Sacramento County
Elder Death Review Team
2019 Report

Acknowledgements

The 2017-2018 Sacramento County Elder Death Review Team's collected efforts contributed to this report. The District Attorney wishes to acknowledge each team members' dedication to reducing elder abuse and neglect. The Elder Death Review Team is comprised of staff from the California Department of Health Care Services, Sacramento County Sheriff's Department, Sacramento Police Department, Elk Grove Police Department, Citrus Heights Police Department, Sacramento County District Attorney's Office, Sacramento County Coroner's Office, Sacramento County Department of Child Family and Adult Services (APS), Sacramento County In-Home Supportive Services, Attorney General Medi-Cal Fraud and Elder Abuse Bureau, California 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, and Centers for Elders' Independence.

Elder Death Review Team membership includes:

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Executive Summary

The Sacramento County Elder Death Review Team (EDRT) works toward reducing elder abuse and neglect in Sacramento County. The EDRT committee is chaired by Assistant Chief Deputy District Attorney Paul Durenberger.

The needs of our County's elders are growing. The number of cases reported annually to Adult Protective Services reached a record high in 2018. The Sacramento Regional Family Justice Center (SRFJC) continues to report that 10 percent of their clients are elders seeking restraining orders for protection from abuse.

With the population continuing to age, the number of reports to Sacramento County Adult Protective Services (APS) continues to increase annually. APS received 11,548 calls to the APS Hotline during Fiscal Year (FY) 17/18, a 78% increase in calls since FY11/12. After-hours hotline calls average about 240 per month. Hotline calls resulted in APS opening 5,614 investigations of abuse or neglect during FY17/18. This was a 70% increase in investigations from FY 11/12 when the number of investigations were 3,309.

The District Attorney's Office has sharply increased the number of elder abuse cases reviewed and filed in the last six years. In FY 13/14 -81 cases filed, FY 14/15 -146 cases filed, FY15/16 -128 cases filed, FY 16/17- 144 cases filed and in FY 17/18- 176 cases were filed. Our office has filed 184 cases so far during the current FY 18/19.

This report covers calendar years 2017 through 2018. The recommendations for improvement found in this report address the issues seen in our ERDT case reviews and are the type of repetitive elder abuse issues seen by the committee members in their community work. While our committee focus is on elder deaths, our death reviews often include elder deaths combined with elder financial abuse. Reports to APS of elder financial abuse were up 75% from FY 2010/2011 to FY 2017/2018. The number of reports increased from 1,077 to 1,890.

EDRT commends the Board of Supervisors for continuing to fund a Financial Abuse unit at APS to help the elderly with financial abuse issues. Unfortunately, financial abuse is a common occurrence among the cases reviewed by EDRT, particularly with victims suffering from cognitive impairment. The APS Financial Abuse Unit has helped elders retain financial independence and provides protection against scam artists who range from strangers to friends or family.

On behalf of our members, we thank the Board of Supervisors for their continued support of the EDRT multi-disciplinary efforts and its mission of reducing elder homicide and elder abuse in all forms.

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. EDRT is a multi-disciplinary team that meets six times a year to discuss questionable deaths of elders in Sacramento County. New cases may be introduced by any member's agency, but most are brought to the attention of the team by Dr. Nagao of the Coroner's Office. Each member signs an annual confidentiality agreement which promotes the free exchange of information between agencies. EDRT reviews help identify perpetrators, methods of abuse and areas in need of systemic improvement.

Members discuss their agencies' contact with the decedent and decedent's family and known care providers. EDRT often recommends additional agency investigations and collaborations. EDRT identifies fact patterns repeatedly connected to elder lethality and recommends through this report policies or procedures to improve services and prevent additional deaths. The team identifies specific systemic shortcomings found during their case reviews and makes formal recommendations to the Board of Supervisors for improvements 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 Sacramento County's systemic needs in the areas of support, education, and improved collaboration. Team discussions have helped the Sacramento Regional Family Justice Center (SRFJC) focus on identifying and forging partnerships with agencies to improve services to the region's elderly population.

Sacramento County's elder population, classified as those individuals age 65 and older, continues to grow rapidly since the last Census. According to Census estimates for 2017, the Sacramento County population over age 65 comprises 13.7% of the total county population, up from 11.2% in 2010. The increase in total population combined with the increase of county residents over age 65 increased the total elder population from 158,889 to 209,694 in seven years.[1]

From 2009 to 2013 the Community Health Status Report of 2014 statistics documented an increased aging Sacramento County population when compared to 2003 to 2009.[2] From 2009 to 2013 the population ages 85 and older increased 44.7%. Elders between the age of 60 to 69 increased 54.9%. These elder population increases justify an increase in Sacramento County response to elder needs, including abuse and neglect.

[1] United State Census Bureau (2018). https://www.census.gov/quickfacts/sacramentocountycalifornia.
[2] Community Health Status Report (2014). https://www.dhhs.saccounty.net/PUB/Documents/Disease-Control-Epidemiology/RT-HealthStatusReport2014Final.pdf.

CASE SUMMARIES

EDRT individual case reviews brought to light eight areas of concern that have impacted elder safety. EDRT has proposed the additional education and protocols detailed below to prevent future premature deaths and injuries.

1. Fire / Oxygen Use Safety

EDRT 2017-2018 case reviews documented multiple cases of elders dying due to the failure to follow proper safety procedures while using oxygen tanks. Smoking is dangerous and addicted elders smoking habits often increase these dangers. Cognitive impairment can increase an elder's resistance to safety instructions requiring repeated instructions combined with closer monitoring.

Standard safety instructions warn oxygen users to not have a lit flame, including a cigarette, in the same room as a person using oxygen. To avoid unnecessary death or severe burns, repeated warnings and training on safe oxygen use should be mandatory for elders using oxygen and all who share a residence with elders using oxygen tanks. The University of California San Francisco (UCSF) Medical Center advises that patients using oxygen and their caretakers to note the following: [3]

- Oxygen does not burn, but it does support combustion. So, anything that can burn will burn much faster in an oxygen-rich environment.

