autonomy and choice for residents of these facilities and overall enhanced resident rights.

To better understand the impact of this law change on residents, the Minnesota Office of Ombudsman for Long Term Care (OOLTC) conducted interviews with residents of Assisted Living (AL) facilities across the state. This report will focus on care services, food, and activities, though a number of other topics were also covered in the interviews. Most people do not know about major law changes or how laws impact their lives; questions targeted the major changes that the law enacted. This is not a true comparison of before versus after the law change, nor was it designed to be. These interviews were hoping to capture how new resident rights, such as giving feedback on meals and having access to alternative meals, are helping residents now.

Who We Talked To

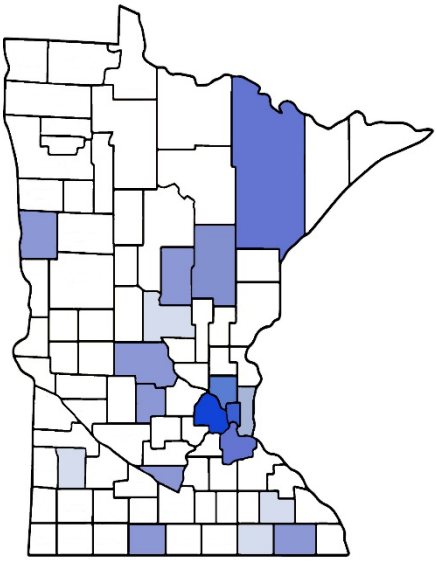
A variety of experiences were captured. 56 individuals were interviewed over the course of 51 interviews. Interviewees were identified by facility staff, Regional Ombudsmen, and OOLTC's Resident Council Specialists. Some residents volunteered to participate when they learned about the project. The interviewer was a Policy Specialist with the Office of Ombudsman for Long-Term Care who met with residents mostly in the presence of another staff member of the OOLTC but occasionally met alone with residents. Interviews lasted about an hour. The interviewer had a prepared list of questions, but due to the organic nature of some conversations, not all questions were asked to every participant, and participants were free to opt out of any question they didn't feel comfortable answering. All

questions were open-ended and residents interpreted them differently. The interviews were conducted from May to December 2024. Here are some details about the people who participated:

- 40% of residents lived in the Twin Cities metro area.
- 32% of residents resided in facilities run by nonprofits.
- 8 residents interviewed lived in residential style ALs with five or fewer residents.
- 55% of facilities were licensed to provide Dementia Care.
- 2 residents interviewed lived in locked memory care units.
- The average age of residents interviewed was 69 years old, the oldest resident interviewed was 102, and the youngest was 21.
- 27% of residents interviewed identified as a person of color.
- 40% identified as men.
- The average length of time residents lived in their AL was 3 years with a maximum of 12 years and a minimum of about 9 weeks.
- Prior to living at the AL they were interviewed in: 50% lived in their own home, 30% lived in a different AL, 14% lived with their kids or other family, and 10% lived in a different kind of care setting.
- About two-thirds of the residents had their services paid for by a medical assistance waiver.

Most interviews were held one-on-one in private locations like a resident's room. Five interviews had two interviewees at once; most were husband and wife, and two were very close friends who wanted to be interviewed together. All interviews were conducted in English. Most of the interviews were recorded for transcription purposes only in order to ensure accuracy of quotes. Some interviews were not recorded at the request of the resident. Some changes were made to quotes for clarity and brevity. Residents gave consent to be interviewed and to use their quotes. While some quotes were changed to preserve anonymity, best efforts were made to capture residents' stories and intent.

