

Sacramento County  
Elder Death Review Team  
2017 Report

## Acknowledgements

The Elder Death Review Team Committee's 2017 Report was made possible by the efforts of a committee comprised of the staff of the California Department of Health Care Services, Ombudsman Services of Northern California, Sacramento County Sheriff's Department, Sacramento Police Department, Sacramento County District Attorney's Office, Sacramento County Coroner's Office, Sacramento County Adult Protective Services, Sacramento County In-Home Supportive Services, Adult and Aging Commission, Attorney General Medi-Cal Fraud and Elder Abuse, Department of Consumer Affairs, Alta California Regional Center, Sacramento County Department of Health and Human Services, Emergency Medical Services Authority, In-Home Supportive Services Public Authority, Sutter Medical Center, and Centers for Elders' Independence.

Elder Death Review Team membership includes:

- Dr. Elizabeth Albers, California Department of Health Care Services
- Susan Billings, Ombudsman Services of Northern California
- Detective Eric Steindorf, Sacramento County Sheriff's Department
- Tate Davis, Sacramento County District Attorney's Office
- Frederick Gotha, Sacramento County District Attorney's Office
- Paul Durenberger, Sacramento County District Attorney's Office (Chair)
- Martha Haas, Sacramento County Adult Protective Services
- Joanie Friedenbloom, Sacramento County District Attorney's Office
- Linda Johnson, Ombudsman Services of Northern California
- Deidre Kolodney, Adult Protective Services<sup>1</sup> Oversight Consultant
- Leoma Lee, Adult and Aging Commissioner
- Ruth MacKenzie, Sacramento County Senior & Adult Services
- Amanda Martin, California Dept. of Justice, Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse
- Kelly Martin, California Dept. of Consumer Affairs
- Susan McKoy, Alta California Regional Center
- Dr. Brian Nagao, Sacramento County Coroner's Office
- Hong Nguyen, California Emergency Medical Services Authority
- Heidi Richardson, Sacramento County Senior & Adult Services
- Dr. Christine Rozance, Center for Elders' Independence
- Holly Swartz, California Dept. of Justice, Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse
- Cheryl Simcox, Ombudsman Services of Northern California
- Debbi Thomson, Adult Programs Division for California Department of Social Services
- Carol Wilhelm, Alta California Regional Center
- Cristina Lane, Alta California Regional Center

## Executive Summary

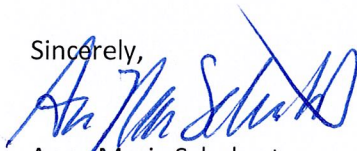
The Elder Death Review Team (EDRT) continues to work toward reducing elder abuse and neglect in Sacramento County. The EDRT committee is chaired by Assistant Chief Deputy District Attorney Paul Durenberger. We wish to acknowledge our team members' dedication to reducing elder abuse and neglect. The need to prioritize our County's response to elder abuse has never been more urgent. The number of cases being reported to Adult Protective Services has climbed to all-time highs. The newly opened Sacramento Regional Family Justice Center (SRFJC) reports more than 10 percent of the clients they have helped, since opening 7 months ago, are elders seeking restraining orders. This number is magnified by the large increase of Adult Protective Services (APS) elder abuse reports. APS handled over 5,292 in-person investigations of abuse or neglect in 2015-2016. This is a 60% increase from 2012 when the number of investigations were 3,302. Each year, since 2010, calls to the APS hotline have also increased. In 2015 there were 9,444 calls. In 2012 there were 6,740, a 46% increase. These increases parallel the increase in the elder population in Sacramento County documented below.

While these numbers are very troubling, there are good partnerships being forged. APS, the SRFJC, and the Sacramento Elder Safe House run by Volunteers of America are working together to provide collaborative services. McGeorge School of Law operates an excellent elder financial help center that is run by Professor Melissa Brown. The Sacramento County Financial Abuse Specialist Team (SACFAST) is a collaborative multi-disciplinary team that includes county, state and community business members that educates and provides assistance to APS social workers and other client based agencies helping elders with financial crime concerns.

This report covers calendar years 2015 through 2016. In discussions of elder deaths over this time period, it has become apparent that while the understanding of elder abuse has improved among law enforcement, care providers, and other supportive service agencies, there is much to be done to ensure that all instances of elder abuse are handled appropriately and reported to the proper authorities for review. The recommendations for improvement found in this report address the issues seen in our death case reviews and other repetitive elder abuse problems seen by the committee members in our community over the same time period. Reports to APS of financial abuse were up 58% from FY 2011-2012 to FY 2015-2016 and are expected to continue to spiral upward. EDRT commends the Board of Supervisors for funding a Financial Abuse unit at APS to help prevent the elderly from becoming victims of financial abuse. This is a common occurrence among the cases that are discussed by our EDRT, particularly with victims suffering from cognitive impairment. This new unit's actions help elders retain financial independence and ensure their money is used for their own needs rather than that of potential abusers.

On behalf of our members, we thank the Board of Supervisors for their continued support of this multi-disciplinary group and its mission of preventing elder abuse in all forms and untimely elder deaths by identifying system issues and restoring the safety net for seniors.

Sincerely,



Anne Marie Schubert  
District Attorney

Paul Durenberger  
Assistant Chief Deputy District Attorney & Elder Death Review Team Chair

## Purpose and Implementation

The Sacramento County Elder Death Review Team (EDRT) was created in 1999. This multi-disciplinary team meets six times a year to discuss questionable deaths of elders in Sacramento County. New cases are introduced by members who represent various care agencies including county, state, and nonprofit agencies. Each member signs an annual confidentiality agreement which promotes the free exchange of information between agencies in order to identify areas of improvement, including systemic changes.

Members discuss their agencies' interaction with the decedent and his/her family, and any collaboration undertaken with other agencies in each case. As a result of these conversations, member agencies identify problem areas, develop new policies and procedures to improve services and prevent additional deaths. The team also identifies areas of improvement and makes formal recommendations to the Board of Supervisors for system change per Penal Code 11174.9:

*Recommendations made by the team shall be used by the county to develop education, prevention, and if necessary, prosecution strategies that will lead to improved coordination of services for families and the elder population.*

The team discusses systemic needs, such as support agencies, education, and new collaborative efforts. Team discussions have helped the new Sacramento Regional Family Justice Center (SRFJC) focus on identifying agencies and partnerships for involvement in the center to best provide services to the elderly population.

The Sacramento County elder population, classified as those individuals age 65 and older, has grown rapidly since the last Census. According to the Census estimates for 2015, the Sacramento County population over age 65 comprises 13.2 % of the total county population, up from 11.2% in 2010. Since the 2010 Census, the overall elder population has also grown. Combine the increase in population and the increase of county residents being over age 65 and the total elder population will have increased from a population of 158,889 to 198,176 in seven years. This increase is in addition to the rise seen between years 2009 to 2013 when the Community Health Status Report of 2014 statistics documented an increased aging Sacramento County population when compared to 2003 to 2013<sup>1</sup>. During this time, the population ages 85 and older increased 44.7%, and those ages 60 to 69 increased 54.9%. Issues surrounding elder abuse and neglect will likely continue to grow without significant County response to operation and composition of the safety net system.