- Oxygen should never be used near an open flame or anything that can produce intense heat, flames or sparks, such as a burning cigarette, a lighted match, heaters, heating pads, hair dryers, a stove or a pilot light. Anything that can produce hot flames or sparks during operation should be kept at least five (5) feet away from oxygen equipment. The highest safe temperature for an oxygen tank is 125 degrees Fahrenheit.

- Do not use oil, grease, Vaseline or any other flammable substance on oxygen equipment or on skin near the equipment. Use water-based products only.

EDRT case review findings where oxygen or fire dangers contributed to deaths are summarized below:

Fire / Oxygen Use Safety				
	Case 1a	**Case 1b**	**Case 2**	**Case 3**
Age	76	83	58 (Dependent Adult)	66
Gender	F	M	M	F
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian
IHSS	n/a	n/a	n/a	n/a
Client Vulnerabilities	self-neglect	self-neglect	self-neglect	n/a
Suspected Abuser Relationship	self	self	self	self
Suspected Abuser Characteristics	n/a	n/a	n/a	n/a
Findings	Decedent was smoking while on oxygen and received prior warnings from APS	Decedent was smoking while on oxygen and received prior warnings from APS	Decedent was smoking while on oxygen.	Decedent was smoking in bed and fell asleep.

[3] UCSF Health (2019). https://www.ucsfhealth.org/education/supplemental_oxygen/oxygen_safety/

2. Water Safety

Water Safety was a factor in multiple deaths in our 2017-2018 case reviews (summarized in the chart on page 6). Lack of water safety around swimming pools, tubs and showers can lead to drowning deaths. When elders struggle with balance and mobility, a swimming pool or a bathtub can pose a lethal danger. Pools should be fenced off and entry should only be permitted with supervision. Extra precautions also need to be taken indoors when bathing or showering.

Water safety prevention steps can save a life. The following list is recommended by the Center for Disease Control and Prevention (CDC):[4]

- **Supervise When In or Around Water.** Designate a responsible adult to watch elders with mobility or cognitive impairments while in the bath and while around pools or areas of open water. Because drowning occurs quickly and quietly, supervising adults should not be involved in any other distracting activity (such as reading, playing cards, talking on the phone, or mowing the lawn) while supervising elders.
- **Use the Buddy System.** Always swim with a buddy. Select swimming sites that have lifeguards when possible.
- **Seizure Disorder Safety.** If you or a family member has a seizure disorder, provide one-on-one supervision around water, including swimming pools. Consider taking showers with safe sitting options rather than using a bath tub for bathing. Wear life jackets when boating.
- **Learn Cardiopulmonary Resuscitation (CPR).** Any support person who cares for an elder should be properly trained in CPR. In the time it takes for paramedics to arrive, CPR skills could save someone's life.
- **Air-Filled or Foam Toys are Not Safety Devices.** Don't use air-filled or foam toys, such as "water wings", "noodles", or inner-tubes, instead of life jackets. These toys are not life jackets and are not designed to keep swimmers safe.
- **Avoid Alcohol.** Avoid drinking alcohol before or during swimming, boating, or coming near water in a backyard pool.
- **Know the Local Weather Conditions and Forecast Before Swimming or Boating.** Strong winds and thunderstorms with lightning strikes are dangerous.

If you have a swimming pool at home:

- **Install Four-Sided Fencing.** Install a four-sided pool fence that completely separates the pool area from the house and yard. The fence should be at least 4 feet high. Use self-closing and self-latching gates that open outward with latches that are out of reach of children.
- **Additional Barriers.** Automatic door locks and alarms to prevent access or alert you if someone enters the pool area or leaves the house.

[4] Centers for Disease Control and Prevention (2016). https://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html.

- **Clear the Pool and Deck of Toys.** Remove floats, balls and other toys from the pool and surrounding area immediately after use so elders are not at risk of tripping and falling into the pool area.

Water Safety			
	Case 1	**Case 2**	**Case 3**
Age	67	86	62
Gender	F	F	M
Ethnicity	Asian American	Asian American	Caucasian
IHSS	n/a	n/a	n/a
Client Vulnerabilities	none	dementia	n/a
Suspected Abuser Relationship	n/a	n/a	unk
Suspected Abuser Characteristics	n/a	n/a	unk
Findings	Decedent was outside at night and tripped on a step near the pool. The cause of death was drowning.	Decedent was found deceased in the bathtub with no signs of foul play. The cause of death was drowning.	Decedent was found deceased in the bathtub with no signs of foul play. The cause of death was drowning.

3. Dangers of Exposure to Extreme Heat

The impact of Sacramento's summer heat was a factor in multiple deaths. Heat combined with untrained care providers or understaffed care facilities leaving patients exposed can turn deadly very quickly for a dependent adult or elder. People at greatest risk for heat-related illness include people 65 years of age and older, people who are overweight, or those that have an existing medical condition.

According to the CDC, from 1999 to 2010, 8,081 heat-related deaths were reported in the United States.[5] Heat-related illness, also called hyperthermia, is a condition resulting from exposure to extreme heat where the body becomes unable to properly cool, resulting in a rapid rise in body temperature. The evaporation of sweat is the normal way to remove body heat, but when the humidity is high the warm moisture stays on the skin. This prevents the body from releasing heat quickly. Prompt treatment of heat-related illnesses with aggressive fluid replacement and cooling of core body temperature are critical to reducing illness and preventing death.

Exposure to excessive heat can directly or indirectly cause illnesses and can exacerbate many preexisting conditions, such as heart and respiratory disease. Of the heat-related illnesses, heat exhaustion and heat stroke are the most serious. The symptoms of heat exhaustion include:

- Muscle cramping
- Fatigue
- Headache
- Nausea or vomiting
- Dizziness or fainting

[5] Center of Disease Control and Prevention (2018). https://www.cdc.gov/pictureofamerica/pdfs/Picture_of_America_Heat-Related_Illness.pdf

Ironically, a person with heat exhaustion often might have cool and moist skin, indicating that the body's ability to cool itself is still present, but the patient's pulse rate is fast and weak, and breathing is rapid and shallow.