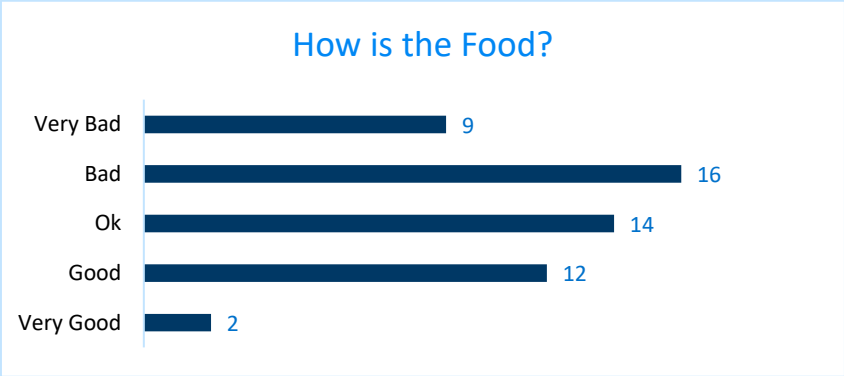
Figure 1: Map of Interviews by County



56 residents cannot speak for all of the tens of thousands of Minnesotans who live in assisted living facilities. There was no attempt to make this a statistically valid study. Instead, this was an effort to try to capture the diverse experiences of residents. The residents who were interviewed lived all around the state and mirror many of the demographic trends seen in long-term care. The Office of Ombudsman would like to thank everyone who spoke with us and trusted us with your stories and experiences.

Food

Residents living in long-term care often rely on the food provided by their assisted living facility. In interviews, residents easily opened up about food. Food is a subjective topic, and it's a critical time for not only nutrition but also social connection. Food is something people look forward to, and when it falls short, that can be very disappointing.



There were a wide variety of answers to the question "how is the food here." The most common feeling was that the food was bad in their facility. Residents who described the food as "very bad" used terms such as "disgusting," "scarce," "dreadful," "terrible," and "horrid." Many of the residents found their experience with food to be inconsistent. One resident said, "Some of the food is tasty, most of it though, is substandard."

One resident said of the food, "when it's good its good but when it's bad its gross."

Staffing levels and staff training were frequently mentioned during the food discussions. One resident who described the food as good said, "Staffing in the kitchen is an issue. Like today, only one person came, two called in sick. So I help[ed] get the coffee and the juice." Another issue discussed was the lack of staff or high turnover of staff, which was mentioned by four residents. ***One resident said "They have had different cooks. Food comes out cold when it should be hot. Sometimes the veggies are too hard. Weekends are particularly bad. We have to sit there for maybe 45 [minutes] to an hour before we get served, and everyone gets antsy. The weekends don't have enough staff.***" A couple of residents talked about the improvements they have seen relating to better staffing levels. "Pretty good now. There was a time that it was really bad. Especially during COVID. It was hard to get staff in the kitchen. The hot food was cold when it arrived. It's hard to please a lot of people." One resident expressed frustration with the quality of the staff hired saying, "I know they hire their cooks right off the street. They have no skills and no experience cooking." She went on to say that the chef had good credentials on paper, but "much of the food isn't really that good. I mean it's adequate. You can eat it. It's not gonna kill you." One resident said, "The chef is young, studied in France, and doesn't know what old people want."

Quality and preparation were discussed in many interviews. One resident said of the food, “It often comes lukewarm. [...] There are problems with the quality, the preparation, and the meal selection.” Another resident described issues with preparation, saying, “You have to cut the meat with a chainsaw because it’s overcooked.” Three residents in small residential style facilities suspected that the food they are being served comes from a food pantry. “The quality of the food coming in isn't good. I think the food comes from the food shelf. The owners just come here with a box filled with random items. Weird brands that you don't really see at supermarkets, random chip flavors that are unusual. The bags of salads in the box are expired or are about to expire that day. It looks like the food I used to get at the food shelf when I would get food there. I don’t know if they are trying to save money. […] If I'm not eating here, I'm wondering where the money that should get used on my food is going?” One resident who has tried to talk to leadership at the facility about the budget reported, “They said corporate has put in new restrictions and given them less of a budget. They never show us the budget though. They make no attempt to follow any sort of nutrition; it’s whatever is the cheapest.”