## Case Summaries

The following cases were chosen to illustrate the common themes present in cases reviewed by EDRT. As in years past, a repeated factual scenario observed by the team for this reporting period are overwhelmed care providers who do not possess the requisite education or training to deal with serious medical complications. This lack of skill can be deadly especially when trying to assist elders who may suffer cognitive decline and refuse medical and social service assistance. First responders often face resistance from care providers with limited or no medical knowledge and elders who do not want to cooperate. This lack of knowledge often creates resistance and suspicion when offered by a stranger in

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<sup>1</sup> Community Health Status Report (2014). <https://www.dhhs.saccounty.net/PUB/Documents/Disease-Control-Epidemiology/RT-HealthStatusReport2014Final.pdf>

a crisis situation. Lastly, the team notes that skilled nursing facilities sometimes fail to report suspicious deaths to the Coroner’s Office, negatively impairing law enforcement response and investigation.

A repeated fact pattern seen by the EDRT in the premature deaths of elders is the formation of pressure ulcers or decubitus ulcers. Decubitus ulcers often lead to sepsis and premature death, especially in bedridden patients. Movement of bedridden patients is required to prevent the formation of bedsores that turn into decubitus ulcers. Often elder patients are recalcitrant when care providers offer to move the patient, which leads to care providers discontinuing their efforts. This fact pattern has been a common recurrence in EDRT case reviews. It is clear in our EDRT case reviews that care givers/workers lack vital knowledge of what to do and where to seek advice. Easily accessed informative support services in these critical care scenarios are necessary to prevent premature death.

Sacramento does offer a number of easy to access elder care information sources. The County 211 system provides both health and senior services referrals accessible via phone or the internet. The Department of Health and Human Services (DHHS) also has information covering these issues. Sierra Sacramento Valley Medical Society Alliance publishes and DHHS distributes a comprehensive publication entitled Community Resources for Older Adults as well as a multitude of resources related to housing and financial abuse. California Department of Social Services provides easy to access consumer videos that include information on the availability of services and support. The District Attorney’s Office has a pamphlet on elder abuse and support services on their website. The Sacramento Bee has a Senior Resource Directory available on their website. In-Home Support Services (IHSS) Public Authority offers free classes on daily care and elder abuse prevention open to anyone who has an interest in learning.

It should also be noted that while the seven cases below represent themes identified in cases of preventable deaths, the majority of the deaths reviewed by the team resulted in findings of death due to natural causes with no abuse. Most of those cases were not included in the informational graphs below. Only cases that have been resolved and had some elements of care concerns either by the individual caretaker or a systemic concern are included in the statistics for this report. If a criminal case is pending, the case was not included in this report, but will be included in a subsequent report once the case is resolved.

(Names and other specific details have been deleted or generalized for confidentiality.)

Agency abbreviations used below:

- APS: Adult Protective Services
- CCL: Community Care Licensing
- DHCS: Department of Health Care Services
- IHSS: In-Home Supportive Services
- SNF: Skilled nursing facility
- SPD: Sacramento Police Department
- SSD: Sacramento County Sheriff’s Department
- LE: Law Enforcement

Case Details	Case #1	Case #2	Case #3	Case #4	Case #5	Case #6	Case #7
Age	54	82	66	77	75	85	79
Gender	M	F	F	M	F	F	F
Ethnicity	Asian	African American	African American	Caucasian	Caucasian	Caucasian	Hispanic
IHSS	no	no	yes	no	no	no	no

Client Vulnerabilities	Mental Health	Dementia	Other Drugs	n/a	n/a	Dementia	n/a
Suspected Abuser Relationship to Decedent	Paid Provider	Adult Child	IHSS Paid Provider	Unrelated Gypsy family that befriended decedent and agreed to cohabit in his home	Adult Child	Adult Child	Adult Child
Suspected Abuser Characteristics	n/a	n/a	n/a	Criminal History; Dependent on victim for housing or financial support	Substance Abuse	Dependent of victim for housing or financial support; Substance Abuse/use	Overwhelmed Care Provider
Agencies Involved	APS, CCL, Coroner, Hospital, Law Enforcement	APS, Hospital	APS, Coroner, IHSS	Coroner, DA, Law Enforcement	APS, Coroner, EMS, Hospital	APS, Coroner, Hospital	APS, Coroner, EMS, Hospital, IHSS, Law Enforcement

### CASE Facts/Findings:

<b>Case #1</b>	<p><b>FACTS:</b> Decedent lived at a licensed facility but was persuaded by the female owner to move into her own residence where he paid "room and board" rent. Decedent fell at the residence and was not seen by a doctor for seven days.</p> <p>Examination revealed decedent had multiple injuries that could have caused the death.</p>
	<p><b>FINDINGS/RECOMMENDATIONS: Suspicious Death.</b></p> <p>Referred to Community Care Licensing.</p> <p>Coroner Finding: Injuries that likely contributed to death (skull fracture and brain bleed). Due to lack of investigation at time of the incident, APS and LE were limited in evidence collection and no prosecution was possible.</p> <p>Recommendation: Expand the reporting duties of owners and those in operational control of a licensed care facility to report any transfers from a licensed care facility to another non licensed facility of the same owner. Owners of licensed facilities that own or run homes that are not subject to licensing should disclose moves that potentially change the level of care provided for patients.</p>

<p>Case #2</p>	<p><b>FACTS:</b>  Son brings decedent into hospital already dead in full rigor mortis.</p> <p>APS had previous contact and involvement with decedent on multiple occasions. Previous reports included poor hygiene and significant cognitive impairment. Son was not cooperative with APS directives on providing health care needed for decedent.</p> <p>There were no open APS cases at time of death; previous cases were closed.</p> <hr/> <p><b>FINDINGS/RECOMMENDATIONS:</b> Possible Neglect</p> <p>Coroner finding: Heart related natural causes.</p> <p>Recommendations: In cases of severe neglect and where care providers are not cooperative in ensuring proper treatment is provided, referrals should be made to LE and APS.</p>
<p>Case #3</p>	<p><b>FACTS:</b>  Decedent was bed bound and care was provided by an IHSS care provider. Reports confirmed decedent refused medical care and treatment. Decedent had not seen a physician in approximately three years. Autopsy revealed trace amounts of methamphetamine in decedent's system. Being bed bound, decedent would not be able to obtain drugs without help from another person.</p> <hr/> <p><b>FINDINGS/RECOMMENDATIONS:</b> Suspicious Death</p> <p>Coroner finding: Sudden death with pericarditis and trace amounts of methamphetamine in system; victim had foreign material in lungs.</p> <p>Recommendation: Drug testing IHSS paid care providers after the death of a person under their care may help point authorities in the right direction when a crime has been committed. Drug testing is not required under state law for IHSS care providers, even after a suspicious death or injury. However, law enforcement can always request a sample from IHSS paid care providers and others who had access to a bedridden elder. This would have been a reasonable request in this case.</p> <p>Waiting for a judicially reviewed warrant before compelling a sample is limited in practicality. In this case, a warrant could not have been obtained until after the decedent's blood was tested and the illegal narcotic was detected. This would have been too late to test the blood of the IHSS paid care provider near the time of death.</p> <p>EDRT wants to make clear that in this case the IHSS paid care provider was scheduled during the daytime. IHSS paid care providers have a maximum of 9.2 hours a day they can provide care to a patient. The IHSS paid care provider, in this case, did not have knowledge of the other people in the decedent's life. It is possible that others could have contacted the decedent and provided the illegal non-prescribed drugs.</p>

Additionally, IHSS Public Authority does not hire, fire or monitor IHSS paid care providers. The client's verify the timesheets. Clients can also hire care providers that are not on the IHSS Public Authority registry. This recommendation is therefore based not on the provable facts of the present case, but is based on the potential for harm of elders in the future.