If untreated, heat exhaustion may progress to heat stroke. Heat stroke is a serious, life-threatening condition characterized by the following symptoms:

- A body temperature greater than 103°F (39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

Very high body temperatures can damage the brain or other vital organs. In severe cases, the problem can progress to multiple organ system failure and death.

While heat-related illnesses and deaths are preventable, many people still succumb to illness caused by extreme heat each year. In addition to the actual air temperature and a person's underlying health issues, environmental factors, such as humidity, can contribute to hyperthermia, as can strenuous physical activities in hot conditions.

By knowing who is at risk and what prevention measures to take, heat-related illness and death can be prevented. Air-conditioning is the number one protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned. This is particularly important during a heat wave. Periodically checking on neighbors who do not have air conditioning can be lifesaving.

Communities can prepare for heat waves by developing heat response plans that clearly define specific roles and responsibilities of government and nongovernmental organizations before and during heat waves. Such plans should identify local populations at high risk for heat-related illness and death and determine what strategies will be used to reach such individuals during heat emergencies. The CDC's National Center for Environmental Health, with scientists from the U.S. Environmental Protection Agency (EPA) and the National Oceanic and Atmospheric Administration (NOAA), has developed the *Excessive Heat Events Guidebook*. The *Guidebook* is a resource for local and city emergency response personnel in the development of heat response plans and is available at http://www.epa.gov/heatisland/about/pdf/EHEguidefinal.pdf.

EDRT case review findings where heat exposure deaths occurred are summarized below:

Dangers of Exposure to Extreme Heat		
	Case 1	**Case 2**
Age	88	56 (Dependent Adult)
Gender	F	M
Ethnicity	Caucasian	Caucasian
IHSS	n/a	n/a
Client Vulnerabilities	stroke	mental illness
Suspected Abuser Relationship	n/a	self
Suspected Abuser Characteristics	n/a	mental illness
Findings	Suffered death from heat exposure while gardening.	Suffered death from heat stroke while in his home. There was a lack of air conditioning and the temperature outside was 106.7°F

These natural seasonal dangers can be avoided if we train care providers in prevention steps and to be vigilant in the care provided. Sacramento County should also adopt heat safety plans for at risk members.

Finding (1): Premature Deaths Due to the Inherent Dangers of Water, Oxygen, and Exposure to Extreme Heat are Preventable When Simple Training Steps for Safety and Prevention are Followed.

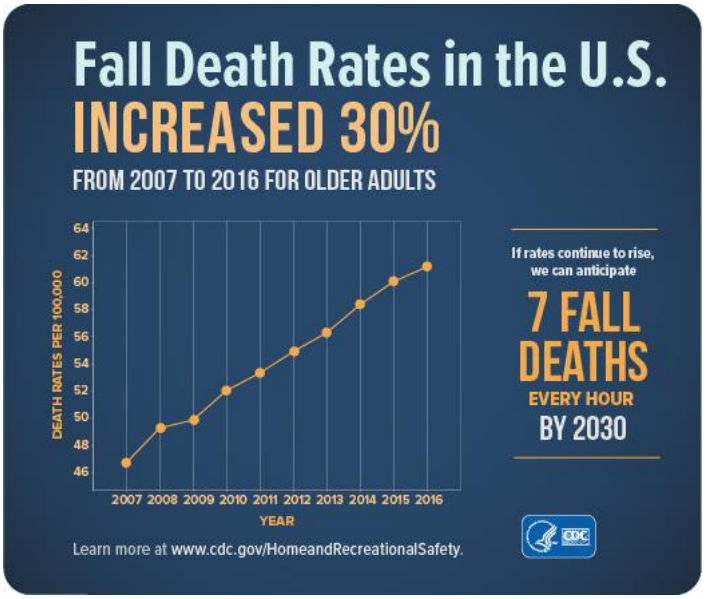
Recommendation: Sacramento County should develop an education and training program on oxygen safety, water safety, and prevention steps to prevent dangerous exposure to Sacramento's summer heat. EDRT recommends making the training available via a weblink to elder support workers; including, but not limited to family members, paid In Home Support Service (IHHS) workers, staff at skilled nursing facilities and board and care homes. To ensure success EDRT recommends implementing an awareness campaign to alert elder support persons based on low cost email, web notice and free public service announcements through social media.
The District Attorney's Office has pledged to work with APS and local safety agencies to develop a training video over the next calendar year that will be available free of charge to all Sacramento area care providers and Sacramento County residents.

4. Dangers of Falling

EDRT reviewed one case where an elder living in a care facility fell and hit his head. The patient was not taken to an emergency room for an exam or examined by medically trained staff. The patient died of complications from his head trauma that may have been prevented with an immediate medical response. EDRT also reviewed another fall case that led to the death of an elder. Both are summarized in the chart below:

Dangers of Falling		
	Case 1	**Case 2**
Age	61 (Dependent Adult)	64
Gender	M	M
Ethnicity	Hispanic	Caucasian
IHSS	n/a	n/a
Client Vulnerabilities	Mental Retardation	n/a
Suspected Abuser Relationship	Care Facility	Care Facility
Suspected Abuser Characteristics	n/a	n/a
Findings	After a fall, decedent declined rapidly and passed away later that day.	Decedent had a fall and was not evaluated by a doctor. Decedent passed away the following day.

According to the CDC more than one out of four older people fall each year, but less than half tell their doctor. Falling once doubles the chances of falling again. Below are facts and statistics from the CDC regarding the dangers of older people falling:



- One out of five falls cause a serious injury such as broken bones or head trauma.
- Each year, 3 million older people are treated in emergency departments for fall injuries.
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head trauma or hip fracture.
- Each year at least 300,000 older people are hospitalized for hip fractures.
- More than 95% of hip fractures are caused by falling, usually by falling sideways.
- Falls are the most common cause of traumatic brain injuries (TBI).
- In 2015, the total medical costs for falls totaled more than $50 billion. Medicare and Medicaid shouldered 75% of these costs.
- Falls can cause broken wrists, arms, ankles, and hip fractures.

- Falls can cause head injuries. These can be very serious, especially if the person is taking certain medication (like blood thinners). An older person who falls and hits their head should see their doctor right away to make sure they do not have a brain injury.
- Many people who fall, even if they are not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active they become weaker and this increases their chances of falling.

