



## **CRIMINAL OFFENDERS IN OHIO NURSING HOMES: FACILITY PRACTICES, PREVALENCE AND PROBLEMS**

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### **Purpose**

This brief report presents findings from the 2009 Ohio Biennial Survey of Nursing Facilities. Nursing home respondents answered a brief series of questions about practices related to prospective residents with criminal backgrounds and current residents with violent or sex offender backgrounds.

### **Background**

In recent years, occasional violent incidents in nursing homes have drawn attention to the small population of residents with criminal backgrounds who currently reside in long-term care settings. Their presence in nursing homes is controversial, and has given rise to legislation in 14 states, as well as newly passed legislation in Ohio (Cohen, 2011). However, no dependable data exist on the pervasiveness of abuse among residents of nursing facilities (Hawes, 2002). And when incidents occur, there is little or no information regarding the characteristics of the alleged resident perpetrators.

While there is general agreement that abuse incidents are few, there is also a consensus that even one incident that could have been prevented is one too many. However, predicting which residents are likely to abuse other residents is problematic; research has not documented the danger that residents with criminal backgrounds pose while living in community long-term care facilities and a link has not been shown between reports of resident-to-resident abuse and those who have a criminal record or who are registered sex offenders (Cohen, Hays & Molinari, 2011; Rosen, Pillemer, & Lachs, 2008). The Government Accountability Office found that long-term care professionals expressed greater concern over the potential for abuse among residents with cognitive impairments and mental illness than from residents with prior convictions (GAO, 2006). However, some researchers have suggested that “it is not unreasonable to assume that some of these nursing home residents [parolees and registered sex offenders] have higher potential to be sexually and physically abusive” (Rosen, Pillemer, & Lachs 2008, p. 81).

The prevalence of those with criminal backgrounds in nursing facilities is also unclear. The U.S. Government Accountability Office (GAO) estimated the number of persons with criminal backgrounds who were residing in nursing facilities and determined that approximately 3% of Medicare or Medicaid certified facilities had at least one resident with a criminal record as a sex offender [GAO, 2006]. They also note that the number of offenders is underestimated by approximately 200% and cite the differences of state reporting to the National Sex Offender Registry (NSOR) as one of the problems with prevalence estimates.

Much of the information we have does not differentiate between types of previous offenders, or, more often, focuses primarily on previous sex offenders.

### **Key Findings**

- Over three-quarters of nursing homes deny admission to prospective residents who have a high risk of aggression.
- Previous criminal convictions trigger additional admission procedures in over half of the nursing homes surveyed.
- Facilities are least likely to admit sex offenders on parole.
- Facilities are most likely to admit previously convicted felons who have completed their sentences.
- Only 14 facilities indicated they would unconditionally admit paroled and previously convicted violent and/or sexual offenders.
- It is a balancing act to provide care for offenders on parole or who have served sentences, and to also protect the nursing facility residents.

Because there are state registries and the NSOR, it is easier to track these residents to nursing facility addresses. We have no similar information source that would allow us to estimate the prevalence of residents with other types of criminal backgrounds.

According to research conducted by a victim’s advocacy and watchdog group for nursing home residents, in 2005 over 1600 registered sex offenders were residing in nursing facilities across the United States. Ohio was one of the states with the highest number of nursing facility residents who were registered sex offenders with 102 residents in 2005 (A Perfect Cause, 2006). An investigation by the Cincinnati Enquirer reported that “at least 89 sex offenders were living in Ohio’s 972 nursing homes” (Cohen, 2008). In 2009, there were 110 registered sex offenders across Ohio residing in nursing homes (Smith, 2009). The numbers appear to be growing as The Columbus Dispatch noted on their Sex Offender Database; there were currently 116 registered sex offenders living in long-term care settings with 77 being Tier III (Tier III sex offenders are “sexual predators” and the crimes relevant to Tier III status include sexual trafficking, sexual abuse, coercion/kidnapping, sex with a minor, solicitation of a minor, production/distribution of child pornography).

In 2011, Representative Courtney Combs (R-Fairfield) introduced legislation in the Ohio General Assembly (HB 24) that would require long-term care facilities to notify residents if a convicted sex offender is admitted to the facility. The bill was passed on December 13, 2011. This legislation closes a loophole whereby the residents of the facility were not required to be notified but neighbors living near the facility received notification if a prospective resident with sex offender’s status required notification. The legislation was also supported by the Ohio Long-Term Care Ombudsman’s office (no date), with the rationale that nursing home residents should maintain the same notification rights as they would if living in the community.

Despite much interest and concern about their locations and numbers, there is little empirical evidence regarding the extent to which residents with violent criminal backgrounds pose problems for Ohio nursing homes. In addition, there is also no information regarding the extent to which facilities proactively screen and assess residents and prepare staff for potentially aggressive facility residents. This study addresses these information gaps.