<p><b>Case #4</b></p>	<p><b>FACTS:</b> Decedent was found dead in his home with obvious blunt force trauma injuries. Evidence of blood marks indicate the decedent had been dragged while bleeding through the house. Items stolen from home were being sold by care providers on craigslist. Decedent's body was kept in the garage for days after his death.</p> <p><b>FINDINGS/RECOMMENDATIONS:</b> Criminal Abuse-Referred for Prosecution</p> <p>Coroner findings: Homicide by blunt force injuries.</p> <p>Recommendations: Encourage elders to have criminal and personal background checks performed on care provider candidates before allowing a care provider into their home. The California Home Care Consumer Protection Act is a step in the right direction, <a href="http://cclid.ca.gov/PG3654.htm">http://cclid.ca.gov/PG3654.htm</a>. It creates a public online registry of help providers and a state bureau, through the California Department of Justice, that will perform the background checks.</p>
<p><b>Case #5</b></p>	<p><b>FACTS:</b> Decedent's son was an unpaid care provider. The son had history of illegal drug use. There were allegations the decedent's son abused the decedent verbally and financially. Multiple reports received by APS noted the possible abuse. When APS previously contacted the decedent for investigation of abuse, decedent refused to verify the extent of abuse by saying the son was only verbally abusive when on drugs. Decedent presented to ER with back pain. She was admitted to the hospital and then she went to a skilled nursing facility. She died one month after the ER visit.</p> <p><b>FINDINGS/RECOMMENDATIONS:</b> Suspicious Death</p> <p>Coroner findings: Pyelonephritis (kidney infection) and atherosclerotic cardiovascular disease. Natural causes.</p> <p>Recommendations: Encourage and educate elders on safety planning and options that might be available to help them with children who are drug dependent.</p>
<p><b>Case #6</b></p>	<p><b>FACTS:</b> Decedent had an affliction that left her prone to skin tears causing extreme pain if touched or attempts were made to move her. Decedent presented at hospital with decubitus ulcers and sepsis. Decedent had a history with LE and other agencies of refusing to go to the hospital. Six months prior to hospital presentation, APS had recommended the decedent be moved to a skilled nursing facility. SPD provided many correspondences from the care provider requesting help from the doctor in close proximity to the time the decedent was hospitalized.</p>



	<p><b>FINDINGS/RECOMMENDATIONS:</b> Suspicious death</p> <p>Coroner findings: Conflicting findings of infections: Sepsis from unconfirmed source, stage 4 decubitus ulcers, acute pneumonia, urinary tract infection, heart disease, diabetes and severe dementia.</p> <p>Recommendations: Publicize and educate overwhelmed care providers by providing information on dementia signs and care alternatives.</p>
<b>Case #7</b>	<p><b>FACTS:</b></p> <p>Decedent was found at her home by EMS unresponsive and sitting in feces. She presented to the hospital with gangrenous skin and multiple decubitus ulcers. Decedent passed away nine days after being admitted to hospital.</p> <p>Days prior to hospitalization, the non-paid family member/care provider had been removed from the home by other family members during family arguments. Decedent had a history of aggressively refusing to allow anyone to help her with personal hygiene. When care provider arrived back in the home, he called EMS as soon as he realized her condition.</p> <p>Five years prior, APS had been to the house and decedent had refused all help.</p> <p><b>FINDINGS/RECOMMENDATIONS:</b> Suspicious Death with Neglect</p> <p>Coroner findings: Died from Sepsis</p> <p>Recommendations: Inform and educate care providers and family members about the free trainings and resources that are available through the IHSS Public Authority for those faced with recalcitrant elders with serious medical conditions.</p>

**Findings and Recommendations**

The Recommendations specific to each reviewed case are listed above. These recommendations are based on the EDRT members’ extensive experiences with cases of abuse that did not end in death.

EDRT has identified recurring themes and issues during case review discussions. While there are many new procedures developed by participating agencies to improve services as a result of EDRT discussions, some changes cannot be enforced effectively without the Board of Supervisors approval and support. Our ERDT believes the recommendations below could benefit our entire community, not just elders and dependent adults.

**Education of Elders and Health Service Support Providers**

- a) Community Engagement

Elders in the community need to know what type of help is available to them, who they can trust and where they can get help. Sacramento County has agencies, information and services available that are easy to access, but many elders do not know they exist. EDRT proposes that the SRFJC, APS, IHSS, IHSS Public Authority, Public Guardian, Senior Volunteer Services and other local agencies hold “Information Seminars” in each County Supervisors’ districts, starting as soon as possible. Education on scams,

potential abuse issues, how to report concerns, bed sore prevention and care with simple directions on where to seek help could be a few of the topics. APS, FJC, IHSS, IHSS Public Authority, Public Guardian, Senior Volunteer Services and other service agencies in town would provide short informational introductions and have tables with more information at the events. The IHSS Public Authority is willing to participate and can bring Red Cross created DVDs on health issues and care provisions. Prior experience with similar informational seminars indicate that advertising these events and the attraction of free food usually leads to a high attendance at these seminars.

b) Using Available Proven Information Materials to Bolster Elder Awareness

IHSS paid care providers are given a packet of information that includes a video produced by the Red Cross on the following topics: Home Safety; Caregiving Skills; Body Mechanics; Personal Care; Healthy Eating; Legal and Financial; and Dementia. Classes are also available for IHSS care providers on topics that include Personal Care and Wheelchair Use; Free Resources Available through 211, Community Resources Education; Managing Medical Appointments; Available Legal Services; The Importance of Foot Care; Nutrition; Mobility and Fall Prevention; and Cultural Competence. These classes are also available for non IHSS care providers. The challenge is getting the word out to the community. In addition to the information seminars described above, ERDT recommends that the websites for the County Board of Supervisors and the District Attorney's Office, as well as DHHS, provide this information to the public.

EDRT recommends expanding the availability of the Red Cross educational video and ensuring elders and their care providers know the types of classes that are available to them and to IHSS paid care providers. This includes both elders and their family, and friends/employees that work outside the IHSS system. Having some of these sources available at the informational seminars described in our recommendation above could reduce care lapses that lead to serious complications including death. EDRT recommends that new elder awareness events noted above be held in each district. Prior to these events, a review of all the possible links to services in our community could be completed and the information obtained from the review presented at each event. These elder events could be tailored to focus on services that are available in each of the Supervisors' districts and information relevant to the elders' "home" locations will be provided. Elders who attend can be fully briefed on services that are close by and easy to access.

EDRT also recommends expanding access to the type of information in the Red Cross sponsored video with an emphasis on bedsores and the serious health risks they pose. The instructions should include specific directions to service providers on what steps they must take, where they can get support, and options for help when faced with a recalcitrant bedridden patient.

**Improving Elder Participation in Law Enforcement Investigations**

Law enforcement responding to calls of possible abuse or neglect are often met with suspicion and a lack of cooperation. This happens because the care provider is a loved one and the last thing the elder wants is to feel responsible for the investigation/incarceration of that loved one. Another fear elders often have is they will be abandoned and not be able to live alone without their care provider. While many elders may resist any cooperation that will result in an investigation and the possible filing of criminal charges, they are often more willing to apply for a civil restraining order and other support services. If an elder rejects the process of filing a police report, law enforcement can educate them about filing a civil restraining order. Elders are often willing to apply for a civil restraining order and seek other support services instead of cooperating with a criminal investigation. SRFJC provides services for support as well as the civil restraining order application.