Another common frustration residents discussed was around meal options and having dietary needs met. Nine residents talked about not being satisfied with the selection because it didn’t meet their dietary or cultural restrictions. Several residents struggled with medically necessitated dietary restrictions. One resident said they “don't pay attention to allergies,” another described having to be “vigilant” with what they eat because of medical conditions. One person described how the facility couldn’t meet her dietary needs and she no longer ate meals provided by her AL. She brings in her own help to get her needs met. She said, “There's nothing ever special for me, and most meals have almost nothing I can eat, so it's been very difficult. I've lost around 30 pounds [in 16 months].” One resident who has been living in her AL for 8 years critiqued meal options, saying, “Our lunch entrée the other day was chips and salsa, and the other option was chips and cheese. It wasn't nachos because there was no chicken, or beef, or protein. Last night we had chicken stir-fry without the chicken. It was noodles and rice with a sauce. The noodles were on top of the rice. There is no protein, and so I've been anemic since last March [17 months ago].”

> Twenty-four residents discussed skipping meals because they don’t like the food being served or the timing of the meal.

Alternative meals are required to be offered and they must be of similar nutritional value. Thirty-five residents said that they do have access to an alternative meal, but seven residents interviewed said they did not. Fourteen of the residents who did have access to alternative meals were unhappy with their options; several described repetitive “boring” options and “soggy sandwiches.” The overall sentiment of many residents about the alternative meal options can be summed up by this resident saying, “Yes [there are alternative meals], but the options are getting to be lower quality and more limited.”

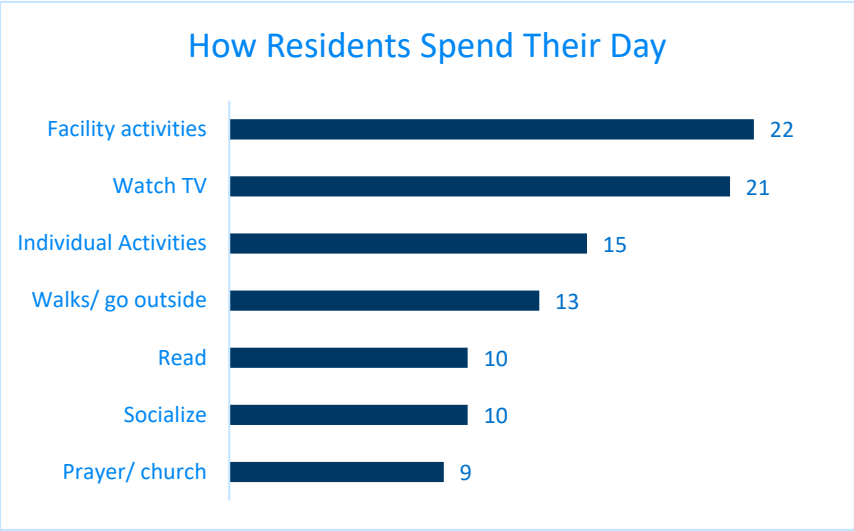
Despite **regulations requiring seasonally fresh fruits and vegetables** to be offered, many report the facility in which they live falls short of meeting this requirement. One resident believed that "everything is frozen, nothing is fresh." One said, "We get moldy strawberries, not good onions." A resident who recently moved into her facility said, "Salad looks like it has sat out for days." Most residents said that they get bananas, oranges, and apples for fresh fruit and chefs' salads for vegetables. Very few described any seasonal changes.

Residents gave varied responses on whether **opportunities to give feedback on meals** existed and to what extent that feedback resulted in changes. Twenty-two residents said they are able to give feedback, and seventeen said they are not. The most common way to provide feedback is through food committees, which are offshoots of resident councils. One expressed frustration with the food committee, "Yes, we have a food committee. [...] It's just a matter of whether they're listening and doing anything about it. They do say the same things many times because it's not changing." Some residents expressed frustration that chefs would use their credentials to shield themselves from criticism and resident feedback.

Most residents in long-term care rely on the food prepared for them by the facility that they live in. There was a wide range of opinions about the food, and although taste is very subjective, many residents recognized how difficult it is to please everyone, but still thought that there are reasonable changes that could be made to improve the food experience.