Research has identified many risk factors that contribute to falling. These risk factors can be changed or modified to help prevent falls. The more risk factors a person has, the greater their chances of falling. Below are contributing factors to a person's risk of falling:

- Lower body weakness
- Vitamin D deficiency (can cause muscle weakness and loss of bone strength)
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants
    - Even some over-the-counter medicines can affect balance
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers such as:
    - broken or uneven steps
    - throw rugs or clutter that can be tripped over

Preventive steps include:[6]

- Have a doctor or healthcare provider evaluate an elder's risk for falling and talk with them about specific prevention steps they can take.
- Ask a doctor or pharmacist to review an elder's medicines to see if any might contribute to making them dizzy or sleepy. This should include both prescription medicines and over-the counter medicines.
- Ask a doctor or healthcare provider about taking vitamin D supplements.
- Exercises that make your legs stronger and improve balance. Tai Chi is a good example of this kind of exercise.
- Eye exams by an eye doctor at least once a year and updating vision prescriptions if needed.
- If an elder has bifocal or progressive lenses they may want to get a pair of glasses with only distance prescription for outdoor activities such as walking. Sometimes bifocals and progressive lenses can make things seem closer or farther away than they really are.
- Get rid of things an elder could trip over.
- Add grab bars inside and outside the tub or shower and next to the toilet.
- Put railings on both sides of stairs.
- Make sure the elder's home has adequate lighting by adding more or brighter light bulbs.

[6] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2017). https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html.

Finding (2): Care Facilities Failure to Take Elder Patients to be Examined After a Fall to the Ground Can Lead to Elder Deaths.

Recommendation: Mandate every type of elder care facility to have staff contact a physician or nurse practitioner after a patient falls. Staff must then communicate to the physician or nurse practitioner all known facts about the fall. EDRT recognizes that mandated examinations may require a local ordinance. The drafting of such ordinance would require input from Sacramento County Health and other medical professionals. EDRT recommends County Counsel review this proposal to determine if there is a need for additional mandates and to draft appropriate language for the proposed ordinance.

5. Homemade Restraint Dangers

In one EDRT case review a caregiver who was trying to protect an elder from falling out of bed constructed a barrier that the elder became trapped in. This contributed to the elder's death (summarized in chart below). This case aligns with others EDRT has reviewed in years past where untrained care providers are overwhelmed dealing with serious medical complications. A care provider's lack of skill can turn out to be deadly when they do not properly assist elders who suffer cognitive decline and who resist medical and social service assistance. When families are choosing elderly care providers they must evaluate the needs of the elder and the ability and limitations of the care provider they select.

Homemade Restraints Dangers	
	Case 1
Age	79
Gender	F
Ethnicity	Vietnamese
IHSS	n/a
Client Vulnerabilities	dementia; bedridden
Suspected Abuser Relationship	Son
Suspected Abuser Characteristics	n/a
Findings	Son made a homemade bedrail for his elderly mother. She slipped between the rail and the bed and suffocated.

The use of mechanical restraints to limit the freedom of an individual also poses a threat to personal dignity. Restraints do not always make patients safer. When freedom is reduced through restraints people often become agitated, angry and eventually resigned to their loss of freedom.

Dr. Susan Dodd, an expert on the use of restraints explains the importance of avoiding patient restraints as follows, "A thorough assessment of the harms which use of restraints may avoid or cause in a particular case should serve to reduce risk of harm while protecting the freedom and autonomy of elderly patients. A challenge is made, then, to nursing home administrators and staff to attempt to avoid the need for restraints by taking on the task of assessing why a patient wanders, or sleeps poorly, or poses a risk to others. Further effort should go into developing alternatives to the use of mechanical restraints. Care for residents can be improved if the

possibilities for safe, restraint-free nursing homes which protect personal freedom are thoroughly examined."[7]

Many caregivers are not trained in the dangers of restraints or alternative options to restraints. Restraint alternatives can prevent injury or death. Alternatives include:

- Use beds that lower to the floor or a mattress in place next to the bed
- Encourage family members and organize volunteers to visit at 'high risk' times
- Have consistency in staff and routines
- Limit the number of staff attending to the person
- Reduce noise levels
- Review lighting to ensure it is not too bright or too dim as this may lead to misinterpretation of objects
- Ongoing explanation of procedures
- Use of distraction/diversional activities
- Use a calm voice and soothing music to comfort the patient
- Assess and treat problems causing agitation
- Use a concave mattress
- Water noodles as an inexpensive alternative to a concave mattress
- Use foam wedges to improve position and comfort
- Use bed poles or monkey bars for bed mobility
- If a seat belt is necessary, a Velcro belt would be first choice rather than a clip belt
- Non-slip mats by the bed
- 'Stop' signs, 'No Exit' signs, strips across in front of the exit door - to prevent absconding
- Aromatherapy helps calm patients
- Validation therapy comforts and reassures older adults
- Reminiscence therapy helps increase self-worth and a sense of self

Finding (3): Homemade Restraints of Elders Leads to Injury and Occasionally Death.

Recommendation: Restraints should never be used by untrained caregivers. In most instances training on options aimed at avoiding the use of restraints will lead to safer outcomes. EDRT recommends every elder care facility and all home care workers develop alternative plans to restraint use that can be learned and practiced before an incident of potential resistance by a patient is encountered. This will ensure panicked decisions to restrain are not made during an emergency event. APS can provide options and ideas to home care workers to avoid the unnecessary use of restraints.

6. Insufficient Staffing Endangers Elder Patients

EDRT case reviews documented insufficient staffing at licensed facilities, unlicensed facilities and in-home care arrangements. Insufficient staffing includes not having enough personnel to handle the number of patients and staff that is insufficiently trained to handle the complexities of patient care.

[7] Susan Dodds, Exercising Restraint: Autonomy, Welfare, and Elderly Patients (Journal of Medical Ethics, 1996). Pp 22:160-163.

These staffing issues have contributed to deaths by falling as documented in EDRT cases mentioned above, deaths by exposure to extreme heat, and failure to maintain proper patient movement and oversight which can lead to dangerous pressure sores and ulcers.