EDRT would like to see a return to the cohesive partnership that previously existed between member agencies and law enforcement officers. In the past, this close relationship helped in the investigation and prosecution of many neglect cases. While some progress has been made, there are still cases of both physical and financial abuse that do not receive a full and swift response by law enforcement because their elder and financial abuse units are understaffed.

### **Reporting Deaths at Skilled Nursing Facilities**

In many of the committee's discussions, we observed the common practice of skilled nursing facility (SNF) doctors signing death certificates and declaring cause of death for their clients. This common SNF practice becomes a problem when suspicious deaths are not reported to the Coroner and are not investigated by law enforcement. EDRT recommends that skilled nursing facilities in Sacramento County be required to report all deaths to Community Care Licensing and the Long-term Care Ombudsman's office. The Ombudsman would forward any suspicious death prior to law enforcement. Lack of reporting is an unfortunate nationwide issue that the EDRT would like to end in Sacramento County. EDRT realizes enforcing these requirements may require a county ordinance and legislation. The EDRT realizes there are a small number of skilled nursing facilities that do not meet standards of care on a regular basis. The team feels that a requirement to report these deaths can instill faith in patients and their families in the overall system of care in Sacramento County and reduce the number of criminal negligent deaths at the small number of facilities that do not meet health and welfare standards.

### **Training for EMS Responders and Law Enforcement**

Many of the EDRT's discussions center on the need for more training opportunities for emergency medical services (EMS) responders and law enforcement. Hospitals, board and care homes, skilled nursing facilities, and other agencies report suspected neglect to law enforcement. Law enforcement agencies have experienced recent staff turnover. New hires at every agency need to be trained with the latest information to evaluate neglect and abuse of elders and dependent adults. Law enforcement is not always aware of the protocols for investigating calls of injury or death at various types of care facilities, all of which are governed by different rules and overseen by different state agencies. Because EMS responders, law enforcement patrol officers and APS workers are often the first to interact with the elders, observe the scene, and interview the family or care provider, their observations and reports are critical to building a neglect case.

EDRT recommends setting up formal trainings for all EMS responders including local law enforcement agencies to ensure that they know the appropriate questions to ask in specific situations to properly identify abuse. They also need to be trained to properly document their observations for use by APS and the District Attorney, and perform appropriate follow-up with local, state, and private entities. This will ensure the safety for residents of care homes. As a second part of this training recommendation, EDRT would like to see a return to the cohesive partnership that previously existed between member agencies and law enforcement officers. In the past, this close relationship helped in the investigation and prosecution of many neglect cases. While some progress has been made, there are still cases of both physical and financial abuse that do not receive a full and swift response by law enforcement because their elder and financial abuse units are understaffed.

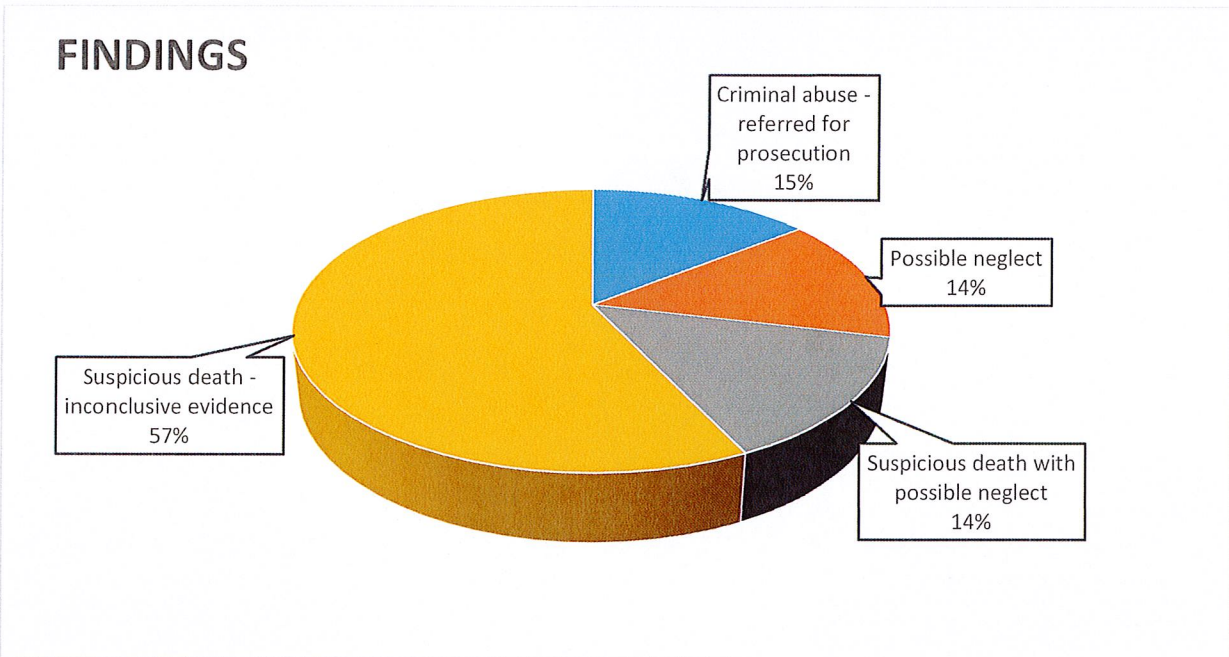
### **Conclusion**

Sacramento County needs to focus on elder abuse and encourage the entire community to take action to prevent abuse and neglect. The EDRT and member agencies will continue their efforts to end elder abuse and encourages the Board of Supervisors to approve the recommendations and strategies to prevent elder abuse and deaths in Sacramento County.

## APPENDIX

### Statistics

Data is based on seven cases reviewed and resolved from 2015-2016. Cases reviewed with pending criminal charges are not included.



### Identifying Neglect

Although there is uncertainty regarding care providers who are uninformed and often overwhelmed, cases have come forward that clearly appear to be neglect. Neglect is defined as failure by a person in a position of trust to provide care that a prudent person would typically perform. Hallmarks implicating the possibility of neglect include the following:

#### **MALNUTRITION**

A documented finding of malnutrition in an elder or disabled person suggests that they are the victims of abuse and neglect. Malnutrition is identified as not only weight loss, but also abnormalities of the body's proteins as measured by blood tests. Although certain medical conditions can cause malnutrition, the victims of this type of abuse and neglect exhibit severe calorie inadequacy. This may occur because victims are unable to obtain food, prepare meals, or feed themselves.

#### **DEHYDRATION**

A victim suffering from dehydration has easily observable findings. The mouth and lips are dry, and the skin has what is termed "poor turgor." This simply means that if the skin on the arm is elevated, it should quickly resume its usual shape when released. If it remains elevated and folded, skin turgor is poor and suggests severe dehydration. Victims who suffer from advanced dementia may lose their thirst drive, and care providers are expected to provide adequate fluids nonetheless.

#### **FAILURE TO SEEK MEDICAL CARE IN A TIMELY FASHION**

When elderly or disabled people require medical attention, the trusted care provider needs to obtain this help. Some conditions require urgent care, such as falls with injuries or severe infections. Failure to get care may lead to serious complications or even death. In neglect cases, not only is there resistance to obtaining care but several days may pass before the victim is brought to medical attention.