Activities

Facility-organized activities can be a critical way residents spend their day. Activities are important for socialization, connection and staying active. One resident spoke to the importance of activities saying, "The more pain I'm in physically, the more difficult it is for me to get up and get going so having things that we really want to go to really makes a difference." **Five residents in the interviews mentioned that loneliness was the hardest part of their day**, and activities can be used to combat that experience. Although daily recreational activities are required by law, not all residents said they had activities offered by their AL. **Forty-two of forty-nine residents asked, said that their facility offered activities**. Thirty-



four residents said that they attended facility activities, eight residents who said their facility offered activities but chose not to attend them. **Six residents said that they didn't leave their room much.**

The types of activities residents had access to varied widely. One resident discussed how the activities staff partnered with the culinary team saying "We have 'travel' once a month where they set up food from that country that we are 'traveling' to. We've visited Japan, Ireland, Jamaica, Italy, and Africa. It's really fun." One resident who was not happy with the activity options said "It would be nice to have activities. Especially ones that are engaging—not designed for a 5-year-old." Another resident described activities as just having access to "puzzles and coloring books." Bingo was a commonly mentioned activity both in strongly positive and negative ways. A common activity that residents enjoyed was live music. One resident said, "Yes, we have a new activities director and she is great. Everyone likes Bingo. They have music." Another resident was pleased with the activities offered saying "Yes, there were movies regularly with snacks. We have happy hour. There is coffee with friends twice a day." Another resident expressed wanting to see some diversification of activities, stating: "It's the same activities every week. I would like to see some variety. […] I compare the activities that my mom gets to what we get here. We have a horrible musician come in to play music for us."

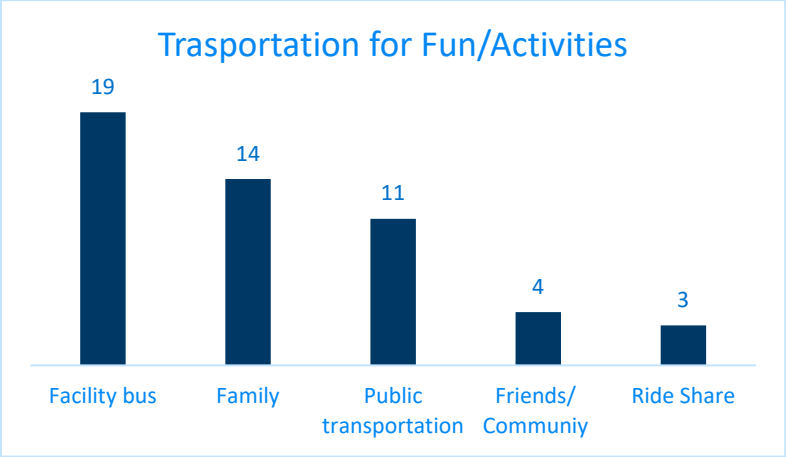
Twenty-two residents said that they spend their day participating in facility activities, which was the most mentioned way residents spend their time

Three residents discussed budgets being cut for activities with one saying, "Corporate has been cutting some of our activities. We only have one happy hour a week. They said we were drinking too much coffee. They think we are spending too much money. They wanted to move Bingo to every other week. The activities are all back now. They all mean so much. For the cookies and coffee, it's frozen cookies that go right in the oven. How much could that possibly cost?" Another resident said, "They have very little if any budget. So, whatever we come up with can't cost money." Multiple residents discussed resident-run activities, one stating: "One of the residents who is an accomplished painter teaches a class once a month and I love going."

When residents were asked what the top three things they would change about their AL, **activities were the third most mentioned change**. Residents said they want more activities "especially activities on the weekends and on holidays." Another resident said they want to go out to "more than just the grocery store." Several residents talked about how they organized activities on weekends and holidays on their own if there aren't any offered by the facility. One resident said, "There isn't activities on the weekend, so I took it upon myself to start doing it on weekends. When the activities director left, I took over the activities." One resident said, "We haven't had an activities director in a bit. There was one but he made the schedule then quit so then they crossed out most of the activities. Without an activities director the planned activities can't happen. I liked it better when there was an activities director, it's an

important position. There used to be several activities per day." Another resident said that although she and her husband don't like the activities "we go because we don't want them to stop having them."