A repeated fact pattern seen by 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. 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/.

Insufficiently trained staff or a combination of untrained staff and an insufficient staff to patient ratio can also contribute to malnutrition, dehydration, medication disarray and failures to seek necessary medical interventions.

EDRT case review findings depicting insufficient staffing that contributed to elder deaths are summarized below:

Insufficient Staffing at Care Facilities and Home Care Residences			
	Case 1	**Case 2**	**Case 3**
Age	62	77	79
Gender	F	M	M
Ethnicity	Asian American	Caucasian	African American
IHSS	Yes	n/a	Yes
Client Vulnerabilities	Dementia	Dementia	Dementia
Suspected Abuser Relationship	Care Home	Care Home	IHHS provider
Suspected Abuser Characteristics	Overwhelmed Caregivers	Overwhelmed Caregivers	Overwhelmed Caregiver
Findings	Family noticed bruising on the decedent and family questioned the caregivers. They were told it was from moving the decedent. Decedent kept saying she had fallen. She passed the following day.	Another resident with advanced dementia entered the room of the decedent. Decedent tried to stop him from entering and was knocked down in the process. Decedent succumbed to his injuries. Community Care Licensing substantiated lack of supervision resulting in death. Facility was fined and is still in operation.	Untrained family caretakers failed to recognize signs of decline in decedent's health in time to get the patient the correct medical treatment.

Finding (4): Insufficient Staffing at Care Facilities and Home Care Residences

Recommendation: Because this finding can potentially impact all the findings listed above EDRT recommends that all skilled nursing facilities and other elder care licensed facilities be required to report staffing and patient numbers monthly to both APS and Sacramento County Health.

7. A Hospital Failed to Report an Elder Death to APS and Law Enforcement

In one case a hospital failed to contact APS and law enforcement after an elder death. The hospital notified APS at initial intake of suspected neglect. Both agencies had asked the hospital to notify them if the patient died (summarized in the chart below). The hospital prepared death certificate did not include neglect as a cause of death and no autopsy was ordered. If APS or law enforcement had been notified they would have requested an autopsy. The lack of an autopsy impaired law enforcement's ability to fully investigate potential caregiver criminal neglect.

EDRT's review of the case found the reporting failure was due to the patient's prolonged stay in the hospital prior to death. The hospital transferred the patient multiple times and multiple medical teams provided care to the elder during the hospital stay. The medical team providing care in the final stages of the elder's hospital stay did not have contact with the staff that was present when the patient arrived at the hospital.

The request for notification was documented in the hospital patient computer file but was not seen by attending hospital staff at the time of death.

While the case study documented in the chart below involved a long hospital stay, prolonged stays in the hospital are not uncommon and this reporting failure prevented a thorough criminal investigation. Improvement in the current reporting and documentation process is necessary to ensure this failure is not repeated.

Hospital Reporting Procedure Failure	
	Case 1
Age	78
Gender	F
Ethnicity	Native American
IHSS	n/a
Client Vulnerabilities	bedridden
Suspected Abuser Relationship	Daughter
Suspected Abuser Characteristics	Overwhelmed Caregiver
Findings	When the decedent was initially admitted to the hospital APS and Law Enforcement (LE) were notified. Because the decedent was in the hospital for several weeks then passed away, there was a failure to pass along the information of the passing to LE and APS.

Finding (5): A Hospital's Failure to Report an Elder Death to A.P.S. and Law Enforcement Impaired the Ability to Fully Investigate.

Recommendation: APS should meet with every medical hospital provider in Sacramento County and review their current reporting procedures to assess their elder abuse reporting systems.

Hospitals need to have procedures in place to ensure that notification requests by law enforcement and APS occur when an elderly patient dies. If such requests are visible in a prominent location on the patient's chart and are flagged in the hospital's computer system there would be fewer failures to report. Perhaps, a special patient color-coded wristband could also serve as a reminder that APS and law enforcement are to be contacted if the patient dies. EDRT also recommends that APS and law enforcement follow up on a weekly basis with hospitals regarding their requests for elderly patient death notifications.

8. Homelessness in the Elder Community

Elders that face homelessness are at an increased danger due to their increased physical vulnerabilities. They are often unable to defend themselves from violent attacks making them easy targets of violent crime. Elder health vulnerabilities combined with homelessness adds another level of risk of improper or delayed medical treatment.

The case documented in the chart below exemplifies how elders can be easy targets for criminals:

Dangers of Homelessness in the Elder Community	
	Case 1
Age	69
Gender	F
Ethnicity	Caucasian
IHSS	n/a
Client Vulnerabilities	Homeless Elder
Suspected Abuser Relationship	Stranger
Suspected Abuser Characteristics	Previous Criminal History
Findings	Elders are increasingly more vulnerable in the homeless community. Decedent was raped, robbed and murdered.

Finding (6): Homeless Elders are More Susceptible to Crime

Recommendation: EDRT recommends that while the county works on issues of homelessness that a priority is placed on protecting elders, including sustaining the elder safe house currently supported by Sacramento County.

RECENT IMPROVEMENTS IN SACRAMENTO COUNTY'S RESPONSE TO ASSISTING ELDERS

Since our last report, Sacramento County has improved the response to elders in need of assistance. WEAVE recently received a grant for an elder advocate to respond to elder needs in Sacramento. This WEAVE Elder Advocate is located at the Sacramento Regional Family Justice Center and works with APS to provide emotional support, crisis counseling, advocacy and resource referrals. This advocate will provide training to local government and community agency staff on elder abuse, domestic violence, sexual assault and chair a monthly collaborative meeting for community agencies.

Sacramento County offers easy access to elder care information resources. 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 for seniors. 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. The 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 entitled "Elder and Independent Abuse: Recognizing the Warning Signs." This pamphlet can be found on the Sacramento County DA website, SacDA.org and on pages 19 and 20 of this report. The Sacramento Bee has a Senior Resource Directory available on their website. In Home Support Services (IHSS) Public Authority offers free classes to the public on daily care and elder abuse prevention to anyone who has an interest in learning.