### MEDICATION DISARRAY

Older victims with multiple medical problems often have numerous prescriptions. Medications need to be given as prescribed. Multiple hazards may make it difficult to properly take prescriptions, known as the FIVE CAN'Ts:

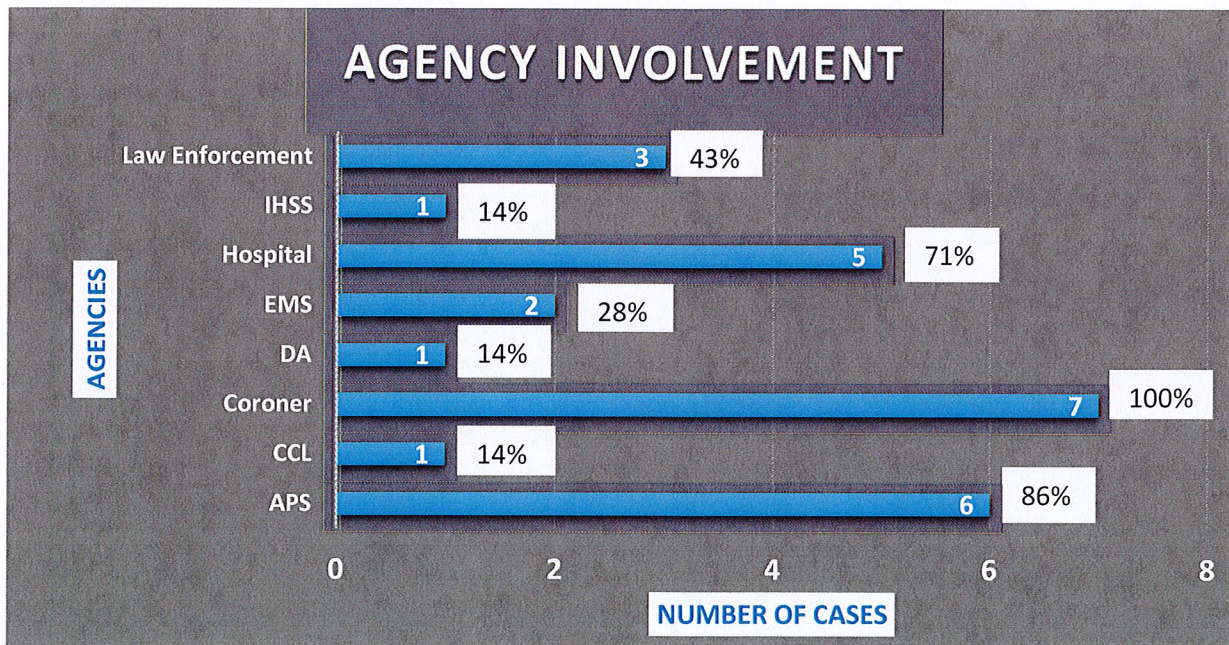
- Can't read the label
- Can't open the prescription bottle
- Can't swallow large tablets
- Can't "stomach" the medicine
- Can't afford it

Although these issues make medication compliance difficult, many sources are available to help care providers provide proper medication assistance. Doctors should also review the patient's record prior to prescribing any new medications, especially for those patients with multiple doctors.

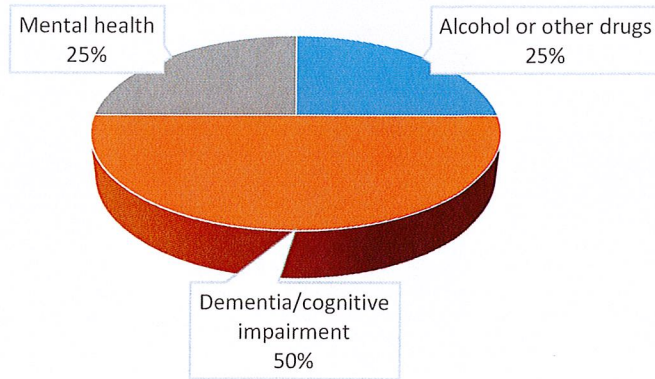
### PRESSURE ULCERS

When a person is unable to walk or change position without help, they are at risk for pressure ulcers or as they are commonly known as bed sores. Other risk factors are moisture on the skin, malnutrition, and impaired sensation. Initially the skin is simply red in areas where there is pressure. As pressure ulcers become more severe the skin is open and may become so deep that underlying muscle and bone are exposed. Infection may occur throughout the body from the site of the pressure ulcer; this severe infection, known as sepsis, may be fatal. An in-depth report on pressure ulcers can be reviewed in the 2008 Elder Death Review Team Report at [www.sacda.org/helpingvictims/elder-abuse/edrt/](http://www.sacda.org/helpingvictims/elder-abuse/edrt/).