Four residents did not feel that staff help them or other residents to participate in activities. One resident said "I can't do all the activities because many require sight, and I am blind. I also struggle to know what activities are happening because they print them on a piece of paper, and I had to fight to be able to get a voice recording of what is happening. That took years to set up." Another resident said, "Staff bring people down for meals but not activities." A third said, "No, everyone basically has to get there themselves."



Only four residents interviewed said they were able to transport themselves where they needed to go. **The vast majority of residents are reliant on someone else for their transportation needs.** Only nineteen of the residents interviewed said their facility offered transportation to off-site activities. One person said, "They have taken us bowling and to other activities. Once a week they take us out [to] ALDI, dollar store, [and] Walmart." Another resident said their facility has a bus "but the wheelchair lift broke so no wheelchair users could go. There are only two spots anyway, so you have to sign up right away." One resident in greater Minnesota complained that the facility bus is only for activities saying, "The bus has money to go to the casino, but we cannot get to our medical appointments." Another greater Minnesota resident said, "We were told they were going to get a van to take us around to see the Christmas lights and everyone was pretty excited but NOPE. That didn't happen." Nine additional residents said their facility had a bus but doesn't anymore. Residents cited staff turnover leading to new staff needing a special license, repair costs, missing title, and other reasons for lack of transportation. One resident said, "I wish they had an activity once a week where we left the facility." Another resident said, "No there was a bus when we first moved in, but it has not gone anywhere in TWO YEARS!!! I wish they would use it again." One resident who lived in a facility that didn't offer transportation and only had coloring books and puzzles for activities said, "You're not allowed to go any place without supervision. So, we have to be supervised all the time […]. You feel like you are in a cage, like an animal. You can't get out of the cage."

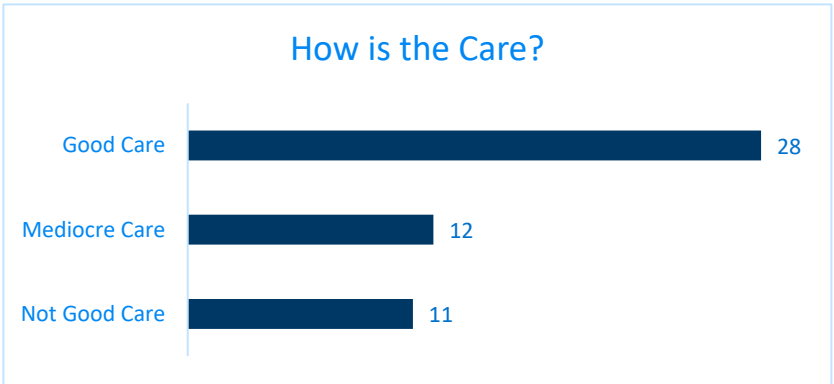
Care Services

When residents were asked why they decided to move into their AL, the most common answer was "care needs."

- 19 residents moved because they needed more care.
- 5 residents selected their AL because of the care services available.
- 23 residents said they expected care-related help when moving into an AL.
- 15 residents mentioned that cares was the most important service they received in their AL.

Residents said good care is "being taken care of," "if I pull the call light, they are quick to respond […] there is always a staff member around when I need one," "means there is help when I need it," and "people showing up when you need help." Other residents said, "Good care is your medications come when they're supposed to," "having meds prepared properly," and "Not being in doubt with the medication that they are giving you." Residents also said this: "How I'm treated has a lot to do with it," "consistent staff care is important," and "knowing that they pay attention to me." One resident said, "It means being listened to."

Although most residents interviewed felt that the care they received was good, many of those same residents felt that there were ways the care they received could be improved. Staffing came up in many conversations when discussing the quality of care received. **Residents often felt that the quality of their care varied based on which staff were working.** Even residents who felt they received good care said, "There are workers who this is only a paycheck for them, and they come in and they put in their hours, and they get out as fast as they can. And they don't care or whatever. They can get away with not doing. And that is what some of us get resentful about." Others talked about staffing continuity and staffing levels, saying, "We've had good continuity lately and that has really improved the care, at one



point people were leaving daily," and "There is very good staff here right now – that hasn't always been the case."