FINAL NOTE

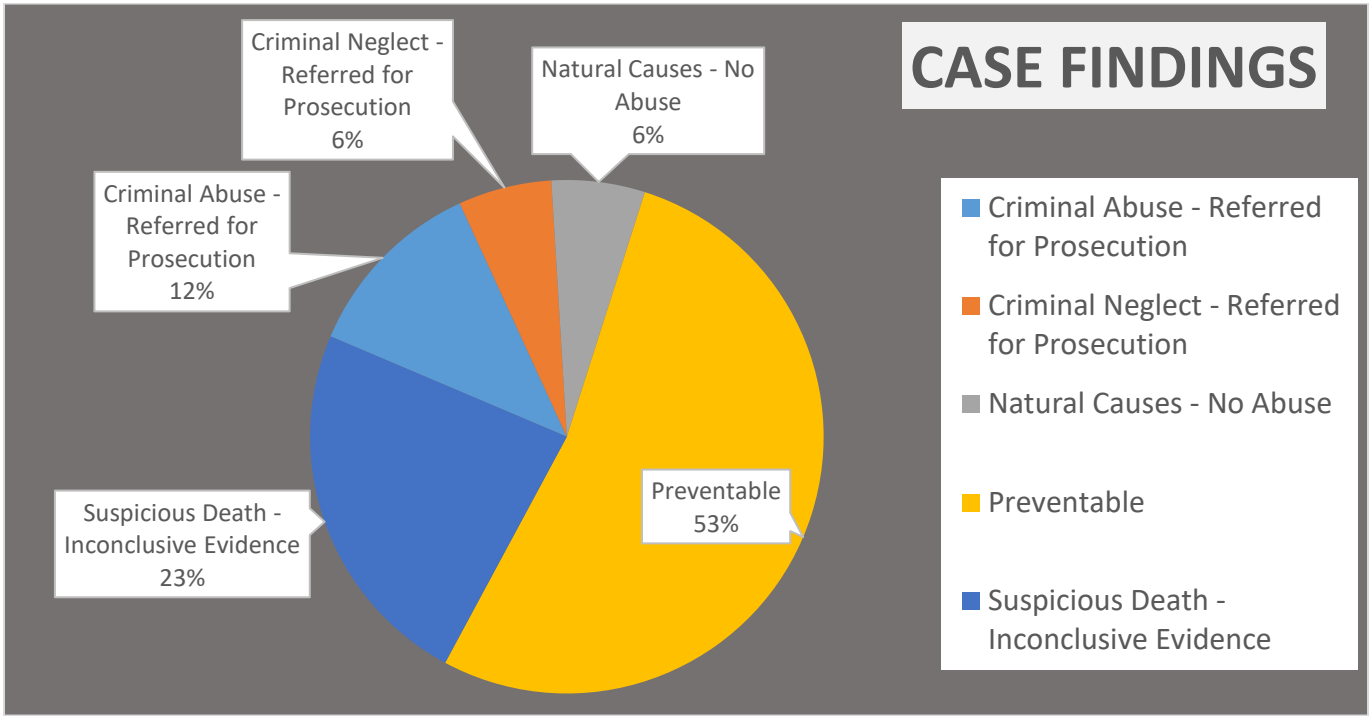
While the cases summarized above represent themes identified where death was preventable, many of cases reviewed by EDRT resulted in findings that the decedent died due to natural causes with no abuse. Most of those cases were not included in the informational graphs below.

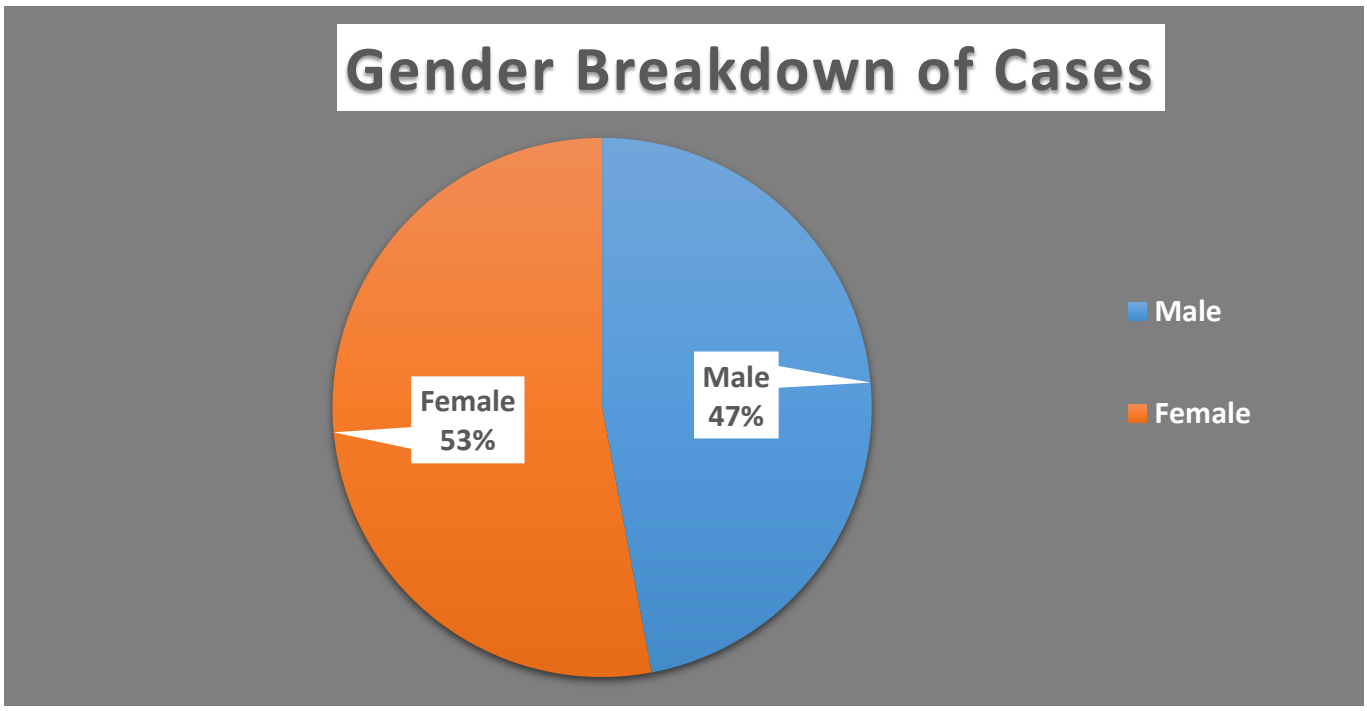
Only cases that have been resolved and had some elements of care concerns are included in the statistics for this report. If a criminal case is pending, the case was not included, but will be included in a subsequent report once the case is resolved.