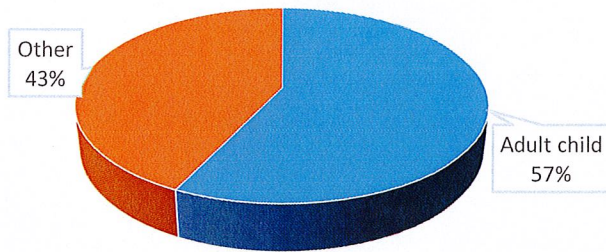
## STATISTICAL REVIEW



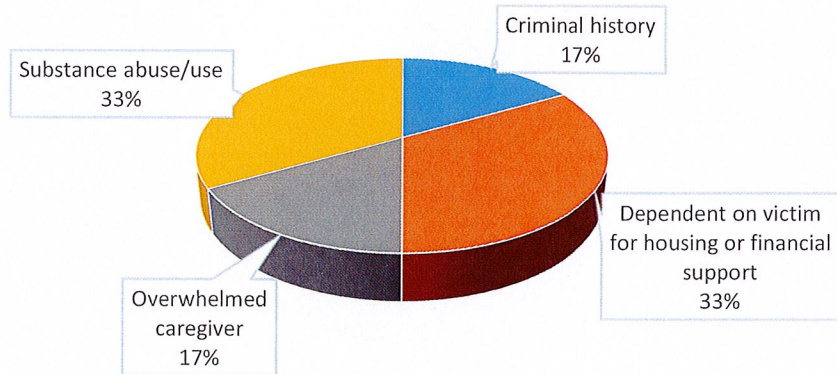
## Client Vulnerabilities



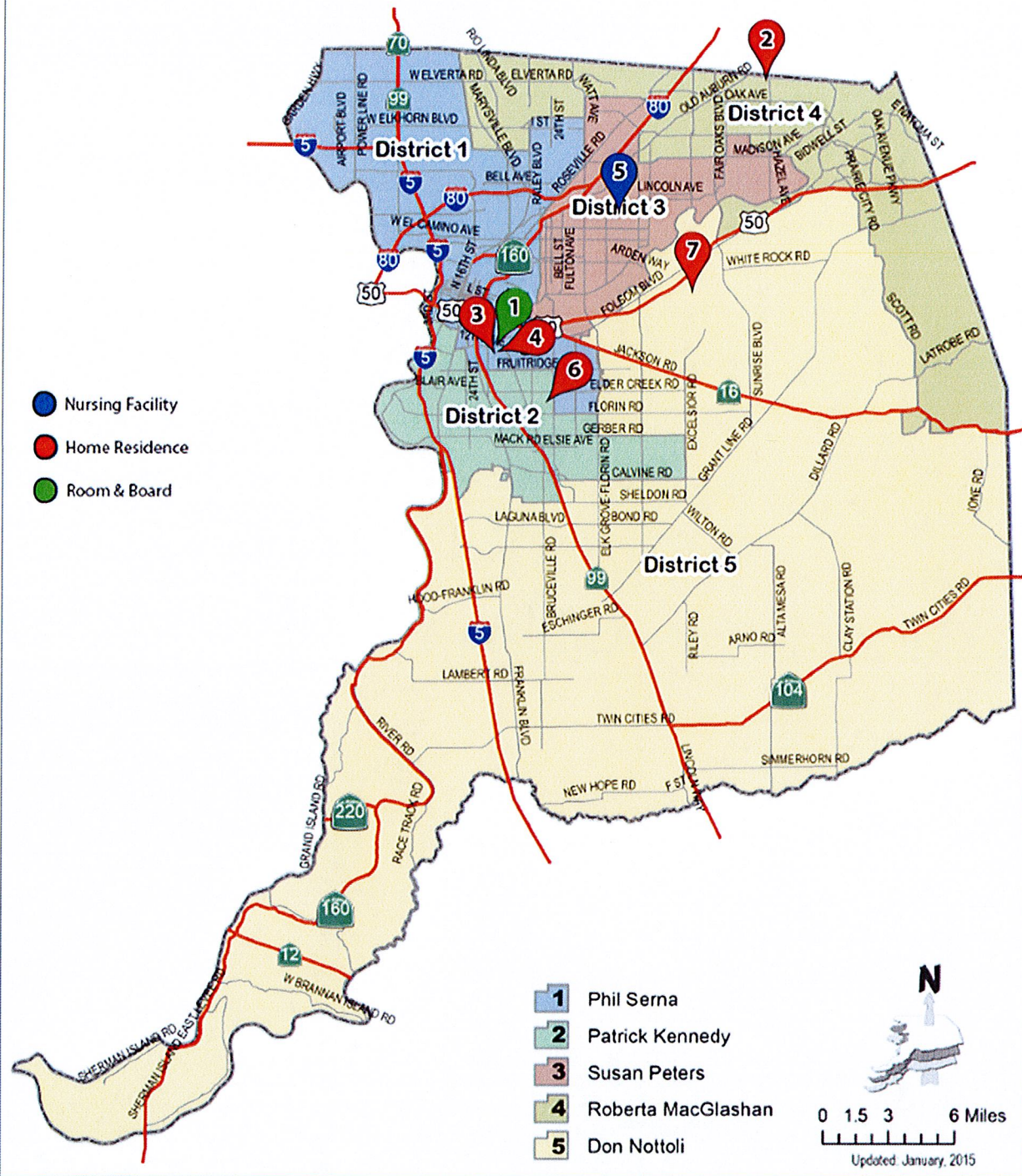
## Suspected Abusers' Relationship to Decedent



## Suspected Abuser Characteristics



BOARD OF SUPERVISORS DISTRICTS



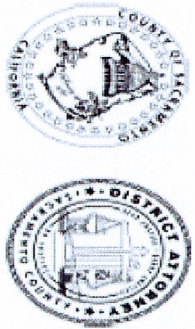
## Independent Resource Guide

Copies of this guide are also available by contacting Joanie Friedenbloom at [friedenbloomj@sacda.org](mailto:friedenbloomj@sacda.org) or visiting [www.sacda.org/helpingvictims/elder-abuse/edrt/](http://www.sacda.org/helpingvictims/elder-abuse/edrt/). Additional languages are available online.

### English

<p><b>HOME SERVICES</b></p> <ul style="list-style-type: none"> <li>• 211 Sacramento 211, 916-498-1000 or 800-490-4931</li> <li>• The Senior Connection - Eureka 916-334-1072</li> <li>• <a href="http://www.healthfinder.gov">www.healthfinder.gov</a></li> </ul> <p>For domestic and/or personal care for elder or dependent adults in their home:</p> <ul style="list-style-type: none"> <li>• Area 4 Agency on Aging 916-406-1878 <a href="http://www.a4aa.com">www.a4aa.com</a></li> <li>• In-Home Supportive Svcs. IHSS 916-974-9471</li> <li>• Senior Services/Car PACE 916-424-8412</li> </ul>	<p>For heating or cooling problems:</p> <ul style="list-style-type: none"> <li>• Sacramento Municipal Utility District SMUD 1-888-742-7693</li> <li>• SMUD Energy Assistance Team 916-974-0979 or <a href="mailto:smud@smud.net">smud@smud.net</a></li> <li>• Pacific Gas &amp; Electric, PG&amp;E 1-800-743-5002</li> </ul>	<p>If you suspect abuse or neglect at a long term care facility:</p> <ul style="list-style-type: none"> <li>• Ombudsman Services of Northern CA 916-376-8910 OR 1-800-231-4074 <a href="http://www.osnrc.net">www.osnrc.net</a></li> </ul> <p>Questions on conservatorships:</p> <ul style="list-style-type: none"> <li>• Court Investigations Office 916-975-3400</li> </ul> <p>For transportation assistance:</p> <ul style="list-style-type: none"> <li>• Regional Transit 916-321-2977 OR 916-493-4327 TDD</li> <li>• Paratransit 916-429-2744</li> <li>• South County Transit 1-800-338-8676</li> <li>• California Dept. of Developmental Svcs. <a href="http://for.eligible.consumers">for.eligible.consumers</a> 916-654-2054 TTY or 916-654-1690</li> </ul> <p>For employment assistance:</p> <ul style="list-style-type: none"> <li>• Sacramento Employment and Training Agency (SETA) 916-263-9700 OR 1-800-735-2929 TTY <a href="http://www.seta.net">www.seta.net</a></li> </ul> <p>Low cost auto insurance for low income good drivers:</p> <ul style="list-style-type: none"> <li>• 1-866-602-8861</li> </ul> <p>To find out if a charity is legitimate:</p> <ul style="list-style-type: none"> <li>• California Attorney General's Office (916) 322-3360 <a href="http://www.sacra.gov/notcharities/">www.sacra.gov/notcharities/</a></li> </ul> <p>Find out if a sales person/company is legitimate before investing:</p> <ul style="list-style-type: none"> <li>• Department of Corporations 1-866-275-2877 <a href="http://www.corp.ca.gov">www.corp.ca.gov</a></li> </ul>
<p><b>HOME REPAIR</b></p> <p>Home repair assistance for seniors and the disabled:</p> <ul style="list-style-type: none"> <li>• Contractors State Licensing Board (license verification problems with contractors) 1-800-321-2752</li> <li>• Home Assessor/Repair for Seniors (and disabled) 916-294-1506 or <a href="mailto:safer@seniors.org">safer@seniors.org</a></li> <li>• Rebuilding Together 916-455-1880</li> <li>• Sacramento Housing &amp; Rehabilitation Agency 916-284-1500</li> </ul>	<p><b>OTHER AVAILABLE RESOURCES</b></p> <p>For help finding a residential or long term care facility:</p> <ul style="list-style-type: none"> <li>• Community Care Licensing 916-263-4700</li> </ul> <p>For seniors over 60 who need food delivered:</p> <ul style="list-style-type: none"> <li>• Senior Nutrition Services 916-444-8633</li> </ul> <p>For free specialized telephone equipment for disabled consumers of any age:</p> <ul style="list-style-type: none"> <li>• California Promise 1-800-306-1191 - Call Center 1-800-908-4474 - TTY <a href="http://www.dfdt.org">www.dfdt.org</a></li> </ul> <p>To report suspected abuse of an elder or dependent adult</p> <ul style="list-style-type: none"> <li>• Adult Protective Services 916-974-9377</li> <li>• Sacramento County Sheriff's Dept. 916-917-45306</li> <li>• Sacramento Police Department 916-908-0650</li> </ul>	<p>For transportation assistance:</p> <ul style="list-style-type: none"> <li>• Sacramento Employment and Training Agency (SETA) 916-263-9700 OR 1-800-735-2929 TTY <a href="http://www.seta.net">www.seta.net</a></li> </ul> <p>Low cost auto insurance for low income good drivers:</p> <ul style="list-style-type: none"> <li>• 1-866-602-8861</li> </ul> <p>To find out if a charity is legitimate:</p> <ul style="list-style-type: none"> <li>• California Attorney General's Office (916) 322-3360 <a href="http://www.sacra.gov/notcharities/">www.sacra.gov/notcharities/</a></li> </ul> <p>Find out if a sales person/company is legitimate before investing:</p> <ul style="list-style-type: none"> <li>• Department of Corporations 1-866-275-2877 <a href="http://www.corp.ca.gov">www.corp.ca.gov</a></li> </ul>