Many of the residents who said they experienced mediocre care spoke about the inconsistency they experienced. One resident said, "It can take anywhere from 10 minutes to 90 minutes to answer the call light. It gets worse late at night." Another resident felt that because they don't have very many care needs, they get overlooked. She said, "When they do the shift change from night to morning, they don't come to see if I'm awake or even alive." Residents who said the care was not good said "staff are on their phone a lot, feels like you have to fight to get the care you need, and I always have to teach people to do my cares."

> *"There have been times I didn't feel like I got the help I need. They didn't help me the way I thought I needed to be helped. It wasn't until I told them that I was bringing in the Ombudsman Office that I started getting the care that I thought I deserved and needed."*

Staff make a big difference in the quality of care. One resident who talked about the need for more staffing said, "Good care would mean more staff around. More servers for mealtimes. Meal delivery is often slow, and the wrong meals get brought out to folks and get sent back, slowing things down even more." A male resident said, "I wish there were more male aids to do some of my cares. Some of the women wash or change me too roughly." Staff communication also came up in interviews. One resident said, "It means being listened to, […] some of the support I need is emotional, so just being friendly, being able to talk to people, and that kind of stuff is important." Another resident said***, "I wish they would try to get to know me to make me feel welcome."***

Several residents discussed **the consequences of missed cares or poor cares.** One resident said, "I've been missing appointments for the doctor because the facility didn't tell me about them." Another said, "I think I had COVID recently, but they wouldn't test me, and they wouldn't give me my meds. I have ended up at urgent care multiple times because of something that they didn't tell my doctor about." One resident said, "residents have called 911 to get the help they needed because call lights weren't being answered." One resident who is an amputee and has, at times, been discouraged by staff from practicing with his prosthetic said, "I think that they are not interested in my improvement because if I progressed to the point where I don't need to live here, they would have to find another person to live here."

Several residents discussed **how cost impacts the cares they receive**. One resident said, "I wish they did an 'OK' check daily, but I'm not willing to pay $1000/month for that." Increases in costs also made some residents fearful of being able to stay at their AL. One resident said, "We've had a 38% rent increase over 4 years." Another resident was frustrated about not being able to use a pharmacy across

the street. She was told by the facility, “If I don't use [the facility’s preferred] pharmacy [100 miles away], I get charged a [monthly] $150 service fee.”

About half (22) of those asked said there had been a mix-up or concern about their medication. One resident reported, “I've caught a few mishaps with my medication. I caught it before I took the wrong medication.” One resident said, “I had three days in a row that I didn't get any of what I was supposed to, then the next 3 weeks I got [only] two [of my medications].” Another resident discussed only getting medication on time about half of the time. One resident said, “I one time didn't get my pill that I called my call button for, for over a half an hour. So I went down to find the nurse, and she yelled at me that she was very busy. It changed the dynamics of our relationship. I asked that she not give me my medication [anymore], but she has to because there is not enough staff to go around.”

Although most residents said they were able to get help when they needed it, **many said that there were times when they didn’t get the help that they needed**. Several residents said that it is harder to get the support they need on weekends. ***One said getting help has “been an issue. Weekends it's harder to get help. In the overnight, its harder to get help. Staffing has been worse lately.”*** One resident who used a wheelchair said, “The answer is twofold: staffing level and staff training. The staffing level has been the same since we moved in, when there were 90 residents; now there are over 130. […] They are not looking at that when making staffing decisions.” Another resident talked about a long wait time, saying, “Yes. I have sat on the toilet for 2 hours waiting for help.” Another resident expressed frustration about not getting care when he needed it, saying, “All the time there are lots of excuses on why they can't help me. They often tell me to wait until the next shift comes.” ***One resident talked about a fall, saying, “The other day I fell and lay on the floor for 40 minutes. As far as I'm concerned, that is completely unacceptable.”*** Others also discussed their falls and waiting an hour or longer. One resident talked about not being able to get out of their bed on their own schedule because they needed help transferring, and there aren’t aways staff to accommodate that.