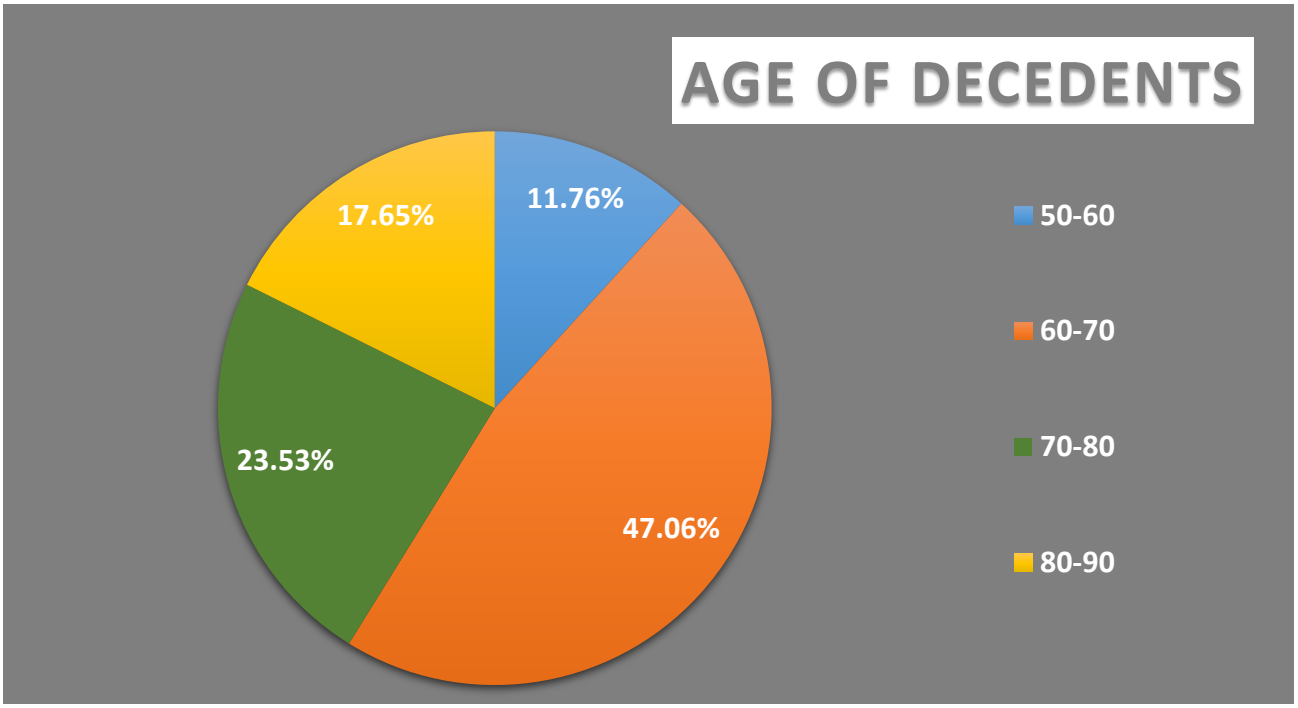
The final page of the report is a map which displays the geographical locations in Sacramento County where the elder abuse cases referenced in this report occurred. Due to the small sample size and limited correlation to elder abuse cases that do not end in death, the map should not be used to project the future needs of Sacramento County's elder population.