## Findings

During the spring and summer of 2010, 973 Ohio nursing facilities were sent an e-mail invitation to participate in the online 2009 Biennial Survey of Long Term Care Facilities.

Several questions concerning facility practices regarding residents with a criminal history were asked. Nine hundred

and six facilities responded to the survey and of these, 871 responded to questions regarding practices related to resident criminal history. The results, based on this group of survey participants, are reported below.

## Current Resident Offenders

Of the 871 facilities responding to these questions, 57 (7%) indicated they housed at least one resident with a sex offender or violent criminal background. One-fourth of the facilities (28%) indicated that they were “unsure” as to whether a previously convicted sex offender or someone with a violent criminal background was currently residing within their facility. Twenty-nine facilities have only one such resident, and 17 have two residents. Seven facilities have three to five residents, two facilities have six, one has eight, and one facility has 17.

Of the 38 facilities (4%) reporting current residents with prior convictions for sex offenses, the number of sex offenders per facility ranged from zero to 10. The majority (26 facilities; 70%) indicate there is only one current resident who is a previously convicted sex offender. Five facilities house two offenders, one facility has three, and two facilities have six residents. One facility houses 10 sex offenders.

Thirty-one facilities (4%) indicated that 62 residents with violent criminal backgrounds currently lived in their facilities. Eleven facilities housed only one such resident, nine facilities housed two residents, and another five housed three. Seven residents with violent backgrounds were the most housed by any facility.

It appears that our respondents under reported the number of offenders being housed in facilities as our acquired numbers differ from other reported estimations (e.g. 110 sex offenders). It seems likely that offenders are also living in facilities that are unsure whether they are housing any such residents or who were reluctant to provide a response to our survey.

When asked how the facility learned of the offender status of the resident, families and law enforcement were the most prevalent information sources (see Table 1 below).

**Table 1**  
**Reporting Sources for Resident Offenders**

	Sex Offender	Violent Criminal
Law enforcement reported resident’s status	49%	55%
Family reported resident’s status	43%	58%
Resident reported status in another way besides admission form	24%	52%
Resident reported on admission form	30%	36%
	N=37	N=31

Note: One facility did not report any of these sources for their knowledge regarding resident sex offenders.

## Current Facility Admission Practices

Despite hearing about criminal backgrounds from residents on admissions forms, only about one-quarter (23%) include specific questions about criminal convictions of their prospective residents on those forms. One in 10 (11%) ask if the resident has been convicted of any crime, 14% ask about conviction of a violent crime, and 18% ask about a sex offense conviction.

Despite not asking direct questions about residents' backgrounds, over half of the facilities (51%) indicated that a resident's previous conviction would trigger additional admissions procedures. As shown in Table 1, a number of other sources provide background information about residents' criminal backgrounds.

Facilities were asked to report practices that they have in place to assess the risk of prospective residents. As shown below, almost all facilities assess aggression risk of prospective residents.

- 97% assess the aggression risk of prospective residents with dementia
- 86% assess behavioral aggression risks (e.g. verbal abuse) of all residents being considered for admission
- 85% assess physical aggression risks of all residents being considered for admission
- 78% assess the aggression risk of prospective residents who have a severe mental illness
- 45% assess the aggression risk of prospective residents who have criminal backgrounds
- 44% assess the aggression risk of prospective residents who are sex offenders

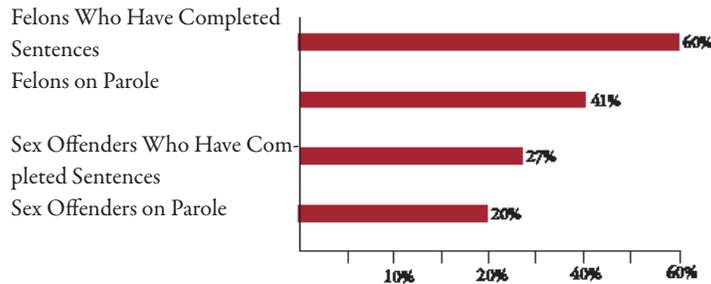
The facilities that indicated procedures are in place for dealing with prospective residents with high risk of aggression specified the following:

- Deny admission: 78%
- Inform all staff of risk: 35%
- Place in secure unit or high monitoring area: 26%
- Inform some staff of risk: 13%

## Admission Of Offenders On Parole And Who Have Completed Sentences

Facilities were asked to indicate how they would handle an admission request from different types of sex/criminal offenders. As shown in Figure 1, facilities were least likely to admit sex offenders on parole, and most likely to admit previously convicted felons who had completed their sentences. Only fourteen facilities statewide indicated that they would admit all four types of residents with criminal backgrounds.

**Figure 1**  
Portion of Facilities That Would Definitely or Conditionally Admit Certain Offenders



For the facilities who indicated conditional admission of offenders, the following conditions were stated:

- Admission would be determined on a case-by-case or individual basis.
- Admission would be based on whether the offender was bed bound, immobile, or comatose.
- Admission would be based on the tier or the violence level of the offense and/or the length of time since offending.
- Admission would be influenced by whether the offender was terminally ill or under hospice care.
- Admission would be considered if the offender's medical needs could be met by the facility.