Other Notable Findings

- 19 out of 29 residents said staff support their independence and choices about care
- 26 out of 38 residents said they could get help when they needed it
- 15 out of 39 residents are not involved in care planning
- 27 out of 43 residents would recommend their AL to a friend
- The most common grade residents would give to their AL is a C (18 out of 46)

In discussions about care, residents brought up the impacts of limited or inconsistent staffing levels on the care they received. Many of these complaints were about the small daily impacts on their schedules and freedoms. This is especially frustrating when needed care services were the reason they moved into an assisted living facility in the first place. Even residents who described the care they received as good had stories of times when care could have been improved. Staff availability and training were the most mentioned changes residents would like to see at their assisted living.

Conclusion

This resident listening sessions project was a first of its kind for OOLTC. The OOLTC is often very results-focused in its advocacy for residents. Scheduling hour-long interviews with open-ended questions allowed for residents to talk about what was important to them on any given topic. Additionally, each interview closed with the same two questions: "Is there anything else you would want the interviewer or anyone else to know that we might not have covered?" and "Do you have any questions for me [the interviewer]?" These questions gave residents ownership of how it ended. Several residents expressed the hope that the final report would be sent to elected officials, which will be honored. Elevating the voices of residents is a core mission for the OOLTC, and this report is only one way to do that.

The easiest topic to get residents to open up about was food. Twenty-five residents said the food was bad or very bad. Residents described being served "limp French fries," "mushy pizza," and "salads look like they've been sitting out for days." Although residents should be given the opportunity to give feedback on meals, over 40% of the residents asked about this said that they did not feel they could give feedback. Many more felt like their feedback wasn't listened to.

Although daily recreational activities are required by law, not all residents said they had activities offered by their AL. Activities are important for socialization and living a stimulating life. Seven residents interviewed said that their facility did not offer any activities. One of the major complaints of residents who did have activities was that they didn't have activities on weekends or holidays. Residents also discussed how budget cuts have decreased the quality of the activities offered. Most activities are offered at ALs, though some facilities do have buses that take residents to off-site activities. Nine resident interviewed said that their facility has an activities bus, but it no longer gets used. Residents cited maintenance and staff turnover as major reasons why buses were no longer in use.

Residents believed that good care meant care when you need it, caring staff, and consistency of staff. Expectations of person-centered care were a recurring theme, even if that phrase was not spoken. Twenty-eight residents felt that they received good care. Twenty-two residents experienced a mix-up with their medication. Many residents discussed weekends and nights as being times when it could be difficult to get the help they needed. Staffing levels and quality came up in almost every discussion, even though it wasn't explicitly asked about.

We know this is only a snapshot. Thanks again to everyone who participated. Residents and locations are not named to preserve confidentiality. Six residents mentioned retaliation in the interviews. Four said that they experienced retaliation themselves because of advocating for themselves or others. Two residents said that they felt that people don't advocate for themselves or point out issues to leadership at their AL because of a general fear of retaliation, though they hadn't seen any retaliation personally. We hear this general and experienced fear from residents in individual conversations with the Regional Ombudsman.

The Office of Ombudsman for Long-Term Care is always person-centered in our advocacy work; this project allowed our office to make time to listen to residents about their experience broadly, rather than listen to specific issues they experience. After their interviews concluded, residents expressed gratitude and appreciation that someone was making the time to listen to them. They appreciated that we were paying attention to them and that they had a chance to be heard. The OOLTC is always listening to and amplifying the voice of long-term care consumers in Minnesota. Our office supports residents in small but meaningful ways through individual advocacy and through resident councils, and in larger ways through legislative change and reports such as this.

The Office of Ombudsman for Long-Term Care

540 Cedar St.
St. Paul, Minnesota 55101

1-800-657-3591

Website: mn.gov/ooltc

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