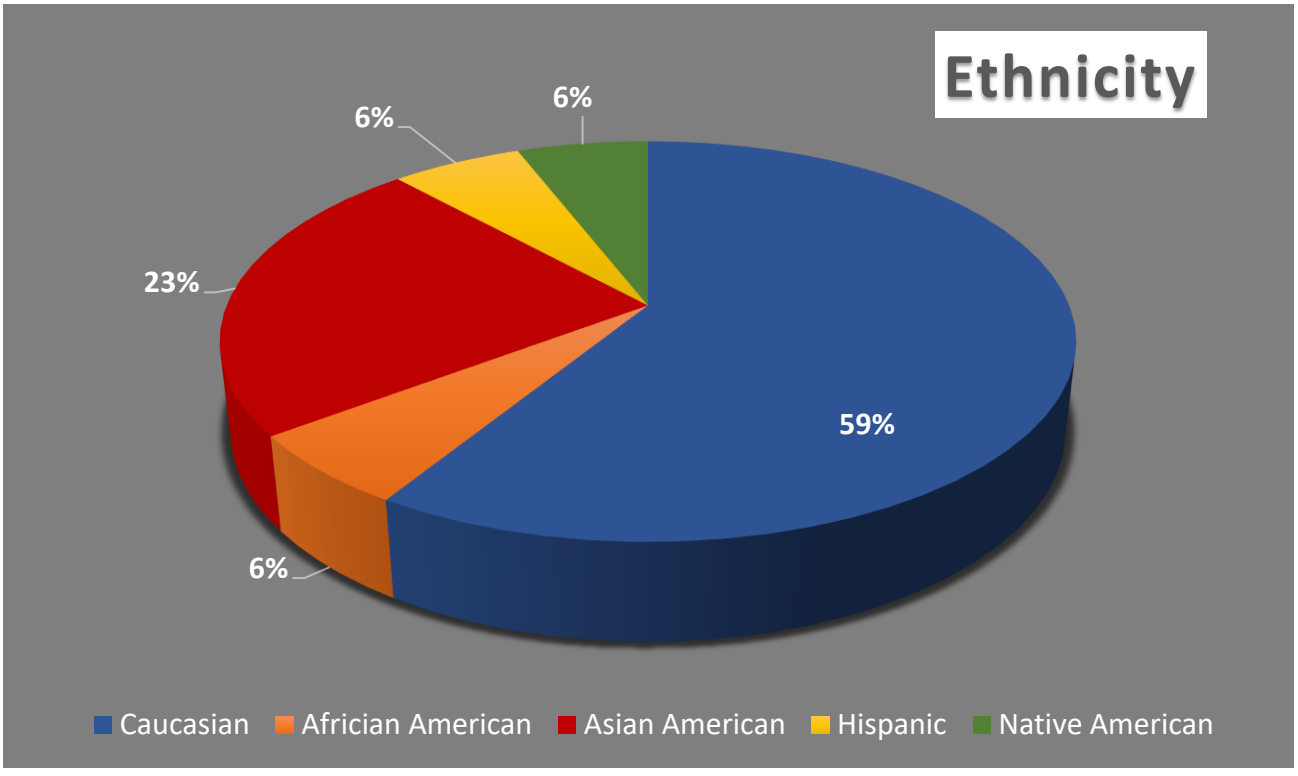
STATISTICAL REVIEW

(Information from the charts below reflect only the cases reviewed within this report.)





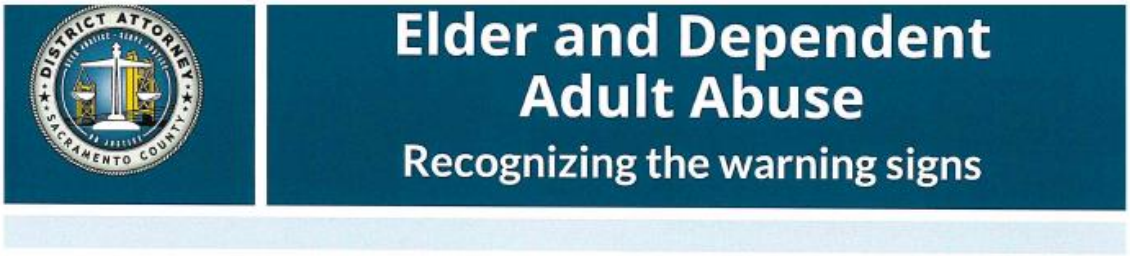

AGE OF DECEDENTS
11.76%
47.06%
23.53%
17.65%
50-60
60-70
70-80
80-90


Ethnicity
59%
6%
23%
6%
6%
Caucasian
African American
Asian American
Hispanic
Native American

District Attorney's Office Elder Abuse Pamphlet

Independent Resource Guide

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



ɨigns of self-neglect or abuse

ɔome seniors are unable to maintain a healthy standard of living due to physical or cognitive impairments. dentifying the signs will help seniors who are not able to care for themselves to get the help they need.

Physical Signs:

- Uncombed or matted hair
- Poor skin condition or hygiene
- Refusal of necessary medical care
- Dressing inappropriately for the weather
- Disheveled personal appearance
- Lack of clean clothing
- Having a strong odor of feces or urine
- Appearing malnourished or dehydrated

Behavior Warning Signs:

- Withdrawn
- Confused or forgetful
- Helpless or frightened
- Angry
- Secretive
- Hesitant to talk freely
- Refusing to allow visitors inside the residence

External Signs:

- Inadequate or disconnected heating, plumbing, or electrical service
- Very dirty residence
- Extremely cluttered home; pathways or entrances blocked by objects
- Animal droppings in the home
- Lacking fresh food; eating spoiled food or going hungry
- Living in an unsafe situation

Any person who suspects that elder or dependent abuse has occurred or sees that someone may be in need of services, please report it. Call Adult Protective Services at (916) 874-9377. Or 911 if you notice a life-threatening situation.

District Attorney's Office Elder Abuse Pamphlet (cont'd.)

Independent Resource Guide

Important Resources

Community Resources

Sacramento Co. Adult Protective Services
Investigates allegations of abuse and neglect for seniors and dependent adults, and provides referrals to local social service programs.
916.874.9377 **www.dhhs.saccounty.net/sas**

Sacramento Regional Family Justice Center
Provides trauma-informed individual counseling as well as referrals to group counseling for both adults and children.
916.875.4673 **www.hopethrivessacramento.org**

McGeorge School of Law Elder and Health Law Clinic
Free legal assistance to low income seniors.
916.340.6080 **www.mcgeorge.edu**

Sacramento Co. In-Home Supportive Services
Helps aged, blind, or disabled persons to remain in their homes with paid caregivers with paid caregivers.
916.874.9471 **www.dhhs.saccounty.net/sas**

Sacramento Co. Senior Volunteer Services
Offers volunteer opportunities for adults over age 55 to stay active and make a difference in the lives of others.
916.875.3631 **www.dhhs.saccounty.net/sas**

Sutter Health - SeniorCare PACE
Offers a broad range of comprehensive, coordinated services.
916.446.3100
checksutterfirst/seniorservices/eligibility.html

Victims of Crime Resources Center
Resources and referrals to victims, families, service providers, and advocates.
800.842.8467 - text **www.1800victims.org**
800.842.8462 - call

Law Enforcement Resources

Sacramento County District Attorney's Office Victim Witness Assistance Program
www.sacda.org/helpingvictims/victim-witness
916.874.5701

Citrus Heights Police Department
www.citrusheights.net/222/Police
916.727.5500

Elk Grove Police Department
www.elkgrovepd.org
916.714.5115

Folsom Police Department
www.folsom.ca.us/city_hall/depts/police
916.355.7230

Galt Police Department
ci.galt.ca.us/city-departments/police-department
916.366.7000

Rancho Cordova Police Department
www.ranchocordovapd.com
916.875.9600

Sacramento City Police Department
www.cityofsacramento.org/Police
916.264.5471

Sacramento County Sheriff's Department
www.sacsheriff.com
916.874.5115

To request a District Attorney Speaker on Elder and Dependent Adult Abuse, please visit www.sacda.org or email speakers@sacda.org.

SACRAMENTO COUNTY

2019 EDRT Biennial Report Map

BOARD OF SUPERVISORS DISTRICTS