Sacramento County  
District Attorney's Office &  
Department of Health & Human Services



## Independent Living Resource Guide

### Service Categories:

- Medical
- Legal
- Mental Health
- In-Home Svcs
- Financial
- Home Repair
- Respite
- Other

**IF THERE IS AN EMERGENCY  
CALL 911**

Provided by:  
The Sacramento County  
Elder Death Review Team  
EDRT/Coordinator@SacCounty.net



## MEDICAL

### For people with out insurance:

- County Medically Indigent Services  
9616 Mirron Ave, Suite 64  
Sacramento, CA 95827  
916-975-8843  
[www.sacdmhs.com](http://www.sacdmhs.com)

- Mercy Clinic Folsom  
105 Dean Way  
Folsom, CA 95630  
916-583-3658  
[www.mercyfolsom.org](http://www.mercyfolsom.org)

- Mercy Clinic White Rock  
10487 White Rock Road  
Rancho Cordova, CA 95670  
916-364-0724  
[www.mercyfolsom.org](http://www.mercyfolsom.org)

- Sutter SeniorCare PACE  
(comprehensive medical care program)  
916-424-8412

- Health Insurance Counseling and  
Advocacy Program  
1-800-434-0222  
[www.cahelthadvocates.org/HICAP](http://www.cahelthadvocates.org/HICAP)

- Department of Health Care Licensing  
[hclac/www.dhcs.ca.gov/services/medical](http://hclac/www.dhcs.ca.gov/services/medical)

- Medicare Assistance  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

### Questions about end of life documents:

- California Medical Association  
916-444-5532  
[www.cmaonet.org](http://www.cmaonet.org)

### Questions about potential interactions with medications:

- [www.drugdigest.org/DOHome](http://www.drugdigest.org/DOHome) OR  
• [www.drugs.com/Drug\\_interactions.html](http://www.drugs.com/Drug_interactions.html)

- [http://networkofcare.org/home.cfm](http://http://networkofcare.org/home.cfm)

- For help with buying prescriptions:  
1-877-777-7815  
[www.dhelforca.org](http://www.dhelforca.org)

- Grieving? Who to talk to when you  
have lost a loved one:  
• Bereavement Network Resources of  
Sacramento, Inc.  
916-957-5882

## MENTAL HEALTH

- For elderly persons showing signs of  
dementia or mental health issues:  
• UCDMC – Geriatric Clinic  
916-734-3574 Appointments  
[www.ucdmc.ucdavis.edu](http://www.ucdmc.ucdavis.edu)

- Kaiser Alzheimer/Dementia Program  
916-973-6165

- DHHS Division of Mental Health  
Adult Abuse Team  
875-1055 or  
875-1000 (for an emergency)

- Older Adult Prevention and Early  
Intervention Programs funded by  
Sacramento Mental Health Services Act  
• Mental Health America Northern California  
916-955-5444

- El Hogar Community Services Inc. Senior  
Link  
916-363-7872

## FINANCIAL

### For help with Medicare:

- Medicare  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

- Health Insurance Counseling  
Advocacy Program (HICAP)  
1-800-434-0222  
[www.hicapservices.net](http://www.hicapservices.net)

- CalMedicare.org  
916-376-8915  
[www.calmedicare.org](http://www.calmedicare.org)

- Apply for Medicaid:  
Department of Human Assistance  
916-974-2215  
[www.dhahweb.saccounty.net](http://www.dhahweb.saccounty.net)

- Apply for social security disability:  
• U.S. Social Security  
916-381-9410 OR 1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)

- For tax advice and basic tax  
preparation for seniors:  
• Tax Counseling for the Elderly (TCE)  
916-974-5303  
[www.irs.gov](http://www.irs.gov)

- Questions about reverse  
mortgages:  
• U.S. HUD Sacramento Office  
916-488-5220 Ext. 221

- To report reverse mortgage fraud:  
1-888-827-5605  
[www.hud.gov](http://www.hud.gov)

## CARE GIVING

- IHSS Public Authority  
916-974-4411

- For respite assistance:  
• Cordova Senior Center  
916-366-3133

- Hart Senior Center  
916-808-5462

- Del Oro  
916-971-0883 or  
<http://www.deloro.org>

## LEGAL

- For legal help:  
• Legal Services of Northern  
California  
916-551-2150  
[www.lsnlc.net](http://www.lsnlc.net)

- Superior California Legal Clinics,  
Inc.  
916-972-1188

- Voluntary Legal Services Program  
916-551-2102  
[www.vlsp.org](http://www.vlsp.org)

- Superior Court Self Help Center  
916-975-3400

- McGeorge Community Legal Clinic  
916-340-6080

**SERVICIOS A DOMICILIO**

- 211 Sacramento  
211 | 916-498-1000 or 800-590-4931
- The Senior Connection - Estacion  
916-334-1072
- [www.heartlander.gov](http://www.heartlander.gov)

Para cuidado a domicilio y/o cuidado personal, o cuidado de adultos incapacitados a domicilio:

- Area 4 Agency on Aging  
916-486-1876  
[www.a4aa.com](http://www.a4aa.com)
- In-Home Supportive Svcs. IHSS  
916-374-9471
- Sutter SeniorCare PACE  
916-424-8412

**REPARACIONES EN CASA**

Ayuda con reparaciones en casa para personas de la tercera edad y aquellos con incapacidades:

- Contractors State Licensing Board (license verification/problems with contractors) 1-800-321-2752
- Home Assistance/Repair for Seniors (and disabled) 916-264-1505 or [help@shra.org](mailto:help@shra.org)
- Rebuilding Together  
916-455-1880
- Sacramento Housing & Redevelopment Agency  
916-264-1500

Para problemas con el sistema de calefaccion o aire acondicionado:

- Sacramento Municipal Utility District  
SMUD  
1-899-742-7893
- SMUD Energy Assistance Team  
916-874-0979 or [seatt@smudcounty.net](mailto:seatt@smudcounty.net)
- Pacific Gas & Electric, PG&E  
1-800-743-5002