## Problems In Facilities

Facilities were asked whether police had been called within the last 12 months for resident problems. Eight facilities indicated they had called police regarding resident-to-resident sexual abuse and 45 facilities (5%) had called police regarding resident to resident aggression. Five facilities had called police for both resident aggression and sexual abuse. Of the 43 facilities that reported the number of times they had called, 44% had called the police once, and 30% had called twice. One facility had called 10 times.

The vast majority of facilities indicated that they were proactive in working to prevent problems. Respondents were asked to indicate the type of training their staff has in managing different types of residents. Nearly two-thirds (64.8%) have trained all of their staff in managing incidents of aggressive behavior. Among those who had not trained all staff, 8 in 10 (82%) had trained their RNs and LPNs, and nearly two-thirds (62%) had trained STNAs in managing aggression. Nearly half (48%) had provided their RNs and LPNs with training on care planning for potentially dangerous residents and 42% had trained their management staff in such care planning. Interestingly, over one-quarter of the facilities who had called police had not provided training to all of their staff in managing incidents of aggressive resident behavior.

## Implications

While public outcry on this issue tends to guide whether or when legislation is introduced pertaining to sex/criminal offenders within long-term care facilities, there are certainly moral and ethical questions about how to protect all nursing home residents while providing care for offenders who have been paroled or who have served their time and have been released. There is a balancing act that must be used in protecting the residents while allowing released inmates to receive the medical attention and care that is deserved by every person as a member of the community. States vary considerably in how they have responded to this issue (Cohen, et al., 2011). Ohio's HB 24 brings the total of states with specific legislation to 15, although the approaches and included populations vary.

Several facilities noted they use risk assessment or consider admission on a case-by-case basis, however no facility noted which risk assessment tools were utilized. There are no documented best practices and procedures for caring for those

with offender backgrounds (Cohen, et. al., 2011). The work that exists suggests treatment for any psychiatric or personality disorder; medication to reduce sexual aggression; and segregation from the general population in LTC facilities (Brown & Muscari, 2010).

This study provides an initial look at the prevalence of previous offenders in Ohio nursing homes and the facility practices that address this issue. The majority of facilities assess risks of residents they admit, and most provide staff training to address potential aggression among their residents. The number of offenders currently residing in facilities appears to remain very small. However, as Ohio's older inmates complete their sentences or obtain releases due to medical needs, we may expect greater numbers of residents with criminal backgrounds to reside in Ohio nursing homes. Additional research is needed to shed light on the extent to which these offenders are likely to pose problems, and the best strategies facilities may use to predict and prevent those problems from occurring.

## References

- A Perfect Cause. (2006). *Predators in America's Nursing Homes: Registered Sex Offenders Residing in Nursing Homes, 2005 Report*. Retrieved from <http://www.aperfectcause.org/APerfectCause-PredatorsinAmericasNursingHomes-2005Report.pdf>.
- Brown, K. & Muscari, M. (2010). *Quick Reference to Adult and Older Adult Forensics: A Guide for Nurses and Other Health Care Professionals*. New York, NY: Springer Publishing Company.
- Cohen, D. (2008). "Potentially Dangerous Residents in Long Term Care: Issues and Challenges." Personal communication, Donna Cohen, PhD, University of South Florida.
- Cohen, D. , Hays, T., & Molinari, V. (2011). State policies for the residency of offenders in long-term care facilities: Balancing right to care with safety. *Journal of the American Medical Directors Association*, 12(7): 481-486.
- Hawes, C. (2002). *Elder Abuse In Residential Long-Term Care Facilities: What is Known About Prevalence, Causes, & Prevention*. Testimony Before the U.S. Senate Committee on Finance. Retrieved from <http://www.canhr.org/reports/2002/061802chtest.pdf>.
- Ohio Office of the State Long-Term Care Ombudsman (no date). *Report of the State Ombudsman: Federal Fiscal Year 2010*. Retrieved from: [aging.ohio.gov/resources/publications/LTCOannualreport2010.pdf](http://aging.ohio.gov/resources/publications/LTCOannualreport2010.pdf).
- Rosen, T., Pillemer, K., & Lachs, M. (2008). Resident-to-resident aggression in long-term care facilities: An understudied problem. *Aggression & Violent Behavior*, 13(2): 77-87.
- United States General Accounting Office. (2006). *Long term care facilities: Information on residents who are registered sex offenders or are paroled for other crimes*. (GAO Publication No.: GAO-06-326) Retrieved from <http://www.aperfectcause.org/GAORepor-LTCFacilities-InformationOnResidentsWhoAreRegisteredSexOffendersOrAreParoledForOtherCrimes.pdf>.



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