**OTROS RECURSOS DISPONIBLES**

Para ayuda encontrando una casa de ancianos o instalacion de cuidado a largo plazo:

- Community Care Licensing  
916-263-4700

Para mayores de los 50 años que necesitan entrega de alimentos a domicilio:

- Senior Nutrition Services  
916-444-9533

Para equipo telefonico especializado, gratis, para consumidores discapacitados de cualquier edad:

- California Phones  
1-800-808-1191 - Call Center  
1-800-808-4474 - TTY  
[www.cdpd.org](http://www.cdpd.org)

Para informar el abuso sospechado de una persona de la tercera edad o de una persona incapacitada:

- Adult Protective Services  
916-874-9377
- Sacramento County Sheriff's Dept.  
916-874-5108
- Sacramento Police Department  
916-808-0850

Si usted sospecha el abuso o la negligencia en una instalacion de cuidado a largo plazo:

- Ombudsman Services of Northern CA  
916-378-8910 OR 1-800-231-4024  
[www.osno.net](http://www.osno.net)

Preguntas respecto al protectorado:

- Court Investigators Office  
916-875-3400

Para ayuda con traslados:

- Regional Transit  
916-321-2877 O 916-483-4327 TDD
- BART  
916-429-2744
- South County Transit  
1-800-338-8878
- California Dept. of Developmental Svcs. (for eligible consumer)  
916-854-2054 TTY or 916-854-1890

Para ayuda con empleo:

- Sacramento Employment and Training Agency (SETA)  
916-263-3700 O 1-800-735-2929 TTY  
[www.seta.net](http://www.seta.net)

Seguro automovilistico de bajo costo para buenos conductores de escasos recursos:

- 1-888-802-8861

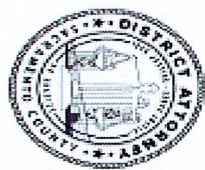
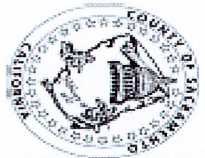
Para averiguar si una organizacion caritativa es legitima:

- California Attorney General's Office  
(916) 322-3180  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

Para averiguar si una persona/empresa es legitima antes de invertir:

- Department of Corporations  
1-888-275-2877  
[www.cdpr.ca.gov](http://www.cdpr.ca.gov)

Sacramento County  
District Attorney's Office &  
Department of Health & Human Services



## Viviendo Independientemente Guia de Recursos

### Categorías de Servicio:

- **Medico**
- **Salud Mental**
- **Legal**
- **Servicios a Domicilio**
- **Financiero**
- **Reparaciones en Casa**
- **Asilo**
- **Otros**

### EN CASO DE EMERGENCIA MARQUE 911

Ortado por:  
The Sacramento County  
Elder Death Review Team  
[EDRTCoordinator@saccounty.net](mailto:EDRTCoordinator@saccounty.net)

## MEDICOS

### Para aquellos sin seguro:

- **County Medical Indigent Services**  
9516 Mircon Ave, Suite 64  
Sacramento, CA 95827  
916-975-9843  
[www.sacchhs.com](http://www.sacchhs.com)

- **Mercy Clinic Folsom**  
105 Deen Way  
Folsom, CA 95630  
916-983-3659  
[www.mercyfolsom.org](http://www.mercyfolsom.org)

- **Mercy Clinic White Rock**  
10487 White Rock Road  
Rancho Cordova, CA 95670  
916-364-0724  
[www.mercyfolsom.org](http://www.mercyfolsom.org)

- **Sutter SeniorCare PACE** (comprehensive medical care program)  
916-424-9412

- **Health Insurance Counseling and Advocacy Program**  
1-800-434-0222  
[www.healthadvocates.org/HICAP](http://www.healthadvocates.org/HICAP)

- **Department of Health Care Licensing**  
<http://www.dhcs.ca.gov/services/medical>

- **Medicare Assistance**  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

### Preguntas acerca de la documentación después de un fallido intento:

- **California Medical Association**  
916-444-5532  
[www.cma.net.org](http://www.cma.net.org)

### Preguntas acerca de posibles interacciones entre medicamentos:

- [www.drugdoses.org/DHome](http://www.drugdoses.org/DHome)
- [www.drugs.com/Drug-Interactions.html](http://www.drugs.com/Drug-Interactions.html)

- <http://www.networkofcare.org/home.cfm>

### Para asistencia económica para la compra de medicamentos:

- 1-877-777-8415  
[www.dnetpforca.org](http://www.dnetpforca.org)

### De Luto? Con quien puede hablar en caso del fallecimiento de un ser querido:

- **Bereavement Network Resources of Sacramento, Inc.**  
916-557-5982

## SALUD MENTAL

### Para personas de la tercera edad mostrando signos de demencia o problemas de salud mental:

- **UCDMC – Geriatric Clinic**  
916-734-4574 Appointments  
[www.ucdmc.ucdavis.edu](http://www.ucdmc.ucdavis.edu)

- **Kaiser Alzheimer/ Dementia Program**  
916-973-6165

- **DHHS Division of Mental Health Adult Access Team**  
975-1085 or  
975-1000 (for an emergency)

### Programas de Prevención e Intervención Temprana para personas de la tercera edad financiados por el Sacramento Mental Health Services Act:

- **Mental Health America Northern California**  
916-955-5424

- **El Hogar Community Services Inc. Senior LTR**  
916-389-7872

## FINANZAS

### Para ayuda con Medicare:

- **Medicare**  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

- **Health Insurance Counseling Advocacy Program (HICAP)**  
1-800-434-0222  
[www.hicapservices.net](http://www.hicapservices.net)

- **CalMedicare.org**  
916-376-8915  
[www.calmedicare.org](http://www.calmedicare.org)

- **Solicitar Medical:**  
• **Department of Human Assistance**  
916-874-2215  
[www.dhwebd.sacounty.net](http://www.dhwebd.sacounty.net)

### Solicitar ayuda del seguro social (disabilidad):

- **U.S. Social Security**  
916-381-9410 OR 1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)

### Para asesoría de impuestos o para la preparación de declaración de impuestos para personas de la tercera edad:

- **Tax Counseling for the Elderly (TCE)**  
916-974-5303  
[www.irs.gov](http://www.irs.gov)

### Preguntas acerca de las hipotecas revertidas:

- **U.S. HUD Sacramento Office**  
916-498-5220 Ext. 221

- **Para informar fraude en hipotecas revertidas:**  
• 1-888-827-5605  
[www.hud.gov](http://www.hud.gov)

## PROVISION DE CUIDADO

- **JHSS Public Authority**  
916-874-4411

### Para asilo:

- **Cordova Senior Center**  
916-396-3133

- **Hart Senior Center**  
916-808-5462

- **Del Oro**  
916-971-0893 or  
<http://www.deloro.org>

## LEGAL

### Para Asistencia Legal:

- **Legal Services of Northern California**  
916-551-2150  
[www.lsnlc.net](http://www.lsnlc.net)

- **Superior California Legal Clinics, Inc.**  
916-972-1188

- **Voluntary Legal Services Program**  
916-551-2102  
[www.vlsp.org](http://www.vlsp.org)

- **Superior Court Self Help Center**  
916-875-3400

- **McGeorge Community Legal Clinic**  
916-340-8080